

# Office of Behavioral Health Promotion and Prevention

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## Update for the Community Behavioral Health Promotion and Prevention Commission

August 7 2025

DRAFT & CONFIDENTIAL; FOR POLICY DEVELOPMENT PURPOSES ONLY



Commonwealth of Massachusetts  
Executive Office of Health and  
Human Services



# Agenda

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**OBHPP Updates**

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**Environmental Scan Update**

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**Procurement Update & Grant Priority Areas**

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**Public Awareness Campaign Update**

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**Commission Work Group Update**

# OBHPP Updates

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# OBHPP Activities Since June

1

**Environmental Scan:** We've completed our environmental scan and incorporated findings into our procurement and FY26 planning activities.

2

**Procurement:** We've posted our Notice of Intent for our grant program.

3

**Campaigns:** We've chosen our campaign concept, with help from many partners – *What's on your mind?*

4

**Work Groups:** We've kicked off the School-based and Early Intervention Work Groups and held our first meetings.

5

**Legislative Report:** We've submitted our Legislative Report for FY25 outlining the accomplishments of the inaugural year of this Office.

# Environmental Scan Updates

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# Key Findings: MA BHPP Challenges by SEM Level

## Individual

- Youth and LGBTQ individuals, especially BIPOC youth, report high rates of social isolation, psychological distress, and suicidal ideation.
- Immigrant populations and birthing people of color face elevated risks of depression, anxiety, and trauma-related distress.
- Stigma and fear of discrimination remain a barrier to early help-seeking in public safety, veteran, BIPOC, and immigrant communities.

## Interpersonal

- Family stress levels have sharply increased since 2019, especially among low-income, immigrant, and BIPOC households.
- High rates of ACEs and caregiver mental health challenges are negatively impacting intergenerational BH needs.
- Lack of social support and economic stability in families increases the risk for youth BH challenges.

## Organizational

- Workforce shortages and limited cultural proficiency in many organizations limits capacity and reach.
- BHPP program evaluation and outcome measurement practices vary widely, negatively impacting tracking and improvement efforts.
- BIPOC serving and CBOs report inequitable access to sustainable funding and TTA.

## Community

- Gaps in geographic access to BHPP services are most pronounced in AHM regions, rural areas, and immigrant communities.
- Many BIPOC led organizations lack infrastructure and visibility to access grant opportunities, though they have deep knowledge of local need.
- Stigma, language barriers, and lack of engagement with trusted community members limit impact of BHPP efforts.

## Policy

- Structural racism impacts disparities in housing, healthcare access, education, and safety, worsening outcomes for BIPOC communities.
- Short-term, siloed prevention funding negatively impacts long-term sustainability of BHPP strategies.
- Fragmented data systems and lack of equity benchmarks negatively impact coordination, transparency, and planning.

# Key Findings: Priority Issue Areas and Focus Populations

Based on the findings from the Landscape Scan, RFI, and Listening Sessions, and in discussion with the OBHPP Team, the following seven priority issue areas and associated focus populations were identified.

Priority Issue Area		Priority Populations	Source (Landscape, RFI, LS)	Mandate Alignment
1	Maternal MH	Birthing people, especially those that are of marginalized populations, including BIPOC	Landscape - Marginalized populations are more than twice as likely to experience still birth and perinatal psychological distress, morbidity nearly doubled from 2011-2022. Low public spending on maternal mental health (\$3.2/resident) RFI - Need for expanded culturally proficient supports during the perinatal period.	Perinatal and maternal MH, health equity.
2	Family Stress and Caregiver Wellbeing	Low-income families, caregivers of young children, immigrant families, single parents	Landscape - Increase from 24-33% of parents reporting high stress nationally vs. 20% of general population. MA lacks robust state level surveillance on adult caregiver stress. Relatively low public spending, few programs for whole family. RFI - Limited early support programs for caregivers, workforce challenges in delivering prevention services. LS - Call for two-generational support and more upstream family focused programming. Desire for community based programs that support the whole family.	Strengthening upstream prevention, violence prevention, child and family wellbeing, school based MH
3	Infant and Early Childhood Mental Health	Children 0-5, especially when exposed to ACEs, parents in the perinatal period	Landscape - 36% of children 0-17 experienced an ACE last year, increasing risk for lifelong behavioral and physical health challenges, substantial funding but gaps in workforce training and scale-up. RFI - Need for trauma responsive and culturally proficient care, especially in early childhood settings. LS - Emphasis on importance of healthy and positive early parent/child relationship.	Infant MH, perinatal and maternal MH, family-focused prevention
4	School Based MH	High school students, especially those in marginalized populations (LGBTQ+, BIPOC, etc.)	Landscape - LGBTQ+ youth are 3-4times more likely to report suicidal ideation, distress and suicide attempts are increasing even though there is existing programming. RFI - Youth and peer led models are noted as effective but under resourced, need for upstream and culturally relevant and proficient school strategies. LS - Youth are looking for tangible peer led/informed supports beyond crisis services.	Suicide prevention, school based programming, stigma reduction

