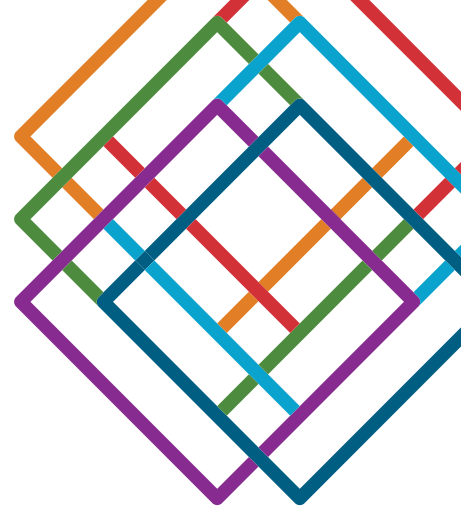


MASSACHUSETTS ASSOCIATION  
FOR MENTAL HEALTH



2025

# Annual Report



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Clifford Beers started a national and international mental hygiene movement in 1905 and led the establishment of MAMH in 1913.

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**Special thanks** to members of the MAMH Board committees, including the Executive Committee, Audit and Finance Committee, and Friend and Leader Planning Committee, for their work and dedication this year to ensure the success of MAMH and our priorities. Our continued progress is made possible thanks to you!

# FROM MAMH LEADERSHIP



Dear Friends,

There are at least three ways we can respond to the chaos and cruelty of the current political moment as it impacts the vulnerable people MAMH represents. We can collapse under the weight of it. We can stay under the radar and hope things get better soon. Or we can be inspired – to affirm our mission, work harder, do better.

**At MAMH, we are choosing to be inspired.** We are inspired to **stand up** for policies that improve the well being of children and families across Massachusetts, including mental health parity and improved access to services. We are inspired to **protect** scarce resources that people with mental health conditions and their families rely on, such as rental subsidies enabling them to access safe, affordable housing. And yes, we are inspired to **think creatively** about ways to be more effective and efficient with the resources we have, including adoption of best practices like the Collaborative Care Model to facilitate access to frontline behavioral health services in primary care.

For many years, MAMH's tagline has been: **Educate, Mobilize, Advocate**. In the report that follows, you will see specific examples of these goals in action. Moving forward, in the face of political, social, and economic turmoil that threatens to undermine the well being of thousands of Massachusetts residents, we are inspired to double down on that work.

**We know the old adage: Progress is 10% inspiration and 90% perspiration.** And we're ready to do the work needed to ensure that MAMH remains an effective, sustainable agent of change for as long as we're needed. This past year, we embarked on the development of a new 5-year strategic plan. Many of you offered ideas, reflections, and suggestions for the plan, which has just been approved by the MAMH Board. The plan affirms our mission and vision and outline strategic goals that will continue to include:

- Serve as a change agent
- Communicate and educate
- Promote equity and inclusion

***we are inspired***

**We are in your debt and inspired by your commitment to action and results that improve the lives of people at risk for or living with mental health conditions.** Thank you for supporting our efforts.

Danna Mauch, PhD  
April 2026

Ambassador (ret.) Barry White  
April 2026

# GOAL 1

SERVE AS AN EFFECTIVE CHANGE AGENT TO ADVANCE THE BEHAVIORAL HEALTH SYSTEM

## BEHAVIORAL HEALTH SYSTEM REFORM

As we entered 2025, MAMH – along with our partners – began strategic efforts to increase investment in behavioral health services in the Massachusetts state budget. However, this year marked a shift in the way we typically engage in our advocacy – with the balance shifting from offense to defense. In January, we identified challenges with the Fiscal Year 2026 (FY26) state budget proposal. It included over \$83M in proposed cuts to Massachusetts Department of Mental Health (DMH) operated and contracted services, to be realized between July 1, 2025 and June 30, 2026.

The Commonwealth had not experienced that level of cuts to mental health since the global economic downturn starting in 2009, during a prior state administration, and it took eight years during the last administration to rebuild and recover our service delivery system. The current administration’s proposed cuts would have been devastating to the individuals and families who depend on DMH community-based services. We were able to engage the administration and legislature to understand that the proposed cuts didn’t make fiscal sense. Community-based behavioral health placements are far more economical than emergency department visits, hospitalization, homelessness, and criminal legal involvement. It was time to act.

In response, the behavioral health community came together to send a strong, unified message to policymakers about the importance of behavioral health services. MAMH Board members contacted lawmakers to share their concerns. Our extensive network of advocates, donors, and colleagues participated in webinars and contacted their elected officials. MAMH staff briefed leaders at the State House seeking relief in House and Senate budgets and sent word of our opposition to the proposed cuts to policymakers in the administration. No fewer than 18 organizations lent their voices and their logos in support – representing recovery learning communities, clubhouses, family members, community and inpatient behavioral health providers, behavioral health clinician guilds, and other advocacy organizations. The Children’s Mental Health Campaign (CMHC) organized a rally at the State House – sponsored by Senator John Velis – to counter the proposed cut to youth and their families.

Thanks to this strong showing of solidarity across the behavioral health community and leadership in the State House, almost all proposed cuts to DMH were restored.





For decades, Massachusetts has led the nation in reform efforts to expand access to health care and address affordability issues, but people with behavioral health conditions and their families have experienced persistent disparities across the continuum of care – prevention, early intervention, treatment and recovery supports. The time for change is now. MAMH acts to advance a behavioral health system for the Commonwealth that is patient-centered, recovery-oriented, data-driven, and holistic in its approach to health and resiliency.

In the pages that follow, you'll learn more about these efforts to reform housing and legal systems to better meet the needs of people with behavioral health conditions.



