



**Blue Cross Blue Shield of Massachusetts Foundation
2025– 2027
Advancing Community-Driven Mental Health Grant Program
Letter of Interest**

Blue Cross Blue Shield of Massachusetts Foundation Mission

The mission of the Blue Cross Blue Shield of Massachusetts Foundation (BCBSMA Foundation) is to ensure equitable access to health care for all those in the Commonwealth who are economically, racially, culturally, or socially marginalized. Achieving the mission requires a focus on three major aspects of equitable access: Coverage and Care, Behavioral Health and Structural Racism and Racial Inequities in Health. [You can review our goals and theory of change here.](#)

The Foundation defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Background

Access to behavioral health services continues to be a significant challenge in Massachusetts, as it is across the country. There is a behavioral health workforce shortage, and at the same time, an increased need for behavioral health services.¹ There are also concerns about the need to increase the linguistic, racial, and cultural diversity of the behavioral health workforce to better meet the needs of community members.²

There are evidence-based practices that Massachusetts can adopt to expand access to mental health services, specifically for individuals who need “low-intensity psychological interventions.”³ These interventions can be delivered by community members who have been trained in the delivery of basic mental health services without the intensive training required of individuals traditionally considered part of the clinical behavioral health workforce (e.g., social workers, licensed mental health counselors, psychologists, psychiatrists). The rationale underpinning these interventions is that community members who have been appropriately trained and supervised can effectively deliver low-intensity

¹ See, for example, <https://www.wbur.org/news/2022/02/15/boston-behavioral-health-hospitals-clinics> and <https://www.bluecrossmafoundation.org/publication/behavioral-health-during-first-year-covid-19-pandemic-update-need-and-access-0>.

² See for example, <https://www.nami.org/Blogs/NAMI-Blog/March-2022/Addressing-the-Lack-of-Diversity-in-the-Mental-Health-Field>

³ Low-intensity psychological interventions are brief, accessible, and often self-guided treatments designed to address mild to moderate mental health concerns like depression and anxiety. They utilize less complex interventions and can be delivered by less specialized staff, making them easier to implement and scale up.



mental health interventions that are socially and culturally relevant for those in their communities.

From 2022–2025, the Blue Cross Blue Shield of Massachusetts Foundation funded a multi-year initiative to train community-based organization staff to provide community members with low-intensity mental health services and support. The Foundation will fund a second cohort of this grant program beginning in 2025.

Program Overview

Advancing Community-Driven Mental Health, the Foundation’s grant program in behavioral health, utilizes a community-based intervention known as Problem Management Plus (PM+)⁴. PM+ is designed to support community members exposed to adversity in their day-to-day lives to learn tools and skills to manage mental health stressors and provide community-based referrals for those who are at risk of developing or experiencing severe mental health challenges.

The PM+ intervention aims to overcome traditional barriers of access to mental health services, especially for economically, racially, culturally, or socially marginalized individuals. It allows staff members of community-based organizations to deliver support in the community, focusing on teaching basic concepts and skills that enable individuals to address and deal with issues of immediate concern to them.

The goal of this program is two-fold:

1. Improve and increase access to community-based mental health services for individuals experiencing mild to moderate mental health distress and practical problems of daily living.
2. Develop the skills of a non-clinical workforce to support community members in addressing mild to moderate mental health distress and practical problems of daily living.

Under this grant program, the BCBSMA Foundation and its collaborators (Partners in Health, The Family Van, and the Institute for Community Health) will provide training, technical assistance, and implementation support to organizations selected to develop and implement PM+ services through the grant program.

