



MASSTRONG IMPACT SUMMARY

Reporting Period:
April 1, 2025 – June 30, 2025

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EXECUTIVE SUMMARY

MASStrong's first quarter marks a decisive step in reimagining behavioral health support for Massachusetts' healthcare workforce. Launched in April 2025 with \$5 million in state funding, and administered by GPS Group Peer Support, MASStrong is building a sustainable, peer-led model of care that responds directly to the urgent crisis of burnout, trauma, and inequity across healthcare.

In just its first 90 days, MASStrong established the infrastructure for a statewide network of accessible, trauma-informed peer support groups. Three facilitator training cohorts were completed, engaging more than 260 registrants and producing 95 newly certified facilitators. These cohorts reflect the diversity of the Commonwealth's healthcare workforce, with training offered in English and Spanish and outreach underway for Haitian Creole integration. Participants consistently praised the quality of training, with 98% reporting they would recommend it to others.

Beyond training, MASStrong laid critical groundwork for implementation by forging partnerships with hospitals, health systems, unions, and community-based providers. The program also launched customized curricula—addressing the unique needs of recovery workers, postpartum providers, and social workers—in addition to the base healthcare curriculum. This investment ensures that MASStrong is not only scalable, but also culturally responsive and tailored to frontline realities.

Important insights emerged around training completion and the timing of partner registrations. These learnings will help refine our approach to ensure stronger engagement and greater readiness in future cohorts. Support group rollout, launching in July 2025, will provide participation and outcomes data in the next reporting cycle.

MASStrong is already shaping a new culture of mental health in healthcare—one where connection, equity, and peer leadership redefine what support can look like. With strong early momentum, a diverse facilitator network, and evaluation systems now in place, the program is poised to deliver a transformative, system-level impact in the months ahead.

In fact, early estimates show that between directly trained individuals, secondary peer reach, and partner staff engagement, **3,600-5,600 providers/peers will be impacted by MASStrong in the first year alone.**

INTRODUCTION

MASStrong is a groundbreaking, statewide initiative designed to address the mental health crisis among Massachusetts healthcare workers through the delivery of facilitator training, customized resources, and peer-led, trauma-informed group support. Backed by \$5 million in funding from the Massachusetts Behavioral Health Trust Fund and administered by GPS Group Peer Support, MASStrong builds upon a successful and impactful 2022 pilot to create a scalable, sustainable, and evidence-based care model that centers the lived experiences of healthcare workers and the communities they serve.

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I have been leading peer support groups since April, and felt like I did not know what I was doing! Things that I thought I wanted to implement did not work well.

With GPS, I now have a much better idea of where I'm headed and how to get there!

— Participant in the June 2025 Facilitator Training



The first quarter of MASStrong marks a pivotal step in Massachusetts' effort to protect and sustain its healthcare workforce. **In its first 90 days, the program has built critical infrastructure, trained diverse cohorts of facilitators, and laid the groundwork for a statewide network of accessible, culturally responsive peer groups.** These early achievements point to MASStrong's unique role in addressing burnout, isolation, and inequities in mental health support—offering a scalable solution that strengthens both individual resilience and the healthcare system as a whole. This quarter marks the beginning of a statewide strategy to reimagine behavioral health support for a workforce stretched thin by burnout, trauma, and systemic inequities.

CORE IMPACT HIGHLIGHTS

1. Rapid Engagement of Frontline Workers

In the first three months of implementation, hundreds of medical and behavioral healthcare workers –as well as non-clinical and support providers– across hospitals, long-term care, and community-based settings have begun engaging with MASStrong. In preparation of launching support groups, Q1 was focused on creating partnerships as well as offering multiple facilitator and certification trainings. GPS outreach reveals the overwhelming need for emotional safety, immediate peer support, and culturally aligned programming. Partnership outreach included the following organizations in Q1:

- [Center for Human Development](#)
- [CHOICE Recovery Coaching](#)
- [Massachusetts Association of Physician Assistants](#)
- [Massachusetts Peer Support for Nurses \(MAPSN\)](#)
- [New England Behavioral Health Services Inc.](#)
- [Riverside Community Care](#)



This MAPSN partnership with GPS through MASStrong is more than funding, it is a lifeline for nurses facing the challenges of Substance Use Disorder and mental health concerns. Together, we are creating a future where every nurse feels seen, supported, and empowered to seek help without fear or stigma.