## highlights INCLUDE:

- Preservation of DMH **Adult Community Clinical Services (ACCS)** services, which provide comprehensive clinical interventions, peer and family support, and vocational and housing supports to the over 75% of DMH adult clients that receive community-based services. This program is at capacity and a cut would literally have left some disabled DMH adult clients homeless.
- Preservation of DMH **Adult Respite Services**, the transitional or bridge program that, among other things, helps adults who are boarding in Emergency Departments (EDs) transition to community-based therapeutic care. This program is also at capacity and a cut would have backed up EDs and incurred significant costs.
- \$19M for the DMH Jail Diversion Program, which funds **jail and arrest diversion programs** run by community policing and behavioral health agencies across the state. These dollars support co-response programs to support public safety officers in addressing the needs of people with psychiatric and behavioral health crises, including efforts to strengthen pre-arrest diversion practices statewide.
- Preservation of **critical child, youth, and family services** including Intensive Residential Treatment Programs (IRTPs), the Clinically Intensive Residential Treatment (CIRT) program for children ages 6-12, and Flexible Support Services to help youth remain in community.
- \$1.5M to complete implementation planning to expand community capacity for mental health and substance use treatment and supports, and ongoing **law enforcement diversionary efforts** across New England's most populous county. Beginning in April 2026, law enforcement will be able to bring people needing mental health and substance use treatment to the Middlesex County Restoration Center in Lowell, diverting them from costly and traumatic stays in hospitals and jails.



# GOAL 1


SERVE AS AN EFFECTIVE CHANGE AGENT TO ADVANCE THE BEHAVIORAL HEALTH SYSTEM



## SAFE, AFFORDABLE HOUSING

Massachusetts urgently needs to provide timely and effective housing options for individuals living with disabling mental health conditions who are experiencing chronic homelessness and housing instability. Permanent supportive housing is critical to both engaging in effective treatment and achieving and maintaining recovery. Unfortunately, the federal government's shift to criminalize homelessness and cut supportive housing services in 2025 drove **significant cuts to safe and affordable housing programs**, which MAMH fought to restore.

The MA Department of Mental Health's (DMH) Rental Subsidy Program (RSP) is a rental voucher program designed to help those living with disabling mental health conditions who are experiencing homelessness and are DMH clients. On July 8, 2025, due to the absence of any new net FY26 funding, DMH implemented a "pause" in the use of RSP, seeking to shrink the program through attrition by not accepting any new DMH RSP clients. The pause prohibits the backfilling of vacated units and leads to the termination of leases that prior to the pause were refilled with DMH clients waiting for housing. Over four hundred leased units, DMH clients' homes, could be lost in Fiscal Year 2026 (FY26) if the funding gap is not fixed. Many have already been lost.



**The average DMH rental voucher is about \$1,300 per month with DMH clients paying 30% of their adjusted income towards rent. In contrast, the average behavioral health hospital inpatient stay is about \$1,300 or more per day.**

MAMH learned of the \$7M shortfall *after* FY26 budget deliberations concluded. To address the gap, MAMH **advocated for supplemental budget funds** through the Housing Subcommittee of the State Mental Health Planning Council and **built a coalition** of people with lived experience, family members, community behavioral health providers, housing/homelessness organizations, and behavioral health advocates across the Commonwealth to protest the shortfall and seek restoration of funds.

**MAMH is working to combat federal cuts that threaten our state's homeless population.** In November, the U.S. Department of Housing and Urban Development (HUD) issued major policy changes to the Continuum of Care (CoC) Program, the largest federal program to provide funding and resources to communities to address homelessness.

The changes made clear that HUD is moving away from evidence-based, supportive housing models toward the criminalization of homelessness and shorter-term services that typically do not provide enough support to prevent someone from returning to homelessness. In MA alone, \$136M in federal support is at risk, \$91M of which funds rent and services for people with disabilities who have experienced homelessness - approximately 3,800 households. MAMH has been supporting, as an organization member, the advocacy efforts of the Massachusetts Housing & Shelter Alliance (MHSA), and as an Executive Committee member of the Supportive Housing Pipeline Coalition (SHPC), as we work on this ongoing issue.



# GOAL 1

SERVE AS AN EFFECTIVE CHANGE AGENT TO ADVANCE THE BEHAVIORAL HEALTH SYSTEM



## AN UPDATE: THE ROADMAP FOR BEHAVIORAL HEALTH REFORM

MAMH has moved to inform and guide implementation and monitoring of the Roadmap for Behavioral Health Reform (the Roadmap), ensuring that it delivers on its promise to redesign the ambulatory behavioral health system to **help people get the care they need, when and where they need it**. Now in its third full year of implementation, the primary components of the Roadmap are the Behavioral Health Help Line (Help Line), Community Behavioral Health Centers (CBHCs), and Behavioral Health Urgent Care.

In 2025, MAMH – as an executive member of the Children’s Mental Health Campaign – worked with Representatives Barber and Rogers and Senator Cyr to file a bill that outlines responsibilities and calls for EOHHS – the office of the Secretary – to ensure effective and efficient implementation.

The bill aims to:

- ✓ **ESTABLISH COORDINATION ACROSS AGENCIES**
- ✓ **RAISE AWARENESS**
- ✓ **GATHER FEEDBACK, ESPECIALLY FROM PEOPLE WITH LIVED EXPERIENCE AND PEOPLE FROM MARGINALIZED COMMUNITIES**
- ✓ **CREATE AND PUBLICIZE A CENTRAL DATA DASHBOARD**
- ✓ **OVERSEE BEHAVIORAL HEALTH CRISIS RESPONSE PLANNING AND IMPLEMENTATION**



The bill also requires reports on challenges and opportunities associated with the financial stability and sustainability of Roadmap, and identification of legislative, regulatory, or operational factors that would lead to improvements.

In November, the bill was heard before the Joint Committee on Mental Health, Substance Use, and Recovery. MAMH, the Children’s Mental Health Campaign, the Parent Professional Advocacy League (PPAL), and Eliot Community Human Services all offered oral testimony in support of the bills (as seen in the photo above). We will continue to advocate for its passage and partner with the Administration and community stakeholders to help realize its promise.

