



Request for Proposal

**Community-led Mental Health Crisis Response Pilot
2026**

Boston Public Health Commission
Executive Office
Center for Behavioral Health and Wellness

How to Use This RFP: Guide for Applicants

This guide will help you navigate the RFP and develop a strong, competitive proposal to deliver the Community-led Mental Health Response Pilot program. BPHC has already designed the program. **Your proposal should describe how you will deliver it as designed, rather than create a program from scratch.**

Content Overview

[Sections I-III: Project Foundation](#) - pilot's goals, timeline, submission process, and application options.

[Section IV: Scope of Services](#) - overview of program design and how services will be delivered.

See [Appendix C](#) for detailed program requirements to account for in your proposal including aspects that are Required and aspects that the Vendor must design.

[Section V: Minimum Qualifications](#) - Required organizational capacity, experience, and values alignment.

Use this as a self-assessment tool before developing your full proposal.

[Section VI: Budget Requirements](#) - \$1.7M budget. Submit a Budget Summary Table and a Budget Narrative. Use the required templates in [Appendix E](#)

[Section VII: Proposal Requirements](#) - proposal structure, content, page limits, and scoring criteria.

Use this as your checklist to ensure your proposal is complete

[Sections VIII-IX: Scoring & Award Process](#)- Evaluation rubric and key dates

GUIDE TO APPENDICIES -appendices contain background information, examples, AND templates.

Those required for submission are in **bold**).

Appendix A – Key definitions

Appendix B – Pilot history and examples of similar programs

Appendix C – Scope of Service Requirements

Appendix D – Sample Call Intake, Triage, and Assessment plans

Appendix E – Budget Template

Appendix F – Sample staff training plans

Appendix G – Sample outreach and engagement materials

Appendix H – Sample Program Operation Protocols

Final Reminders:

- [RFP in its entirety.](#)
- [Do not skip the appendices.](#)
- Read Appendix C thoroughly
- **Use required template in Appendix E**
- Align every section with core values
- Meet 13-page narrative limit
- Submit all required attachments

Questions? Email cbhwquestions@bphc.org by July 10, 2026, 5:00 PM EST.

Summary

Program Focus: This RFP will help the City of Boston and the Boston Public Health Commission (BPHC) choose a local organization to create and run a Mental Health Crisis Response pilot program. This Pilot will be community-led, non-carceral, consent-based, and racially just (*see [Appendix A](#) for definitions of these key definitions*). Designed with community input, this Pilot will provide one Boston neighborhood with community led mental health crisis response. **The aim of this Pilot is to show that a community-led alternative can deliver safe, culturally responsive, and effective support for residents in crisis while strengthening community trust and reducing reliance on emergency and law enforcement systems.** The outcomes and learning from this initial “proof of concept” Pilot will inform the potential to expand this approach of an alternative Mental Health Crisis Response program. BPHC has already set the Pilot’s programmatic design and operational guidelines. They are described in detail in the RFP narrative and appendices. Your proposal should describe how you will deliver it as designed, rather than create a program from scratch. The selected Vendor will contract with the BPHC to implement the Pilot on behalf of the City.

Pilot Duration: 22 months total (which includes up to 4-month to start up period + and a 2-month wrap up period)

Key Dates

- RFP release date: **June 25, 2026**
- RFP closing & proposal submission deadline: **August 21, 2026, by 5:00 pm EST**

I. Overview

Boston’s Community-Led Mental Health Crisis Response Pilot is being launched to expand culturally aligned, non-carceral mental health crisis Many residents and local leaders are calling for alternatives to traditional emergency systems that reduce reliance on law enforcement and provide support that feels safe, dignified, and community rooted.

While Boston has strengthened clinical and emergency behavioral health responses, there remains no community-based mental health crisis option that centers consent, lived experience, and cultural alignment. This gap is particularly pronounced for Black, immigrant, LGBTQIA+, and unhoused communities, who experience disproportionate behavioral health needs and barriers to care. Community feedback affirms that peer-led, non-uniformed crisis support can de-escalate crises, stabilize individuals, and connect them to ongoing care.

