



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
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November 5, 2025

Honorable Maura T. Healey, Governor
Honorable Michael D. Hurley, Senate Clerk
Honorable Timothy Carroll, House Clerk
Honorable John C. Velis, Senate Chair, Committee on Mental Health, Substance Use and Recovery
Honorable Mindy Domb, House Chair, Committee on Mental Health, Substance Use and Recovery

Pursuant to Section 16DD of Chapter 6A of the MGL, I am enclosing the Office of Behavioral Health Promotion and Prevention Fiscal Year 2025 Report.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Lucas", written over a horizontal line.

Beth Lucas, MPA, OTR/L
Acting Commissioner

cc: Kiame Mahaniah, MD, MBA, Secretary
Executive Office of Health and Human Services

THE OFFICE OF
GOVERNOR MAURA T. HEALEY

LT. GOVERNOR KIMBERLEY DRISCOLL

Kiame Mahaniah, MD, MBA
Secretary, Executive Office of Health and Human
Services

Beth Lucas
Acting Commissioner
Department of Mental Health

Office of Behavioral Health
Promotion and Prevention

Legislative Report
November 2025

Overview

The Office of Behavioral Health Promotion and Prevention (OBHPP) was established in June 2024. Pursuant to OBHPP's enabling statute ([Office of Behavioral Health Promotion: Chapter 177, section 4, Chapter 6A, Section 16DD of MGL](#)), OBHPP is dedicated to creating and supporting positive population-level impacts via upstream behavioral health promotion and prevention initiatives.

This report outlines the accomplishments of OBHPP in its inaugural year of operation to build critical infrastructure, engage with key partners and community stakeholders across the Commonwealth, and embed health equity throughout all Office activities. It concludes by describing forward-looking priorities for advancing state-wide behavioral health promotion and prevention initiatives in FY26.

Background & Legislative History

The establishment of OBHPP builds upon multiple foundational efforts to advance mental health promotion and prevention across the Commonwealth.

- **October 2015.** Rep Jim Cantwell (D-Marshfield) introduced legislation to establish the *Special Commission on Behavioral Health Promotion and Upstream Prevention*.
- **August 2016.** Governor Baker signed the *Special Commission on Behavioral Health Promotion and Upstream Prevention* into law (**Section 193 of Chapter 133 of the Acts of 2016**).
- **February 2017.** The *Special Commission on Behavioral Health Promotion and Upstream Prevention* formally initiated its work, driven by the need to address the opioid epidemic and other behavioral health needs across the Commonwealth. This Commission released its final report and recommendations in **April 2018** including, but not limited to, the recommendation to establish a new permanent Commission to continue these efforts into the future.
- **August 2018.** The new *Community Behavioral Health Promotion and Prevention Commission* (henceforth the “Commission”) was established with Governor Baker’s signing into law of **Chapter 208, Section 1 of the Acts of 2018**. This Commission is charged with working to promote positive mental, emotional and behavioral health and early intervention for persons with a mental illness, and to prevent substance use disorders among residents of the Commonwealth.
- **August 2022.** **Section 4 of chapter 177 of the Acts of 2022** was approved, outlining the legislative mandate for the establishment of OBHPP. As part of this legislative mandate, the Commission “shall serve as an advisory board to the office”.
- **June 2024.** The Office of Behavioral Health Promotion and Prevention (OBHPP) was formally established with the appointment of Funmi Aguocha, PsyD, as Assistant Commissioner.

Today, OBHPP works in close partnership with the Commission to advance positive population-level impacts across the Commonwealth. Pursuant to its enabling statute, OBHPP is responsible for:

- The coordination of all executive office, state agency, independent agency, and state commission activities that promote behavioral health and wellness.

