



Request for Proposal
Questions and Responses

Request for Proposal: Behavioral Health Communications/Public Awareness Campaign

Proposal Due Date: 3/31/2023, 5:00 PM EST

Q1: Whether companies from outside USA can apply for this? (like, from India or Canada)

A: Yes. Companies must be able to meet requirements as listed within the Scope of Service section of the RFP.

Q2: Whether we need to come over there for meetings?

A: Virtual engagement is acceptable for meetings.

Q3: Can we perform the tasks (related to RFP) outside the USA? (like, from India or Canada)

A: Yes. Companies must be able to meet the requirements as listed within the Scope of Service and minimum Qualifications sections. As stated in the Minimum Qualifications section, "Qualified applicants must meet the following requirements: Extensive knowledge and experience in working with Boston's diverse communities to co-develop a culturally competent, racially just and linguistically appropriate multi-faceted, youth focused, behavioral health public awareness campaign, which is rooted in anti-stigma approach, is evidence-based, and incorporates a lived-experience approach to promoting awareness..." (pg. 7)

Q4: Can we submit the proposals via email?

*A: "Proposals must be submitted by email to procurement@bphc.org and cbhwquestions@bphc.org with the subject line: **Behavioral Health Communications/Public Awareness Campaign Consultant**" (pg. 11)*

Q5: Who are the target audiences? All of the following are mentioned in the RFP.

Primary: Youth - if so, what ages? Secondary: Family, caregivers, community. Providers? Educators?

A: The target audience is listed as: "The reach of the communications campaign messaging should prioritize neighborhoods in Boston where youth are experiencing the most behavioral

health impact.” (pg. 2) There is the “the opportunity to educate communities about behavioral health prevalence, risk factors, and symptoms; to broadly reduce the stigma associated with engagement in behavioral health support and treatment; to offer response guidance for family, caregivers, and community; to provide coping strategies; and to increase access and usage of Boston area behavioral health services through a city-wide, multifaceted communications campaign, including a website.” (pg. 2) Youth are defined as 25 years old and under.

Q6: Is the primary target audience BIPOC youth in Boston? If so, what ages?

A: “The reach of the communications campaign messaging should prioritize neighborhoods in Boston where youth are experiencing the most behavioral health impact.” (pg. 2) For this RFP youth are defined as 25 years old and under.

Q7: Should the public awareness campaign target youth directly or those that work/communicate with youth?

A: The public awareness campaign should be prepared to reach youth directly as well as those that work/communicate with youth.

Q8: What languages are required for the public awareness campaign? Are these languages also required on the physical and digital collateral?

Q9: Has your team identified the exact languages to be used in the ads/campaign materials? Or is your team looking for our recommendations on which languages to use from the City’s identified language and communications guidelines?

A: Materials for the public awareness campaign, physical and digital, are asked to be accessible to all Boston residents. “Creation of resources in multiple languages in alignment with the City of Boston’s language access policies.” (pg. 9) The ten most common languages in Boston are listed as:

- English
- Español (Spanish)
- Kreyòl ayisyen (Haitian Creole)
- 繁體中文 (Traditional Chinese)
- 简体中文 (Simplified Chinese)
- Tiếng Việt (Vietnamese)
- Русский (Russian)
- kriolu (Cape Verdean Creole)
- العربية (Arabic)
- Português (Brazilian Portuguese)
- Français (French)

Refer to: <https://www.boston.gov/departments/language-and-communications-access/language-and-communications-guidelines>

Q10: For the ongoing monitoring of the campaign, are you looking for a pre and post-test evaluation or quarterly media metrics?

A: “A plan to conduct ongoing monitoring of the public health behavioral health awareness campaign to measure effectiveness and reach, with quarterly reporting to BPHC on activities, reach, and outcomes. The proposal should describe key measures of the communications campaign, methodology, clear understanding of need, explanation of any partners that might be engaged and explanation of need for partners, with an overall clear focus on racial equity, and an ability to account for intersectional identities.” (pg. 7)

Q11: Are there any existing databases of target audiences that can be leveraged for initial primary research and ongoing awareness measurement?

