



*Office of Violence Prevention (OVP)*

Community Healing Response Network (CHRN)

[Neighborhoodhealing.com](http://Neighborhoodhealing.com)

**REQUEST FOR PROPOSALS**

*Trauma Recovery and Community Response Services for Boston Residents Impacted by Community Violence*

RFP Timeline	
<b>Monday, April 13, 2026</b>	<p>RFP Legal Notice publication in The Boston Globe and available online at <a href="https://www.boston.gov/bid-listings">https://www.boston.gov/bid-listings</a> at 11 am EST.</p> <p>RFP will also be disseminated via e-mail to relevant networks.</p>
<b>Monday, April 20, 2026</b>	<p>Initial Questions due in writing by 5:00 PM EST via email to: <a href="mailto:RFR@bphc.org">RFR@bphc.org</a> and CC <a href="mailto:CHRN@bphc.org">CHRN@bphc.org</a></p> <p>Subject – <i>Trauma Recovery and Community Response Services Questions [Vendor Name]</i></p>
<b>Wednesday, April 22, 2026</b>	<p>Responses to questions available for viewing on <a href="https://www.boston.gov/bid-listings">https://www.boston.gov/bid-listings</a> by 4:00 PM</p> <p>filter by department: Boston Public Health Commission [<i>Trauma Recovery and Community Response Services</i>]</p>
<b>Friday, May 15, 2026</b>	<p>RFP due by 11:59 PM EST Submit via email to <a href="mailto:RFR@bphc.org">RFR@bphc.org</a> CC <a href="mailto:CHRN@bphc.org">CHRN@bphc.org</a></p> <p>Subject line – <i>Trauma Recovery and Community Response Services for Boston Residents Impacted by Community Violence RFP [Vendor Name]</i></p> <p style="text-align: center;"><b>NO EXCEPTIONS TO THIS DEADLINE</b></p>
<b>Thursday, May 21, 2026</b>	<p>Down-Selected applicants will be notified of a Zoom interview by <b>5:00 PM EST</b></p>
<b>Friday, May 29, 2026</b>	<p>Notification of Final Decision: All applicants will be notified by or before <b>5:00 PM EST</b> of the award, however, BPHC has the discretion to extend this date without notice.</p>

The Boston Public Health Commission (BPHC) is the 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 Office of Violence Prevention leads this effort through the Community Healing Response Network (CHRN). CHRN is a group of community organizations, health centers, and hospitals working together to support people affected by violence. The network provides trauma-informed care that centers healing, dignity, and respect.

CHRN partners share a common goal: to make sure all Boston residents can access high-quality, culturally responsive support after experiencing violence. Services are designed with community members and reflect the voices and experiences of those most impacted.

BPHC is seeking proposals from qualified organizations and clinicians to join Community Healing Response Network Teams. These teams will provide trauma recovery and response services for individuals, families, and communities impacted by community violence.

CHRN provides support after incidents of violence, with a focus on gun violence. Services may include:

- Immediate crisis response
- Psychological first-aid
- Emotional support
- Referrals to clinical care
- Ongoing trauma recovery services

All services must be:

- Trauma-informed
- Survivor-centered
- Culturally responsive
- Grounded in equity and anti-racism

We prioritize approaches that are shaped by people with lived experience of violence.

### **Priority Neighborhoods**

**East Boston, Mattapan, Roxbury, Grove Hall [DO/RX], Bowdoin-Geneva [DO], Four Corners [DO], Charlestown, Allston/Brighton, Jamaica Plain, South Boston, New Mission, Hyde Park, Academy-Humboldt, Codman Square, and Uphams Corner.** Applicants must demonstrate an established presence in at least one of the identified neighborhoods and may propose service delivery across multiple communities.

Selected partners will collaborate with the Healing Response Team (HRT), a multidisciplinary partnership responsible for coordinating immediate response and long-term recovery efforts following incidents of violence. CHRN is designed to ensure a coordinated, 24/7 response infrastructure while strengthening sustained, community-based healing supports.