- Setting internal goals for the behavioral health promotion and programming for behavioral health prevention, integrating health equity principles, and applying a health equity framework to all its duties and obligations; and
- Evaluating the effectiveness of promotion and prevention initiatives and reporting annually on its progress and the Commonwealth's overall progress in: i) promoting behavioral health, ii) preventing substance use, iii) preventing suicide, iv) preventing violence, and v) using quantifiable measures and comparative benchmarks.

Key Partnerships

Given OBHPP's role in coordinating state-wide behavioral health promotion and upstream prevention initiatives, close collaboration with intersectoral state agencies is critically important. OBHPP maintains strong working relationships with multiple state agencies including, but not limited to: the Department of Public Health (DPH)'s Office of the Assistant Commissioner for Health Equity (OACHE), Bureau of Community Health and Prevention, Bureau of Substance Addiction Services, and Bureau of Family Health and Nutrition; the Office for Refugee and Immigrants (ORI); the Executive Office of Veterans Services (EOVS); MassHealth; the Executive Office of Aging & Independence (AGE); the Department of Elementary and Secondary Education (DESE); the Department of Youth Services (DYS); the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH); and the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Major Accomplishments

1. Mission & Vision

An initial step taken by OBHPP was to develop a mission and vision statement. These statements were made in collaboration with the Commission and set a foundational direction for all OBHPP activities.

Mission

Our mission is to promote behavioral health and wellness among the Commonwealth's residents. We are committed to statewide coordination and implementation of innovative, evidence-informed, data-driven, and trauma-informed strategies to advance the promotion of behavioral health and the prevention of mental health conditions, including substance use disorders; we aim to eliminate stigma, racial discrimination, and social inequities to strengthen the Commonwealth's residents' overall quality of life.

Vision

Our vision is a thriving and resilient Commonwealth where behavioral health promotion and prevention are fully integrated into every aspect of community well-being, fostering a culture of health equity and empowerment where all can engage fully in life.

2. Health Equity Statement

OBHPP also worked in collaboration with the Commission and OACHE to create a Health Equity Statement to ensure health equity remains central to all initiatives, consistent with the Office's legislative mandate.

Health Equity Statement

We are committed to ensuring fair and just pathways for behavioral health promotion and prevention initiatives for all, centering those with historically marginalized identities, including people who identify as Black, Indigenous, and people of color (BIPOC), people with disabilities, people who are incarcerated, veterans, LGBTQ+, and non-English speaking individuals. We prioritize cultural sensitivity, high-quality initiatives, and eliminating inequities through community engagement, trauma-informed initiatives and data-driven approaches. We advocate for policies that support behavioral health equity for all.

3. Landscape Analysis

To ensure OBHPP is focused on initiatives that align with priorities across the state, OBHPP completed a comprehensive landscape analysis across EOHHS agencies in the Fall of 2024. The goal of this analysis was to assess current behavioral health promotion and prevention initiatives, identify gaps and pain points, and uncover opportunities for alignment and collaboration. Question areas included existing behavioral health promotion initiatives, data collection activities, evaluation capacity, implementation challenges, and grant-making activities. See Appendix 1 for more information.

Results from this analysis highlighted areas where OBHPP can prioritize efforts to provide technical support, strengthen evidence-based practices, and support data collection and evaluation with partner agencies. This work, coupled with results from OBHPP's RFI and listening sessions (see below) will guide the initial prioritization of objectives in OBHPP's Strategic Roadmap (see *Looking Ahead*).

Consolidated methods and results across each of the landscape analysis, RFI, and listening sessions will be posted on the OBHPP website in Fall 2025.

4. Request for Information

OBHPP also issued a Request for Information (RFI) in Fall 2024 ([Behavioral Health Promotion & Prevention RFI](#)) to gather information from interested community stakeholders, service providers, researchers, advocates, and other relevant parties regarding innovative and effective approaches to behavioral health promotion and prevention (see Appendix 1). OBHPP received 51 responses to the RFI from public health care provider organizations across Massachusetts. Respondents represented a variety of behavioral health promotion and prevention priority areas including wellness, substance use prevention, stigma reduction, suicide prevention, and violence prevention.

