HOUSE DOCKET, NO. 4682 FILED ON: 3/20/2018

HOUSE . . . . . No. 4363

The Commonwealth of Massachusetts

PRESENTED BY:

James M. Cantwell

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act establishing a commission on behavioral health promotion and upstream prevention.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
James M. Cantwell	*4th Plymouth*	*3/20/2018*
Patrick M. O'Connor	*Plymouth and Norfolk*	*3/26/2018*
Kimberly N. Ferguson	*1st Worcester*	*3/27/2018*
Elizabeth A. Malia	*11th Suffolk*	*3/28/2018*
Jonathan Hecht	*29th Middlesex*	*3/27/2018*
Josh S. Cutler	*6th Plymouth*	*3/28/2018*
Mark C. Montigny	*Second Bristol and Plymouth*	*3/27/2018*
Patricia D. Jehlen	*Second Middlesex*	*3/28/2018*
Kay Khan	*11th Middlesex*	*3/27/2018*
James J. O'Day	*14th Worcester*	*3/27/2018*
John F. Keenan	*Norfolk and Plymouth*	*3/28/2018*
Bruce J. Ayers	*1st Norfolk*	*3/27/2018*
Brian M. Ashe	*2nd Hampden*	*3/28/2018*
Christine P. Barber	*34th Middlesex*	*3/28/2018*
James B. Eldridge	*Middlesex and Worcester*	*3/28/2018*
William L. Crocker, Jr.	*2nd Barnstable*	*3/28/2018*
Claire D. Cronin	*11th Plymouth*	*3/28/2018*
Angelo L. D'Emilia	*8th Plymouth*	*3/28/2018*

Diana DiZoglio	*14th Essex*	*3/28/2018*
Lori A. Ehrlich	*8th Essex*	*3/27/2018*
William C. Galvin	*6th Norfolk*	*3/28/2018*
Carmine L. Gentile	*13th Middlesex*	*3/28/2018*
Kevin G. Honan	*17th Suffolk*	*3/28/2018*
Hannah Kane	*11th Worcester*	*3/28/2018*
Jack Lewis	*7th Middlesex*	*3/27/2018*
David Paul Linsky	*5th Middlesex*	*3/28/2018*
Juana B. Matias	*16th Essex*	*3/28/2018*
Joan Meschino	*3rd Plymouth*	*3/27/2018*
Mathew Muratore	*1st Plymouth*	*3/27/2018*
James M. Murphy	*4th Norfolk*	*3/27/2018*
Shaunna L. O'Connell	*3rd Bristol*	*3/28/2018*
Chris Walsh	*6th Middlesex*	*3/27/2018*
Timothy R. Whelan	*1st Barnstable*	*3/23/2018*
Jonathan D. Zlotnik	*2nd Worcester*	*3/20/2018*

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By Mr. Cantwell of Marshfield, a petition (subject to Joint Rule 12) of James M. Cantwell and others for legislation to establish a commission (including members of the General Court) relative to behavioral health promotion and upstream prevention. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

In the One Hundred and Ninetieth General Court
(2017-2018)

An Act establishing a commission on behavioral health promotion and upstream prevention.

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

SECTION 1. Chapter 6 of the General Laws is hereby amended by adding the following section:-

Section 219. (a) There shall be a commission on behavioral health promotion and upstream prevention located within, but not subject to the control of, the executive office of health and human services. The commission shall work to advance state and local policies, practices, systems and programs to promote positive mental, emotional and behavioral health and to prevent behavioral health issues, including but not limited to, substance misuse, mental illness and youth violence.

The commission shall consist of 42 members, as follows: the secretary of health and human services or a designee; the secretary of education or a designee; 1 member of the house of representatives who shall be appointed by the speaker of the house; 1 member of the house of

representatives who shall be appointed by the minority leader of the house; 1 member of the senate who shall be appointed by the senate president; 1 member of the senate who shall be appointed by the minority leader of the senate; the commissioner of mental health or a designee; the commissioner of public health or a designee; the commissioner of elementary and secondary education or a designee; the commissioner of early education and care or a designee; the commissioner of children and families or a designee; the chief justice of the trial court or a designee; the director of the office of Medicaid or a designee; the executive director of the health policy commission or a designee; the executive director of the mental health legal advisors committee or a designee; the executive director of the center for health information and analysis or a designee; the executive director of the Massachusetts Public Health Association or a designee; the executive director of the Massachusetts Association of Community Health Workers or a designee; the executive director of the Massachusetts Organization for Addiction Recovery or a designee; the president of the Association for Behavioral Healthcare; the president of the Massachusetts Association for Mental Health or a designee; the executive director of the Massachusetts Society for the Prevention of Cruelty to Children or a designee; the president of the Massachusetts Association of Health Plans or a designee; the executive director of the Massachusetts chapter of the National Association of Social Workers; and 18 persons to be appointed by the governor, as follows: 3 of whom shall be certified prevention specialists representing communities from geographical diverse sections of the state; 1 of whom shall be an expert in the science of preventing behavioral health disorders; 1 of whom shall be an expert in school-based prevention; 1 of whom shall be an expert in family-based prevention; 1 of whom shall be an expert in school-based prevention; 1 of whom shall be an expert in behavioral health promotion through environmental design; 1 of whom shall be an expert in behavioral health

promotion; 1 of whom shall be an expert in behavioral health epidemiology; 1 of whom shall be an expert in primary healthcare; 1 of whom shall be an expert in neuroscience; 1 of whom shall be an expert in social-emotional learning; 2 of whom shall be citizens personally impacted by behavioral health issues; 1 of whom shall be a K-12 teacher; 1 of whom shall be a K-12 principal; and 1 of whom shall be a K-12 school superintendent.

