



Consultant for Mental Health Crisis Community Response Services

Request for Proposal

10/31/2024

Response Deadline:

December 4, 2024

Boston Public Health Commission
Center for Behavioral Health and Wellness

I. Statement of Purpose

The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston (CoB). BPHC envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. In efforts to reduce the role of law enforcement and amplify the community-led model as [proposed in December 2022](#), BPHC is issuing this Request for Proposals (RFP) seeking a consultant (and/or team) to support the advancement for a community-led mental health crisis response pilot program.

As part of ongoing collaboration by BPHC, Boston People's Response (BPR) Steering Committee (formerly Mental Health Crisis Response Steering Committee), and the City of Boston to enhance mental health crisis response services within our community, our goal is to gather, synthesize and illustrate information supporting the implementation of a non-police, non-carceral, community-led mental health crisis response. This response will prioritize community engagement and will be trauma-informed, equity-oriented, and consent-based, with responders who are reflective of the communities they serve.

The Boston Public Health Commission

BPHC's mission is to work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities.

The [Center for Behavioral Health and Wellness](#) within BPHC houses this project and seeks to uplift this work as part of our vision of a community where all can achieve their ideal behavioral health and wellness, though just, trauma-informed and intersectional approaches to mental health. The Center for Behavioral Health and Wellness was established in 2022 in response to the growing need for evidence-based, effective, and meaningful behavioral health resources. The Center aims to promote and coordinate behavioral health and wellness programming across Boston. We envision a community where all can achieve their ideal behavioral health and wellness.

The Boston Public Health Commission (BPHC) is committed to contracting with a diverse group of businesses, particularly those often underrepresented in government contracting. As part of your application, please indicate if your business is one of the following: Minority-owned (MBE), Women owned (WBE), Veteran-owned (VBE), Service-disabled Veteran-owned (SDVOBE), Disability-owned (DOBE), Lesbian Gay Bisexual Transgender owned (LGBTBE), or a Local business (within City of Boston). If your business is a Certified Under-represented Business Enterprise (CUBE) in any of these areas, please attach documentation of certification.

II. Background

In the Spring of 2020, thousands of people in Boston joined a national call for racial justice in response to police violence against Black communities. As a result, [in 2021, the City of Boston \(CoB\) invested \\$1.75M](#) in the operating budget initiating three programs:

1. *Co-response*: BPD improves and expands dedicated teams of police officers and mental health workers responding to 911 calls
2. *Alternative response*: Boston Emergency Medical Services (EMS) reimagined deployment of EMTs, BEST clinicians, and other mental health workers in response to 911 calls
3. *Community-led response*: Community-designed and community-led mental health crisis response

Community-Led Design Group (CLDG) Process

As noted above, in [2021 the City of Boston](#) sought to ‘promote safety, justice, and healing in every neighborhood,’ with the stated effort to decrease the role of police in responding to mental health crisis. In accordance with that goal, the CoB created a process for the creation of a community envisioned, community led mental health crisis response. The CoB completed an RFP process selecting The City School and Boston Liberation Health as facilitators to lead a process for recommendations for a community-led mental health crisis response model. The CoB also led a rigorous application process and identified community members on the Community-Led Design Group (CLDG). This group comprised 14 community members with lived and/or professional mental health experience. Over the course of 8 months, through a data-driven, mixed-methods, evidence-informed process, the CLDG, facilitated by Boston Liberation Health and the City School, developed a proposal for a community-led mental health crisis response model. In December 2022, the CLDG delivered this proposal to the Mayor’s Office and the Boston Public Health Commission. The proposal outlines a free, non-carceral and non-police, community-led mental health response accessible in Boston neighborhoods. The full proposal, as well as a summary of the proposal, can be found on The City School’s website: <https://www.thecityschool.org/copy-of-unnamed>. Anyone submitting a response to this RFP is expected to read the summary and the full proposal. In alignment with the proposal, this RFP uses the terminology non-police and non-carceral to refer to the intention of decreasing the role of police in responding to mental health crisis.