BPHC strongly encourages submissions from organizations that reflect the diversity of the communities served, including those led by individuals with lived experience of community violence, trauma recovery, and community healing. Organizations demonstrating deep community trust, cultural and linguistic competency, and a commitment to equity-centered and anti-racist practices will be prioritized.

In some cases, CHRN may coordinate with the Boston Police Department (BPD) to support safety or receive limited information. Participation in CHRN services is **not connected to law enforcement involvement**, and services are always voluntary.

As part of BPHC's commitment to an equitable procurement process, BPHC encourages proposals from underrepresented businesses, including 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 Enterprises (DOBE), Lesbian, Gay, Bisexual, and Transgender Business Enterprises (LGBTBE), and local businesses.

### **Living Wage Requirement**

All service contracts may be subject to the City of Boston's Living Wage Ordinance. This ordinance requires that all employees working on sizable city contracts must earn an hourly wage that supports a family of four to live at or above the federal poverty level. This rate is updated annually.

### **Program Overview**

When an incident of community violence occurs, the Healing Response Team (HRT) acts swiftly to provide a coordinated and trauma-informed response. Notifications are received through incident alerts from BPD which the HRT reviews and sends out within 30 minutes of notification to determine eligibility for response based on established criteria. Once dispatched, the team engages directly with the survivor and their family, offering on-scene crisis stabilization and psychological first aid to address immediate safety, emotional, and practical needs. In cases where survivors require medical attention, HRT staff collaborate with Hospital Violence Intervention Programs (HVIP) to provide bedside support, helping families navigate care plans and understand next steps in the medical system.

In the event of a death, the team works closely with partners such as the Louis D. Brown Peace Institute to guide families through funeral planning, victim compensation processes, and other critical logistical and emotional supports. Following the immediate response, HRT conducts neighborhood canvassing to engage community members who may have witnessed the incident, ensuring they are connected to trauma-informed resources, informational materials, and the CHRN Support Line.

Throughout this process, the HRT integrates clinical and therapeutic care, providing ongoing accompaniment to survivors and families as they navigate the complex recovery process. This includes grief support, trauma-informed counseling, and structured emotional support delivered by licensed social workers, mental health professionals, or trained community-based responders. Care is guided by trauma-informed principles, equity, and survivor-centered approaches, recognizing that healing is not linear and that survivors benefit from continuous, responsive support embedded within their communities.

Community Healing Partner Teams play a critical role in extending the reach and effectiveness of the Healing Response Team (HRT). While HRT leads and coordinates the overall response, partners provide on-the-ground support and, in many cases, take primary responsibility for incidents occurring within their designated catchment areas. Partner teams are essential for ensuring timely, culturally responsive, and trauma-informed services that meet the immediate and ongoing needs of individuals, families, and communities impacted by violence.

Partners will work collaboratively with HRT to deliver immediate trauma response services, trauma recovery and healing support, and short-term resource coordination. These responsibilities must be executed with fidelity to trauma-informed, survivor-centered, and equity-focused principles. Teams must also ensure that all interactions uphold confidentiality, professional boundaries, and culturally responsive practices that center lived experience of survivors.

In addition to direct service delivery, partner teams will have administrative responsibilities critical to the success and evaluation of the program. These include completing CHRN-required training and certifications, submitting monthly data reports, monthly invoicing, assisting with co-design of evaluation tools, and maintaining accurate records of services provided and outcomes achieved. Teams will also participate in

quarterly reviews and debriefs to ensure alignment with program standards and continuous quality improvement.

Partner teams will be held to established compliance and accountability standards, including prompt acknowledgment of incident notifications, adherence to deployment protocols, accurate and timely documentation, and active participation in response coordination, for example incident debrief. CHRN leadership team will monitor adherence and provide support as needed, with clear contract compliance in place and what to expect if non-compliance is established.