As a pilot, the City will test and learn from this model in one neighborhood to assess community benefit, feasibility, and fit within Boston’s broader crisis response ecosystem. Findings will inform potential future program models and decisions about whether the City may resource expansion. The Pilot is designed to complement—not replace—other behavioral health and emergency response efforts and reflects the administration’s commitment to behavioral health equity, racial justice, and community trust.

The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston. 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](#) (CBHW) at the BPHC leads this pilot project. 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. The Center envisions a community where all can achieve their ideal behavioral health and wellness, through just, trauma-informed, and intersectional approaches.

Pilot Overview

To advance racial justice and health equity in Boston, this Pilot program will provide free, community-based, culturally appropriate and respectful, and timely peer-led support to people experiencing a mental health crisis. History of the formation of the pilot and examples of similar programs across the country can be found in [Appendix B](#).

The Pilot response is focused on:

- De-escalation: Consent-based phone or in-person response to assess and de-escalate mental health crises and provide care/support.
- Collaboration: Working with community members to guide their own care, including creating care, referral, and follow-up plans, with rather than for people.
- Stabilization: Follow-up to implement care plans, connect people to resources and programs for ongoing care and connect to community-based supports, help people navigate appointments and paperwork, and provide transportation to services and appointments. Stabilization should occur within a 30- 90-day timeframe.

Key features of this Pilot include:

- Free: Free of charge and not requiring insurance or sharing of personal information for access.
- Community-led: Empowers trained peers and community members to provide mental health support to neighbors in need.
- Non-carceral: Reduces role of uniformed personnel and clinical providers, focuses on community based and harm reduction approaches to mental health crises.
- Consent-based: Services are provided with the voluntary, informed agreement of the individual, where individuals in crisis are located (school, home, workplace, etc.),
 - In some instances, situations may become emergent and may relate to immediate threat of violence or immediate safety, in these situations it may become necessary to involve additional coordination with outside agencies, including BEST, EMS and/or police.
- Racially-just: Program design and operations must actively work to reduce racial disparities in crisis response and address structural racism
- Peer Responders: Community members who provide the mental health crisis response reflect the diversity of racial, ethnic, cultural, linguistic, and gender identities of the community and may have lived experience with mental health challenges.
- A "neighborhood hub" approach: Services dispatched from a location within the neighborhood that makes a timely in-person response possible (i.e., ability to arrive within 30 minutes).
- Holistic follow-up: Focused on creating stability, client agency, connection to care, and community support to prevent re-occurrence and support long-term well-being.
- Community advisory: A Community Advisory Board (CAB) of community residents will provide program input and feedback to advise on program implementation. This CAB will be convened and overseen by BPHC's Center for Behavioral Health and Wellness.

- Assessment and monitoring: Uses program data to support accountability and continuous improvement.
- Confidential: Protects individuals' confidentiality and follows HIPAA and ethical standards for privacy around use of services.

These foundational features are essential and should inform every aspect of Vendor proposals, from staffing models to service delivery protocols, to quality assurance processes. (Look to [Appendix A](#) for a complete list of key terms and definitions).

1.2 Pilot Key Information

Pilot Location, Capacity, and Duration

- Service Area: This Pilot will service a single Boston neighborhood area of 50-100K residents. It is expected that the service area will cover one of these locations: Roxbury, Dorchester OR Mattapan. As such, we are seeking responses for ONE of these neighborhood areas. BPHC will finalize the service neighborhood based on the strength and fit of the applications received.
- Timeline and pilot duration: 22 months total (4-month planning period + 18 months operation)
- Capacity: This Pilot will operate at 25% of 24/7 (42 hours/week, with the goal of some coverage 5-6 days/week, 8 hours/day). Vendors will determine the exact hours of operations based on their own community engagement and call trend data (as provided by CBHW) in one service area.