# GOAL 1

SERVE AS AN EFFECTIVE CHANGE AGENT TO ADVANCE THE BEHAVIORAL HEALTH SYSTEM



## PARITY

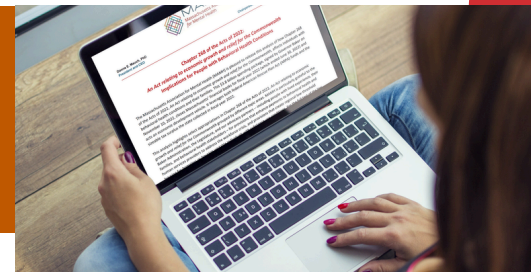
MAMH continues to lead advocacy for mental health parity, now monitoring implementation of the reforms detailed in Chapter 177 of the Acts of 2022. These included a range of **provisions to enhance enforcement of parity** - designed to ensure that mental health insurance coverage is comparable to medical care insurance coverage. MAMH met with the new Massachusetts Division of Insurance (DOI) Commissioner, Michael Caljouw, along with our partner organizations, Health Care For All (HCFA) and Health Law Advocates (HLA), to advocate accelerated compliance efforts.

In January 2025, DOI submitted its Mental Health Parity Summary Reports for calendar years 2022 and 2023 and in March hosted an information session on the reports. MAMH with HCFA and HLA shared oral and written comments. In July, DOI shared guidelines with insurers, adopting some of our suggestions to improve data collection.

Throughout the year, MAMH, HCFA, and HLA met regularly with DOI to discuss complaints and issues such as Massachusetts' low behavioral health provider reimbursement rates and improving insurers' self-assessment of parity compliance. Continued advocacy propelled the completion of the state's first behavioral health parity market conduct examinations in December and led to a number of DOI information sessions on subjects including provider directories, behavioral health intermediate care, and behavioral health for children and adolescents (occurring in January and February of 2026).



The MAMH policy team regularly publishes **briefs, analyses, white papers, and other resources**. Keep up with the latest on social media or by visiting our website. The QR code to the left will connect you to **[mamh.org](https://mamh.org)**.



## WORKFORCE INVESTMENT

A strong, stable, and culturally responsive behavioral health workforce is foundational to all MAMH's advocacy and programmatic priorities. In 2025, MAMH's Jessica Larochelle continued to serve as a member of the Health Policy Commission's (HPC's) Behavioral Health Workforce Center Advisory Group. The HPC Behavioral Health Workforce Center is currently **analyzing rates paid for behavioral health services** by both private and public payers and the adequacy of those rates, as well as studying licensure and certification processes for the workforce.

MAMH also helped to publicize an EOHHS scholarship program for students pursuing master's degrees and graduate level certificates in a range of behavioral health programs. MAMH's Danna Mauch earlier served on an advisory commission that made recommendations on disbursement of funds in a \$192M Behavioral Health Trust Fund. MAMH joined others in advocating the use of those dollars for **scholarships to advance workforce diversity**.

# GOAL 1

SERVE AS AN EFFECTIVE CHANGE AGENT TO ADVANCE THE BEHAVIORAL HEALTH SYSTEM



## CRIMINAL LEGAL SYSTEM REFORM

People with mental health conditions are significantly overrepresented in every aspect of the criminal legal system. MAMH aims to ensure that Massachusetts develops **innovative services that protect people from entry into the criminal legal system** and actively divert individuals from arrest, adjudication, and incarceration wherever possible. In 2025, MAMH made progress on several of our main priorities, including creation of the Middlesex County Restoration Center, the reform of Bridgewater State Hospital, and improved services under Section 35 involuntary civil commitment for substance use.

### MIDDLESEX COUNTY RESTORATION CENTER

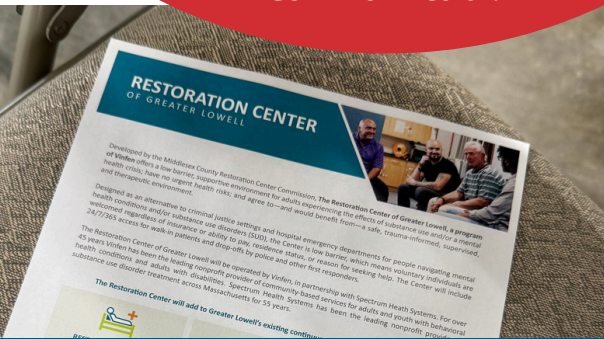
The culmination of years of research, planning, and advocacy by the Middlesex County Restoration Commission, co-chaired by Middlesex County Sheriff Peter Koutoujian and MAMH's Danna Mauch, **the Center opens in spring 2026** as the Restoration Center of Greater Lowell. Vinfen, in partnership with Spectrum Health Systems, will operate the center to offer **a critical alternative to hospitalization, arrest, and incarceration** for people experiencing mental health and substance use crisis. The Center will include a triage and first responder drop-off area, sober support services, respite care, and an area where people can access showers, laundry, telephones, and a kitchenette. Detoxification and clinical stabilization services will be provided as needed. The Center is the first of its kind in MA and has the potential to serve as a model to bring therapeutic and cost-saving diversionary services to other communities in the Commonwealth.

### BRIDGEWATER STATE HOSPITAL

Bridgewater State Hospital (Bridgewater) serves men with serious psychiatric conditions who have pending criminal charges or convictions, or who have been found to lack criminal responsibility. Massachusetts stands as the only state with its secure forensic psychiatric hospital run by a state Department of Correction (DOC), rather than the state Department of Mental Health (DMH). MAMH has persistently advocated for an end to this practice.

In 2025, MAMH accelerated work by testifying with our advocacy partners in support of legislation to **transfer control of Bridgewater from the DOC to DMH**. With the Center for Public Representation, Mental Health Legal Advisors Committee, and National Alliance on Mental Illness Massachusetts, MAMH staff also toured BSH to witness firsthand the prison-like conditions, particularly in the reception area and patient rooms/cells. We continue to monitor the Division of Capital Asset Management and Maintenance's study on feasible options to serve patients in a more therapeutic environment than Bridgewater.