## Community Healing Partner Teams Services

- **Immediate Trauma Response**

- Respond to incident notifications within the required timeframe
  - Within 30 minutes of early incident notification and on-scene response
  - 0-72 hours for follow up debrief call and resource coordination
  - Up to a 1 month+ for referral completion and warm hand offs to appropriate contacts
- Deploy to incident scenes following HRT guidance and safety protocols
- Provide trauma-informed support to survivors, families, and community members
- Support HVIP engagement for survivors in hospital settings
- Assist with funeral or vigil arrangements as needed, including attending funerals and vigils as support advocates.
- Conduct follow-up canvassing in the neighborhood to provide trauma-informed resources, information, and support to affected residents

- **Trauma Recovery and Clinical/Healing Support**

- Provide ongoing emotional, behavioral, and trauma-informed support for survivors and families
- Facilitate connections to clinical or community-based healing services, peer support, and wellness programs
- Engage with survivors throughout the trauma recovery process, acknowledging that healing is non-linear
- Support grief, loss, and coping strategies using evidence-based, culturally responsive, and community-grounded approaches
- Support trauma recovery related events: restorative justice meetings, healing circles, trauma-informed yoga, written/spoken word poem open mics, community vigil, etc.

- **Administrative, Training, and Evaluation Duties**

- Every employee identified on the CHRN trauma grant contract must complete CHRN-required training and certifications, including Psychological First Aid (PFA) and Incident Command System (ICS) online training
- Every member of staff identified on the CHRN trauma grant must attend in-person training established by our internal partner, the Capacity Building and Training Initiative (CBTI).

- Submit timely and accurate monthly data reports detailing services, invoices with backup documentations, outreach, and outcomes
- Collaborate with Healing Response Team (HRT) and community members to co-design evaluation strategies and tools
- Participate in quarterly reviews and debriefs to improve program fidelity and effectiveness
- Ensure compliance with CHRN professional standards, documentation requirements, and confidentiality policies

## Clinical Service Components

### Key Responsibilities for Licensed Clinical Partners:

#### Scope of Work | Clinical at BPHC

- Provide clinical support for Boston residents exposed to trauma due to community gun violence by accepting referrals from any member of the Community Response Health Network in an efficient, quick, and flexible manner.
- Increase clinical capacity and flexibility for long-term care and short-term care with very short to no waiting period.
- “Work collaboratively with Community Healing and Response Staff to develop, enhance, and implement the response protocols.
- Provide additional methods of mental health services, such as healing circles and general psychological education.
- Provide clinical support for members of the Community Response Health Network.
- Provide clinical consultation for the Community Response Health Network’s protocols.
- Establish protocol for communication with BPHC Response Managers.
- Respond to calls to the support line. Resource navigation.
- The services are mobile, free, no diagnosis required, sustained, and meet clients at their point and place of need.
- Provide clinical support for Boston residents exposed to trauma due to community gun violence by accepting referrals from any member of the Community Response Health Network in an efficient, quick, and flexible manner.
- Increase clinical capacity and flexibility for long-term care and short-term care with very short to no waiting period.
- Work collaboratively with CHRN to develop, enhance, and implement the response “protocols.” helps as well, it will aid in building a system/ way of working that gets the right clients to CHRN?
- Leverage relationship with other partnerships with the Boston Public Health Commission to enhance overall health and service to the community.

Provide services Monday – Friday 9:00AM – 5:00PM and requested for evenings and weekends to responsive to community and with the addition of on-call availability for support line Monday – Friday 5:00PM – 9:00PM and Saturday and Sunday 10:00AM – 10:00PM.

## Compliance and Accountability

All contracted partners are required to operate in full compliance with CHRN standards and protocols to ensure the consistent delivery of high-quality, ethical, and trauma-informed services.

### 1. Performance Expectations

- Timely acknowledge and response to incident notifications
- Adherence to deployment and safety protocols
- Accurate, complete, and timely documentation
- Professional conduct in all interactions
- Protection of confidential and sensitive information

#### 1.1 Non-Compliance

Non-compliance includes, but is not limited to:

- Failure to respond to incident notifications within required timeframes
- Unauthorized deployment to incident scenes
- Incomplete or delayed reporting
- Breach of confidentiality or professional standards
- Failure to adhere to CHRN protocols

Instances of non-compliance may result in correction action, financial penalties, suspension of activities, or contract termination.