Learning From the First Cohort

The first round of the ACDMH program funded five community-based organizations (CBOs) to adapt PM+ to their contexts and implement it with their clients. At least three staff members at each CBO were trained to deliver PM+, and over the first implementation year, clinical supervisors observed notable growth in providers’ comfort and skills with respect to delivering the PM+ program. Enrolled clients were racially, ethnically, and linguistically

⁴ <https://www.who.int/publications/i/item/WHO-MSD-MER-16.2>

diverse, and most had an annual household income of less than \$25,000. Clients entered the program reporting problems related to families and social groups, daily activities, and physical health, among other issues. For clients who completed the program, there were statistically significant improvements in mental health outcomes, including reduced severity of depression symptoms and reduced impact of problems on their daily lives. CBOs also shared other observed impacts including improvements in providers' patience, empathy, and communication, and improvements in clients' ability to manage challenges. Overall, evaluation results show that through ACDMH, the PM+ intervention has been effectively adapted to a range of Massachusetts settings. CBOs served diverse participants and generated positive outcomes that are similar to what has been reported in international settings.

About Problem Management Plus

Problem Management Plus (PM+)⁵ was developed by the World Health Organization (WHO) as a "low-intensity psychological intervention" to address mental health treatment gaps in low- and middle-income countries. PM+ enables people without formal clinical training to manage common mental health conditions for adults living in or experiencing adversity and aims to reduce problems that community members identify as being of concern to them. Global evidence demonstrates the efficacy of PM+ in reducing psychological distress when delivered to individuals or groups.⁶ As a low-acuity intervention, PM+ is designed to address mild mental health symptoms related to depression and anxiety. For conditions of a higher level of acuity – serious and persistent mental health issues and/or co-occurring mental health and substance use disorders – an organization providing PM+ must have relationships with other behavioral health organizations to whom they can refer individuals.

In Massachusetts, we are fortunate that various services address behavioral health needs within a community context, such as certified peer specialists, recovery coaches, and community health workers. The intent of PM+ is not to compete with these other services but to equip these front-line professionals and other community-based organizations and staff with new skills and strategies to address common mental health conditions and reduce problems that clients identify as concerns.

How does PM+ work?

PM+ is a brief, individual mental health intervention for adults. It includes one initial assessment session, and five intervention sessions focused on four strategies:

- (1) stress management,
- (2) problem-solving,
- (3) behavioral activation, and
- (4) strengthening social support, as well as planning to stay well.

⁵ <https://www.who.int/publications/i/item/WHO-MSD-MER-16.2>

⁶ See, for example, <https://jamanetwork.com/journals/jama/fullarticle/2583388>

The approach is client-led (clients choose the problems they would like to address) and involves learning problem management skills alongside coping strategies to better manage and reduce the mental health impacts of adversity. In combining these strategies, PM+ can address mental health symptoms (e.g., stress, fear, anxiety, depression, feelings of helplessness) and, where possible, solve practical problems (e.g. unemployment, interpersonal conflict in the family).

Funding Overview

The new cohort of the Advancing Community Driven Mental Health program is a two-year grant program beginning in December 2025 and ending in December 2027. The first year includes a planning and training phase **and** an implementation phase, with funding available up to \$100,000 per organization. Year two continues the implementation begun in the first year, with funding available up to \$100,000 for the second and final year.

Goals

Year One: Program Planning, Training & Implementation

During the first year, funded organizations will participate in program planning, PM+ training and will begin to implement the PM+ intervention with clients in their community.

Key activities include:

- Integrating the PM+ project into the organization's existing program structure.
- Developing appropriate workflows and systems for implementation of PM+, including adaptation of the intervention and materials as needed to the local context of the organization.
- Identifying a clinical referral pathway for acute/severe mental health and/or substance use disorders.
- Identifying 6–8 front line staff members who have direct contact with the populations to be trained in the PM+ intervention.
- Participating in Mental Health First Aid training for key staff who will be interacting with the PM+ program, including the trained PM+ providers, between February and April 2026.
- Participating in five days of in-person PM+ intervention training for staff in May or June of 2026.
- Identifying, developing, and launching the organization's community engagement and recruitment strategies.
- Launch PM+ intervention by July 2026 (see below for more detail).
- Participating in 4 virtual and up to 2 in-person Learning Collaboratives throughout 2026.
- Participating in program monitoring and evaluation, in collaboration with the grant program's evaluator, Institute for Community Health throughout 2026.



