



Department of Mental Health

REQUEST FOR INFORMATION

**Office of Behavioral Health Promotion and
Prevention Landscape Analysis**

RFI#

COMMBUYS Bid #

Contact Information

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Email:

ISSUE DATE: October, 2024

THIS IS A REQUEST FOR INFORMATION ONLY. Respondents to this Request for Information (RFI) are invited to respond to any or all of the questions in this document. Responses to this RFI shall serve solely to assist the Commonwealth in understanding the current state of the marketplace with regards to the solicited information or to inform the development of a possible solicitation for a Request for Response (RFR) or Request for Quotes (RFQ) in the future. This RFI does not in any way obligate the Commonwealth to issue or amend a solicitation or to include any of the RFI provisions or responses in any solicitation. Responding to this RFI is entirely voluntary and will in no way affect the Commonwealth's consideration of any proposal submitted in response to any subsequent solicitation, nor will it serve as an advantage or disadvantage to the respondent in the course of any RFR or RFQ that may be subsequently issued or amended.

1. Purpose of RFI

The Office of Behavioral Health Promotion and Prevention (OBHPP) seeks 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. The Office seeks to gather insights on available funding opportunities, including grant programs and other funding sources that support behavioral health promotion and prevention activities. The Commonwealth of Massachusetts and the Office of Behavioral Health Promotion and Prevention are committed to improving the behavioral health of its residents by implementing and supporting programs that promote mental health and well-being, prevent mental illness, prevent substance use disorder, suicide prevention and violence prevention. OBHPP is issuing this Request for Information (RFI) to solicit relevant market input and information regarding the current landscape of behavioral health promotion and prevention efforts within the Commonwealth. This RFI is intended for informational purposes only and may assist in future program development and procurement strategies.

2. About the Office

OBHPP is a newly established key division within the Massachusetts Department of Mental Health (DMH) and Executive Office of Health and Human Services (EOHHS), dedicated to creating and supporting positive population-level impacts via upstream behavioral health promotion and prevention initiatives.

OBHPP has been tasked with the coordination of all executive office, state agency, independent agency, and state commission activities that promote behavioral health and wellness. The office is responsible for setting internal goals for the promotion of services and programming for behavioral health and substance use conditions, integrating health equity principles, and applying a health equity framework to all its duties and obligations. The office is required to evaluate the effectiveness of promotion and prevention initiatives and report annually on its progress and the commonwealth's overall progress in promoting behavioral health and preventing substance use and violence, using quantifiable measures and comparative benchmarks.

OBHPP works in partnership with the Commission for Behavioral Health Promotion and Prevention and is dedicated to creating and supporting positive population-level impacts via upstream behavioral health promotion and prevention initiatives. OBHPP will work alongside other public health initiatives, integrating behavioral health promotion and physical health effort to ensure holistic approaches to community Wellness.

The introduction to this RFI will briefly introduce the office and explain: our legislative mandate, our vision and mission statements, our health equity statement, how we define behavioral health “promotion”, and how we approach “prevention” of behavioral health issues including the three main levels of prevention (primary, secondary, and tertiary) as well as the three categories on the behavioral health continuum (universal, selected, and indicated).

Legislative Mandate

This office was established under MGL Chapter 177 Sec .4

(<https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter177>)

Vision Statement

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

Mission Statement

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

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 accessibility, timeliness, affordability, cultural sensitivity, high-quality care, 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. A Comprehensive Multi-Level Approach to Behavioral Health Prevention and Promotion (Definitions)

Promotion of Behavioral Health

Promotion involves activities and strategies designed to enhance the mental well-being of individuals and communities, thereby improving their overall quality of life. This includes fostering environments that support mental health, encouraging healthy lifestyles, and reducing stigma associated with mental health issues.

Prevention of Behavioral Health Disorders

Prevention refers to strategies, programs, and practices aimed at reducing the incidence of mental health disorders, substance use disorders, and other related issues. The goal is to prevent the onset of these conditions, reduce their impact, and promote overall mental well-being. A behavioral health promotion framework emphasizes a holistic approach to enhancing mental, emotional, and behavioral well-being. It integrates prevention, early intervention, and treatment strategies to address the social determinants of health, such as socioeconomic status, community support, and access to care. By fostering resilience and promoting positive coping mechanisms, the framework seeks to empower individuals and communities to thrive. Central to this approach is the recognition of the importance of cultural competence, collaboration among stakeholders, and the use of

evidence-based practices to reduce stigma and improve health equity. Ultimately, the goal is to create supportive environments that nurture mental health and prevent behavioral health issues before they arise.