### 2. Data Collection and Reporting

Partners are required to maintain accurate and timely data to support program evaluation and accountability.

#### Requirements

- Submission of monthly programmatic reports (during the first Friday of each month)
- Documentation of services, referrals, and outcomes
- Utilization of secure data systems (e.g., RedCap) for case management tracking
- Completion of all required program forms and reporting tools

### 3. Training Requirements

All personnel assigned to CHRN-funded activities must complete required trainings, including:

- Psychological First Aid (PFA) Connecting individuals impacted by violence to appropriate services and resources.

- Incident Command System (ICS)
- Trauma-informed care practices
- Data privacy and HIPAA compliance
- Attend monthly network meetings
- Safety and workplace protocols

Personnel must maintain active certifications and comply with all training timelines.

**Acceptable exceptions (with documentation):**

- Approved leave (medical, bereavement, jury duty)
- System outage/technical failure (ticket submitted)
- Disaster/emergency closure
- Lack of available session within policy window (no candidate fault)
- Approved job duty change that renders a module not applicable

**4. Invoicing Requirements**

Contracted partners must:

- Submit monthly invoices by the 15<sup>th</sup> of each month
- Include all required supporting documentation
- Adhere to BPHC financial/contract and administrative guidelines

Failure to comply may result in delayed payment or funding adjustments.

**5. Eligibility Requirements**

Applicants must demonstrate:

- Capacity to provide 24/7 incident response coverage
- Expertise in trauma-informed, culturally responsive service delivery
- Experience working with individuals impacted by community violence
- Strong partnerships with community stakeholders and institutions
- Operational capacity for data collection, reporting, and compliance

Applicants should reflect on the communities served and demonstrate a commitment to equity, inclusion, and community engagement.

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## **Accountability Mechanisms**

### **1. Participation Requirements**

- Partners must attend incident debriefs.
- Provide timely updates on survivors' status.
- Actively participate in response coordination and adhere to all agreed-upon protocols.

### **2. Compliance Monitoring**

- CHRN will maintain Partner Participation Tracker documenting attendance, responsiveness, and engagement in response coordination.
- This tracker ensures transparency and provides a clear record of adherence to program protocols.

### **3. Escalation Pathway**

If non-compliance occurs, the following steps will be implemented:

- Informal follow-up and reminder of expectations.
- Formal documentation of incidents and written notice to partner leadership.
- Escalation to CHRN leadership with a request for a corrective action plan.
- Partnership review to reassess role and responsibilities within CHRN response structure.
- Termination or reduction of funding, at the discretion of BPHC, with proper notice provided to the partner organization.

Stage	Timing (relative to deadline)	Action	Owner
Notice 1	Day 0–1 (missed deadline)	Automated alert + email to individual(s) & manager with new completion window ( <b>5 business days</b> ).	CHRN (SPM or Director)
Notice 2	Day 5	Second automated alert + email to individual(s) & manager with 24 hours completion window.	CHRN (SPM or Director)
Work Stop (limited)	Day 7–10	<b>Stop work on covered tasks</b> requiring the training until completion; reassign duties if feasible.	Contracted site Manager
Commercial Remedies	Day 10–15	<b>Withhold time &amp; materials billing</b> for non-compliant hours; <b>reject invoices</b> for work performed while non-compliant (per contract).	CHRN (Fiscal Manager or Director)
Escalation	Day 15	Formal escalation to vendor leadership; corrective action plan (CAP) due in <b>3 business days</b> .	CHRN (Director)
Assignment Termination	Day 30	<b>End assignment</b> for persistent non-compliance; consider <b>vendor performance score impact</b> and <b>contract remedies</b> .	CHRN (Director)

By adhering to these compliance measures, Community Healing Partner Teams will ensure safe, effective, professional trauma response and recovery services that align with CHRN’s mission to support survivors, families, and communities impacted by violence.