1.3 Application Requirements

Living Wage Compliance: All service contracts awarded by BPHC may be subject to the City of Boston's Living Wage Ordinance. This ordinance requires that all employees working on sizable city contracts earn an hourly wage that is sufficient for a family of four to live at or above the federal poverty level. This wage amount, called the living wage, is recalculated annually. For more information, visit: <https://www.boston.gov/worker-empowerment/livingwage-division>

Diverse Contractors: 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 Underrepresented Business Enterprise (CUBE) in any of these areas, please attach documentation of certification.

BPHC Standard Contract: The awarding organization will need to sign the **BPHC Standard Contract**, attached as **EXHIBIT A**. Depending on the organization selected, BPHC may also require a **Business Associate Agreement** be signed by the organization in order to comply with HIPAA, attached as **EXHIBIT B**.

II. RFP Timeline

Key milestones (subject to change)

<p>June 25, 2026</p>	<p>RFP posted on the Boston Globe and Banner, and available online at www.boston.gov/bid-listings</p>
<p>July 10, 2026</p>	<p>RFP questions due via email by 5:00pm EST</p> <p><i>Submit questions via email to RFR@bphc.org and cbhwquestions@bphc.org</i></p>
<p>July 13, 2026</p>	<p>Informational webinar from 1:00-2:00 pm EST at https://bphc-org.zoomgov.com/j/1659639441?pwd=O898atqTbloHEQaOg4HRghqyXRcbzD.1 .</p> <ul style="list-style-type: none"> - Meeting ID: 165 963 9441 - Passcode: 236119 <p>All RFP Questions and Answers will be published on July 17 at www.boston.gov/bid-listings</p>
<p>August 21, 2026</p>	<p>Proposals due at 5:00pm EST to RFR@bphc.org</p>
<p>August 24 – September 8, 2026</p>	<p>Review & Scoring period</p>
<p>September 8 – 15, 2026</p>	<p>Interview period</p>
<p>September 22, 2026</p>	<p>Selection and notification of award</p> <p>Desired date for notification of award to proposer; however, BPHC has the discretion to extend this date without notice. BPHC may cancel this RFP or reject all proposals at any time before or after award, if BPHC determines its best interest will be served by such action. 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)</p>

October 6, 2026	Anticipated contract start (exact date pending legal and procurement review)
October 6, 2026 – February 6, 2027	Anticipated implementation planning and initial spenddown period
February 6, 2027	Anticipated launch of Pilot Response services in community chosen

III. Background

This pilot aligns directly with the Boston Public Health Commission’s mission to protect, preserve, and promote the health of all Boston residents, with a core commitment to racial justice and addressing the health impacts of systemic inequities.¹ By strengthening community trust in behavioral health crisis response, centering racial equity, and elevating community leadership, the pilot responds to documented disparities in Boston, where Black, Latinx, and other communities of color experience a disproportionate burden of mental health conditions, including higher rates of persistent sadness, anxiety, and emergency department utilization for mental health concerns compared to White residents.² Consistent with the Live Long and Well agenda’s emphasis on prevention, population health and well-being and well-being, this pilot seeks to rebalance crisis response roles toward culturally responsive models rooted in community care.³ There is also alignment with Boston Public Health Commission mission to advance health equity by strengthening community trust in behavioral health crisis response and centering racial justice.

In Boston, Black and Latinx residents experience disproportionately high rates of mental health distress and emergency department utilization compared to White residents.¹ Research shows that police involvement in mental health crises is associated with increased risk of force, injury, and death, with Black individuals facing the highest risk.^{2–4} These encounters are often experienced as stressful or traumatic—even without physical force—and can negatively impact mental health.^{5, 6} Evidence published in The Lancet further shows that police violence has broader spillover effects, worsening mental health among Black communities.⁷

Together, these findings point to the value of aligning behavioral health crises with specialized, community-based responses that can better meet the needs of individuals in crisis while supporting law enforcement in focusing on core public safety responsibilities. In this context, reducing law enforcement involvement in behavioral health crises is intended to improve outcomes for communities of color while also easing the burden on police, allowing officers to focus time, training, and resources on criminal activity and core public safety responsibilities. By aligning response roles tailored to community mental health needs, this pilot advances BPHC’s core values and supports coordinated systems that help all Boston residents live long and well.^{1, 3}