Primary Objective

The overarching goal is to: prevent the onset of behavioral health conditions, reduce the impact of existing conditions and promote overall mental well-being

Key Prevention Levels

Primary Prevention focuses on preventing the initial occurrence of behavioral health issues. It aims to reduce the likelihood of mental health or substance use disorders by promoting healthy behaviors, fostering supportive environments, and addressing known risk factors. By encouraging resilience and mental wellness, primary prevention seeks to create conditions that reduce the risk of individuals developing behavioral health conditions in the first place.

Secondary Prevention targets early identification and intervention. This approach emphasizes the importance of screening programs that detect early signs of mental health or substance use issues. Through timely intervention services, secondary prevention aims to address symptoms before they escalate into more severe and chronic problems. The goal is to mitigate the impact of these conditions by intervening as early as possible, improving outcomes for those at risk.

Tertiary Prevention focuses on managing and supporting individuals with established behavioral health conditions. The objective is to prevent further deterioration of their mental health, while improving their quality of life through ongoing treatment and support services. Tertiary prevention ensures that those with existing conditions receive the care they need to manage their symptoms and continue to lead fulfilling lives, promoting long-term recovery and well-being.

The behavioral health intervention continuum categorizes prevention activities into three levels: **universal**, **selected**, and **indicated**. Each category targets different populations based on their level of risk for developing mental health disorders.

- **Universal Prevention** targets the entire population, regardless of individual risk factors. Its aim is to reduce the overall incidence of mental health disorders by promoting positive mental health and well-being through broad-based interventions, such as, mental health campaigns, public education campaigns, school programs promoting work-life balance, stress management programs, fostering social connections and policy reforms. These efforts focus on promoting resilience, enhancing social skills, and fostering healthy environments, benefiting everyone in a given population.
- **Selected Prevention** focuses on individuals or subgroups who are at heightened risk of developing mental health disorders due to specific risk factors, such as socioeconomic disadvantage, family history, or exposure to trauma. The goal is to provide targeted support and interventions that address these risks before the onset of mental health conditions. Examples include counseling services for at-risk youth, family history of mental illness or substance disorders, history of trauma, addressing social determinants of health, social isolation, building workshops for refugees and immigrants violence community programs

for vulnerable populations.

- **Indicated Prevention** is aimed at individuals who have early signs or symptoms of mental health issues but do not yet meet the criteria for a formal diagnosis. The objective is to intervene early to prevent the development of more serious mental health problems. Indicated prevention activities may include more intensive interventions like cognitive-behavioral therapy (CBT), mental health screenings, or specialized support groups to mitigate symptoms and reduce further progression.

Approach to Stigma Reduction

Behavioral health promotion and prevention strategies will incorporate a comprehensive approach that recognizes the profound impact of racial inequalities, social determinants of health, including housing instability, employment status, and access to education, on behavioral health outcomes. Addressing these determinants is essential to improving overall health and well-being.

Equally critical is the reduction of stigma, which often serves as a barrier to seeking care and accessing support services. To truly promote behavioral health, we will prioritize stigma reduction efforts that challenge societal perceptions and biases surrounding mental health, substance use, violence prevention, and suicide prevention. This includes creating targeted strategies that address stigma at multiple levels—from public awareness campaigns to community engagement initiatives and policy advocacy. By integrating stigma reduction into our broader behavioral health promotion efforts, we strive to cultivate a more compassionate and informed society that not only supports prevention and early intervention but also fosters a thriving and resilient Commonwealth.

OBHPP follows this tiered approach to allow for a comprehensive, tailored response to behavioral health promotion, addressing both the general population and those at higher risk, ensuring that resources are allocated effectively across different levels of need.

4. Information Solicited

A. Scope

OBHPP welcomes a variety of input from respondents to better help understand the overall landscape of behavioral health promotion and prevention initiatives, both currently in effect, and proposed, within the Commonwealth across all population and demographics.