## Contract Terms and Funding

The contract period will begin July 1, 2026 – June 30, 2027

Funding determinations will be based on:

- Community need and violence trends (per neighborhood)
- Proposed service scope and intensity
- Organizational capacity and experience

Funding will be awarded on a neighborhood-specific basis, with allocation reflecting historical and current violence data, demonstrated service intensity, and organizational capacity. Neighborhoods with higher incident frequency, including Roxbury, Mattapan and Dorchester (Bowdoin-Geneva), and Grove Hall may receive proportionally higher funding to support increased service demand. See Services Areas and Proposed Coverage’ for a full list of service areas (page 13-14)

## Budget Requirements

Applicants must submit a detailed and justified budget that includes:

- Personnel costs (including fringe)
- Training and capacity-building expenses
- Operational and administrative costs
- Community violence awareness events

## Proposal Submission Instructions

**Submission Deadline:** Friday, May 15, 2026, at 11:59 PM EST

- **Submission Method:** Email to [RFR@bphc.org](mailto:RFR@bphc.org) cc [CHRN@bphc.org](mailto:CHRN@bphc.org)

**Subject Line:**

Trauma Recovery and Community Response Services – [Organization Name]

Late submissions will not be considered.

Applicants are asked to provide detailed responses to all sections below. Applications will be scored based on completeness, relevance, and demonstrated capacity to fulfill the roles and responsibilities outlined in the Scope of Work. Applicants are encouraged to include attachments (e.g., resumes, organizational charts, maps) as appropriate.

### 1. Service Area and Proposed Coverage

Provide a brief narrative describing your proposed service area and include a map or visual aid indicating your team's proposed catchment. Clearly identify which of the following neighborhoods you are applying to serve:

- Codman Square
- Uphams Corner
- Academy Homes/Humboldt Ave
- Mattapan
- East Boston
- Roxbury/Greater Nubian Square/Downtown Area
  - Washington Park
  - Crawford Street
  - Grove Hall
  - Mission Hill
- Dorchester
  - Grove Hall
  - Bowdoin-Geneva
  - Four Corners
  - Dudley/Columbia Rd (Upham's Corner)
  - Franklin Field North
  - Egleston Square
  - Almont Park
  - Norfolk St
- South Boston
- Hyde Park
- Charlestown
- Allston/Brighton
- Jamaica Plain/Jackson Square
- Ashmont

Recommended Word Limit: 250–300 words

## **2. Organizational and Team Experience**

Describe your team’s experience providing community engagement, community organizing, and support services in neighborhoods affected by community violence. Include any prior experience serving your proposed catchment area and the specific roles of team members in these areas. Identify staff with direct experience in trauma response, community healing, or working with residents with lived experience of violence.

Recommended Word Limit: 400–500 words

## **3. Collaboration and Partnerships**

Explain your team’s experience communicating and collaborating with local organizations such as BPHC, BPD, Neighborhood Associations, BPS, housing organizations, and other community-based partners. Describe your approach to providing immediate crisis support, trauma recovery, and community stabilization in collaboration with these entities.

Recommended Word Limit: 350–400 words

## **4. Population-Specific Needs**

Describe the population-specific needs of the community you propose to serve (e.g., age, language, cultural background, disability) and how your team will address these needs through culturally competent, trauma-informed practices.

Recommended Word Limit: 350–450 words

## **5. Equity and Anti-Racism**

- Describe your vision of racial justice in your proposed service area and your organization’s history of serving Black, Latinx, Asian, Indigenous, and other communities of color. (5 Points)
- Explain how your organization builds equity into programming, incorporates resident voices, and ensures services are culturally responsive and trauma informed. (6 Points)

Recommended Word Limit: 600–700 words combined

## **6. Incident Response Capacity**

Describe your team’s capacity to provide immediate, on-scene, or short-term support to individuals and families directly affected by community violence. Include:

- Response, geographic coverage, and backup capacity
- How quickly responders can be deployed and services provided within the first 24–72 hours

- Staff roles, qualifications, supervision structure, and coordination with BPHC’s Healing Response Team

Recommended Word Limit: 500–600 words

## **7. Post-Incident Healing Activities**

Explain how your team will support community stabilization following an incident, including canvassing, door-to-door outreach, small group discussions, and Healing Circles. Include safety protocols, engagement strategies, and how cultural responsiveness and psychological safety will be ensured.

