



Office of Violence Prevention (OVP)

Domestic, Sexual & Gender-Based Violence Prevention Initiative (DSG)

REQUEST FOR PROPOSALS

Evaluation Consultant for the Development of a Multi-Violence Lethality Assessment Tool

January 2026

RFP Timeline

January 30 2026	RFP Legal Notice publication in The Boston Globe and available online at https://www.boston.gov/bid-listings RFP will also be disseminated via e-mail to relevant networks.
February 6 th 2026	Questions due in writing by 5:00 PM EST via email to: RFR@bphc.org Subject – Evaluation Consultant for Multi-violence lethality assessment tool
February 13 th 2026	Responses to questions available for viewing on https://www.boston.gov/bid-listings by 4:00 PM (Make sure to filter by department: Boston Public Health Commission)
February 20 th 2026	RFP due by 11:59 PM EST Submit via email to RFR@bphc.org Subject line – Evaluation Consultant for Multi-violence lethality assessment tool NO EXCEPTIONS TO THIS DEADLINE
February 27 th 2026	Eligible candidates will be notified of a Zoom interview by 5:00 PM EST
March 13 th 2026	Notification of Decision: Selected candidate will be notified by or before 5:00PM EST of the award however, BPHC has the discretion to extend this date without notice.

Overview

The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston. BPHC's mission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly those most impacted by systemic inequities.

The Domestic, Sexual & Gender-Based Violence Prevention Initiative (DSG), housed within BPHC's Office of Violence Prevention, leads the City's public health-oriented approach to preventing and responding to domestic violence, sexual violence, and other forms of gender-based violence. DSG works to create an inclusive, trauma-informed, and equitable environment that fosters a collective response to gender-based violence prevention by advancing survivor-centered and data-driven priorities across systems. DSG approaches violence prevention through a public health lens that recognizes the interconnectedness of all forms of violence, and the need for coordinated, data-informed, and community-driven solutions.

Through this Request for Proposals (RFP), DSG is seeking proposals from qualified evaluation consultants or consultant teams to lead the development, pilot, and evaluation of a Multi-Violence Lethality Assessment Tool. This tool will integrate indicators across domestic violence (DV), sexual violence (SV – including commercial sexual exploitation) and community violence (CV), and will be grounded in trauma-informed, survivor-centered, and equity-focused approaches. This project reflects BPHC's commitment to advancing public health-oriented violence prevention strategies that recognize the interconnected nature of violence, the lived expertise of survivors, and the importance of culturally responsive, participatory evaluation methods.

All service contracts awarded by the Boston Public Health Commission may be subject to the following City of Boston's living wage ordinance. This ordinance requires that all employees working on sizable city contracts earn an hourly wage that is enough for a family of four to live at or above the federal poverty level. This wage amount, called the living wage,

is recalculated every year. For more information, visit <https://www.boston.gov/workerempowerment/living-wage-division>.

As part of BPHC's efforts to have an equitable procurement process, BPHC will consider and encourage underrepresented businesses that include: Minority-owned Business Enterprises (MBE), Women-owned Business Enterprises (WBE), Veteran-owned Business Enterprises (VBE), Service-disabled Veteran-owned Business Enterprises (SDVOBE), Disability-owned Business Enterprise (DOBE), Lesbian Gay Bisexual Transgender Business Enterprises (LGBTBE), and local businesses to apply to this RFP.

Scope of Work

The DSG is seeking a consultant or consultant team to support us in developing and piloting a **trauma-informed, survivor-centered, lethality assessment tool** that integrates domestic, sexual and community violence risk indicators and can be used by frontline providers to better identify risk, enhance safety planning, and strengthen cross-sector response.

During the planning phase of the project (anticipated March–June 2026; Pending contract completion), DSG and the selected consultant will co-design the Multi-Violence Lethality Assessment Tool, building from existing best practices and tailoring the tool to the strengths, needs, and realities of City and community-based stakeholders. A participatory, data-driven approach will be essential to this phase and is expected to include engagement with survivor advisors, frontline service providers, advisory groups, focus groups, key informant interviews, and review of existing data, metrics, and relevant literature.

During the pilot and implementation phase, the ongoing collection and analysis of qualitative and quantitative data will be critical to understanding feasibility, usability, and impact of the lethality assessment and its integration with the accompanying safety planning approach, as well as identifying opportunities for improvement. We aim to model a trauma-informed and equitable approach¹ in all elements of this project, including in our evaluation efforts. A priority for our team is for the program evaluation to be conducted via an intersectional, racially equitable lens. This includes methods and deliverables that are culturally- and linguistically relevant, and recognizes the stressors experienced by individuals and systems, as well as their strengths and assets.