MORE ON CRIMINAL LEGAL SYSTEM REFORM



# GOAL 1

SERVE AS AN EFFECTIVE CHANGE AGENT TO ADVANCE THE BEHAVIORAL HEALTH SYSTEM



## SECTION 35

Massachusetts is also the only state that allows civil commitment of an individual who has an alcohol or substance use condition and poses a risk of serious harm to themselves or another person (known as Section 35) to a prison or jail, rather than to a therapeutic environment operated by a department of public health or one of its licensed community providers. MAMH continued work to remedy this issue in 2025. In late December, 2024, Governor Healey signed a substance use omnibus bill that expands access to **therapeutic, community-based substance use treatment services**. Among the bill's reforms is a provision to shift, over the next two years, Section 35 commitments for men out of the DOC's Massachusetts Alcohol and Substance Abuse Center (MASAC) facility in Plymouth and into community-based programs. In September 2025, EOHHS released a report on the initial steps to close the Section 35 program at MASAC, including transitioning patients and identifying, licensing, or approving facilities with sufficient capacity to ensure an adequate supply of Section 35 beds in the state. MAMH's Kate Alicante testified in strong support of a bill before the Joint Committee on Mental Health, Substance Use, and Recovery to **transfer all Section 35 beds for men in MA to non-carceral, health care facilities**.



## PROTECTION OF PATIENT RECORDS

In November 2025, Gov. Healey signed a new law that makes it **easier for family members to access records of their loved ones** with intellectual disabilities, developmental disabilities, and mental health conditions who lived at state institutions. Family members and scholars can now access patient records if the records are at least 75 years old or if it has been 50 years since the patient's death. This access will help families understand their history, restore the stories and offer dignity to the deceased, and help the people of Massachusetts understand and learn from our history.



The law's passing was the result of strong advocacy from members of the disability community; disability advocate Alex Green; legislative champions Sen. Barrett, Rep. Cabral, Rep. Domb, and Rep. Garballey; and Gov. Healey. MAMH's Danna Mauch was engaged in advocacy from the very beginning, including bringing state legislators to visit unmarked graves on the grounds of the former Fernald School in Waltham years ago. The law's passing doesn't erase the histories of these institutions and how people living there were treated, but it does help to **honor their lives and preserve their memories**.

# GOAL 1

SERVE AS AN EFFECTIVE CHANGE AGENT TO ADVANCE THE BEHAVIORAL HEALTH SYSTEM



## OLDER ADULT BEHAVIORAL HEALTH

MAMH leads statewide advocacy to elevate the importance of behavioral health for older adults in the Commonwealth. Our work includes leading a statewide Older Adult Behavioral Health Network (OABHN),



regularly convening providers, advocates, and older adults involved in aging and behavioral health service systems. In 2025, OABHN was a critical voice **protecting funding for outreach to older adults with behavioral health conditions**, helping to support older adults in their homes and prevent nursing home placements.

More than 170 people attended the Older Adult Behavioral Health Network annual conference in May. Co-sponsored by the Massachusetts Housing and Shelter Alliance (MHSA), the conference focused on preventing and addressing older adult homelessness

and reached a record number of participants.

Through OABHN, MAMH launched a storytelling project called Each Line on my Face Holds a Story. Working closely with an award-winning filmmaker, this initiative will bring the stories of older adults with behavioral health conditions to a broad audience through a short film (expected mid-2026) designed for use with social media and advocacy communications.

MAMH's work to support older adult behavioral health is generously supported by grants from the Point32Health Foundation, DMH, and anonymous donors.

## HOARDING RESOURCE NETWORK

MAMH leads the Massachusetts Hoarding Resource Network (MHRN), a broad stakeholder coalition designed to **prevent homelessness among older adults and others who live with hoarding conditions**. During 2025, MHRN completed an environmental scan to identify system gaps, strengths, best practices, and opportunities to more effectively support people with hoarding conditions to live safely in their homes.

Recommendations included:

- Better pay and more training for agency staff providing in-home support;
- Earlier identification and interventions to support older adults at risk of homelessness because of a hoarding condition;
- Community-wide Clutter Amnesty Days to minimize the cost of de-cluttering;
- Peer support approaches to providing meaningful, ongoing support; and
- Coordination across systems and services providing support.

MHRN is supported by a generous Healthy Aging grant provided by the MA Department of Public Health through Health Resources in Action (HRiA).

# GOAL 2

DISSEMINATE KNOWLEDGE AND EDUCATE POLICY MAKERS AND THE PUBLIC TO END DISCRIMINATION



## STUDENT ACCESS TO BEHAVIORAL HEALTH URGENT CARE

With funding from Mass General Brigham, the American Endowment Foundation, and The Charles F. and Beatrice D. Adams Charitable Trust, MAMH continued our multi-year grants to seven Community Behavioral Health Centers (CBHCs) to partner with schools in their service areas to **provide key components of Pediatric Behavioral Health Urgent Care to K-12 students**. This grant program evaluates the hypothesis that partnerships between CBHCs and schools will result in earlier identification of students who are experiencing urgent behavioral health needs; expedited access to high quality, comprehensive behavioral health services; and lead to fewer adverse outcomes such as unnecessary emergency department visits, 911 calls, suspensions, and chronic absenteeism.



To obtain feedback from families about their experience with the school behavioral health urgent care grant program, MAMH and the evaluation team created a brief survey, disseminated in English, Spanish, and Portuguese. Almost all families (95%) completing the survey expressed satisfaction with the services they had received, and the majority of **families report that the services provided through the grant have been helpful for their children** on several measures, including doing better at school, home, and in social situations. The evaluation team continues to analyze service and outcome data related to 911 calls, suspensions, and chronic absenteeism and will produce a final report.

With grantee funding ending across the latter half of 2025 and into 2026, MAMH was awarded a grant from The Charles F. and Beatrice D. Adams Charitable Trust to explore next steps for sustainability, develop recommendations for long-term financing to support the partnership model, present findings at leadership briefings, and to identify ways to foster successful partnerships between CBHCs and schools more generally.

## PEER-EMPOWERED SUPPORT GROUPS

MAMH – with funding from and in partnership with the Mosakowski Family Foundation – brought Peer-Empowered Support Groups to Boys & Girls Clubs in three economically disadvantaged communities. Support groups can reinforce youth agency, resiliency, and perseverance; facilitate connections with other students by providing a forum for listening; and offer a place of support in a stigma-free environment. Grant awards were made to clubs in Dorchester, Lynn, and Worcester. Each of the Clubs leveraged awarded grant funds to build new programs and enhance or expand others while incorporating middle- and high school-aged students as facilitators.