Recommended Word Limit: 500–600 words

## **8. Long-Term Non-Clinical Case Management**

Describe how your team will provide sustained non-clinical case management over weeks or months. Explain how clients are assessed, service plans are developed, and follow-up is maintained. Include staff roles, caseload expectations, supervision, and referral coordination for housing, employment, food security, and other supports.

Recommended Word Limit: 350–450 words

## **9. Clinical Behavioral Health Services and Linkages**

Describe your capacity to provide direct clinical behavioral health services or formal referral pathways to trauma-specific mental health care. Include:

- Licensed providers, related mental health/wellness roles, healing modalities, and coordination with short-term crisis support
- Continuity of care for clients not affiliated with a healthcare partner agency
- Implementation plan if building new capacity

Recommended Word Limit: 400–500 words

## **10. Tracking and Evaluation**

Describe your approach to tracking referrals, monitoring client outcomes, and evaluating impact. Include how your team will co-design evaluation tools with residents and other partners, ensure data collection is accurate and timely, and prevent overburdening residents or staff.

Recommended Word Limit: 350–450 words

## **11. Budget Narrative**

Provide a detailed budget demonstrating how your team will fulfill the scope of services for the proposed funding configuration and clearly explain allocations across roles and activities. Include justification for all line items.

## **12. Staff Qualifications (Appendix)**

Please attach resumes for staff fulfilling HPT roles, highlighting experience in trauma response, community healing, case management, or clinical services.

## **13. Commitment to Quality Improvement**

Affirm your organization's commitment to participating in BPHC quality improvement activities, monthly learning sessions, mandatory trainings, interagency working groups, and committees.

# Application for Licensed Clinicians, Health Centers, and Hospitals

## **1. Clinical Behavioral Health Services and Trauma Informed Care**

Describe your capacity to provide direct clinical behavioral health services or a formal referral pathway to trauma specific care. Please outline your protocol for accepting new survivors of violence referred through the network, including how you ensure they receive long term support beyond initial stabilization, or how you partner with CHRN to provide that level of care.

## **2. Hospital Response and Crisis Coordination**

Detail your trauma informed care protocol for responding to patients presenting with gunshot wounds or life-threatening stabbings, especially those under 18. Describe how your team will coordinate with the Senior Hospital Response Liaison from CHRN to provide timely information that supports follow-up response. Also outline your process for coordinating referrals to the Louis D. Brown Peace Institute and other network partners to ensure a seamless transition from crisis response to longer term recovery support.

## **3. Community Presence, Equity, and Anti-Racism**

Describe your organization's vision of racial justice within the proposed service area and your history serving BIPOC or marginalized communities in Boston. How do you address the unique barriers survivors of community violence face when accessing equitable care?

## **4. Tracking, Evaluation, and Data Collection**

Describe your approach to tracking referrals, monitoring client outcomes, and evaluating impact. Please also explain your ability to share this information through a BAA or MOU with the Community Healing Response Network, including how you ensure data is shared securely and in alignment with agreed upon protocols.

## 5. Budget Narrative

Provide a detailed budget demonstrating how your team will fulfill the scope of services (e.g. providing a liaison, clinical hours, case management).

## 6. Staff Qualifications

Please attach resumes and/or CVs for all staff working under this grant.

## 7. Commitment to Quality Improvement and Collaboration

As a funded partner of the Community Healing Response Network, please affirm and describe your commitment to the following collaborative activities.

### Evaluation Criteria for Community Partner Applicants

#### Total Points: 100

Applications will be evaluated based on:

Evaluation Area	Description	Points
Service Area and Proposed Coverage	Clarity and specificity of proposed service area, including narrative and map/visual. Demonstrates understanding of neighborhood context and coverage plan.	5
Organizational and Team Experience	Experience providing community engagement, support services, and violence response in diverse neighborhoods. Demonstrates prior success in proposed catchment area. Highlights staff expertise, including lived experience and trauma-informed work.	10