Aim of RFP

This RFP only pertains to the third program listed above ‘*Community-led response.*’ The aim of this RFP is to contract a consultant that will play a critical role in the development of a community-led mental health crisis response pilot. To reach this goal, the consultant will support comprehensive collection of community input and other data sources, in coordination with the planning group (comprised of BPHC, CoB staff, and BPR members). The consultant will assist in pilot program development that aligns with BPHC core values of anti-racism, trauma-informed and equity-center principles. The consultant should also be committed to and ideally have experience in participatory planning and shared decision-making between community-based groups and the public sector.

III. Scope of Service

Introduction:

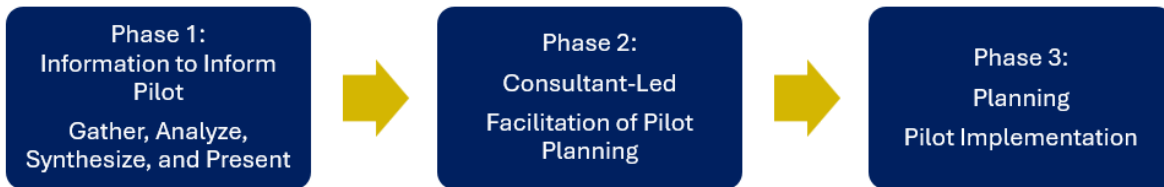
BPHC has a stated priority to promote racial justice and health equity in ways that advance our vision of people living healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression, where all people have equitable opportunities and resources, leading to optimal health and well-being. This RFP will align with this priority – we **seek a vendor with extensive knowledge and experience in, or depth of understanding of non-police, non-carceral mental health crisis response**, particularly within community-led or equity-focused frameworks, **a strong understanding of equity-oriented principles, anti-racist practices, and Community Based Participatory Research (CBPR) methodologies**, and a commitment to **accountability, transparency, and community empowerment**.

BPHC Core Values:

Our Core Values

Equity	Collaboration	Anti-Racism	People-Centered	Transparency
Equitable redistribution of resources Challenge multiple forms of oppression	Authentic and inclusive partnerships Engage multiple stakeholders, practice teamwork, and value everyone	Commit to anti-racism as an action Value and support Black, Indigenous, and People of Color	Build a Culture of Belonging	Transparent communication practices Use best available data to inform decision-making

Objectives:



This RFP is soliciting a consultant who will be responsible for the following:

Phase 1: Gather and Analyze Information to Inform Pilot

- Review existing reports (compiled by BPHC and BPR, and other relevant groups) such as the [2024 Health of Boston Mental Health Report](#) to gain a deeper understanding of the crisis response landscape, build on previous findings, avoid duplication of efforts, and ensure that the pilot is grounded in both community feedback and evidence-based practices, as well as identify potential best practices, gaps, and opportunities for innovation.
- Collect necessary data from resources and organizations in the community (i.e., [MA Behavioral Health Help Line](#), 988, 911, [Community Behavioral Health Centers](#) (CBHCs), Community-Based Organizations (CBOs), [MA Behavioral Health Roadmap](#), local and state initiatives, key entities such as [Department of Mental Health](#) (DMH), [Massachusetts Association for Mental Health](#) (MAMH), etc.) to inform the pilot's development.
- Attend up to 3 community meetings to gather data and ensure community voices and lived experience are accurately and fully represented in the pilot.
- Engage with other groups and organizations that have implemented similar initiatives to gather insights and best practices.
- Synthesize data from community meetings, community input, and existing reports and research to guide recommendations for the development of the pilot.

- Prepare and produce materials such as (but are not limited to) summaries, data visualizations, and graphs that inform the planning group as to decision-making, program considerations, and actionable insights for the pilot’s development and implementation and are accessible and easy to understand.

Phase 2: Facilitation of Pilot Planning

- Facilitate planning group in decision-making process to scale down the scope of services in Table 2 of the [full proposal](#) on page 27, to form a pilot that aligns with data collected, information gathered related to community needs, and BPHC core values.