We request that respondents categorize their responses within the parameters of intervention listed on pages 4 and 5. As defined previously in this RFI, OBHPP is focused on primary and universal level prevention and promotion initiatives. OBHPP is also focused on selective and secondary prevention initiatives connected to the identified key issues areas; prevention of SUDs, prevention of violence, prevention of suicide, mental health wellness as well as other highly effective evidence-based behavioral health prevention and promotion initiatives not specifically referenced above. Please also be sure to identify at what level on the age continuum your recommended initiatives would target: early childhood, youth and young adult, adult, or elderly adult. It is also beneficial to expand on other populations or groups that would jointly benefit from your proposed and discussed behavioral health initiative(s). These groups include but are not limited to: family

members, parents, children, educators, clinical staff, public safety, etc.

OBHPP is seeking information to guide its decision-making on:

- The RFI seeks to identify population-level behavioral health trends or significant changes related to these behavioral health issues in recent years.
- Suitable approaches to the development of new and novel programs that directly support behavioral health promotion and prevention.
- Gaps or limitations of existing behavioral health prevention and promotion initiatives.
- Targeting issue areas or subsets of issue areas that have not historically received attention or resources in the form of intentional behavioral health promotion and prevention efforts.
- Evidence-based best practices in conducting behavioral health promotion and prevention programming in the Commonwealth of Massachusetts.
 - Effective strategies for promoting behavioral health.
 - Prevention initiatives that have yielded positive outcomes.
 - Evaluation methodologies that ensure accountability and measure impact.
- Supporting existing effective promotion and prevention efforts in the areas of:
 - Mental wellness
 - Substance use prevention
 - Suicide prevention
 - Violence prevention
 - Health Equity
 - Addressing racial disparities
 - The mental and behavioral health of new immigrant populations
 - Efforts to eliminate and reduce stigma associated with seeking behavioral health treatment.
- What population-level behavioral health promotion and prevention initiatives are currently having a positive impact and capable of scaling up those impacts with increased resources.
 - Specific solutions related to bolstering existing programming are invited and will be considered by OBHPP

OBHPP is particularly interested in reviewing innovative solutions to administer behavioral health promotion and prevention campaigns, programs, and initiatives within the Commonwealth.

OBHPP is additionally tasked with identifying the behavioral health needs of targeted populations including: If your organization does not currently provide behavioral health promotion and prevention services for the following populations, please write N/A on the related questions:

- Veterans
- Public safety personnel
- Healthcare workers
- Student mental health and wellbeing

B. Questions For Response:

OBHPP fully expects that some questions may not pertain to your organization and requests that you submit N/A for questions outside of your purview.

Existing promotion and prevention programming:

- a) What are the top behavioral health promotion and prevention programs, campaigns, and initiatives that your organization implements. What resources are required to run these programs? (i.e. money, tools, staff, etc.)
- b) If your organization engages in behavioral health promotion and prevention programming, what gaps exist that would benefit from future OBHPP support or programming?
- c) If your organization is considering implementing behavioral health promotion and prevention efforts, what are the top programs you would like to see OBHPP engage with and support? Why, and to what extent should OBHPP be involved?
- d) Does your organization have a behavioral health promotion and prevention focus in the following areas: SUDs prevention, Violence prevention, and Suicide prevention? If so, please list and describe them:
- e) Does your organizations behavioral health promotion and prevention efforts emphasize family support initiatives? If so, please list and describe them:

Health equity:

OBHPP if fully invested in promoting health equity throughout the Commonwealth.

- f) What metrics does your organization currently use to measure health equity outcomes? What suggestions do you have for OBHPP on measuring health equity with respect to behavioral health promotion and prevention initiatives?
- g) What current practices have successfully addressed behavioral health disparities among historically marginalized populations, including BIPOC, LGBTQ+, people with disabilities, and non-English speaking individuals? How can these practices be scaled across the Commonwealth?
- h) What barriers exist in ensuring equitable access to behavioral health services for underserved populations, including those living in rural areas, individuals experiencing homelessness, and immigrants or refugees? What models of care have successfully improved access and outcomes for these groups?
- i) What culturally responsive strategies or programs have proven effective in promoting mental health and preventing behavioral health conditions in diverse communities? How

can OBHPP support the adaptation of these approaches across different cultural contexts within Massachusetts?

