

Special Legislative Commission on Behavioral Health Promotion and Upstream Prevention

Executive Summary

Behavioral health promotion and upstream prevention works. Decades of rigorous scientific study and community-level practice prove evidence-based programs, policies, and practices can prevent addiction, substance misuse, depression, anxiety, suicide, violence, risky behaviors, and many other behavioral health issues. If the Commonwealth acts early, we can save individuals and families from the consequences and potential tragedy of unaddressed behavioral health issues.

The impacts of behavioral health issues contribute to enormous human suffering and significant financial burdens. Mental, emotional, and behavioral health issues—including both substance use disorders and mental illness—are associated with a wide range of negative outcomes, including reduced academic and professional attainment, disconnection from school and work, unhealthy behaviors like smoking, chronic physical conditions like diabetes, and even early death. **Annually, 6-7 billion dollars are spent on behavioral health services and prescription drugs in the**

Commonwealth.ⁱ MassHealth alone expended an estimated \$1.4 billion on behavioral health services in FY2015.ⁱⁱ

And when the continuum of care leaves gaps, criminal justice and social service systems are often forced to act and expend enormous resources to address downstream problems.



Even though prevention and promotion can reduce behavioral health issues and their associated consequences, the Commonwealth is investing very little in promotion and prevention. For example, the Department of Mental Health (DMH) and the Department of Public Health's Bureau of Substance Addiction Services (BSAS) direct less than 1% of their combined budgets to prevention or promotion (**combined DMH & BSAS investments in behavior health promotion and prevention: only \$14.3 million of \$899 million in FY18**).ⁱⁱⁱ Moreover, even though educators are relied upon to promote the behavioral health of children, the Departments of Early Education and Care and

Elementary and Secondary Education spends less than \$10 million on behavioral health promotion and prevention out of their nearly \$6 billion in state funding.^{iv} **Underfunding behavioral health promotion and prevention contributes to dramatic downstream consequences. The unprecedented effects of the opiate epidemic exemplify how behavioral health challenges can dramatically alter life in our state.** And opiate addiction is not the first behavioral health epidemic we have experienced. For example, Massachusetts, along with many other states, struggled with a crack cocaine epidemic in the 1980s and then a rash of youth violence in the 1990s. **History tells us another epidemic will be on the horizon just as the opiate epidemic wanes. Fortunately, behavioral health promotion and prevention infrastructure—featuring evidence-based programs and practices, a well-trained and funded prevention workforce, and strong data collection and analysis systems—will help us reduce risk factors, build protective factors, detect problems early, and prevent or diminish the next behavioral health epidemic.**

Behavioral health is more than just the absence of illness. Positive behavioral health—including social-emotional skills and strong family relationships—provide the foundation on which people thrive in their schools, homes, work, and communities.^{v vi} **By promoting mental and emotional health, fostering behaviorally healthy environments, and strengthening social-connectedness, residents of our Commonwealth will be happier, healthier, and more successful.**

As detailed throughout this report, **there is a compelling, actionable path to strengthen behavioral health promotion and prevention in the Commonwealth:**

1. **ACT EARLY AND INVEST UPSTREAM.** Half of chronic mental health conditions begin by age 14 and seventy-five percent begin by age 24. Similarly, early initiation of substance misuse as a youth is strongly linked to later addiction issues. **Promotion and prevention will be most effective when it begins before these issues tend to appear.** The risks for behavioral health issues appear early (e.g. poor self-regulation, perception of harm from substances, and even social determinants of health like family income). Fortunately the protective factors that can counteract those risks also appear early (e.g. family stability and positive school environments).

Effective prevention and promotion initiatives will seek to reduce risks and promote protective factors (learn more on page 24).

2. **APPLY AN INTEGRATED BEHAVIORAL HEALTH APPROACH.** Nearly half of people with psychiatric conditions actually have two or more conditions. Behavioral health disorders, e.g. mental illness and substance misuse, often appear together or co-occur.

Because these issues are so deeply intertwined, they can increase the risks for and exacerbate the symptoms of one and other (learn more on page 13).

Instead of siloing behavioral health issues, an integrated approach recognizes the tendency of disorders to co-occur and also to share common underlying factors. An integrated approach will address commonalities, wherever appropriate, and promote behavioral health in a coordinated fashion.

3. **IMPLEMENT WHAT WORKS, AND APPLY THE SCIENCE OF PREVENTION.**

Prevention programs and practices are not created equal. Some are supported by evidence and rigorous evaluations. Others may seem like they would work but the evidence, or lack thereof, suggests otherwise. There are hundreds of prevention programs and practices that have been tested and proven effective.^{vii} Numerous public and private institutions have compiled and summarized these programs and rated their evidence for effectiveness. Likewise, organizations like the Pew-MacArthur Foundation Results First Initiative are available to provide research and technical advice to support evidence-based decision-making.