Specific consultant activities include:

- Participate in an orientation meeting with DSG staff.
- Participation in regular check-ins and stakeholder meetings as needed.
- Review existing lethality and risk assessment tools, relevant literature, and local data related to DV, SV, and community violence.
- Work with the DSG and other key stakeholders to develop a detailed project workplan, timeline, and evaluation framework in collaboration with DSG.

¹ The DSG's sister program the Capacity Building and Training Initiative defines trauma-informed approaches as those which 1) recognize the impact of trauma and opportunities to respond, 2) promote physical and emotional safety, 3) foster positive relationships, 4) affirm individual and community strengths and resiliency, 5) builds a culture of self-care, and 5) support racial justice and health equity. By racial justice and health equity we mean practices, policies and environments that ensure individuals can experience full health potential and wellness as experienced and honored through one's many intersecting identities (race, sex & gender, sexuality, socio-economic status, ability status, immigration status, religion, and more), and that of their family and communities.

- Ensure all work aligns with trauma-informed, survivor-centered, and equity-focused principles Please see below for a proposed timeline of activities.
- Support recruitment and engagement of 6–10 survivors from diverse communities to serve as paid advisors.
- Co-design trauma-informed, flexible, and survivor-led engagement processes
- Co-facilitate participatory activities (e.g., focus groups, interviews, design sessions) with survivor advisors and frontline providers
 - These activities are expected to include approximately 6–10 survivor advisors and 15–25 frontline providers across sectors working with survivors of domestic violence, sexual violence, and community violence.
 - Final participant numbers may be refined by mutual agreement between DSG and the selected consultant during the planning phase, taking into account research best practices, participant burden, effect size considerations, and partner capacity.
- Incorporate survivor and provider input into the development of the assessment tool
- Ensure engagement practices account for accessibility needs and recognize participants’ time, expertise, and emotional labor
- Lead the co-design and development of a draft Multi-Violence Lethality Assessment Tool
- Support pilot implementation with selected frontline providers and referral partners, including presenting on the purpose, structure, and use of the Multi-Violence Lethality Assessment Tool as part of DSG-led trainings (no independent training development or facilitation required)
 - The pilot is anticipated to include approximately 50–60 frontline providers across 8–10 referral partner organizations, reflecting a mix of City departments and community-based service providers.
 - Final pilot size and composition may be adjusted collaboratively during the planning phase based on implementation feasibility, partner readiness, and evaluation needs.
- Collect and synthesize qualitative and quantitative feedback during the pilot phase
- Refine and revise the tool based on findings and stakeholder input
- Evaluate how the lethality assessment tool informs and supports survivor-centered safety planning
- Assess provider understanding of and ability to move from risk identification to appropriate safety planning actions
- Analyze pilot data to assess feasibility, usability, and equity considerations
- Identify lessons learned, strengths, limitations, and implementation considerations
- Produce a summary evaluation report with findings and recommendations for future scale-up or adaptation

To ensure clarity of scope and avoid duplication of efforts, the table below outlines responsibilities that will be led by DSG versus those expected of the selected evaluation consultant. DSG brings existing infrastructure, relationships, and training materials to this project, and the consultant will help build upon, not recreate, this foundation.

Area of Work	DSG Responsibilities	Evaluation Consultant Responsibilities
Program leadership & oversight	Serve as project lead; provide strategic direction while engaging consultants as thought partners in decision-making	Participate in regular check-ins to support shared learning, collaboration, and alignment with DSG priorities
Survivor & provider networks as it relates to	Leverage existing relationships with survivors, community-based	Engage relevant stakeholders in tool creation activities. Such as key informant interviews, focus

informing Lethality assessment tool creation	organizations, and City departments to support the recruitment and engagement of participants for tool development activities	groups, advisory sessions, and other participatory methods to inform development of novel, multi-violence risk indicators for lethality assessment tool
Safety planning approach	Develop, own, and lead the complementary safety planning framework and training integration	Evaluate how the lethality assessment and safety planning approach function together in practice
Training curriculum	Provide existing DSG-developed trauma-informed and survivor-centered training materials and curriculum	Support DSG-led pilot trainings by presenting on the Multi-Violence Lethality Assessment Tool (e.g., purpose, methodology, and pilot implementation and considerations for consistent implementation as much possible while also adapting to real world practice); no curriculum development or full training facilitation required
Data infrastructure & reporting systems	Provide existing data collection tools, reporting expectations, and guidance	Utilize and, if needed, recommend refinements to existing tools to support evaluation. The selected organization will be responsible for drafting all necessary Institutional Review Board (IRB) materials unless an existing IRB relationship can be amended. DSG reserves the right to require the study be submitted through an independent IRB of its choosing to ensure institutional data ownership and longitudinal continuity.
Lethality assessment tool	Provide vision, parameters, and implementation context	Lead co-design, development, piloting, and refinement of the lethality assessment tool
Pilot coordination	Coordinate with City departments and referral partners for pilot implementation	Support pilot implementation and data collection activities
Evaluation & reporting	Define evaluation priorities and intended use of findings	Design and conduct evaluations; analyze data; produce reports and recommendations