To understand the impact of the support groups, MAMH analyzed data from a pre- and post-program survey administered to spring 2024 group members. Results show that **students experienced positive changes** in their feelings about themselves, their ability to seek support from others when facing difficulty, and their ability to remain calm in the face of stress. We continue to collect data as the programs continue.

# GOAL 2

DISSEMINATE KNOWLEDGE AND EDUCATE POLICY MAKERS AND THE PUBLIC TO END DISCRIMINATION



## TELE-BEHAVIORAL HEALTH REPORT

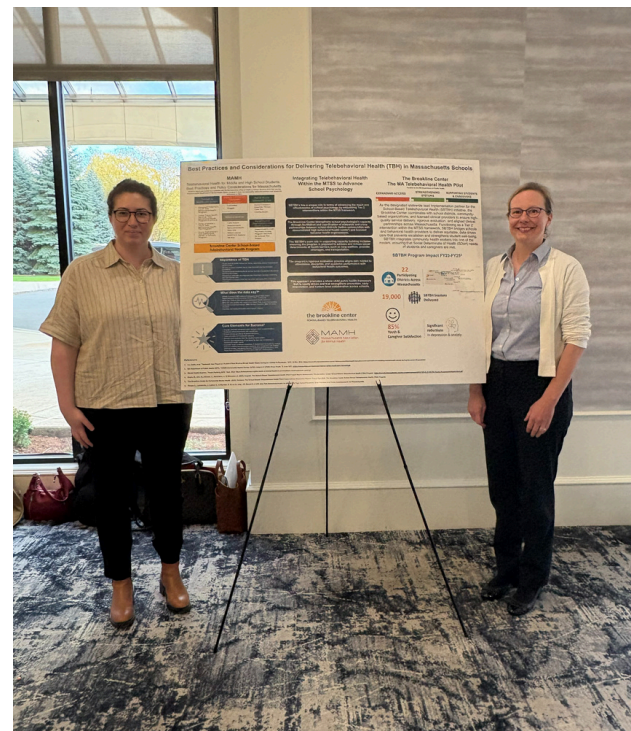
While many children and adolescents experience positive mental health, a significant and growing number of youth are experiencing mental health issues that interfere with their academic performance, social development, and well being. At the same time, demand for behavioral health services far outweighs provider availability and contributes to significant access issues for children and families.

MAMH partnered with EOHHS and DMH to examine tele-behavioral health programs operating in school settings to determine their potential to **increase access to behavioral health services for middle and high school students and their families**. In January 2025, MAMH produced a final report, *Tele-Behavioral Health for Middle and High School Students: Best Practices and Policy Considerations for Massachusetts*, which highlights successful tele-behavioral health models; outlines key considerations for launching or augmenting in-school programs; offers strategies to reduce disparities; and highlights policy reforms to promote sustainable programs.

In July 2025, MAMH issued a subsequent policy summary **highlighting proposed legislation that would advance effective, sustainable, and scalable tele-behavioral health programs** in schools in the Commonwealth and would have positive implications for the broader Massachusetts behavioral health delivery system. The summary focused on legislation related to digital equity, enhanced reimbursement for and expanded access to behavioral health services, enhanced reimbursement for clinical extenders, strengthening school-based mental health, mental health education, licensure for behavioral health providers, and interstate compacts.

MAMH presented on these findings at the 2025 Mental Health America Conference, the Brookline Center's School-Based Telebehavioral Health Annual Symposium, a poster session at the Massachusetts School Psychologist Association Fall 2025 meeting, a School-Based Behavioral Health Advisory meeting, and a Massachusetts Telemedicine Coalition meeting.

Tele-behavioral health is one tool in a larger toolbox of mental health services for youth – a useful option for many children and their families, though it should not replace in-person services when they are available and if they are preferred. Our vision is that every school district in the Commonwealth provides **equal access for all students** to comprehensive systems of school-based behavioral health supports.



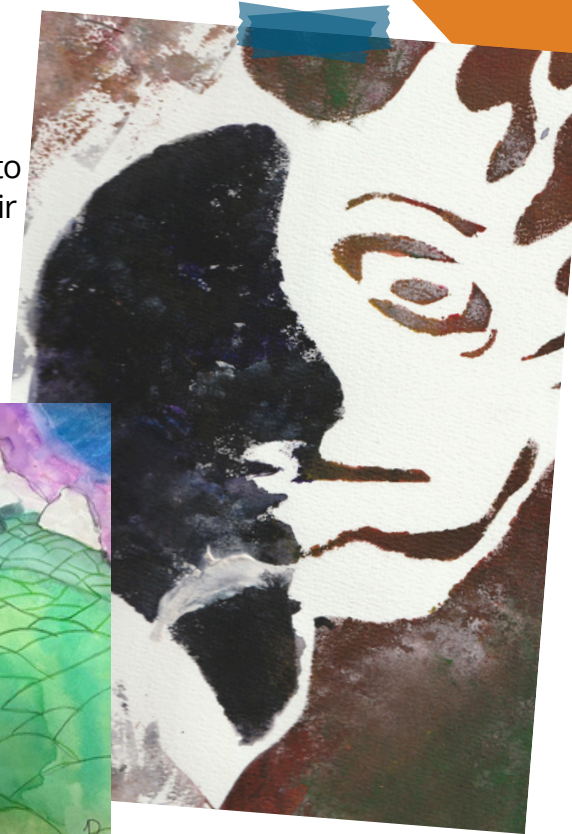
# GOAL 2

DISSEMINATE KNOWLEDGE AND EDUCATE POLICY MAKERS AND THE PUBLIC TO END DISCRIMINATION



## YOUTH EXPRESSIONS CONTEST

May is Mental Health Month! For six years running, MAMH has highlighted student artwork from across the Commonwealth in our *Mental Health Matters: Student Expression Contest*. This event is designed to **promote wellness** and inspire students to explore ways to support their own mental health and support the people around us with simple gestures and expressions of empathy.



