

THE OFFICE OF
GOVERNOR MAURA T. HEALEY

LT. GOVERNOR KIMBERLEY DRISCOLL

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

Emily Bailey
Commissioner

Strengthening Public Access to
Mental Health Services
for Children and Youth
FY26

April 2026

MASSACHUSETTS DEPARTMENT OF
MENTAL HEALTH

I. Introduction

Pursuant to Line Item 5042-5000 of Chapter 9 of the Acts of 2025, the Department of Mental Health (DMH) shall report to the House and Senate Committees on Ways and Means on the steps taken to strengthen public access to mental health services for children and youth including: (1) the distribution of funds delineated by initiative; (2) the number of individuals served; (3) the outcomes measured; and (4) recommendations for expanding cost-effective and evidence-based early mental health identification and prevention programming for children and adolescents.

The Department of Mental Health (DMH) has three specialized roles in the healthcare delivery system, providing:

- 1) **Supplemental services** for adults and children with the most serious needs,
- 2) **Mental health promotion and prevention services** for the general population and,
- 3) As the **Commonwealth's Mental Health Authority, we set standards** for inpatient psychiatric services and DMH contracted and state-operated services, provide **expert consultation** across state government, and implement **capacity- building initiatives** in the mental health provider sector.

II. Distribution of funds, youth served by initiative, and outcomes measured

A. Supplemental services

For children, youth, or young adults who meet DMH's clinical criteria and determination of need as set forth in 104 CMR 29.04(3)(4), DMH purchases an array of services and supports. DMH also provides lower barrier services to youth and young adults through a limited-service authorization process that does not require clinical or needs review. The categories of services, with brief descriptions, are listed below, with FY26 contracted amounts. Youth served by service category for FY26 as of February 24, 2026 and for all of FY25 are also included.

Service name and description and outcomes measured	FY26 contracted amount	Youth served FY26 (as of 2/24/26)	Youth served FY25
Case management: provides comprehensive mental health and family assessment as well as individual service planning, coordination of DMH-funded services and linkage to other community supports.	\$5.8M	466 ¹	594

¹ Case management service counts include youth through the age of 18. All other Children Youth and Family (CYF) service counts in the table include youth through the age of 21 as Transitional Age Youth can receive CYF services in addition to adult services as a result of the Reframe the Age regulation change in FY19.

Service name and description and outcomes measured	FY26 contracted amount	Youth served FY26 (as of 2/24/26)	Youth served FY25
Flexible Support Services: an individualized set of services and supports designed to prevent out-of-home placement, maintain the youth with their family, help the youth function successfully in the community, and assist families in supporting the growth and recovery of their child. Services include home-based family support, individual youth support, and youth support groups. <i>In FY25, 86% of youth discharged from Flexible Support Services had a positive disposition outcome. Specifically, 73% met their treatment goals, 8% had their needs met by another DMH service, and 5% had their needs met by a non-DMH behavioral health service at discharge.² On DMH’s Annual Family Satisfaction Survey in 2025, 92% of families were satisfied with the sensitivity and flexibility of Flex Team services. 94% were satisfied with the respect they were shown during service delivery, 88% with family involvement in treatment planning, and 96% with the safety perceived during service delivery. 81% reported positively about general outcomes from and satisfaction with Flex Team services.</i> DMH provides an emergency department diversion service for youth experiencing a behavioral health crisis via Flexible Support Service contracts with 8 community programs statewide. <i>As of January 2026, 84% of youth served by Children Youth and Family (CYF) ED Diversion programs had no emergency department visits while enrolled in the program.</i>	\$24.8M	1,551	2,055
Therapeutic day services: provide youth with an array of services including recreational and skill building activities as well as intensive clinical services in a structured program. <i>In FY25, 63% of youth discharged from Therapeutic Day Services had a positive disposition outcome. Specifically, 47% met their treatment goals, 6% had their needs met by another DMH service, and 10% had their needs met by a non-DMH behavioral health service at discharge. On DMH’s Annual Family Satisfaction Survey in 2025, 92% of families were satisfied with the sensitivity and flexibility of Day services. 96% were satisfied with the respect they were shown during service delivery, 88% with family involvement in treatment planning, and 91% with the safety perceived during service delivery. 82% reported positively about general outcomes from and satisfaction with Day services.</i>	\$12.7M	437	514

² DMH enters a unique disposition outcome code for each youth discharged from a service in our medical record system. Only one code can be selected. The codes “needs met by DMH service” and “needs met by a non-DMH service” indicate that a youth was transitioned into a new service that matched their level of need. This could be a lower or higher level of care.