The Commonwealth has finite resources to invest in behavioral health prevention, and promotion. Investing in what is proven to work will ensure limited dollars actually help the people they are intended to serve.

4. **INVEST ACROSS THE CONTINUUM OF CARE: PROMOTION -> PREVENTION-> TREATMENT -> RECOVERY.** This means supporting those **recovering** from a disorder, providing high quality and evidence-based **treatment** services to those experiencing a disorder or acute symptoms, implementing **prevention** efforts to reduce the incidence of disorders, and **promoting** the behavioral health of all.

While investment in evidenced-based treatment and recovery services are necessary to meet the urgent needs of those suffering today, investments in evidence-based prevention and promotion initiatives can prevent the challenges of tomorrow. **Even though prevention will reduce downstream costs over the long term, the answer is NOT to siphon dollars from treatment and recovery in the short term.**

5. **BUILD THE INFRASTRUCTURE FOR LOCAL PREVENTION AND PROMOTION.**

Michael Botticelli, former Director of the White Office of National Drug Control Policy, advised our Commission, ***“Like all politics is local, all prevention is local.”*** Evidence-based community coalitions (driven by local needs assessment and data) are the key infrastructure through which communities and the Commonwealth can

implement promotion, prevention, and early intervention programs and practices.

Fortunately, community-based prevention, led by local prevention experts and interdisciplinary partnerships, has a long history of success in the Commonwealth. But even while some local efforts are recognized nationally, many communities lack the necessary prevention infrastructure and funding. This creates dramatic inequities across the Commonwealth.

The Commonwealth can build local prevention infrastructure by:

- **Supporting partnerships (coalitions) of local community stakeholders, including citizens, educators, law enforcement, public health, mental health, and civic, faith and business leaders**
- **Investing in and encouraging data collection and analysis on community-level assets, problems, and risk and protective factors**
- **Funding evidence-based programs and strategies to address local needs and fulfill the local vision**

6. PARTNER INTERDISCIPLINARY PUBLIC AND PRIVATE STAKEHOLDERS IN PREVENTION AND PROMOTION. Upstream prevention and promotion efforts cannot be confined to schools. Behavioral health issues impact multiple settings including primary healthcare, law enforcement, homes, and schools. Strategies exist across these settings to reduce behavioral health disorders. **Successful prevention will reduce silos and foster interdisciplinary partnerships at both the local and state level.**

Preventing issues in one setting, e.g. through school-based programs, will accrue benefits and reduce costs in other settings, e.g. healthcare. **Funding promotion and prevention depends on enabling and encouraging various public and private stakeholders to contribute to and cover the costs of prevention and promotion.**

By building on the Commonwealth's long history of leadership in public health and heeding the lessons from other states, the Commonwealth can lead the nation in behavioral health promotion and upstream prevention.

Summary of Commission Recommendations

Executive agency staff abstained from votes on recommendations; however they were instrumental in informing deliberations and discussions. Excluding abstentions from executive agency staff, all recommendations were unanimously approved by all other Commissioners.

Full recommendations and rationales can be found on page 54. The Commission offers the following recommendations:

INFUSING PREVENTION, PROMOTION, & RESULTS FIRST SCIENCE INTO STATE GOVERNMENT

1. Legislature and agencies employ a data-driven approach, like the Results First Initiative, to inventory programs, review evidence, and conduct cost-benefit analyses
2. Establish a permanent Commission on Behavioral Health Promotion and Upstream Prevention to create a permanent platform for prevention and promotion
3. Legislature, HHS, and other agencies develop definitions for key concepts relating to program evidence-base; and develop guidance to inform and direct policy and budgetary decisions based on said concepts

INNOVATIVE FUNDING PROMOTION AND PREVENTION: BeHaPPE, Public-Private Partnerships & Addressing Externalities

4. Administration and Finance release a “Pay for Success” RFI to pursue a public-private partnership to prevent substance misuse, mental illness, and other behavioral health issues and associated risk and protective factors
5. Appropriate no less than 33% or \$10M from cannabis revenues to fund community-based prevention coalitions
6. Establish a “partnerships for prevention” program to offer tax credits and community advertising for organizations that pledge financial support to community coalitions
7. Establish a Behavioral Health Promotion, Prevention, and Early Intervention (BeHaPPE) Trust Fund to fund a statewide vision for promoting behavioral health and preventing behavioral health issues through evidence-based programing
8. Establish an assessment on opiate manufacturers and wholesalers to fund evidence-based prevention, treatment, recovery, and harm reduction services, including but not limited to those initiatives funded through the BeHaPPE Trust Fund (see rec. 7)