- j) How can behavioral health promotion and prevention initiatives more effectively integrate health equity principles into their design, implementation, and evaluation? What frameworks or tools are most effective in ensuring that equity is at the center of behavioral health interventions?
- k) If your organization engages in behavioral health promotion and prevention initiatives. How are you identifying service gaps directly linked to equity considerations for behavioral health promotion and prevention initiatives?

Evidence-based and evidence-informed practice and data collection:

- l) If your office is currently involved in promotion and prevention programs related to SUDs prevention, violence prevention, and suicide prevention, what existing evidence-based practices have you relied on or have you used to refine your programming?
- m) If your office is not currently involved in the above program areas but you are aware of contemporary evidence based /evidence informed behavioral health promotion and prevention practices, please share them here.
- n) What data do you collect and how do you measure impact with respect to your behavioral health promotion and prevention efforts?
- o) If your organization doesn't currently collect data or measure impact, what best practice data collection and impact measurement techniques would you like to see OBHPP employ?
- p) How does your organization use the data you have collected to inform your behavioral health promotion and prevention efforts? If your organization does not do this, how would you like to see OBHPP use impact data and population-level behavioral health data to inform our outreach efforts?
- q) Are you aware of any unique datasets, dashboards, or information resources that OBHPP should be considering as it targets areas for grant-making and resource collaboration?
- r) How does your organization define successful outcomes related to your behavioral health promotion and prevention work? What success measures would you recommend that OBHPP adopt in order to understand its impact on behavioral health outcomes?
- s) What emerging population-level trends is your organization aware of and tracking? Does your organization track trends related to SUDs prevention, Violence prevention, Suicide prevention, Mental health wellness, or other areas?

Challenges and barriers to successful implementation:

- t) What challenges or barriers has your organization encountered when implementing behavioral health promotion and prevention efforts?
- u) What challenges or barriers would you expect that OBHPP will grapple with in launching and supporting new or existing behavioral health promotion and prevention initiatives?
- v) If your organization has experience tackling challenges or barriers to implementing behavioral health promotion and prevention initiatives, what recommendations does your organization have for tackling obstacles?
- w) Has your organization experienced challenges with data-collection specifically, how did your organization solve for it? Do you have recommended best practices for overcoming data-collection challenges?

Grant-making and financial considerations:

- x) Does your organization make or receive grants for specific behavioral health promotion and prevention efforts? If so, please list the grant along with:
 - a. Source
 - b. \$ Amount
 - c. Recipients
 - d. Issue area
 - e. Population impacted
 - f. Opportunity for scalability
- y) If your organization delivered a behavioral health promotion and prevention campaign on behalf of OBHPP, would you have the capacity to receive payment via structure progress payments, or would you need lump sum up front payments to deliver on the program?

Constituent Specific Questions:

- a) OBHPP is tasked with examining the behavioral health needs of veterans and making recommendations to improve access to and participation in behavioral health services. Does your organization incorporate current or former military service members and their families through behavioral health promotion and prevention initiatives? If so, please describe them. If not, what programming would you suggest for OBHPP to engage in, and what level of partnerships would your organization propose with OBHPP?
- b) OBHPP is tasked with examining the behavioral health needs of public safety workers and making recommendations to improve access to and participation in behavioral health services. Does your organization incorporate the public safety worker population through behavioral health promotion and prevention initiatives? If so, please describe them. If not, what programming would you suggest for OBHPP to engage in, and what level of partnership would your organization propose with OBHPP?

- c) OBHPP is tasked with launching an education and awareness initiative for health care professionals to prevent suicide and improve mental wellness. Does your organization target health care professionals for behavioral health interventions? If so, please describe them. If not, what programming would you suggest for OBHPP to engage in and what level of partnership would your organization propose with OBHPP?
- d) OBHPP will work with the Department of Elementary and Secondary Education to develop programs that promote student mental health and wellbeing. Does your organization currently implement programming that incorporates student mental health and wellbeing? If so, please describe. If not, what programming would you suggest for OBHPP to engage in, and what level of partnership would your organization propose for OBHPP?

