

HOUSE No. 4288

Section 72 contained in the engrossed Bill relative to immediate COVID-19 recovery needs (see House, No. 4269), which had been returned by His Excellency the Governor with recommendation of amendment (for message see Attachment C of House, No. 4289). December 16, 2021.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act establishing the behavioral health trust fund and the behavioral health advisory commission.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to establish forthwith the behavioral health trust fund and the behavioral health advisory commission, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. (a) There shall be a Behavioral Health Trust Fund that shall be administered
2 by the commissioner of public health, who shall expend the funds, subject to appropriation, for
3 the purpose of addressing barriers to the delivery of an equitable, culturally-competent,
4 affordable and clinically-appropriate continuum of behavioral health care and services. There
5 shall be credited to the fund all amounts that are transferred, or authorized to be transferred
6 thereto, or directed to be deposited therein, and all amounts received as gifts, grants or
7 contributions for the purposes of the fund. Any money remaining in the fund at the close of a
8 fiscal year shall not revert to the General Fund.

9 (b)(1) There shall be a behavioral health advisory commission to make recommendations
10 to the general court on the disbursement of the money in the fund. The commission shall consist
11 of: the chairs of the joint committee on mental health, substance use and recovery, who shall
12 serve as co-chairs; the chairs of the joint committee on racial equity, civil rights, and inclusion; 3
13 members appointed by the senate president who work in the behavioral health field, 1 of whom
14 shall be a professional in the field of children’s mental health and 1 of whom shall be a
15 professional in the field of behavioral health services in correctional settings; 3 members
16 appointed by the speaker of the house of representatives who work in the behavioral health field,
17 1 of whom shall be a professional in the field of children’s mental health and 1 of whom shall be
18 a professional in the field of behavioral health services in correctional settings; 1 member
19 appointed by the minority leader of the senate; 1 member appointed by the minority leader of the
20 house of representatives; the secretary of health and human services; the president of the
21 Massachusetts Association for Mental Health, Inc. or a designee; the president of the Association
22 for Behavioral Healthcare, Inc. or a designee; the executive director of the National Alliance on
23 Mental Illness of Massachusetts, Inc. or a designee; the executive director of Massachusetts
24 Association of Behavioral Health Systems, Inc. or a designee; the executive director of
25 Massachusetts Organization for Addiction Recovery, Inc. or a designee; the executive director of
26 Massachusetts chapter of the National Association of Social Workers, Inc. or a designee; the
27 president of the Massachusetts Health and Hospital Association, Inc. or a designee; and 2
28 members appointed by the governor, 1 of whom shall have expertise in developing behavioral
29 health workforce training education and 1 of whom shall have expertise in addressing disparities
30 in access to mental and behavioral health care for populations disproportionately experiencing
31 barriers to care.

32 (2) The commission shall identify and assess: (i) current behavioral health workforce
33 challenges including, but not limited to: (A) existing workforce pipeline issues; (B) emerging
34 workforce needs; (C) the feasibility of grant, scholarship and other pipeline development
35 programs that mitigate the financial burden of entering and progressing up the behavioral health
36 workforce pipeline to support workers pursuing tertiary degrees and for those who do not require
37 advanced degrees including, but not limited to, mental health workers, sitters, nurses, social
38 workers, psychologists, other masters' level licensed behavioral health providers and
39 psychiatrists; (D) programs to ensure retention of current behavioral health workforce; and (E)
40 the availability of trauma-informed supports and services for behavioral health practitioners and
41 related staff; (ii) factors that create or perpetuate disparities in mental and behavioral health care
42 including but not limited to race, ethnicity, language, gender, sexual orientation, gender identity
43 and barriers to access for lesbian, gay, bisexual, transgender, and queer individuals; (iii)
44 economic barriers to treatment; (iv) access to early intervention services; (v) diversion for people
45 with mental illness and substance use disorder from the criminal legal system; (vi) access to
46 community-based services; (vii) the feasibility of increasing behavioral health competency of
47 staff in both behavioral health settings and settings where there are frequent interactions with
48 patients with behavioral health diagnoses through training to increase competency for sitters,
49 mental health workers, emergency department personnel, medical-surgical staff that frequently
50 interact with psychiatric boarders and other caregivers in de-escalation tactics, crisis
51 management, rapid response, psychiatric diagnoses and other related topics; (viii) diversion from
52 the juvenile justice system; (ix) treatment for people with mental illness or substance use
53 disorder who are incarcerated or under supervision by the criminal justice system; (x) the
54 feasibility of training programs to increase the behavioral health competency for workforce in

55 nonhospital settings including, but not limited to, group homes and skilled nursing facilities, to
56 allow patients to receive baseline behavioral health services where they are living; and (xi) any
57 other factors the commission deems relevant for addressing barriers to the delivery of an
58 equitable, culturally-competent, affordable and clinically-appropriate continuum of behavioral
59 health care and services. Based on the commission's findings, the commission shall make
60 recommendations for the disbursement of money in the fund. The commission's
61 recommendations shall prioritize the needs of communities disproportionately impacted by the
62 2019 novel coronavirus pandemic and comply with rules and guidance pertaining to eligible uses
63 of coronavirus state and local fiscal recovery funds under the federal American Rescue Plan Act
64 of 2021, 42 U.S.C. 802(c).

65 (3) The commission shall submit its findings and recommendations to the clerks of the
66 senate and house of representatives, the joint committee on mental health, substance use and
67 recovery and the senate and house committees on ways and means not later than March 1, 2022.

68 (c) Annually, not later than October 1, the commissioner shall file a report with the clerks
69 of the senate and house of representatives, the joint committee on mental health, substance use
70 and recovery and the house and senate committees on ways and means on the fund's activities,
71 which shall include, but not be limited to: (i) the source and amount of funds received; and (ii)
72 the expenditures made from the fund and the purposes of such expenditures.