Results from the RFI highlighted a number of insights, including, but not limited to, system gaps and areas of need for behavioral health promotion and upstream prevention, common challenges implementing behavioral health promotion and prevention initiatives, and common challenges in collecting data for quality improvement and evaluation.

5. Community Listening Sessions

OBHPP conducted five community listening sessions in May 2025 to gather public feedback about behavioral health promotion and prevention current strengths, needs, and strategies. These sessions were attended by 189 participants across MA, including: Central, Western, Metro West, Greater Boston, Northeast, and Southeast regions (see Appendix 1). Roughly 75% reported affiliation with a behavioral health organization and 25% identified themselves as community members. Results

highlighted interest in future community-embedded events that are co-created with peers, and underscored a desire for cross-agency, culturally and linguistically relevant, and stigma-focused campaigns.

6. Collaborations & Partnerships

EOHHS has identified three cross-secretariat behavioral health goals. One of these is **Mental Wellness for the General Population**, which OBHPP leads with the DPH Bureau of Community Health and Prevention. This workgroup will define and promote a comprehensive understanding of mental wellness for the general population, with a focus on health equity, by emphasizing upstream prevention through a universal approach. While supporting mental wellness interventions throughout the continuum, its focus is upstream prevention and mental wellness promotion with a priority on implementation of innovative awareness campaigns and workplace mental wellness promotion.

In addition, OBHPP has co-created engagement frameworks with OACHE and EOVS as follows:

- In collaboration with the OACHE, OBHPP is advancing measurable goals to integrate health equity, enhance data-driven decision-making, expand outreach and awareness, and strengthen cross-agency coordination. This partnership ensures health equity remains central to OBHPP's work through technical assistance, stakeholder engagement, and strategic planning.
- In partnership with EOVS, OBHPP is working to improve access to behavioral health services and overall well-being for veterans. This collaboration includes strategic goal-setting, technical assistance, education and awareness campaigns, expanding accessibility to behavioral health services, and integration of health equity to ensure inclusive and effective support.

Via our relationship with EOVS, OBHPP became aware of many EOVS initiatives that align with the mission and vision of this Office. For example, EOVS is actively building the infrastructure to support a comprehensive behavioral health screening evaluation framework across multiple state-wide programs, conducting targeted community engagement to normalize conversations about veteran mental health and prevent suicide, and leading multiple statewide suicide prevention and firearm safety initiatives with Veterans Service Organizations and agency partners (e.g. DPH, DMH). OBHPP has offered technical support and collaboration to the EOVS as they continue with to expand these efforts and both parties are eager to continue to strengthen this core partnership into FY26.

7. Staffing

Two additional mission-critical staff were added to the OBHPP team in May of 2025. Sarah Mughal, PhD, MPH, joined the team as Program Director and Cherline Gene, MSW, joined the team as Project Manager.

8. Preparing for Campaigns

OBHPP is actively working to launch a series of public information campaigns in FY26 to broadly promote the importance of behavioral and mental health to overall wellness, reduce stigma surrounding mental health, and increase health equity. In May 2025, the Office finalized the Request for Quote (RFQ) process and selected a vendor for its first public-facing mental health promotion campaign, in alignment with its legislative mandate. Initial campaigns are expected to rollout statewide in Fall 2025.

9. Financial Operations of the Office of Behavioral Health Promotion and Prevention

OBHPP is funded through the Community Behavioral Health Promotion and Prevention Trust Fund, which supports its staffing and public awareness campaigns. In the coming years, OBHPP will use Trust Fund resources to launch a grant program supporting behavioral health promotion and upstream prevention community-based initiatives across the Commonwealth.