Service name and description and outcomes measured	FY26 contracted amount	Youth served FY26 (as of 2/24/26)	Youth served FY25
Intensive Community Services (ICS) include a range of in-home and out of home services for youth, young adults, and their families who are involved with DMH. The services are the highest level of service that CYF provides in a community-based setting. ICS provides clinically intensive treatment and outreach support to help build, strengthen, and maintain youths' connections to family, home, and community. ICS services include Intensive Home-Based Therapeutic Care (IHBTC), Therapeutic Group Care (TGC), and Young Adult Therapeutic Care (YATC). <i>In FY25, 87% of youth discharged from ICS services had a positive disposition outcome. Specifically, 37% met their treatment goals, 41% had their needs met by another DMH service, and 9% had their needs met by a non-DMH behavioral health service at discharge.</i> <i>On DMH's Annual Family Satisfaction Survey in 2025, 95% of families were satisfied with the sensitivity and flexibility of ICS services. 93% were satisfied with the respect they were shown during service delivery, 90% with family involvement in treatment planning, and 90% with the safety perceived during service delivery. 87% reported positively about general outcomes from and satisfaction with ICS services.</i>	\$35.9M \$979K for CYF Other Congregate Care Services	ICS: IHBTC: 299 TGC: 85 YATC: 81 CYF Other Cong. Care Services: 3	ICS: IHBTC: 324 TGC: 76 YATC: 79 CYF Other Cong. Care Services: 4 CYF Residential Schools: 4
Program for Assertive Community Treatment for Youth (PACT-Y) is a new, comprehensive DMH service for individuals under the age of 22 with serious emotional disturbance for whom traditional office- and/or community-based services and interventions have not been helpful, and may benefit from intensive, coordinated, and comprehensive services that are provided by one integrated, multi-disciplinary, community-based team - the PACT-Y Team. The service is designed specifically for Youth with the most challenging and persistent mental and behavioral health needs who are living in their communities but for whom other community-based behavioral health services have not resulted in sustained success for them to remain in their communities. <i>In FY25, 71% of youth discharged from PACT-Y services had a positive disposition outcome. Specifically, 15% met their treatment goals, 41% had their needs met by another DMH service, and 15% had their needs met by a non-DMH behavioral health service at discharge.</i> <i>On DMH's Annual Family Satisfaction Survey in 2025, 89% of families were satisfied with the sensitivity and flexibility of PACT-Y services. 96% were satisfied with the respect they were shown during service delivery, 82% with family involvement in treatment planning, and 96% with the safety perceived during service delivery. 83% reported positively about general outcomes from and satisfaction with PACT-Y services.</i>	\$5.7M	101	138
Intensive residential treatment programs (IRTP) and Clinically intensive residential treatment program (CIRT): IRTPs (for adolescents ages 13-18)	\$32.8M	95 IRTP	104 IRTP

Service name and description and outcomes measured	FY26 contracted amount	Youth served FY26 (as of 2/24/26)	Youth served FY25
and CIRT (for children ages 6-12) are designed for youth who are unable to live safely at home, in the community, or in a less intensive residential service. Both IRTP and CIRT program models provide 24-hour, clinically intensive treatment. Education is provided on site by the Department of Elementary and Secondary Education. The CIRT service is staff-secure, but not locked. IRTPs are locked. Families have full access to their child while they are receiving treatment, unless prohibited by the court. <i>In FY25: 93% of youth are actively engaged in treatment and attaining their treatment goals; 95% of youth remained at a less intensive level of care for at least six months post discharge; 98% of youth remained at a less intensive level of care for at least 12 months; 90% of youth /family/ LAR/school/service providers were successfully engaged by the statewide programs in post discharge/outreach activities; and 95% of next level of care providers received discharge documentation on the day the youth was discharged.</i>		17 CIRT	14 CIRT
Continuing Care Inpatient service: the most intensive and restrictive treatment for adolescents ages 13-18 whose behavioral challenges pose a significant risk of harm to themselves or others. This service is located at Worcester Recovery Center and Hospital and includes an onsite school provided by the Department of Elementary and Secondary Education. Youth are referred to this service by acute psychiatric inpatient services when the youth needs exceed acute hospital care, or when the court orders a forensic evaluation (typically for competency to stand trial or criminal responsibility).	\$6.5M	40 CCU	37 CCU
Juvenile Court Clinic services: provide clinical and forensic mental health evaluations and consultation to the Trial Court and Probation Department as well as help to families in accessing community services.	\$8.9M	496 Evaluations 364 Other Services	435 Evaluations 507 Other Services