Table 2: Scope of Response

Someone having a mental health crisis
Sick visits and wellness checks
Safety or health concerns related to substance overuse, or syringe disposal
Gender or intimate partner violence
Safe non-police transportation to a hospital or a different location related to a mental health crisis
Neighborhood noise concerns
Support for caretakers when someone in their community has a mental health crisis
Significant incidents of trauma, including support around community violence, and/or community-wide incidents of racism or other systemic oppression, including police violence
Neighbors or community members unsure how to respond to a situation they’re witnessing
Providing support to community members if police are called to a mental health crisis

- Facilitate planning group in operations decision-making as related but not limited to dispatch models, incident/call type scope, and training and protocols, via guiding discussions, ensuring program decisions are reflective of shared goals and centered on core values, perspectives of lived experience, and community needs and values.
- Facilitate planning group in decision-making about the role of the COAB for shared goals and shared role of accountability, board agreements, and expectations for members for future recruitment.

Phase 3: Pilot Implementation

- Support implementation planning of the pilot program, ensuring approaches are grounded in anti-racist, equity-oriented principles and community feedback.
- Help carry-out identified steps related to narrowed scope decisions, dispatch, operations, and staffing via project management, continued facilitation of planning group, that ultimately culminates in the pilot program being ready to begin implementation.

Findings will be used to inform the advancement of a non-police, non-carceral response to mental health crises. The analysis could involve but is not limited to, a comprehensive review of current 9-1-1 call narratives to identify patterns in mental health crisis calls, understanding scope as related to call types, assessing how those calls are currently handled, and reviewing training and protocols. This will help highlight gaps in the existing crisis response landscape and inform the design of a community-led model that better addresses the needs of individuals often underserved or harmed by traditional responses, such as Black, Indigenous, people of color, undocumented individuals, and those experiencing homelessness or substance use. Analysis may also be drawn from similar models, like CAHOOTS in Eugene, Oregon, B-HEARD in New York City, and STAR in Denver, Colorado. Findings may guide

recommendations for best practices for the pilot implementation centered in community empowerment, trauma-informed care, and equity in crisis response efforts.

Furthermore, qualitative methods can be utilized by obtaining stakeholder, provider, and participant perspectives to further understand patterns identified in the data. All findings will be shared with the planning group in an ongoing manner to inform decision making about the pilot program.

Through a 1-year process, the intent is for further advancement of the pilot by bringing the planning group to a stage of readiness to begin pilot implementation.

IV. RFP Timeline

October 31, 2024	RFP posted on The Boston Globe and The Bay State Banner
October 31, 2024	RFP available online at http://boston.gov/rfp
November 13, 2024	RFP questions due via email by 5:00pm EST Send questions via email to: cbhwquestions@bphc.org Subject: Consultant for Mental Health Crisis Community Response Services Q&A
November 20, 2024	Responses to questions available for viewing at http://boston.gov/rfp by 5:00pm EST
December 4, 2024	Proposals due via email by 5:00 PM EST Send proposals via email to: RFR@bphc.org and cbhwquestions@bphc.org Subject: Consultant for Mental Health Crisis Community Response Services Proposal NO EXCEPTIONS TO THIS DEADLINE
December 16, 2024	Interviews with applicants as needed. <i>Subject to change</i>

December 20, 2024	<p>Notification of Decision: Selected candidate/s will be notified of award by 5:00pm EST.</p> <p>This is the desired date for notification of award. This date may be extended without notice. The contract resulting from this RFP shall be in effect when all necessary documentation is fully executed by both parties.</p> <p><i>Subject to change</i></p>
January 1, 2025	<p>Anticipated start of contract</p> <p><i>Subject to change</i></p>

V. Minimum Qualifications

Qualified Applicants must meet the following requirements:

- Proven experience in or depth of understanding of non-police, non-carceral mental health crisis response, particularly within community-led or equity-focused frameworks.
- Strong understanding of equity-oriented principles, anti-racist practices, and CBPR methodologies and/or community engagement.
- Experience with program development and implementation.
- Excellent communication and facilitation skills, with the ability to engage diverse community groups and stakeholders.
- Ability to analyze and synthesize data from multiple sources, making it accessible and actionable for a broad audience.
- Commitment to accountability, transparency, and community empowerment.