# Key Findings: Priority Issue Areas and Focus Populations

Priority Issue Area		Priority Populations	Source (Landscape, RFI, LS)	Mandate Alignment
5	<b>Loneliness &amp; Social Isolation</b>	Youth and young adults (especially ages 18-26), LGBTQ+ individuals, older adults, DHH individuals, rural residents, veterans, and immigrants	<p><i>Landscape</i> - High rates of reported isolation, low public spending (\$0.40/resident). High % of youth and young adults report feeling isolated usually or always (15-25%). Isolation is associated with increased risk for many health concerns across the lifespan</p> <p><i>RFI</i> - Comm members and small orgs note lack of informal, culturally grounded spaces for connection.</p> <p><i>LS</i> - Repeated calls for informal, peer-driven, and community embedded strategies to reduce isolation.</p>	Suicide prevention, stigma reduction, school-based MH, aging populations
6	<b>Immigrant Mental Health</b>	Newly arrived immigrants and refugees, undocumented individuals, immigrant youth	<p><i>Landscape</i> – Immigrant population in MA grew from 15.6% in 2013 to 18.1% in 2023. Psychological distress among immigrants more than doubled between 2015-21, with recent immigrants reporting the highest increases, low public spending.</p> <p><i>RFI</i> - Culturally tailored, community based approaches are critical and effective but underfunded.</p> <p><i>LS</i> - Fear and distrust of formal systems, preference for safe informal peer-led settings. Reports of rising distress among immigrant populations and a lack of tailored mental health promotion programs for this population.</p>	Health equity, stigma reduction, culturally responsive BH promotion
7	<b>Veterans, Public Safety Personnel, and Healthcare Worker Mental Wellness</b>	Women veterans, veterans experiencing PTSD and/or MST, police, firefighters, EMS, healthcare workers	<p><i>Landscape</i> - SAVE and SERVE teams are primary efforts but under staffed and under funded, isolation especially for women vets, social determinants, need for better data collection, vicarious trauma and compassion fatigue, increased burnout and attrition in MA healthcare workers.</p> <p><i>RFI</i> - stigma, need for trauma-informed supports, funding issues, sustainable funding for workforce MH and professional dev (especially in CBOs which can be high stress and underfunded).</p> <p><i>LS</i> - peer driven, informal spaces, stigma reduction for those who are reluctant to seek help, workforce burnout.</p>	Veterans and public safety personnel, healthcare workers



# Applying Learnings Moving Forward

## Identified Gaps

**Many BHPP areas that are underfunded and/or underrepresented in state-wide initiatives. These included the following:**

1. Reducing loneliness and social isolation;
2. Reducing family stress and supporting caregiver wellbeing;
3. Promoting infant, early childhood, and maternal mental health;
4. Reducing psychological distress in immigrant populations;
5. Promoting early intervention with youth and young adults;
6. Reducing family and intimate partner violence; and
7. Promoting population wellbeing through education, training, and skills development.

**Many organizations, particularly small, community-based, and culturally specific providers, reported capacity challenges that limit their ability to collect data, evaluate programs, and meet traditional reporting requirements.**

## **Recommendations for OBHPP FY26-28:**

- Prioritize these areas in grant programs, funding new BHPP programs that fill existing gaps;
- Fund diverse initiatives across the lifespan - community, family, and school-based programs.
- Embed technical assistance into OBHPP grant programs by providing training, shared measurement tools, and evaluation planning support for grantees.

# Procurement Updates

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# Overview of Notice of Intent

## We have posted our Notice of Intent on COMMBUYS:

- OBHPP will be launching a new multi-year grant opportunity;
- OBHPP is issuing a procurement; intends to award approximately \$3M annually in grants (as funding is available);
- Grant funding will support CBOs statewide to develop new programs or expand existing programs across key focus areas.