B. Mental health promotion and prevention services

In its role as the state mental health authority, DMH provides an array of mental health promotion and prevention services for the general population. This includes services such as family support, transition age youth programs, workforce training, mental health public awareness and stigma reduction campaigns, support for schools, and participation in various inter-agency initiatives and workgroups.

Community and School Therapeutic Supports \$3.4M

DMH funds Family Support Programs in each of its five geographic areas. These programs assist with system navigation, community education and advocacy and provide group support meetings (in multiple languages) and individual support for parents/caregivers. The Department also supports the Parent/Professional Advocacy League (PPAL) under this

category of funds. PPAL provides support to families of youth with mental health needs through enhanced outreach, education, and community engagement. Key initiatives include targeted marketing, stakeholder needs assessments, community awareness events focused on behavioral health, and multilingual training sessions. Additionally, through the PPAL contract, DMH supports activities of Youth Move, the local chapter of the national organization, which promotes youth development. Youth Move collaborates with DMH to coordinate our Statewide Young Adult Council. Youth Move organizes and facilitates the SYAC meetings and helps to elevate issues that are critical to youth mental health from a lived experience perspective.

Family and Community Empowerment

\$7.3M

Family and Community Empowerment funds the 10 Young Adult (YA) Access Centers in all DMH Areas statewide to increase the ability of young adults (YA) with mental health conditions, emerging mental health needs or those who are at risk for mental health challenges, to access needed services and supports in a timely and effective manner. YA Access Centers are attuned to the mental health and developmental needs of YA and increase the capacity of local communities to effectively support YA with behavioral health needs. The services and supports available through YA Access Centers do not require DMH Service Authorization, are low-barrier, flexible, person-centered, trauma informed, and strength-based. These Centers provide an array of services to support the needs of YA in a community-based setting. YA Access Centers provide opportunities for YA to develop a community of peers and engage in a variety of individual and group supports including; peer support, arts, social activities, and linkages to mental health services, healthcare, housing, employment and education resources. YA Access Centers are welcoming and inclusive spaces that promote an environment that specifically and effectively engages Black, Indigenous, People of Color (BIPOC) and Lesbian, Gay, Bisexual Queer/Questioning (LGBTQ) YA.

School Based Mental Health Initiatives

\$5.4 M

BIRCh NASHP Crisis Response Trainings

In FY26, the BIRCh Center expanded PREPaRE crisis response trainings, reaching 87 participants across 17 districts, with additional sessions scheduled to significantly increase reach. Participants (including school-based clinicians, administrators, and community partners) reported strong impact, with 100% rating the training as highly valuable and knowledge scores increasing by 24 percentage points. Trainings are driving concrete action, including updating crisis plans, strengthening school- community partnerships, and expanding in-school crisis response capacity. Demand continues to exceed capacity, with more than 400 individuals and over 90 districts expressing interest, highlighting the need for continued investment to expand access and build a sustainable statewide training infrastructure.

BRYT (Bridge for Resilient Youth in Transition)

In FY26, BRYT supported nearly 300 students across 11 high-need schools, with over 80% of students stabilized and successfully re-engaged in school following significant mental health disruptions. The model delivers short-term, intensive clinical and academic support, typically returning students to full schedules within 2–4 weeks. The program also builds lasting school capacity, with 10 of 11 schools sustaining the model beyond the grant period. In addition, DMH continues to expand access by supporting additional schools through funds made available via the Behavioral Health Trust Fund, underscoring BRYT's value as a scalable Tier 3 level of support for schools.