<p>Collaboration and Partnerships</p>	<p>Demonstrates experience collaborating with local agencies (BPHC, BPD, BPS, Neighborhood Associations, hospitals, housing providers) and community-based organizations to deliver immediate crisis support and trauma recovery.</p>	<p>5</p>
<p>Population-Specific Needs</p>	<p>Demonstrates understanding of community demographics, cultural context, language, age, and accessibility needs. Provides clear strategies to address these needs through culturally competent, trauma-informed practices.</p>	<p>5</p>
<p>Equity and Anti-Racism</p>	<p>Organizational history of serving BIPOC and other communities of color. Integration of equity principles, resident voice, and culturally responsive services into programming</p>	<p>5</p>
<p>Incident Response Capacity</p>	<p>Capacity to provide immediate, on-scene or short-term support (24–72 hours), including staffing, deployment, supervision, and coordination with BPHC. Demonstrates readiness, coverage plan, and backup systems.</p>	<p>15</p>
<p>Post-Incident Healing Activities</p>	<p>Ability to conduct canvassing, door-to-door outreach, small group discussions, Healing Circles, and community stabilization activities. Includes safety, engagement, and culturally responsive protocols.</p>	<p>10</p>
<p>Long-Term Non-Clinical Case Management</p>	<p>Ability to provide ongoing non-clinical case management, including assessment, service planning, follow-up, referral coordination, and staff supervision.</p>	<p>10</p>
<p>Clinical Behavioral Health Services and Linkages</p>	<p>Capacity to provide or coordinate clinical trauma-informed behavioral health care, including continuity of care and partnership with healthcare providers.</p>	<p>15</p>

Tracking and Evaluation	Demonstrates ability to track client outcomes, referrals, and service impact. Includes participatory evaluation design, accurate data collection, and consideration for resident burden.	10
Budget Narrative	Clarity and detail in budget allocation across required roles and activities, with justification for expenditures. Demonstrates capacity to fulfill the scope of work.	5
Staff Qualifications	Resumes and relevant experience of staff fulfilling HPT roles, including trauma response, case management, and community healing expertise.	5

**Evaluation Criteria for Licensed Clinicians, Health Centers, and Hospitals**

**Total Points: 100**

Applicants will be evaluated based on:

Evaluation Area	Description	Points
Clinical & Trauma Informed Care	Evidence of licensed staffing (LICSW/LMHC), trauma-specific healing modalities (PFA, TF-CBT), and a clear protocol for on-demand intake and long-term clinical continuity for survivors.	20
Hospital Response & Crisis Coordination	Detailed protocol for GSW/stabbing victims (especially under 18), real-time Psychological First Aid for families, and defined workflows for coordinating with the CHRN Senior Liaison and the Louis D. Brown Peace Institute.	25
Community Presence, Equity, & Anti-Racism	Demonstrated history of serving BIPOC communities in Boston, a clear vision for racial justice, and specific strategies to remove systemic barriers to care for violence survivors.	15

Tracking, Evaluation, & Data Collection	Demonstrated capacity to track referrals and outcomes, commitment to submitting monthly summary forms, and technical readiness to execute a BAA/MOU for secure data sharing.	15
Budget Narrative	Alignment between the proposed budget and the Scope of Work. Costs should be realistic, justified, and clearly support the Liaison and clinical roles.	10
Staff Qualifications	Relevance and quality of resumes and CVs; evidence of direct experience in community violence intervention, penetrating injury response, or high-intensity case management	10
Commitment to Quality Improvement & Collaboration	Explicit affirmation of participation in BPHC learning sessions, mandatory trainings, and post-incident debriefings as an active member of the network.	5

### Appendix / Reference Materials / Relevant Literature

- Download CHRN’s multi-lingua brochure at [www.neighborhoodhealing.com](http://www.neighborhoodhealing.com) for more information about Community Healing Response Network (note: CHRN’s website will be updated once partnership has been finalized)
- Incident notifications source: BPD
- Files referenced in the contract will be provided
- Mandatory information session via Zoom or Teams will be scheduled for contract review
- CHRN team email: [CHRN@bphc.org](mailto:CHRN@bphc.org)
- When responding please title each section (pg 13-21)