**i** FROM LEFT TO RIGHT: ARTWORK BY KRISTEN PAUL, SAMUEL PHILBROOK, AND GEONHOO PARK

## CONFERENCE AND OTHER PRESENTATIONS

Mental Health America (MHA) hosted its annual Policy Institute in October 2025, the same week as its Annual Conference. The theme was “Behavioral Health and Technology: Exploring Tech Innovations that Improve Access and Care.” Over 100 policy stakeholders, including federal agency staff, Congressional staff, and other MHA affiliates, were in attendance. The Policy Institute featured a fireside chat with MAMH’s Jessica Larochelle and Hazel Health’s General Manager of Platform & Chief Commercial Officer, Zach Clark. Jessica and Zach discussed school tele-behavioral health programs and state and federal policy opportunities to further program expansion and sustainability. The session served to raise awareness about tele-behavioral health as one important option to improve access to timely behavioral health services for K-12 students.

Additional MAMH staff led sessions during Affiliate Day, discussing MAMH initiatives in the use of tele-behavioral health in schools and in reframing communication and policies regarding advocacy - especially regarding people who are at the intersection of the behavioral health system and the criminal legal system.

# GOAL 2

DISSEMINATE KNOWLEDGE AND EDUCATE POLICY MAKERS AND THE PUBLIC TO END DISCRIMINATION



## COMMISSION & GROUP INVOLVEMENT

MAMH is an active member of several philanthropic and public commissions, committees, and working groups. Many of these collaborations produce **important research, communication, and advocacy results.**

988 Commission  
Behavioral Health Help Line (BHHL) Advisory Council  
Blue Cross Blue Shield of Massachusetts Foundation Behavioral Health Advisory Committee  
Bridgewater State Hospital Reform Coalition  
Cambridge Health Alliance (CHA) Population Health Advisory Council  
CEO Alliance for Mental Health ●  
Children's Behavioral Health Advisory Council  
Children's Mental Health Campaign ★  
Community Behavioral Health Promotion and Prevention Commission  
Dignity Alliance Massachusetts  
Global Alliance for Behavioral Health and Social Justice  
Governor's Health Care Affordability and Access Work Group  
Health Policy Commission Advisory Board  
Behavioral Health Workforce Advisory Board  
Lift Our Kids Coalition  
Massachusetts Coalition for Coverage and Care  
Massachusetts Fail First Coalition  
Massachusetts Housing and Shelter Alliance (MHSA)  
Massachusetts Mental Health and Substance Use Parity Coalition  
Massachusetts Peer Workforce Coalition  
Massachusetts Public Health Association  
Massachusetts Rx Drug Affordability Coalition

Massachusetts Task Force to End Loneliness and Build Community  
MassHealth and Justice Involved Coalition  
Mental Health America Affiliate  
Mental Health Coalition  
Mental Health Technology Transfer Center (MHTTC) Network National Advisory Board  
MGH Center of Excellence for Psychosocial and Systemic Research  
Middlesex County Restoration Center Commission ▲  
Older Adult Behavioral Health Network (OABHN) ■  
PCORI Burnout to Balance (B2B) Project Advisory Group  
Restrictive Housing Oversight Committee  
Ruderman Family Foundation Mental Health Advisory Committee  
School-Based Behavioral Health Advisory Board  
Special Commission on Access to Behavioral Health Services for Children and Families  
State Mental Health Planning Council ▲  
● Older Adult Mental Health Collaborative ■  
● Housing Subcommittee ▲  
Stop the Shock Coalition  
Supported Decision Making Coalition  
Supportive Housing Pipeline Coalition  
Trauma-Informed Hampshire County ●★  
We Work for Health

● Founding Member      ▲ Co-Chair  
★ Executive Committee      ■ Chair



# GOAL 3

INCREASE INCLUSION AND ENSURE ACCESS TO EFFECTIVE SERVICES



## ADVANCING COLLABORATIVE CARE IN THE COMMONWEALTH

MAMH received grants from the Bowman Family Foundation and The Goodness Web to promote **statewide adoption of the Collaborative Care Model (CoCM) in Massachusetts**. CoCM, which integrates behavioral health into primary care, has strong evidence supporting its effectiveness for treating common mental health conditions like depression and anxiety.

Although various models for behavioral health integration (BHI) exist, the Collaborative Care Model—originated 25 years ago at the University of Washington—has the most robust evidence base for enhancing clinical outcomes and reducing healthcare expenditures.

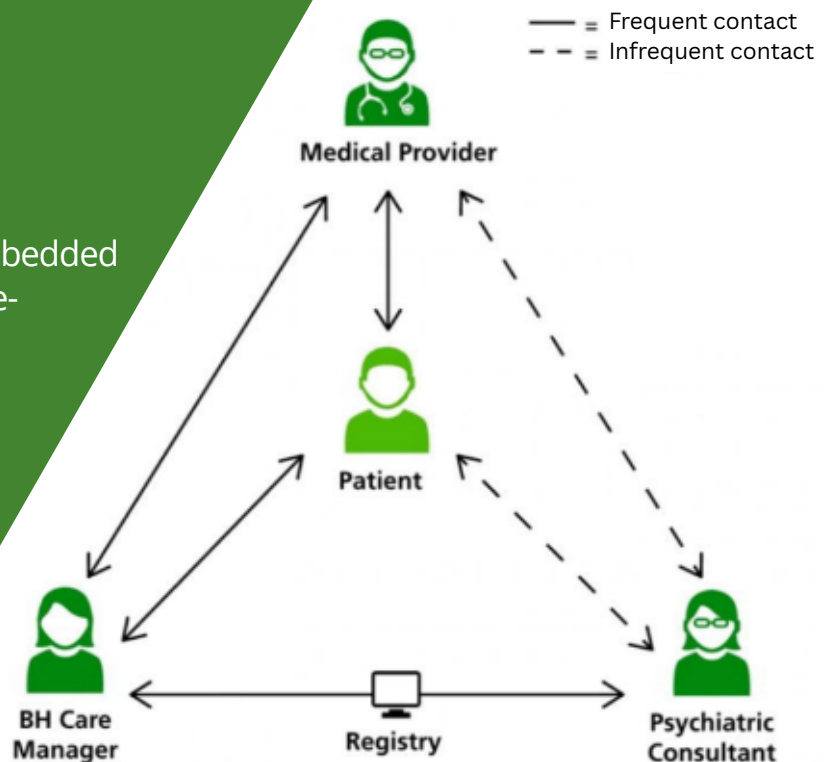
Within this model, patients are systematically screened for behavioral health concerns in primary care environments. Eligible patients are invited to participate in CoCM.