IV. Scope of Service

Service Delivery Description and Requirements

This section provides a description of the Pilot's components, how they will function, and the services BPHC has already set the program design and operational guidelines. Vendors will need to provide to plan and deliver the Pilot as specified, rather than starting from scratch. In their proposals, Vendors are encouraged to incorporate and build upon any service components they already offer to deliver the scope and/or identify the modifications or additional steps they would need to take to meet the service delivery requirements. The *Requirements and guidelines for proposal structure and content are described in Section VI of the RFP.*

Additionally, to support Vendors in developing comprehensive proposals, [Appendix C](#) provides a detailed breakdown of the aspects of the Pilot's design and delivery that Vendor should account for in their plans to design the Pilot, including:

- decisions BPHC has already made about the Pilot's design and operations (labeled "**Required**") that the Vendor must incorporate, and
- decisions about the Pilot's design and operation that Vendors will be responsible for making (labeled "**Vendor Responsibilities**").

Proposal Structure Options

The scope of services for this Pilot includes:

- Component 1: call-taking (establishing protocols and infrastructure for receiving, triaging, and dispatching mental health crisis calls through specialized crisis response protocols)
- Component 2: crisis response and follow-up (deploying phone and field-based crisis response teams to assess, intervene, and stabilize persons in crisis, and connecting them to community and behavioral health supports)

Component 1: Call-Taking

Description

The Call-Takers assess, triage, and dispatch services for individuals experiencing mental health crises. This component serves as the entry point to the mental health crisis response program. A person can request service by calling an independent call line (to be provided by Vendor) or can be referred to the services by a range of partners, including other behavioral health support lines, centers, and programs.

Mental health crises can look different for everyone. This Pilot supports Client's agency to determine if they feel they or a loved one are experiencing a mental health crisis, defined as "feeling unsafe, unstable, unlike yourself, unable to meet your own needs, or in a conflict because of your mental or emotional state". This may look like someone experiencing extreme emotional stress or even a caregiver feeling impacted by their loved one's mental well-being.

While this Pilot serves people experiencing mental health crises, crises may co-occur with non-mental health needs (e.g. alcohol and substance use or being unhoused) and people experiencing non-mental health related crisis needs may call in seeking support. As such, strong partnerships for referrals into and from the Pilot program and clear call screening and triage protocols are critical for success.

Call-Takers will screen the call to:

- Gain initial and ongoing consent to engage with Client;
- Screen calls for eligibility;
- Complete mental health and risk assessment screenings;
- Assess level of seriousness and urgency of situation to assign call priority level;
- Communicate with individual in trauma-informed and respectful manner;
- Provide on-the-phone verbal deescalation and emotional support;
- Document relevant information (demographics, details about situation, location, contact information, etc.) about Client, for mobile response teams to review
- Gain informed consent for any interventions (on a case-by-case basis, based on safety and acuity, Call-Takers will refer to the Supervisor or Clinical Support for review)
- and transfer call to the appropriate response option or external partner program (staying on the phone with the Client until connection is made).

Requirements

See [Appendix C](#) for a complete list of the Component 1 (Call-Taking) requirements.

BPHC requirements that Vendor's proposal must account for, include: access (including location and call line), eligibility (including ages, definition of mental health crisis, and caller situations that are in and out of scope), call-taking, triage, and dispatch (including criteria for level of urgency, type or response, and referrals), and compliance (including consent and HIPAA protections)

The Vendor will develop protocols for: 1) call intake, 2) screening and triage to determine program eligibility and response priority, and 3) dispatching the crisis teams or transferring calls to a more appropriate service (see [Appendix D](#) for examples of call intake, triage, and assessment plans).

Component 2: Crisis Response and Follow-Up

Description

The Crisis Response and Follow-Up Component provide field-based crisis intervention services, meeting individuals experiencing behavioral health crises in community settings to provide assessment, de-escalation, stabilization, and connection to ongoing care.

The response will be delivered by highly trained Peer Responders. These Peer Responders draw on their own experiences and training to help individuals feel heard and understood and provide examples of coping strategies to use at that moment.