— **Hugo Vieira RN**
MAPSN President & Founder



2. Expanding Reach and Equity

MASStrong has actively prioritized communities that are most underserved by traditional mental health services—including home health aides, behavioral health workers, shift workers, and BIPOC providers. To support this outreach, training was offered in both English and Spanish, with Haitian Creole integration underway. Recruitment focused on building a facilitator network that mirrors the diversity of the Massachusetts healthcare workforce.

3. Training the Workforce from Within

Three cohorts of MASStrong facilitator training were held between April and June, training a total of 95 healthcare workers and community leaders to run peer support groups. Through pre- and post-training surveys, GPS found that:

- **98%** of participants rated the training experience as excellent/good
- **98%** of participants would recommend it to others
- Participants reported **an average 137% increase in confidence and preparedness** to offer trauma-informed, group-based mental health support

This early investment creates lasting internal capacity for health systems to support their own communities, as well as the ones they serve.

4. Centering Accessibility and Cultural Responsiveness

With careful scheduling, multilingual curriculum design, and flexible tech tools, MASStrong ensures that low-wage earners, shift-based workers, and those with limited access to therapy are not left behind. Facilitators reflect the communities they serve, building trust and relevance into every group interaction. Four curriculums were created in Q1:

- [MASStrong Base Curriculum](#) – Everyone who is a part of MASStrong will receive access to this curriculum, specifically designed to support healthcare workers.
- [GPS For Recovery Curriculum](#)
- GPS For Postpartum Support Curriculum (*in design phase*)
- GPS MASStrong for Social Workers Curriculum (*in design phase*)

5. A Pathway to System-Level Change

Beyond individual healing, MASStrong is reshaping workplace culture. Early partners report:

- Reduced stigma around mental health
- Increased openness in team communication
- Stronger buy-in for organizational investment in behavioral health support

These early cultural shifts suggest MASStrong is not just a support program—it is a lever for systemic transformation.

FACILITATOR TRAINING

Since the launch of MASStrong in April 2025, GPS has run **three facilitator training cohorts**. Data from the first two training cohorts (one in English; one in Spanish) indicate that of the 127 registrants, 63 (50%) completed all aspects of the training. Among attendees who completed post-training surveys, the majority rated their overall training experience positively (69% excellent; 28% good) and 98% would recommend the training to others. Additional information is included in the “Data” section below.

Preliminary data were collected and prepared by GPS. An independent evaluator, Tury Research Institute, is under contract with the Betsy Lehman Center to manage process and outcome evaluations for the program going forward.

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If you work in healthcare or in a recovery related field, you should take this training ASAP. It will really help you to approach conversations with people in a kinder, gentler, and more trauma-informed way.

— Participant in the Spring 2025 Facilitator Training



In addition to pre- and post-training surveys, GPS conducted 1:1 interviews with a select number of participants from the various trainings offered during Q1. These testimonies speak to the efficacy and impact of GPS facilitator training in a detailed and personalized way.

- [Spring 2025 Facilitator Training Testimonial: Annie Belmer](#)
- [Spring 2025 Facilitator Training Testimonial: Mona Best](#)
- [Spring 2025 Facilitator Training Testimonial: Lily Black](#)
- [June 2025 Spanish Facilitator Training Testimonial: Mili](#)
- [June 2025 Spanish Facilitator Training Testimonial: Perla S.](#)

DEMOGRAPHICS AND TRAINING DATA

Preliminary data for program and evaluation work in the quarter ending June 30, 2025, center on the three facilitator trainings described above.¹

	April training	June training #1	June training #2	Total
Language	English	Spanish	English	n/a
Registered	93	34	134	261
Completed pre-training survey	80	15	52	147
Gender (from pre-survey)	76% women, 18% men, 5% non-binary	93% women, 7% men	88% women, 8% men, 2% non-binary	82% women, 13% men, 3% non-binary
Race/ethnicity* (from pre-survey)	58% white, 26% Hispanic or Latino(a), 8% African American or African, 5% mixed race, 4% or less each (Asian, Caribbean, Hawaiian or Pacific Islander, Native American, South Asian)	100% Hispanic or Latino(a), 7% white	46% white, 27% Hispanic or Latino(a), 10% Black, 6% Asian, 4% or less each (African American or African, Caribbean, Indigenous, mixed race, Native American)	48% white, 34% Hispanic or Latino(a)
Disability or chronic condition (from pre-survey)	39% yes	47% yes	31% yes	37% yes
Trained as facilitators (i.e., completed all training components)	46	17	32	95
Completed post-training survey	62	13	31	106
Overall training experience	66% excellent, 30% good	85% excellent, 15% good	48% Excellent, 52% good	66% excellent, 32% good
Willingness to recommend	95% yes	100% yes	100% yes	98% yes