## COLLABORATIVE CARE IN PRACTICE



In CoCM, primary care providers oversee a multidisciplinary team, collaborating with embedded behavioral care managers to deliver evidence-based interventions. Treatment plans are developed incorporating both measurable clinical metrics and individual patient objectives. Outcomes are systematically tracked using a registry, which behavioral care managers review on an ongoing basis. For patients not exhibiting anticipated progress, treatment plans are adjusted in consultation with a psychiatric specialist.



# GOAL 3

INCREASE INCLUSION AND ENSURE ACCESS TO EFFECTIVE SERVICES



Despite the documented benefits of the model and associated cost savings, adoption of the CoCM in Massachusetts remains limited. To address this, MAMH launched a comprehensive strategy to identify CoCM's advantages, educate key stakeholders, and build support among leadership within both the executive and legislative branches of state government. The advancement plan encompasses the following initiatives:



- A thorough **landscape analysis and interviews** with senior healthcare leaders to identify barriers and formulate actionable solutions. Stakeholder engagement included policymakers, providers, and payors, all aimed at enhancing understanding, mitigating challenges, and promoting best practices in CoCM implementation and practice transformation.
- A **Policy Report** detailing the current status of CoCM adoption and outlining a strategic action plan to address obstacles hindering broader adoption.
- In collaboration with the **Massachusetts Health Policy Forum** at Brandeis University, an **Issue Brief** on CoCM and convening of a major policy forum on May 22, titled "Accelerating Adoption of the Collaborative Care Model (CoCM) in Massachusetts: Effectively Integrating Behavioral Health and Primary Care," attended by representatives from patient organizations, provider systems, health plans, academia, the legislature, state government, philanthropy, and collaborative care support organizations.
- **State legislation** – introduced by MAMH – designed to remove significant financial barriers to CoCM implementation, including proposals to increase MassHealth billing rates. The bill was reported favorably out of the Mental Health, Substance Use, and Recovery Committee to the Health Care Financing Committee.
- Identification of **philanthropic resources** to support CoCM adoption across system primary care practices.

MAMH will work in the year ahead to advance adoption of CoCM, focusing on removing administrative and cost barriers to adoption and shepherding executive and legislative policy and regulatory changes that support sustainable implementation:

- Develop disseminate policy, cost, and outcome analyses in support of deliberations in the Legislature and Executive Agencies
- Provide input to HPC's Primary Care Task Force and Governor's Health Care Affordability and Access Workgroup on CoCM impacts
- Assist Primary Care Practices and Integrated Health Systems to access philanthropic and technical resources to facilitate CoCM implementation

# MAMH TEAM



**Danna Mauch, PhD**

As **President and CEO of the Massachusetts Association for Mental Health**, Danna Mauch brings organizational leadership, operations management, evaluation research, and strategic consulting experience gained in private and public sector enterprises to achieving MAMH's vision, mission, and goals. Dr. Mauch has a long career in public service. Her population-focused work addresses a broad range of at-risk and vulnerable groups of children, adults, and older adults. She is a published author of government and foundation reports, book chapters, and journal articles on the organization, financing, and delivery of care to vulnerable populations.



**Sara Cleverly**

As **Administrative and Financial Coordinator**, Sara Cleverly provides support for a range of office operations, administrative recordkeeping, financial management, grants reporting, and human resource management tasks for MAMH.



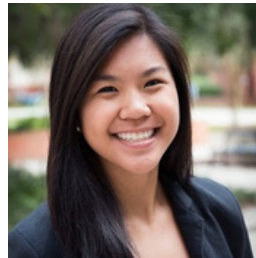
**Leah Landry**

As **Director of Communications and Advancement**, Leah Landry tells the story of MAMH to various stakeholder groups including media, partners, funders, donors, and other potential supporters; and assists with Board engagement and activities.



**Jessica Larochelle, SM**

As **Director of Public Policy and Government Relations**, Jessica Larochelle works in collaboration with a range of stakeholders on executive, judicial, and legislative initiatives at MAMH. Jessica brings deep experience in policy analysis, program development, advocacy, and implementation.



**Kate Alicante, MPH**

As **Associate Director of Policy Research**, Kate Alicante brings her experience working with the Massachusetts Legislature to support MAMH's policy and advocacy agenda. She works closely with advocacy partners to advance policy initiatives across state government.



**Lina Stolyar, MPP**

As **Associate Director of Policy and Program Research**, Lina Stolyar brings experience as a data and policy analyst to her role supporting investigation, data analysis, and project management for a broad range of MAMH priorities and initiatives.



**Cassie Cramer, LICSW**

As **Project Manager** for the Older Adult Behavioral Health Network, Cassie Cramer has more than a decade of experience supporting at-risk older adults in Massachusetts. She combines clinical and peer expertise with advocacy to lead older adult initiatives at MAMH.



**Jenifer Urff, JD**

Jenifer Urff, **Senior Associate for Special Projects**, has 25 years of experience working with public mental health systems. She provides research, communications, and administrative support in connection with MAMH advocacy and special initiatives.



**Louise Povall, MHSM**

**Senior Policy Consultant** Louise Povall builds on decades of experience in state government, Medicaid, and health plans to work on financial planning, state and federal policy analysis, and grant development.



**Robert Fleischner, JD**

**Senior Policy Consultant** Robert Fleischner has been practicing mental health disability law since 1973. He is a national expert on Protection and Advocacy (P&A) access, advance directives, and guardianship.

MAMH was also supported by interns pursuing graduate degrees in mental health-related fields. They include (pictured here left to right): **Claire Harris** and **Avi Samaha**.



