

SENATE No. 829

The Commonwealth of Massachusetts

PRESENTED BY:

John F. Keenan

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 behavioral health workforce center of excellence.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>2/2/2023</i>

SENATE No. 829

By Mr. Keenan, a petition (accompanied by bill, Senate, No. 829) of John F. Keenan and Michael O. Moore for legislation to establish a behavioral health workforce center of excellence. Higher Education.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act establishing a behavioral health workforce center of excellence.

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. Chapter 15A of the General Laws, as appearing in the 2020 Official
2 Edition, is hereby amended by inserting after Section 45 the following section:-

3 Section 46. (a) There shall be a Behavioral Health Workforce Center of Excellence,
4 herein the Center. The purpose of the Center shall be to gather data and research to advise policy
5 leaders on how to address the crisis in the behavioral health workforce across the
6 commonwealth. In consultation with public institutions of higher education, the commissioner
7 shall establish the center at one of the public institutions of higher education in the
8 commonwealth. The Center shall:

9 (i) Engage a diverse, cross-disciplinary group of stakeholders to address the needs of the
10 behavioral health field by studying the current workforce landscape, mapping or building clear
11 career ladders, and identifying and addressing training needs;

12 (ii) Annually inventory the professional licenses and certifications available for those
13 who work in the mental health and addiction treatment field, including, but not limited to, the
14 number of licensed and certified individuals in the commonwealth, the academic and supervisory
15 requirements to achieve each certification, the scope of practice of each license, the academic
16 programs available in the commonwealth and the cost of these programs;

17 (iii) Annually create demographic and geographic profiles of the current field of
18 practitioners, examine ways to increase the diversity, equity and inclusion of the workforce and
19 develop recommendations to increase the linguistic and cultural competency of practitioners;

20 (iv) Annually inventory the number of professional and paraprofessional practitioners
21 delivering direct clinical or recovery services, including practitioner acceptance of insurance;

22 (v) Work with the advisory committee established in subsection (b) to annually inventory
23 the workforce needs in the behavioral health system to establish the gaps that exist by
24 professional license and certificate, and practice settings;

25 (vi) Inventory the number of individuals with professional licenses or certifications who
26 no longer practice behavioral health in third-party reimbursable settings;

27 (vii) Examine any regulatory changes recommended by licensing and registration entities
28 at the department of public health and offer public written assessments to these entities during
29 the regulatory process that includes the effect of these requirements on the existing workforce
30 and the future workforce pipeline;

31 (viii) Examine existing training funds across state and federal agencies, including, but not
32 limited to, the executive office of labor and workforce development, the commonwealth

33 corporation, the executive office of education, the executive office of health and human services
34 and its constituent agencies, and make recommendations on ways to leverage funding and
35 resources to focus on existing and needed training programs for the field;

36 (ix) Work with existing education and training programs on curriculum improvements
37 focused on best practices in the current behavioral health landscape and coordinate these needs
38 with state purchasing agencies to better align educational institutional with the needs in the field;

39 (x) Examine existing loan forgiveness opportunities for practitioners and make
40 recommendations on ways to expand current recruitment and retention initiatives;

41 (xi) Create and fund technical assistance programming for value based purchasing and
42 care preparation, and behavioral health and primary care integration; and

43 (xii) Examine other matters deemed appropriate by the Center.

44 (b) The center shall establish an advisory committee. The advisory committee shall: (I) be
45 cochaired by a person appointed by the department of higher education and a person appointed
46 by the Association for Behavioral Healthcare and, (ii) and have members selected by the
47 commissioner, including, but not limited to, representation from each of the following entities:
48 the executive office of health and human services, the executive office of labor and workforce
49 development, the department of public health, the department of mental health, the Blue Cross
50 and Blue Shield of Massachusetts, the Massachusetts Association of Health Plans, NAMI
51 Massachusetts, the Massachusetts Organization for Addiction Recovery, the Parent Professional
52 Advocacy League, the Massachusetts Association for Behavioral Health Systems, the
53 Massachusetts Health & Hospital Association, the National Association of Social Workers-
54 Massachusetts, the Massachusetts Psychological Association, the Massachusetts Mental Health

55 Counselors Association and the Massachusetts Association for Mental Health. The advisory
56 committee shall meet regularly, not less than four times annually, to discuss the state of the
57 behavioral workforce in the commonwealth.