Looking Ahead – Strategic Roadmap for FY25-27

During OBHPP’s first year of operation, efforts were focused on establishing the office, building critical infrastructure, aligning with stakeholder and community needs and priorities, and centering work around health equity. Now, the Office is preparing for a year focused on implementation, evaluation, and strong collaboration. To guide this work, OBHPP has proposed a working draft Strategic Roadmap FY25-FY27. This Roadmap is structured around the six core pillars derived from the legislative mandate and prioritizes activities to target OBHPP’s identified objectives for social impact (See Appendices 2 and 3). It outlines corresponding objectives for FY26 as follows:

Core Pillars	Corresponding Objectives FY26
1. Coordinate and collaborate with state agencies on behavioral health and wellness promotion and prevention;	<ul style="list-style-type: none"> • Strengthen interagency collaboration and align efforts across secretaries; • Coordinate with OACHE to address needs in AHEM-identified communities; • Align with existing interagency initiatives to maximize impact; • Identify and enhance programs and infrastructure that support OBHPP’s mission; • Coordinate with EOVS and EOPSS to develop targeted recommendations to improve behavioral health access for public safety personnel and veterans; • Partner with DESE to launch a student advisory committee.
2. Disseminate evidence-based and data driven practices;	<ul style="list-style-type: none"> • Partner with key stakeholders to build data infrastructure; • Collect and analyze population health data; • Identify and disseminate evidence based and evidence informed programs and intervention models; • Develop data-informed behavioral health promotion and prevention policies; • Use data to drive the awarding of grants and recommendations for initiatives;
3. Support the implementation of evidence-based prevention and promotion programs, campaigns, and initiatives;	<ul style="list-style-type: none"> • Develop grant programs to support behavioral health promotion, wellness initiatives, and stigma reduction; • Strengthen infrastructure through training, technical assistance, and resources for community and statewide programs; • Launch wellness initiatives for healthcare workers, public safety personnel, and veterans; • Promote school-based mental health with DESE to address stigma, suicide prevention, coping skills, and digital safety; • Launch public campaigns to increase awareness and promote behavioral health.
4. Strengthen & coordinate activities to advance	<ul style="list-style-type: none"> • Prioritize AHEM-identified communities;

behavioral health equity;	<ul style="list-style-type: none"> • Coordinate with OACHE to ensure initiatives continually center around the reduction of health inequities and align with OBHPP's Health Equity statement.
5. Build Operational Infrastructure for Implementation, Evaluation, and Ongoing Reporting	<ul style="list-style-type: none"> • Complete annual reporting; • Continuously plan, evaluate, and improve OBHPP's programming and goals; • Provide guidance on program evaluation with grantee(s). • Build out Office operational infrastructure to support project management, partner management, and team efficiency.
6. Consult Community Behavioral Health Promotion and Prevention Commission.	<ul style="list-style-type: none"> • Engage subject matter experts to inform and guide OBHPP initiatives; • Identify evidence-based practices across universal, selective, and indicated prevention strategies; • Convene and serve on review committees to evaluate programs, practices, and proposals.