A: Data sources for background information include the Boston Community Health Needs Assessment (CHNA), Community Health Improvement Plan (CHIP), Health of Boston Reports, and topical data issue briefs. In partnership with BPHC, youth advisory councils/committees associated with BPHC initiatives can be drawn upon for programmatic feedback/guidance.

Q12: For the activity listed as “Through neighborhood/community engagement, Vendor identifies potential youth advisory group(s)” Can you expand on the role of the youth advisory groups?

A: “Provide a detailed description on how the vendor will support the scope of service in the proposed campaign, including justifications for approach and language for anti-racist/culturally competent approach. A description should include the process that will be implemented for continuous engagement with BPHC youth advisory groups, and other key community advisory groups as necessary.” (pgs. 8 – 9) Youth advisory groups would inform vendor approach to chosen communication campaign elements in an ongoing manner.

Q13: Is this initial RFP looking to capture all activities through the long-term outcomes described in the logic model? (e.g. do we need to be accounting for awareness measurement for the mid and long-term outcomes)?

A: Communication activities should be designed to impact long-term outcomes described in the logic model. Mid-term outcomes should be documented in an ongoing way.

Q14: Several key audiences have been listed in the logic model (Boston’s youth, parents, educators, health care providers, justice system officials, policymakers, faith-based organizations, and community organizations). What are the priority audiences for this campaign? Are the secondary audiences those who influence youth?

A: *“The reach of the communications campaign messaging should prioritize neighborhoods in Boston where youth are experiencing the most behavioral health impact.” (pg. 2) Priority audiences of the campaign are youth. Secondary audiences would be parents, educators, health care providers, justice system officials, policymakers, faith-based organizations and community organizations who work with, guide, educate, minister, treat or otherwise influence youth.*

Q15: Can you give us a few examples of where our team could place print collateral, such as brochures? Would these be in places such as student counselor offices etc.? Or are you primarily thinking these would be downloadable resources only?

A: *Places where “Key audiences, including parents, educators, health care providers, justice system officials, policymakers, and faith-based and community organizations” (pg. 7) exist could be sites for print collateral, as well as web-based- downloadable resources. Communication message dissemination should be included in the proposals. “The campaign should include various communication platforms including social media, local and radio, print, and community-based promotion.” (pg. 9)*

Q16: Are you able to share any details regarding previous or ongoing campaigns that you have run to promote general behavioral health and positive help-seeking behavior among Boston’s youth and other key audiences? What made those campaigns successful? What wasn’t successful?

A: *Boston Public Health Commission has ongoing experience with engaging youth in the promotion of positive help-seeking behavior and behavioral health. Two current campaigns are Cope Code Club and Start Strong. The chosen vendor/s will have opportunity to learn more about these initiatives.*

Q17: What is the most important measure of success that will indicate to you that the campaign is effective?

A: *Minimum Qualifications: “A plan to conduct ongoing monitoring of the public health behavioral health awareness campaign to measure effectiveness and reach, with quarterly reporting to BPHC on activities, reach, and outcomes. The proposal should describe key measures of the communications campaign, methodology, clear understanding of need, explanation of any partners that might be engaged and explanation of need for partners, with an overall clear focus on racial equity, and an ability to account for intersectional identities.” (pg. 7)*

Q18: Would the “social media” referenced in the RFP and Behavioral Health Communications Campaign Logic Model leverage the BPHC’s social handles, such as <https://www.facebook.com/HealthyBoston?>

A: *BPHC social handles can be leveraged, however the campaign should focus on social media as well as other resources: “Identify and initiate meaningful behavioral health dialogue (community*

outreach) to engage with communities across Boston, especially youth communities, to identify content and placement (both on social media and in physical locations) of communication campaign that is linguistically diverse, racially just, and resonates with communities.” (pg. 6) “The campaign should include various communication platforms including social media, local and radio, print, and community-based promotion. Social media should be prioritized and highlighted, in accordance with available data about youth social media usage and preference.” (pg. 9)