

HOUSE No. 4128

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, March 28, 2016.

The committee on Mental Health and Substance Abuse to whom was referred the petition (accompanied by resolve, House, No. 3898) of James M. Cantwell and others for an investigation by a special commission (including members of the General Court) to study behavioral health promotion and upstream prevention, reports recommending that the accompanying resolve (House, No. 4128) ought to pass.

For the committee,

ELIZABETH A. MALIA.

HOUSE No. 4128

The Commonwealth of Massachusetts

**In the One Hundred and Eighty-Ninth General Court
(2015-2016)**

Resolve establishing a special commission on behavioral health promotion and upstream prevention.

1 **Resolved**, there is hereby established, pursuant to section 2A of chapter 4 of the General
2 Laws, a special legislative commission on behavioral health promotion and upstream prevention,
3 to investigate evidence-based practices, programs and systems to prevent behavioral health
4 disorders and promote behavioral health across the commonwealth.

5 The commission shall:

6 (1) consider recommendations from state and federal reports, guides and action plans to
7 promote behavioral health, including, but not limited to: Preventing Mental, Emotional, and
8 Behavioral Disorders Among Young People: Progress and Possibilities, published by the
9 Institute of Medicine; the National Registry of Evidence-Based Programs and Practices,
10 published by the Substance Abuse and Mental Health Services Administration; and the National
11 Strategy for Suicide Prevention, published by the Surgeon General.

12 (2) identify sustainable, cost-beneficial, and evidence-based privately or publicly funded
13 programs or practices, implemented inside or outside of the commonwealth, which are designed

14 to promote behavioral health, prevent disorders, and support early detection and intervention of
15 behavioral health disorders;

16 (3) assess approaches to improve the commonwealth's system of behavioral health
17 promotion and prevention, including the creation of a single state behavioral health agency, and
18 to increase collaboration at the state and local levels between community coalitions and public
19 health, mental health, healthcare, education, social services and public safety organizations;

20 (4) assess innovative approaches for funding promotion and prevention programs,
21 including through health insurance plans, other payment methodologies, and medicaid;

22 (5) assess the difference in healthcare spending on behavioral health compared to
23 physical health, and the impact such difference has on major public health problems such as
24 violence, criminality, substance use and chronic illness;

25 (6) recommend strategies, including legislative action, to shift healthcare spending over
26 the long term from acute and inpatient behavioral health care to promotion and upstream
27 prevention, without diminishing treatment or recovery services for those in need;

28 (7) recommend evidence-based, primary and secondary-level programs or practices that
29 are community, family or school-based, including whole school approaches, that reduce risk
30 factors and increase protective factors for behavioral health disorders and foster social and
31 emotional health;

32 (8) recommend programs and practices to improve the commonwealth's system of
33 behavioral health by 2020, 2022 and 2025;

34 (9) recommend measurable statewide behavioral health goals consistent with the goals
35 identified in paragraphs (1) to (8), inclusive, for preventing behavioral health disorders by 2020,
36 2022 and 2025; and

37 (10) describe the costs and benefits of achieving the plan goals for 2020, 2022 and 2025,
38 including potential lives saved, improvements in school climate, community health, academic
39 and economic outcomes, and estimated reductions in the rates of mental illness, substance abuse,
40 suicide, homelessness, violence and criminality.

41 The commission shall consist of 23 members: 2 members of the house of representatives,
42 1 of whom shall be the house chair of the joint committee on mental health and substance abuse,
43 or a designee, and 1 of whom shall be appointed by the minority leader of the house of
44 representatives; 2 members of the senate, 1 of whom shall be the senate chair of the joint
45 committee on mental health and substance abuse, or a designee, and 1 of whom shall be
46 appointed by the minority leader of the senate; the commissioner of mental health, or a designee;
47 the commissioner of public health, or a designee; the commissioner of elementary and secondary
48 education, or a designee; the commissioner of the division of insurance, or a designee; the
49 secretary of the executive office of public safety and security, or a designee; the executive
50 director of the health policy commission, or a designee; the executive director of the center for
51 health information and analysis, or a designee; the director of suicide prevention for the
52 department of public health, or a designee; the director of prevention services for the bureau of
53 substance abuse services, or a designee; the executive director of the Massachusetts community
54 health information profile, or a designee; the executive director of the mental health legal
55 advisors committee, or a designee; and the executive director of the Massachusetts public health
56 association, or a designee; the executive director of the Massachusetts organization for addiction

57 recovery, or a designee; and the president of the Massachusetts association for behavioral health,
58 or a designee; and 5 members who shall be appointed by the governor, 1 of whom shall be a
59 representative from the health insurance industry, 1 of whom shall be an expert in mental and
60 behavioral health promotion, 1 of whom shall be an expert in school-based public health, 1 of
61 whom shall be an expert in community-based public health, and 1 of whom shall be an expert in
62 planning and environmental health. The house and senate chairs of the joint committee on
63 mental health and substance abuse, or their designees, shall serve as the chairs of the
64 commission.

65 All commission appointments shall be made not later than 60 days after the effective date
66 of this resolve. The first meeting of the commission shall take place within 90 days of the
67 effective date of this resolve.

68 The department of public health shall appoint a public or private technical assistance
69 organization competent in behavioral health promotion and prevention to facilitate the work of
70 the commission.

71 The commission shall report the results of its investigation and study in the form of a
72 plan, hereby known as the promote prevent plan, which shall include all findings and
73 recommendations for achieving measurable outcomes in promoting behavioral health and
74 preventing mental, emotional, and behavioral health disorders. The commission shall submit its
75 final plan to the clerks for the house of representatives and the senate, no later than 24 months
76 after the date of the first meeting of the commission.

77 The commission shall hold public meetings and fact-finding hearings as it considers
78 necessary; provided, however, that the commission shall conduct at least 3 public hearings to

79 receive testimony from members of the public. The commission shall make a draft plan
80 available to the public and accept comments on the draft plan before submitting its final plan to
81 the clerks of the house of representatives and the senate.