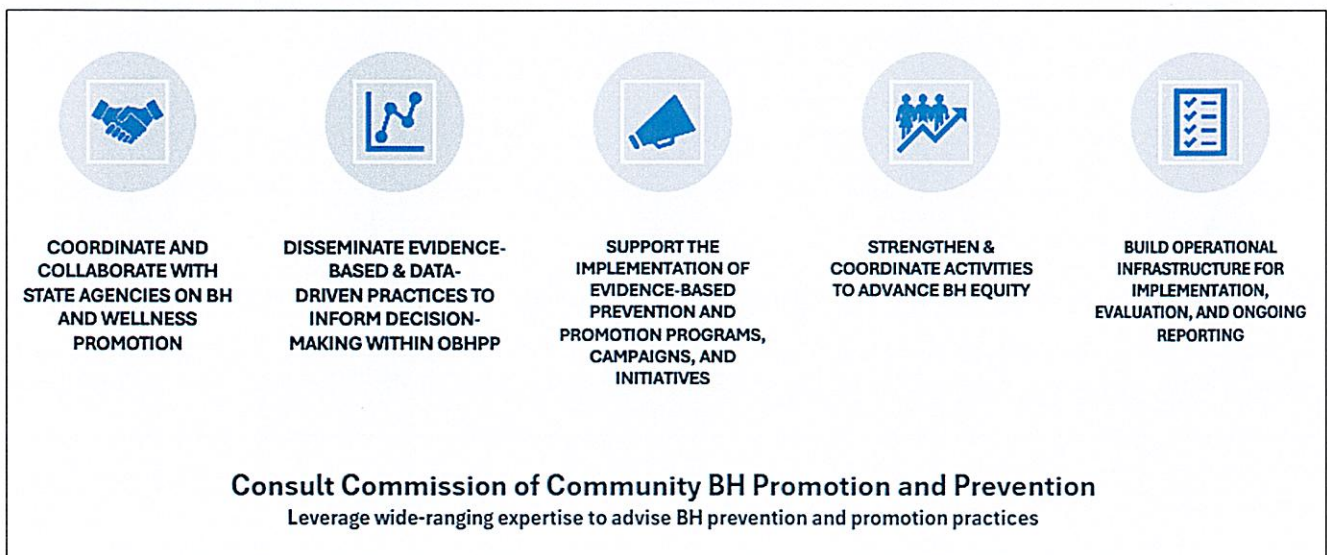
Looking ahead, OBHPP will leverage these pillars to articulate goals and objectives, set priority activities by fiscal year, outline required resources, communicate targets, and align metrics and measurable outcomes. OBHPP is well positioned to launch its first public behavioral health wellness campaign, begin funding promotion and prevention grants based on identified stakeholder needs and priorities, and establish measures and benchmarks for continual evaluation and improvement. Importantly, the Office is not finished listening to, and collaborating with, the community and its partners across the Commonwealth as it moves into the next phase of its work. OBHPP will maintain its focus on prioritizing engagement with representative community members, and its continued alignment with state-wide priorities including, but not limited to, Governor Healey's ongoing commitment to regional and racial equity via the Advancing Health Equity in MA (AHM) action plan.

Appendices – Overview & Snapshot of Results from Data Collection Strategies Taken in FY25

1. Overview of Data Collection Strategies

Landscape Analysis	RFI Responses	Listening Sessions
<ul style="list-style-type: none">• Goal: Completed to gain BHPP insights from the MA <i>state agency</i> and <i>department</i> perspective.• Timeframe: <u>December</u>, 2024• Activities: Key informant interviews (KII) and/or surveys with 12 state agencies and departments• Areas of inquiry included:<ul style="list-style-type: none">✓ Total spend per resident✓ Trends in residents affected✓ Morbidity or mortality✓ Trend changes over time✓ Evidence based practices✓ Number of intervention programs	<ul style="list-style-type: none">• Goal: Completed to gain BHPP insights from the MA <i>provider</i> perspective.• Timeframe: <u>January</u>, 2025• Activities: 51 RFI responses from MA public healthcare provider organizations• Areas of inquiry included:<ul style="list-style-type: none">✓ Existing BHPP programming✓ Health Equity✓ Evidence based and informed practice and data collection✓ Challenges and barriers to implementation✓ Grant making	<ul style="list-style-type: none">• Goal: Completed to gain BHPP insights from the MA <i>community</i> perspective.• Timeframe: <u>May</u>, 2025• Activities: 5 sessions**, 189 session attendees• Areas of inquiry included:<ul style="list-style-type: none">✓ Strengths and challenges of the current BHPP strategies✓ Suggestions for public BH awareness campaigns✓ Missing and underrepresented BHPP strategies

2. OBHPP Core Pillars & Strategic Approach



3. OBHPP Objectives for Social Impact