The response can be delivered by phone or in-person. In-person mobile responses are delivered by teams of, at minimum, 2 Peer Responders. Peer Responders will use non-emergency vehicles and wear markers of identification (e.g. branded hats, sweaters, jackets, lanyards, etc.) to clearly distinguish the team members as professional Peer Responders, separate from BEST, EMS or law enforcement. Following the dispatch from the Call-Taking team to the Client, the Crisis Response team will deliver an in-person or phone-based response that includes the 3 steps below, with all reasonable actions taken to ensure Client consent at each step. On a case-by-case basis, based on safety and acuity, there will be times that the peer responder will refer to the Clinical Supervisor for review, with times where consent may not be able to be obtained due to level of acuity or danger.

1. Arrive (connect if by phone) + assess: arrive on scene, speak with person in crisis, and assess needs

2. Engage + de-escalate intervene to de-escalate and stabilize the situation. Peer Responders may offer the following types of support to resolve a call:
 - Trauma-informed emotional support.
 - Crisis de-escalation, both emotionally focused interventions and addressing practical needs.
 - Teaching about mental health to people in crisis and their supporters/loved ones.
 - Providing kits and supplies to meet basic needs (e.g.- housing, food, and safety).
 - Risk assessments and safety planning.
 - Skills training (i.e. self-management practices and care plans).
 - Connect to supporting programs and services, including warm transfers and voluntary transport, to programs to meet higher acuity or longer-term needs related to mental health (e.g.- [Respite Programs](#), [Partial Hospitalization Programs](#), [Intensive Outpatient Programs](#), [Community Behavioral Health Centers](#), [Adult Community Crisis Stabilization Units](#), and/or organizations that can directly support social determinants of health).
 - Additional brief interventions as needed related to stabilization of mental health crises.
3. Plan + refer: before departing, co-create a plan with the client to resolve the visit, and create a plan for follow-up support post visit if desired, and/or refer to resources. Document response activities, outcomes, and follow-up plan (if applicable).

Peer Responders will then focus on creating stability, client agency, connection to care, and community support to prevent re-occurrence and support long-term well-being. The follow-up support can be up to 90 days and may include execution of the follow up plan created with the Mental Health Crisis Response team, connecting Clients to community and behavioral health supports, help navigating appointments and paperwork, and providing transportation to services and appointments as needed.

Requirements

See [Appendix C](#) for a complete list of the Component 2 (Crisis Response and Follow-Up) requirements.

BPHC requirements that Vendor's proposal must account for include: the ability to respond in person or via phone, follow-up approach (including types and scale of follow-up activities and services), and partnerships and referrals to City of Boston programs and services

The Vendor will set up and manage the call line (including after-hours access) and develop protocols for phone and in-person response (including assessing risk, provide service, create care plans, close out their support, leave the site, making referrals) and follow up (including navigation and follow-up on referrals and care plans)

Across Component 1 and Component 2, BPHC requirements for Vendors are to ensure the components work together, including: location (providing office space in service area), hours of operation (the program will operate at part-time capacity (25% of 24/7, which is approximately 42 hours per week), scheduled according to community need — which may include evenings and weekends and staffing (including required roles and alignment with program values).

The Vendor will develop protocols and plans for: project Coordination (including management and leadership of the Pilot team) workflow and budgets (including key activities, deliverables, milestones), staff training, branding and outreach (to introduce and promote the program to residents of the service area), evaluation and monitoring (including tracking program data and coordination with BPHC and external evaluator), obtaining consent from Clients.

Data Sharing

There will be a concurrent Evaluation Request for Proposals released with this RFP. The Vendor/s are expected to work closely and cooperatively with the evaluation team. The Vendor for this RFP will be expected to share de-identified data. The Evaluation Vendor will collect and aggregate data from the Pilot Vendor/s to assess operations, service delivery, and outcomes over time, including disparities across populations. The Evaluator will coordinate with the Pilot Vendor to gain access to all necessary data.