Year Two: PM+ Intervention Implementation

Cohort 2 Organizations will:

- Identify and screen community members who could benefit from the PM+ program. Once community members are determined to be interested and eligible, staff will conduct the PM+ intervention series of 5 sessions and/or refer community members to specialized mental health or substance use disorder services if needed. The expectation is that a minimum of 70 clients enroll and complete the intervention by the end of the grant period.
- Continue to develop and deepen community engagement and recruitment strategies.
- Participate in 4 virtual and up to 2 in-person Learning Collaboratives.
- Participate in ongoing program evaluation and tracking.

Training, Technical Assistance, and Evaluation

- Organizations will receive training, technical assistance, and mentorship throughout the program.
- The Foundation will convene grant partners virtually and in person for Learning Collaboratives to foster shared learning. Grant partners will be expected to share their experiences in establishing PM + with their peers.

Eligibility and Selection Criteria

The Foundation will only consider organizations that meet the following criteria:

- 501 (c)(3) organizations – if an organization does not have its own tax-exempt designation, it must provide proof of tax-exempt designation for a fiscal agent.
- Nonprofit organizations that primarily serve people who have been socially, economically, culturally, or racially marginalized.
- Community-based non-clinical organizations that provide direct social or community services to individuals and families.
- Community-based organizations with strong, trusting relationships with community members and cultural and linguistic ability to connect with their populations.
- Community-based organizations whose staff are reflective of their service population.

In addition, applicant organizations must:

- Review [ACDMH Organizational Readiness Assessment available on ACDMH website](#) to determine your organization's readiness to implement PM+ and participate in the program.
- Demonstrate commitment from senior leadership to support program and staff participation

- Employ or contract with a licensed mental health professional or organization with a licensed mental health professional that can serve as the clinical supervisor. The clinical supervisor is required to participate in PM+ trainings and hold regular supervision with PM+ trained staff.
- Be willing to have 6–8 staff participate in the PM+ training.
- Be willing to participate in virtual and in-person implementation support meetings offered by technical assistance partners.
- Be willing to participate in virtual and in-person convenings facilitated by the Foundation.
- Be able and willing to partner with the Foundation to evaluate the initiative, including data collection.

Program Partners

This program will have three technical assistance program partners that will collaborate with the Foundation. *Partners In Health* and *The Family Van* will provide expertise, training, and curriculum development to help grant partners adopt and implement the PM+ model successfully. The *Institute for Community Health* will evaluate the program. In addition, grant partners from the previous grant cohort will provide mentorship and support to the second cohort of grant partners.

- [Partners in Health](#)
 - Partners In Health's (PIH) mission statement is to provide a preferential option for the poor in health care. PIH strives to achieve two overarching goals: to bring the benefits of modern medical science to those most in need of them and to serve as an antidote to despair.
 - PIH adapted PM+ through a cross-site process and piloted it in Rwanda, Peru, Mexico, Malawi, and Lesotho from 2016 to 2023, and it continues to be delivered across all these settings.
- [The Family Van](#)
 - The Family Van's mission is to educate, counsel, and assist community members in strengthening and protecting their bodies, minds, and communities by increasing access to health care and improving the health of residents in Boston's most underserved communities. The Family Van empowers community members by improving health literacy and providing preventive screenings in a welcoming and non-judgmental environment.
 - In 2021, with support from a BCBSMA Foundation Special Initiatives grant, The Family Van launched Healthy Roads, a program adapted from the PM+ model to reduce the stigma of mental health care while increasing access to high-quality, culturally, and linguistically responsive care. Healthy Roads helps those struggling with social isolation, stress, and adversity learn new coping,

problem-solving, and help-seeking skills while also providing referrals to specialized care for those who are experiencing acute and severe mental health distress.