C. Specifications and Functional Requirements

Respondents are requested to review the specifications listed in this section to guide their responses to this RFI and provide information they believe will help OBHPP advance behavioral health promotion and prevention efforts within the Commonwealth. While this RFI outlines many important elements to be addressed, it is not intended to be a complete list, nor does every question or suggestion raised in this RFI represent “must have” requirements. OBHPP welcomes guidance from respondents about features of behavioral health promotion and prevention work that will support OBHPP’s overall mission as articulated in the mission statement listed in this document. This includes ideas for behavioral health promotion and prevention programs, campaigns, initiatives, metrics for success, and subject matter areas that are not specifically listed in this document. OBHPP is also interested in knowing whether (and how) respondents might suggest partnerships or plan to partner with other entities to address any or all of the RFI questions.

Respondents are encouraged to provide any pre-existing content that includes information and/or comments pertinent to and appropriate for OBHPP to consider. Pre-existing content may be included in the response back or made available via online links. This includes, but is not limited to the following:

- Comprehensive content regarding behavioral health promotion and prevention efforts.
- Content related to specific key promotion and prevention initiatives as previously defined in this document
- Content related to program costs, measuring impact as a return-on-investment, and other content that analyzes and articulates the relationship between spending and impact for behavioral health promotion and prevention efforts.

Where applicable, respondents are also required to provide information on the following:

- The specific parameters and intended audience of each behavioral health promotion and prevention initiative.
- The frequency that submitted materials are revised for the most up-to-date research.
- How the submitted material should be reviewed and understood to ensure it is current and appropriate for OBHPP consideration.

- Information about how additional data will be made available to allow OBHPP the opportunity to monitor the impact of BH promotion and prevention efforts, by subject-matter area.
- Respondents are encouraged to outline what data can be made available about population-level behavioral health promotion and prevention trends and how this will benefit program analysis.

Do not include marketing or promotional material with your response. This information will be disregarded on review. Please keep your responses to key points to help facilitate review.

5. General Instructions

This RFI is issued solely for the purpose of obtaining information. Nothing in this RFI and no action taken during the review process shall be interpreted as a commitment on the part of the OBHPP to enter into a contract with any respondent or to issue any procurement.

All respondents are required to answer the following questions in their submission:

- Existing promotion and prevention questions that pertain to your organization
- Health equity questions
- Evidence based/evidenced informed practices used by your organization, and
- Challenges and barriers your organization have experienced when implementing behavioral health promotion and prevention initiatives

However, OBHPP fully expects that some questions may not pertain to your organization and requests that you submit N/A for questions outside of your purview.

Submission Instructions

A. Response Submission. All responses to this RFI are due by **3:00pm in November, 2024**. Respondents should submit one (1) electronic copy of the response via e-mail to _____, marked for the attention of Funmi Agucha, Assistant Commissioner, Office of Behavioral Health Promotion and Prevention. All responses must include on the first page the official name of the firm or entity submitting the response. Please consecutively number all pages of the response.

B. Respondent Questions. Potential respondents who have questions regarding this RFI may e-mail them to@mass.gov, marked for the attention of Funmi Agucha, Assistant Commissioner, Office of Behavioral Health Promotion and Prevention by **5:00pm on November, 2024**. Respondents may only make inquiries and request clarification concerning this RFI by written questions via e-mail. Responses to inquiries and clarification questions will be provided at the discretion of OBHPP electronically to

all interested parties via a posting on COMMBUYS. Interested parties are solely responsible for checking COMMBUYS for responses to inquiries or clarifications that are subsequently made to this RFI.

C. *Response Timeline.*

Action	Date	TIME (all times EST)
Release RFI	10//2014	
Respondent Questions Submission Deadline	11//2024	5:00pm
EOHHS Responses to Respondent Questions Posted (estimated)	11//2024	5:00pm
RFI Submission Deadline for Respondents (Note: "Bid Opening Date" on COMMBUYS)	11//2024	3:00pm

D. *Response Format.* OBHPP requests that the font must be Times New Roman or similar, size 10 point or larger. Respondents are requested to limit their responses to 15-20 pages for this RFI. Respondents must provide a cover letter that is signed by an authorized representative of the Respondent and that includes the following organizational information about the Respondent:

- Organization/Individual Name (also list parent company if applicable)
- Organization/Individual Address
- Organization/Individual Website
- Contact name and information (e-mail address required).