Massachusetts Child Psychiatric Access Program (MCPAP) provides specialized psychiatric consultation to pediatricians and other primary care providers (PCPs) who serve children. MCPAP psychiatrists also provide face-to-face and telehealth assessments of children to provide better consultation in situations that present more complicated situations. The goal is to increase access to behavioral health treatment by making child psychiatry services available to PCPs across the Commonwealth. MCPAP is currently funded by DMH and through assessments on state regulated health insurance plans in Massachusetts. MCPAP for Moms provides specialized psychiatric consultation to OB-GYN physicians and other providers who care for women during the perinatal period.

Training and technical assistance	\$348, 985
-----------------------------------	------------

Through its Children’s Behavioral Health Knowledge Center (CBHKC), the DMH CYF Division helps ensure that the workforce who provides services to youth and families are highly skilled and well-trained. The Center supports a range of training, workforce development and technical assistance opportunities focused on developing competencies of the children’s behavioral health workforce including a focus on early childhood mental health diagnosis and assessment, transitional age youth peer mentor workforce, and family therapy interventions for intensive home-based settings. The Center supports capacity building of behavioral health supervisors who can further train and influence their supervisees’ practice by offering training in reflective supervision, secondary stress and supervising peer mentors. All of the CBHKC’s work integrates attention to racial and cultural difference, and relevant practices.

DMH’s Coordinator of Infant and Early Childhood Mental Health (IECMH) convenes and staffs an interagency IECMH workgroup whose members include the Department of Public Health (DPH), Department of Transitional Assistance (DTA), Department of Early Education and Care (DEEC), and Department of Elementary and Secondary Education (DESE). This group also works closely with external stakeholders to support the growth and development of IECMH promotion, prevention, and treatment. To increase knowledge around IECMH assessment and diagnosis, DMH funded training in intervention modalities with younger children, as well as support of the entire workforce (not just clinical) on family engagement, observation, and child development, as well as reflective capacity and access to reflective supervision. To address these needs, we provided training in DC- Zero to 5 Diagnosis, and in [Facilitating Attuned Interactions](#) (FAN).

The DMH CYF Division, the Knowledge Center, in collaboration with MassHealth’s Children’s Behavioral Health Initiative supported scholarships for 28 clinicians working in the publicly funded mental health system to attend the Intensive Certificate Program in Family Systems Therapy. Our publicly funded treatment systems work to ensure full family engagement in treatment and seek to prepare families to support their children successfully at home. This course supports beginning and intermediate level clinicians to become more skilled, self-aware and confident family-centered clinicians and supervisors. This project is the result of cross-agency collaboration and alignment of training approaches across systems.

The Knowledge Center also provides support for the Insurance Research Center for Autism and Behavioral Health which supports access to information, technical assistance, training, and other resources related to navigating insurance coverage for autism and behavioral health services for children and adolescents.

III. Recommendations

In this year’s report, we would like to highlight a cost-effective, community-based program model that promotes the

mental health of older adolescents and young adults with behavioral health conditions. This model called the Young Adult Access Center was developed by DMH in partnership with Substance Abuse and Mental Health Services Administration (SAMHSA) through federal grant funding. Over the past 9 years the model has expanded from 2 centers to 10 centers serving communities across the state. All 10 Centers have shifted from federal grant funding to state funding as of FY2026.

Young Adult Access Centers are unique community spaces that serve older adolescents and young adults (ages 16 to 26) with mental health and co-occurring behavioral health concerns and support them with their transition to adulthood. These 10 Access Centers provide drop-in services, person-centered peer mentoring, and behavioral health assistance without the need for a clinical referral or health insurance. All services are free. Staff at the Access Centers include peer mentors who are trained in evidence-based and -informed practices. The areas of support (e.g., employment, personal-effectiveness and well-being) provided by the Access Centers are modeled on the evidence-supported Transition to Independence Process (TIP) Model. Access Centers are run by community-based agencies in high need areas across the state.