Entities involved in the implementation of this initiative are not eligible to apply.

Applicants should demonstrate experience with:

Behavioral Health Focus: Includes having lived and/or professional mental health experience, understanding how to utilize health services, boundary clarity, and advocating for destigmatizing approach(es) to behavioral health.

Vendor Framework Requirements: The vendor's approach must be evidence-informed, racially-just, trauma-informed, culturally humble and responsive, and effective in building rapport with community. This should include a thorough understanding of Boston's behavioral health landscape.

Understanding of Health Contexts: Vendors must be knowledgeable about social determinants of health, health disparities, equity concepts, and the socio-political context of marginalized communities in Boston.

VI. Proposal Requirements

*Items with * are those that are included in scoring.*

Proposal sections (with page limits) should include (in this order):

This should be no longer than 8 pages.

Cover page with Summary (1 paragraph max): Provide name for project lead including name, title, email, title of agency/ies involved, total budget request and summary of work (1 paragraph) that describes key activities, objectives, and goals.

***Organizational Experience (1 page max):** Describe your organization's preparedness for the program's aims, highlighting relevant experience with similar initiatives. Detail organizational resources and how they align with the qualifications specified above.

***Description of Services (3 pages max):** Describe how you will address the aims under scope of service on pages 4-6, explaining your process and a detailed overview of your workplan. Emphasize collaboration with community and public health stakeholders.

***Workplan (2 pages max):** Propose workplan (if in a separate format than written above) with activities, timelines, measurable outcomes to be completed for the following time periods: XX, 20XX - XX, 20XX

<i>*TABLE AS NEEDED*</i>	<i>ACTIVITY</i>
DATE: XX	XX

***Challenges and Solutions (1 page max):** Identify potential challenges and your strategies for addressing them. Include your commitment to regular meetings with BPHC for progress review and problem-solving.

Please provide additional requirements (in this order, no page limits):

***Budget and Budget Justification:** Provide an itemized budget, and in addition, a justification for each expense. The justification should justify each line item, covering personnel, direct costs, consultant/subcontract costs, and indirect costs. This project is funded by the American Rescue Plan Act, so Indirect Cost capture is capped at 10% of allowable costs. Costs excluded from IDC capture can be found [here](#).

Resume/CV of Key Staff: Submit resumes of key staff involved.

Work Sample: Provide at least one work sample demonstrating your experience related to this work.

Business References: Include contact information for three business references who can attest to the quality and relevance of previous work when working in a similar consulting capacity.

***Certified Underrepresented Business Enterprises Certification (if applicable):** CUBE Vendors must submit a copy of verification along with proposal.

VII. Period of Performance

Period of Performance: The anticipated period of performance is January 1, 2025 – January 1, 2026. BPHC may extend the period of performance prior to December 31, 2025 - this is subject to funds available.

Total Budget: Up to **\$100,000** of [Federal ARPA](#) funding is available through the Center for Behavioral Health and Wellness of the BPHC (*with potential for contract extension subject to funds available*).

Proposal Page Limit: Proposal narrative not to exceed 8* pages, single-spaced, 12-point Times New Roman, one-inch margins. *This page limit does not include requested attachments (i.e., budget and budget justification documents, resumes of key staff, work sample/s, reference listing, CUBE information).

Selected vendor will be required to enter into the BPHC’s standard contract and complete required forms (this includes a CORI) prior to the start day of the contract.

VIII. Proposal Scoring

Proposal Section	Points
Organizational Experience	15
Description of Services	35
Workplan	20
Challenges and Solutions	10
Budget and Budget Justification	10
CUBE Vendor or equivalent out of state certification	10
Total Points	100

Proposal scoring informs interview selection.

IX. Submission Instructions

Proposals must be received no later than **December 4, 2024, by 5pm EST.**

Qualified applicants to submit by email all required documents in one PDF file to: RFR@bphc.org and cbhwquestions@bphc.org

Subject of the email must contain: **Consultant for Mental Health Crisis Community Response Services Proposal**

Note: Any risks associated with the electronic transmission of responses to this RFP are assumed by the vendor.