BUILDING PREVENTION INFRASTRUCTURE: SUPPORTING LOCAL LEADERS & COMMUNITY COALITIONS

9. Build community coalitions through evidence-based systems, like **Communities That Care** and the **Strategic Prevention Framework**
10. Advance data collection through a modified youth health survey by including risk and protective factors; directing DESE to establish guidance for all Mass school districts to conduct a modified youth health survey; establishing a center of excellence to help communities with data collection and analysis; and appropriating cannabis revenues, or other sources, to support surveying, analysis, and distribution of data

11. Fund and expand technical assistance, training, and guidance for communities engaging in prevention and promotion
12. Establish a formula grant to support municipal youth commission with funding evidence-based programming and supports

INVESTING IN WHAT WORKS: EVIDENCE-BASED PREVENTION AND PROMOTION PROGRAMMING & SYSTEMS

13. Invest in evidence-based prevention and promotion programs
14. Invest in family-based stability and economic security
15. Invest in Safe and Supportive Schools Framework initiatives, suicide prevention training and awareness for educators, and marijuana public awareness campaign
16. Reauthorize the Prevention and Wellness Trust Fund (PWTF); add substance misuse and mental illness as priority conditions to PWTF; and amend the PWTF advisory board to include behavioral health expertise

PREVENTION WORKFORCE: INTEGRATING BEHAVIORAL HEALTH

17. Advance embedded behavioral health services in primary pediatric care by expanding assistance to pediatricians and staff on how to integrate behavioral health services
18. Advance prevention and promotion in the healthcare system by supporting ACO initiatives, establishing a partnership between Medicaid, HPC, DPH, DMH, and DESE to guide ACOs, and incorporating risk and protective factors and social determinants into community needs assessments
19. Investing in crisis response and mental health first aide training for key professionals and the general public.
20. Investing in crisis training and other behavioral health training for law enforcement
21. Establishing time-limited taskforce for Medicaid, DOI, and Behavioral Health Trade Association, and other stakeholders to investigate on how to improve access to pediatric behavioral healthcare

PROMOTING BEHAVIORAL HEALTH IN SCHOOLS

22. Advance social-emotional learning through (1) a partnership between the Departments of Higher Ed, Elementary and Secondary Education, and Early Education and Care and local colleges or universities to advance pre-service educator training in SEL; (2) enhancing SEL in MA professional standards; (3) and continuing investments in training and education for school principals in SEL
23. Enable and encourage public schools to incorporate mental health promotion education into their comprehensive health education curriculum
24. Add mental health promotion in DESE revised health curriculum framework
25. Direct DESE to conduct a survey on school recess policies and develop district guidance on recess including limiting exclusion from recess as a discipline tool; and establishing recess standards based on the survey

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- ⁱ Health Policy Commission. Spending Levels and Trends: Technical Appendix A. (2014) Retrieved from: <http://archives.lib.state.ma.us/bitstream/handle/2452/208478/ocn880353399-2013-supplement-TechnicalAppendixA.pdf?sequence=16&isAllowed=y>
- ⁱⁱ Sparks, PhD, A., Berninger, A., Hunt, M., Sirkin, J., Witgert, K., & Whitter, M. (2017). Access to Behavioral Health Care in Massachusetts: The Basics. Blue Cross Blue Shield of Massachusetts Foundation by Abt Associates. Retrieved from https://bluecrossmafoundation.org/sites/default/files/download/publication/BH_basics_Final.pdf
- ⁱⁱⁱ Departments of Mental Health and Public Health. Email Communications to Office of Representative James Cantwell (2018)
- ^{iv} Departments of Early Education and Care and Elementary and Secondary Education. Email Communications to Office of Representative James Cantwell (2018)
- ^v Kobau, R., Seligman, M. E. P., Peterson, C., Diener, E., Zack, M. M., Chapman, D., & Thompson, W. (2011). Mental Health Promotion in Public Health: Perspectives and Strategies From Positive Psychology. *American Journal of Public Health, 101*(8), e1–e9. <https://doi.org/10.2105/AJPH.2010.300083>
- ^{vi} Prevention and Promotion in Mental Health. Department of Mental Health and Substance Dependence | WHO. Retrieved from http://www.who.int/mental_health/media/en/545.pdf
- ^{vii} Finding Evidence-Based Programs | SAMHSA. Retrieved from <https://www.samhsa.gov/capt/tools-learning-resources/finding-evidence-based-programs>