**COMMBUYS**  
OPERATIONAL SERVICES DIVISION

Bid Solicitation: BD-26-1022-DMH08-8210C-118664

Responses Due in 3681 Days, 16 Hours, 38 Minutes

**Header Information**

<b>Bid Number:</b>	BD-26-1022-DMH08-8210C-118664	<b>Description:</b>	OBHPP to Issue A New Grant Opportunity	<b>Bid Opening Date:</b>	09/04/2035 01:00:00 PM
<b>Purchaser:</b>	KELSEY SANTOS	<b>Organization:</b>	Department of Mental Health		
<b>Department:</b>	DMH08 - STATEWIDE	<b>Location:</b>	8210C - STATEWIDE NON POS		
<b>Fiscal Year:</b>	26	<b>Type Code:</b>	NS - Non-Statewide Solicitation	<b>Allow Electronic Quote:</b>	Yes
<b>Alternate Id:</b>		<b>Required Date:</b>		<b>Available Date :</b>	07/10/2025 03:07:30 PM
<b>Info Contact:</b>	Funmi Aguocho DMH-OBHPP@mass.gov	<b>Bid Type:</b>	OPEN	<b>Informal Bid Flag:</b>	Yes
<b>Purchase Method:</b>	Open Market				

**Pre Bid Conference:**

**Bulletin Desc:** Notice of Intent to Issue A New Grant Opportunity. OBHPP intends to launch a new grant opportunity this fall for community-based organizations across the Commonwealth to develop, implement, and evaluate programs that focus on one or two of OBHPPs identified key social impact objectives. OBHPP intends to issue a Request For Application at that time to solicit grant proposals.

<b>Ship-to Address:</b>	ELIZABETH WELCH 167 LYMAN ST WESTBOROUGH, MA 01581 US Email: elizabeth.welch@mass.gov Phone: (508) 454-0466	<b>Bill-to Address:</b>	ELIZABETH WELCH 167 LYMAN ST WESTBOROUGH, MA 01581 US Email: elizabeth.welch@mass.gov Phone: (508) 454-0466	<b>Print Format:</b>	
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**File Attachments:** [OBHPP - Grant Program NOI ~1.docx](#)

**Form Attachments:**

**Required Quote Attachments**

**SBPP (Small Business Purchasing Program) Eligible?:** NO  
See SBPP requirements and exceptions at [www.mass.gov/sbpp](http://www.mass.gov/sbpp) ;

**Item Information**

**Item # 1: ( 93-14 - 00 )** OBHPP intends to launch a new grant opportunity this fall for community-based organizations across the Commonwealth to develop, implement, and evaluate programs that focus on one or two of OBHPPs identified key social impact objectives. OBHPP intends to issue a Request For Application at that time to solicit grant proposals.

U.N.S.P.S.C Code: 93-14-00

# OBHPP Opportunity Information

## **Projects must address 1 or 2 of the following Priority Areas:**

- Reducing loneliness and social isolation.
- Reducing family stress and supporting caregiver wellbeing.
- Promoting infant, early childhood, and maternal mental health.
- Reducing psychological distress in immigrant populations.
- Promoting early intervention with youth and young adults.
- Reducing family and intimate partner violence.
- Promoting population wellbeing through education, training, and skills development.

## **Grantee Eligibility:**

- Open to Massachusetts-based or serving organizations.
- Must have experience implementing behavioral health promotion and/or prevention initiatives.
- Have experience collecting evaluation and/or reporting data and creating reports.
- Experience incorporating health equity and implementing initiatives to reduce social and structural barriers to mental wellbeing.
- Additional preference: AHEM communities and partnerships between large and small organizations.

# OBHPP Opportunity Information

## **Grant Structure: Three Tiers, each with different funding amounts**

Tier A: Capacity funding for early-stage program development.

Tier B: Implementation support to launch or scale formed programs.

Tier C: Scaling and sustainability support.

## **Timeline [to be confirmed]:**

- Grant drafting underway; posting expected in September.
- 60-day application window.
- Review planned for November (~2 weeks).
- Awards announced before year-end.

# Opportunities for Commission Involvements

1

**General Feedback:** We welcome general feedback and input throughout the process - can email Funmi and I with feedback or questions

2

**Review Committee:** We will also be sharing a specific invitation to join review committee - please email us if this is something you're interested.

## Notes:

- We want to highlight that we must comply with state procurement and COI laws;
- If you are interested in participating in this effort, please let us know via email;
- If you believe that an organization that you are involved with may be interested in submitting a proposal for a grant that will be important for us to know, but there may still be a role for you to play. Let us know, so we can work with you to find that role.