The commission shall elect co-chairs from among the commission members. Members of the commission shall be persons with demonstrated interest, experience and expertise in behavioral health and related substantive areas and shall serve for a term of 4 years, without compensation. Any member shall be eligible for reappointment. Vacancies shall be filled for the remainder of the unexpired term. Any member may be removed by the governor for cause.

(b.) The commission shall:

i. consider the recommendations of the report of the special commission on behavioral health promotion and upstream prevention established pursuant to section 193 of chapter 133 of the acts of 2016;

ii. employ the science of prevention; population health; risk and protective factors; social determinants of health; evidence-based programming and policymaking; healthy equity; and trauma-informed care;

iii. employ result-oriented cost-benefit approach, such as the Pew-Macarthur Results First Initiative process, to make recommendations to the governor and the legislature for enacting new policies and funding evidence-based prevention and promotion programs and systems;

iv. consider state and local prevalence and cost data to ensure Commission recommendations are data-driven; address risks at the universal, selective and indicated levels of prevention; and consider health equity;

v. collaborate, as appropriate, with other active state commissions, including but not limited to the safe and supportive schools commission, the Ellen Story commission on postpartum depression, and the commission on autism;

vi. make legal or policy recommendations to the governor and legislature concerning: (A) promoting behavioral health and preventing issues at the universal, selective, and indicated levels of prevention; (B) strengthening community- or state-level promotion and prevention systems; (C) advancing the identification, selection, and funding of evidence-based cost-beneficial programs, practices, or systems designed to promote behavioral health and prevent behavioral health disorders, youth substance misuse, and other risky behaviors; (D) reducing healthcare and other public costs through evidence-based promotion and prevention; (E) the regulation of controlled substances, including but not limited to nicotine, opiates, alcohol, and marijuana, to promote public health; and (F) advancing sustainable funding sources for behavioral health promotion and prevention;

vii. serve, in consultation with state technical assistance providers, as a clearinghouse for the collection and dissemination of local bylaws or policies to promote behavioral health and to prevent behavioral health issues and other risk taking behaviors;

viii. provide community coalitions with referrals and guidance, in consultation with state technical assistance providers, on financially partnering with businesses, philanthropic

institutions, and other anchor organizations to generate funding for evidence-based prevention and promotion initiatives;

ix. provide guidance to the Legislature and the Governor on approaches and opportunities to advance public-private partnerships to fund, plan, and implement prevention and promotion initiatives;

x. hold public hearings and meetings to accept comment from the general public and to seek the advice from experts, including, but not limited to, those in the fields of neuroscience, public health, behavioral health, education, and prevention science; and

xi. submit an annual report to the governor and legislature as provided in subsection (e) on the state of preventing behavioral health disorders and promoting behavioral health in the commonwealth.

(c.) There shall be an executive director of the commission. The executive director shall be appointed by the governor from candidates recommended by the commission. The executive director may be removed by the governor for cause. The executive director shall promote the goals of the commission and improve commission functions through the coordination and standardization of programs, operations, and procedures. The executive director shall have a working knowledge of behavioral health promotion and upstream prevention and legislative advocacy experience.

(d.) The executive director may: expend appropriated funds together with additional funds from federal grants and other contributions, which may be made available for the purposes of the commission; and appoint other necessary personnel for the efficient management of the office. Expenditures for salaries and for other administrative functions shall be approved by the

commission. Duties of the executive director shall include, but shall not be limited to: (i) reporting on the progress of the recommendations made in the report of the special commission on behavioral health promotion and upstream prevention established pursuant to section 193 of chapter 133 of the acts of 2016; (ii) coordination of commission meetings; (iii) coordination with relevant state agencies; (iv) education of the legislature on the recommendations of the commission and promotion and prevention; and (v) completion of the annual report.

(e.) The commission shall meet at least quarterly, or as frequently as the executive director recommends. The commission shall file an annual report, on or before March 1, with: (i) the governor, (ii) the joint committee on children, families and persons with disabilities, (iii) the joint committee on health care financing, (iv) the joint committee on public health and (v) the joint committee on mental health, substance use and recovery, on the activities identified in subsection (b), and any recommendations for regulatory and legislative action. The commission shall monitor the implementation of its recommendations and update recommendations to reflect current science and evidence-based practice.