- [Institute for Community Health](#)
 - Institute for Community Health (ICH) is a nonprofit consulting organization that provides participatory evaluation, applied research, assessment, planning, and data services. ICH helps health care institutions, government agencies, and community-based organizations improve their services and maximize program impact.
 - ICH will evaluate the Advancing Community Driven Mental Health grant program.

Key Dates and Submission Requirements

All applications must be submitted via the Foundation's online grantmaking portal.

Please note: The Foundation is moving to a new grant application portal. The portal for the ACDMH LOI will open June 18, 2025.

LOI Narrative Questions are listed below for your reference. Please start your application in a word document and then copy and paste the text into the online application. Budget templates can be downloaded from the portal, filled out, then uploaded.

We will update the Foundation website and the [ACDMH webpage](#) with the portal link on June 18th.

All users will need to register with the new portal. Registration approval can take up to 48 hours. We encourage interested applicants to set up their registration early.

Date	Activity
June 11, 2025	Request for <u>Letters of Interest (LOI) Released</u>
June 18, 2025	Applicant Webinar Register here
June 18, 2025	Online LOI application opens
Wednesday, July 2, 9:00 a.m. -12:00 p.m. Thursday July 3, 12:00 p.m – 3:00 p.m Thursday July 10, 9:00 a.m. – 12:00 p.m.	Office Hours Jacquie Anderson will also hold office hours over Zoom to answer questions. Please register for any of the following times to “stop in” and ask a question.



Thursday, July 17, 12:00 p.m. – 3:00 p.m.	
July 24 , 2025	Letters of Interest Due by 12 Noon EST. An LOI to determine invitations for the Full Proposal is due by 12 Noon EST. Please submit your answers to the LOI's questions via the Foundation's online portal. You will receive an automated confirmation email once an LOI has been successfully submitted through the portal system.
End of August	Notifications: Twelve organizations that submitted an LOI will be invited to submit a Full Proposal.
September 26, 2025	Full Proposals Due by 12 Noon EST (only for organizations whose LOIs have been accepted and invited to apply): Please submit proposals via the Foundation's online portal.
October 14 – 17	Site Visits
December 2025	Grant Awards Announced
January 2026	Grant Program Begins

LOI Narrative

Character limit includes spaces.

Organizational Alignment (3,000 character limit)

- What interests you about the PM+ model of service? How will it benefit your organization and the population you serve? How does it align with the mission of your organization?

Service Model (3,000 character limit)

- What types of community-based services does your organization provide? How are the services provided? (i.e., one-time visits; returning for multiple services/visits; ongoing relationships)? How do you imagine PM+ fitting into your services and service delivery model?

Population of Focus (3,000 character limit)

- What are the characteristics of adult (18+) individuals that access your services? Please include in your answer your experience working with those who are economically, racially, culturally, or socially marginalized. Please indicate how many people your organization serves on average per month. Describe your ability to meet your service population's language needs, including the languages your services are typically offered in.

Outreach and Access (2,500 character limit)

- Describe how individuals know about your services. Once people know of your services, how do they access your services? (i.e., referrals, walk-ins, virtual, or another method?) What outreach strategies do you use to inform community members about your services?

Program Management and Staffing (3,000 character limit)

- Explain your current staffing capacity to implement this program. Who do you anticipate will be the organizational champions for this program? Who are the individuals that will lead this effort, and what factors predict their ability to achieve success? How will you identify these individuals? Please include backgrounds of potential staff/current roles of staff who may be involved in the project.

Clinical Supervision and Referral Pathway (3,000 character limit)

- The PM + model requires clinical supervision and a referral pathway for more acute mental health needs and/or substance use disorder.
 - Please describe your relationship with licensed mental health clinicians in your community who may be interested in providing consulting supervision to those trained in PM+.



- Please describe your organization's existing mental health and substance use disorder services or relationship with community organizations that provides these services for community members that may be able to serve as a source of referral.

Additional Documents

- a. **Organization Budget:** Upload your organization's board or department-approved budget for the most recent full year.
- b. **Tax Exempt Letter:** Upload your organization's IRS 501c3 letter.