These Centers offer young adults who’ve struggled with mental health and other challenges the following support and resources:

- Engagement with peers with similar life experiences
- Amenities such as showers, laundry, kitchens, and computers
- Connections to community supports and resources
- Opportunities to work on life goals

In FY 2025, nearly 1,600 adolescents and young adults, ages 16-25, received support at the 10 Centers. The youth served by the Centers are diverse on many different levels. The race/ethnicity of these youth was 40% Hispanic, 32% Black, 31%

White, 4% Asian/other races, and 12% not reporting their race/ethnicity. 43% of the youth served in FY25 reported state

LGBTQIA+ community. In 2025, young adults most often came to Access Centers seeking support for emotional/behavioral agency involvement: 37% DCF, 32% DTA, 29% DMH, and 11% DYS. In addition, 63%, interpersonal relationships (57%), self-determination (45%), physical health and wellbeing (38%), education (38%), and employment (36%).

Changes in a young adult’s situation, such as obtaining employment or housing security, can take time to occur, and often, there are smaller steps young adults take toward those goals. Approximately every three months while young adults are engaged at the Access Center, they are asked whether improvement has been made in each domain of interest. The following improvements were reported by youth served by the Access Centers in 2025:

	Percent of young adults with progress for domain
Employment	53%
Education/School	47%
Living Situation	41%
Communication	66%

Emotional & behavioral wellbeing	61%
Self-determination	60%
Interpersonal Relationships	59%
Daily living skills	55%
Community participation	55%
Physical health & wellbeing	53%

DMH is proud of the meaningful work of the 10 Young Adult Access Centers serving adolescents and young adults across the Commonwealth. As the 2025 data demonstrates, these Centers are providing invaluable services, supports, and community connections to diverse and vulnerable youth who are at risk of negative outcomes associated with their mental health conditions as they transition to adulthood. DMH is committed to ensuring the Centers continue to serve young adult populations across the Commonwealth.

Appendix

Intensive Community Services (ICS) Descriptions

Intensive Home-Based Therapeutic Care (formerly known as the Continuum) is a treatment service provided for youth and families in their home and community. The service prevents, reduces or helps to shorten the need for out of home treatment. Treatment is provided by a core team consisting of a clinician and an outreach worker. In addition to these roles, the team consists of an occupational therapist (OT), Young Adult Peer Mentor (YAPM), Family Partner (FP) and psychiatrist. Participation by those roles in the assessment and treatment varies for each youth and family, as clinically indicated. Treatment is individualized to each family's needs with the goal of keeping the youth successfully at home. If an out of home treatment intervention occurs, the core team will continue to work with the family, collaborate and coordinate treatment with the out of home treatment provider and assist in the safe transition of the youth back home after an out of home treatment intervention.

Therapeutic Group Care is an out of home treatment service for youth who have mental health needs such that their behaviors put them and/or others at such risk that they require therapeutic interventions that can be safely delivered only in a 24-hour staffed therapeutic milieu. The service provides flexible individualized assessment and treatment with the goal of reintegrating youth with their families and communities. Staff work with the family to develop and support a plan for the youth to return home. Family engagement and participation is crucial to supporting the youth in returning to their home and community. This service also provides short term, planned respite, included in the capacity of the program. There is one direct care staff for every three youth. Youth attend a community-based school, community-based treatment, vocational training, or a job. If a youth is also enrolled in Intensive Home-Based Therapeutic Care, the Therapeutic Group Care staff work with Intensive Home-Based Therapeutic Care staff who take the lead collaborating and coordinating treatment for the youth and family

Young Adult Therapeutic Care is for young adults, 18 through 25 years of age. This service provides placement intervention and services designed to promote health, wellness, and recovery through person-centered services and supports that enable individuals to live, work, attend school and participate in their communities. This model facilitates transitioning through different levels of service according to the young adult's developmental and treatment needs by providing different types of placement intervention with supportive services. Participation in work, school, or a job training program during weekday daytime hours is required. Levels of supportive intervention are individualized so young adults may transition through the levels as needed or use just one. This program is a combined array of intensity that includes the following types of out of home treatment:

- Staffed Apartments: group living with onsite staff support for up to 6 young adults (including beds for respite).
- Supported Apartments: individual apartments with intermittent on-site staff support, but 24/7 access.
- Outreach: some programs also have community team-based support for young adults living at home with family or in their own apartments. This is determined by the terms of the applicable contract.