*Totals may equal greater than 100% due to the “select all that apply” question format in which respondents could select more than 1 race/ethnicity

¹ The data presented in these charts was collected from three GPS facilitator trainings conducted between April and June 2025. This dataset differs from the one used in Betsy Lehman Center’s “MASStrong Quarterly Report,” which did not include complete data from the final June training.

CHALLENGES AND OPPORTUNITIES

The first quarter of MASStrong’s rollout offered valuable insights into the opportunities and obstacles of scaling peer-led, trauma-informed support statewide. The following points highlight key operational realities and early program dynamics that shaped this initial phase and will inform strategic adjustments moving forward.

- **Healthcare worker burnout and isolation** remain at crisis levels post-COVID.
- **Facilitator completion rates** stood at 50%, underscoring the challenge of scheduling around healthcare work hours and capacity—yet those who completed the program overwhelmingly praised its quality.
 - Other factors impacting completion rates: Partner organizations had employees sign up for training dates that took place before contracts were fully signed and in place. These registrations will roll over to the three different upcoming Fall facilitator trainings.
- **Support group rollout** will be launched in July 2025, and participation data will be included in the next report.

LOOKING AHEAD

MASStrong is entering a pivotal phase focused on deepening its reach, strengthening partnerships, and ensuring that group offerings are both inclusive and strategically aligned with the diverse needs of the healthcare workforce. The following priorities outline the key initiatives and developments that will guide the program’s growth in the coming quarter.

- **Group Sessions Launch:** As of July 7, MASStrong peer groups are live and open to those in healthcare. Participation data will be included in the next report.
- **Evaluation Begins:** Tury Research Institute will begin collecting data on both group process and participant outcomes.
- **Partnerships Expand:** GPS will formalize agreements with hospitals, health systems, unions, and community organizations to scale group offerings and integrate into workforce well-being strategies.
- **Diversifying the Facilitator Pool:** Targeted outreach will grow representation of Black, Indigenous, and multilingual facilitators to match participant populations.
- **Ongoing Curriculum Development:** GPS will continue tailoring group content for populations such as long-term care workers, LGBTQ+ providers, and behavioral health staff.

WHY THIS WORK MATTERS

MASStrong's first quarter has laid the foundation for a transformative, statewide network of peer-led mental health support—one that is accessible, culturally responsive, and rooted in the lived experiences of healthcare workers themselves. The infrastructure, partnerships, and facilitator cohorts built during these first 90 days are already positioning the program for deep and lasting impact. As we enter the next phase—launching groups, expanding partnerships, diversifying facilitator leadership, and gathering robust evaluation data—MASStrong stands ready to deliver measurable improvements in workforce well-being and retention.

With sustained investment and collaboration across state agencies, healthcare institutions, and community partners, MASStrong can become a permanent, essential pillar of the Commonwealth's healthcare system—helping to ensure that those who care for others receive the care and support they need to thrive.

The well-being of healthcare workers is foundational to public health. Massachusetts leads the way by offering not just more access, but a **new model of care**—peer-led, trauma-informed, cost-effective, and rooted in community.

MASStrong doesn't just address the mental health crisis. It builds the infrastructure to prevent the next one.

ABOUT GPS

GPS Group Peer Support is a strength-based, trauma-informed, and welcoming approach to group therapeutic care, offering consistent mental health support during times of stress, crisis, and change. This evidence- and trauma-informed model has been successfully implemented across a range of populations and settings, delivering impactful results. By incorporating mindfulness-based stress reduction, cognitive behavioral therapy, motivational interviewing, peer-to-peer support, and other evidence-based modalities, GPS effectively mitigates the long-term effects of stress and trauma. The model allows for rapid replication in an easy-to-learn format for both peer specialists, people with lived experience, volunteers, and lay leaders, as well as professionals. GPS trainings are interactive, ensuring participants gain a comprehensive understanding to begin using this proven, impactful approach in their communities. GPS's innovative, scalable, and replicable approach aims to foster a supportive environment where individuals can find the resources and strength to move through difficult times with confidence and resilience.

Contact Us:

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