# High-Level Procurement Information

## Commission Input

OBHPP welcomes Advisory Committee Members input and assistance to help make the proposed procurement successful while maintaining compliance with all applicable procurement laws and regulations.

## Confidentiality

OBHPP must ensure that the procurement is fundamentally fair for all potential bidders without any appearance of preference, collusion or other form of unfair advantage for a potential bidder. The procurement “playing field” must be kept level. Advisory Committee Members must not disclose any non-public information about the procurement to anyone outside of OBHPP or the Committee to ensure it does not otherwise get to potential bidders or give any potential bidder an advantage over other bidders in the procurement process .

## Review Committee

If any Advisory Committee Member wants to sit on a grant review committee, they will need complete the Department Conflict of Interest process to confirm that that they have no real or potential conflict of interests with any of the bidders that submit grant proposals. The review will be done after grant proposals have been received and before review starts.

## Conflict of Interest Law

Advisory Committee Members are reminded that for purpose of the State Conflict of Interest law, they are considered to be Special State Employees and are subject to the State Conflict of Interest Law. M .G. L. c 268A. For more information please see, [the following summary of the published by the State Ethics Commission](#)

# Our Upcoming Campaign

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# Campaign Overview

**We are working with marketing agency ASG to design and implement our first statewide behavioral health awareness campaigns in Fall 2025.**

## **Campaign Purpose:**

- To promote the importance of behavioral and mental health to overall wellness.
- To reduce the stigma surrounding mental health, contributing to a culture of acceptance and support.
- To increase health equity by focusing campaigns within prioritized communities as identified by the Advancing Health Equity in Massachusetts (AHEM) Initiative. For more information on the AHEM Initiative see Advancing Health Equity in MA | Mass.gov.

## **Message Focuses:**

- Promoting Preventive Behavioral Health Services for members younger than 21 (MassHealth) and up to all the following topics:
- Reducing Stigma
- Reducing Psychological Distress
- Reducing Social Isolation

# Campaign Overview

## We've chosen our overarching concept: What's on your mind?

Some days feel heavier than others. Stress, worry, or constant noise can take a toll. Whatever you're holding, **you don't have to carry it alone**. A mental health check-in can help you feel more grounded, supported, and in control. Talk to your provider or visit [mass.gov/obhpb](https://mass.gov/obhpb) to learn about free, confidential support.

When you feel disconnected, even everyday things can feel harder. But **you're not alone**, and the connection doesn't have to be big or loud to be meaningful. A simple check-in with someone you trust, or a provider who listens, can be the first step back to yourself. Learn more about preventive mental health care at [mass.gov/obhpb](https://mass.gov/obhpb)

**Mental health challenges aren't a weakness**; they're part of being human. Struggling doesn't mean you're broken. It means you're carrying something important. Support is here, **without judgment and without needing a diagnosis**. Ask your provider or visit [mass.gov/obhpb](https://mass.gov/obhpb) to learn about free, confidential mental health checkups.

# Work Group Updates

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# BHPP Commission Work Groups

1

**First meetings:** We've had first meetings with the School-based & Early Intervention Work Groups

**School-Based Work Group**

Focused on school-based behavioral health programs centered on promotion and prevention.

**Early Intervention workgroup**

Focused on mental health wellness, substance use prevention, suicide prevention, and violence prevention (including veterans and behavioral health challenges for healthcare professionals).

2

**Alignment on Key Concepts:** We've aligned on definitions of behavioral health promotion and prevention, adding examples to each to deepen understanding.

**Looking ahead**

We will be working with both groups to identify evidence-based practices to underpin our work in these areas.

# Defining Behavioral Health Promotion & Prevention

## Promotion

Behavioral health promotion focuses on helping people acquire the knowledge and skills they need to promote and protect their mental well-being, while simultaneously working to create positive and equitable changes in our shared social environments and systems, where everyone can thrive.

Promotion Examples: Public awareness campaigns, Home visits to new parents, New parent support groups, School-based social-emotional learning (SEL), Stigma-reducing language/campaigns, Access to healthy foods, green spaces, and safe neighborhoods, Community spaces for social connection and play for children, Addressing social determinants of health, Positive childhood experiences (including seven key factors).

## Prevention

Behavioral health prevention is delivered prior to the onset of a condition; these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

Prevention Examples: Skills-based instruction and training, Gun violence prevention initiatives (school-based programs that span promotion & prevention), Public awareness campaigns, Family-based programming, upstream prevention initiatives that focus on universal, selective, and indicated prevention in intervention.

**Thank you!**

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