Time Period (estimated)	Anticipated Activities
March – May 2026	<ul style="list-style-type: none"> ● Setting up contract ● Orientation Meeting with project team ● Review of existing literature and data previously collected, draft evaluation metrics, project Logic Model ● Creation & presentation of evaluation plan for project ● Recruit 6–10 survivors from different communities to serve as advisors.
June – August 2026	<ul style="list-style-type: none"> ● Consultant leads co-design process with survivor advisors, CBO Staff ● Develop draft tool, train and pilot with referral partners and frontline staff. ● Collect feedback and revise tool for future implementation.

August – September 2026	<ul style="list-style-type: none"> Consultant will produce summary report with pilot data, lessons learned, and recommendations for scaling up use of the tool broader scale
-------------------------	---

We aim to model a trauma-informed and equitable approach in all elements of this project and across all activities. This work will be done in ways that are participatory, recognizing the stressors experienced by individuals and systems, as well as their strengths and assets, and utilizing culturally and linguistically appropriate methods.

Minimum Qualifications

Proposers must possess the following qualifications for each role and assignment as indicated:

- Master's or doctorate degree in public health, social work, education, psychology, sociology, or a related field preferred, or bachelor's degree with 10+ years-experience in program evaluation design and implementation
- 5+ years' experience leading or having major shared responsibility for conducting program evaluation or research projects related to trauma-informed care, violence intervention and prevention, domestic violence, sexual violence, community violence, public health, or equity focused initiatives
- Demonstrated experience in the violence prevention / intervention sector including strong familiarity with legal, ethical and equity considerations related to survivor safety
- 3+ years' experience conducting evaluation in real-world operational settings through building effective rapport with diverse populations of both service providers and residents, such as: youth workers, clinicians, mental health providers, educators, recovery and housing services providers, family advocates, youth (10-18 years old), parents and caregivers, English Language Learners, those with low levels of literacy, systems-involved individuals (e.g. incarcerated or formerly incarcerated, child welfare, immigration), LGBTQ/T individuals, and those impacted by violence
- Demonstrated commitment to a strengths-based, participatory approach to evaluation, including: a collaborative, reflective work style; a racial and gender equity lens; and an awareness of the impact of trauma on individuals, communities and systems
- Possess software packages (e.g. Statistical Analysis System (SAS), Statistical Package for Social Sciences (SPSS), Excel, R, Epi Info, etc.) for quantitative data, and be able to verify, enter, analyze and interpret program data and present findings in an accessible format
- Possess software packages (e.g. Excel, Dedoose, NVivo) for qualitative data, be able to verify, enter, analyze and interpret qualitative data and present findings in an accessible format
- Ability to meet deadlines and reporting and invoicing requirements as required by BPHC
- Excellent written and verbal communication skills
- **Bilingual/bicultural applicants strongly encouraged to apply.** To learn more about the City of Boston's equitable procurement policy and how to become certified as a minority-, woman-, or veteran-owned small business, please visit: <https://www.boston.gov/get-your-business-certified>

Proposal Requirements

Please submit the following documents:

- Resume or C.V.
- Explanation (2-3 pages) of how your experiences and skills meet the scope
 - Please attach 2 examples of previous work that is relevant to this work area (report, article, presentation, etc.)
- What are 1-2 challenges you anticipate in meeting the project scope?
- What are 1-2 areas you find particularly interesting, exciting or meaningful?

- Two questions you have for the project team
- Project budget and budget narrative

Period of Performance and Location

The effective date of providing the required product and services shall be from date of contract execution through September 30th 2026. The contract timeline may be adjusted and extended depending on funding availability and the project needs, subject to the same terms and conditions for each renewal period. BHPC reserves the right to cancel this RFP.

Location: On-site or Remote (via Zoom, phone, e-mail, etc.) or pending changes in public health guidance.

Total Budget: \$60,000

Selected vendor will be required to enter into the BPHC's Agreement and complete required forms (this includes a CORI) prior to the start day of the contract. The contract(s) resulting from this RFP shall be in effect when all necessary contract documentation is fully executed by BPHC and awarded vendor(s).

Submission Instructions

Submit proposal **by February 20th 2026 11:59 PM EST** via email to RFR@bphc.org

Subject line – RFP Evaluation Consultant for Multi-Violence Lethality Assessment Tool

NO EXCEPTIONS TO THIS DEADLINE