## THANK YOU TO OUR FUNDERS

Thank you to those who fund and support the work of MAMH through **grants, contracts, donations, and gifts**. Our work is possible because of you.

Accelerate the Future Foundation  
American Endowment Foundation  
Blue Cross Blue Shield of Massachusetts Foundation  
Bowman Family Foundation  
Charles F. and Beatrice D. Adams Charitable Trust  
Children's Mental Health Campaign

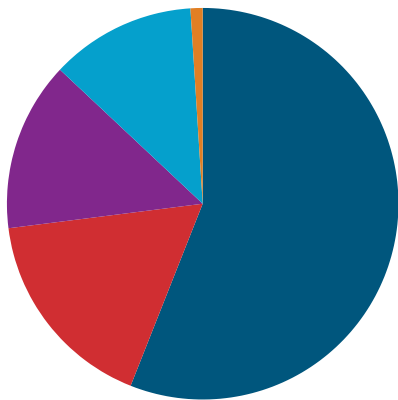
Commonwealth of Massachusetts, Department of Mental Health  
Mass General Brigham  
MA Community Health & Healthy Aging Funds  
Meadows Mental Health Policy Institute  
MetroWest Health Foundation  
Mosakowski Family Charitable Foundation  
Point32Health Foundation  
The Goodness Web

# FINANCIAL STATUS



## FISCAL YEAR 2025 REVENUE, SOURCES, AND USE OF FUNDS

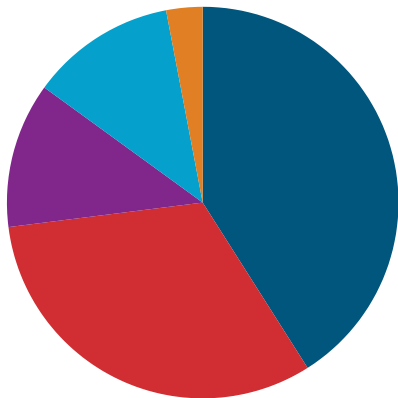
FY25 REVENUE: \$3.88M | By Source



- Foundation Grants (56%)
- MA State Government Funding (17%)
- Approved Reserve Draws\* (14%)
- Fundraising (12%)
- Quarterly Transfers from Investment Account to Operating (1%)

\*Covered by \$355K in investment income

FY25 EXPENSES: \$3.83M | By Use Category



- Human Resources: Salaries, Fringe and Benefits (41%)
- MAMH Sub-Grants and Contracts for Programs (32%)
- General Operating Costs (12%)
- Professional Services: Financial and Policy (12%)
- Conferences and Meetings (3%)

Nearly one-third of MAMH spending is to fund sub-grants to programs providing direct services in developing and managing Pediatric Behavioral Health Urgent Care programs supporting students in need of urgent mental health care at schools.



MAMH Board Members rise to the challenge in supporting and facilitating progress made in advocacy, education, and mobilization each year.

Select members of the Governing Board of Directors have offered a \$15,000 matching gift to incentivize sponsorship of our annual Friend and Leader Award Dinner. We hope to see you this May!

# LOOKING AHEAD



## THEORY OF CHANGE AND STRATEGIC GOALS

MAMH developed, led by Board member Marty Cohen, a new five-year Strategic Plan to guide our work. Activities included an environmental scan, key informant interviews, a Board survey, and other information-gathering and strategic planning activities with the Board, staff, and stakeholders. These strategic goals will inform MAMH efforts to move its policy and advocacy agendas forward during a time of increasing uncertainty, amidst policy changes at the federal level and budget considerations in Massachusetts.

Our **theory of change** is as follows: MAMH generates and shares credible knowledge informing advocacy for rights, policies, and funding to strengthen the behavioral health system so that Massachusetts residents achieve positive mental health and full social and civic inclusion.

1

**To shape and champion an equitable, accessible, and high-quality behavioral health care system for all residents of Massachusetts.**

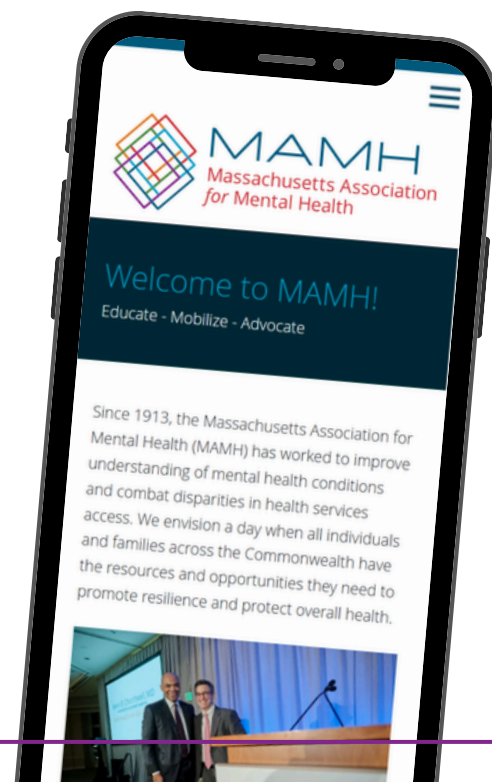


2

**To advance inclusion and end discrimination for those with mental health needs by promoting their civil rights.**

3

**To strengthen MAMH's presence as the state's leading resource for mental health policy analysis and advocacy.**



# MAMH DONORS

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**THANK YOU!**

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# ABOUT MAMH



Since 1913, Massachusetts Association for Mental Health (MAMH) has worked to **improve understanding of mental health conditions** and **combat disparities in access to health services**.

Stay up-to-date with the work we do by following MAMH on social media or subscribing to our email newsletters. Follow the QR code to the left.



## VISION

MAMH envisions a day when all Massachusetts residents have access to the social and economic opportunities that protect overall health and promote resilience.

## MISSION

Advance mental health and well-being by promoting prevention, early intervention, effective treatment and research to address social, emotional, and mental health challenges. Eliminate stigma and discrimination and ensure full social, economic, and political inclusion in all aspects of community life.

## VALUES

All people with mental health challenges should be treated with dignity and respect, and have access to services and supports they need.