To find the Evaluation RFP, please visit www.boston.gov/bid-listings and search for External Evaluation for Boston's Community-Led Mental Health Crisis Response (MHCR) Pilot RFP June 25, 2026.

Similar Models:

Similar successful models in the region and across North America have effectively helped de-escalate and stabilize residents experience mental health crises, provided referrals, transportation, and navigational support to connect them to ongoing behavioral health care and community-based systems of support, and reduced the unnecessary use of law enforcement resources or overuse of costly hospital emergency departments. Examples include:

- [The Calm Team \(Lynn, MA\)](#)
- [Canopy Roots \(Minneapolis, MN\)](#)
- [LA County Alternative Crisis Response \(Los Angeles, CA\)](#)
- [Toronto Community Crisis Service \(Toronto, Canada\)](#)

V. Minimum Qualifications

Vendor framework requirements

All proposals must demonstrate a track record of success in:

- The delivery of proposed components, in part or whole
- Using a culturally responsive approach: Peer Responders from the communities that reflect the diversity of racial, ethnic, linguistic, gender and sexual orientation identities of the Pilot community,
- Financial and administrative capacity to deliver services,
- Commitment to program values (non-carceral, consent-based, community-led),
- Understanding of Boston's behavioral health provider ecosystem,
- Ability to coordinate between call-taking and mobile response,
- Strong history of community outreach and engagement

Organizational Qualifications

Required Expertise (by component)

Component 1: Call-Taking

- Experience operating a crisis hotline, peer support line, warmline, information and referral line, or similar telephone-based support service OR managing telephone-based service operations with demonstrated capacity to: supervise and support call-taking

staff, develop and implement protocols for consistent service delivery, and track and report on call volume, outcomes, and quality metrics

Component 2: Crisis Response and Follow-Up

- Experience providing direct mental health response or mental health social support and/or mental health crisis intervention, conflict de-escalation, or emergency support services in community settings OR operating programs centered on peer support, peer recovery, or peer-delivered services

Commitment to Core Values

- Demonstrated commitment to and experience implementing the Pilot's core values, including an understanding of how to navigate safety concerns while maintaining non-carceral approach

Cultural Congruence:

- Ability to provide services in languages commonly spoken in the selected service neighborhood(s) through bilingual staff, contracted interpretation services, and/or assistive technology, or other modalities. See City of Boston interpretation and translation language standards: https://www.boston.gov/sites/default/files/document-file-11-2018/demographic_data_report_-_neighborhood_depth_lep_with_accom_notice_2.pdf
- Demonstrate understanding of how culture shapes help-seeking, crisis experience, and healing
- Experience serving diverse populations including Black, Latinx, Asian, immigrant, LGBTQIA+, and/or unhoused communities
- Staff reflective of community identities, culture, language, and lived experience

VI. Budget

The total funding available for the Community-Led Mental Health Crisis Response Pilot is up to **\$1.7 million** for the full contract period. Maximum allowable indirect overhead rate is 15%.

BPHC aims to ensure that budgets developed by Vendors:

- Are feasible and sustainable throughout the full Pilot duration
- Reflect fair and equitable compensation for Peer Responders
- Allocate adequate resources for training, reflective supervision, and healing-centered workforce support
- Prioritize community partnerships, outreach, and accessibility
- Uphold the Pilot's commitment to non-carceral, consent-based, equity-centered service delivery

Allowable and Unallowable Costs

<u>Allowable Costs</u> Budgets will include expenses necessary for successful Pilot implementation, including but not limited to:	<u>Non-Allowable Costs</u> The following expenses are not permitted in the Pilot budget:
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<ul style="list-style-type: none"> • Personnel salaries and wages for all Pilot staff (call-takers, responders, navigators, supervisors, coordinator, etc.) • Fringe benefits • Training, coaching, and reflective supervision • Cultural and linguistic interpretation services • Community engagement activities • Direct aid • Public awareness and outreach • Transportation-related costs for mobile response • Program supplies (de-escalation materials, comfort items, SDoH kits, etc.) • Technology platforms and equipment (phones, tablets, secure communication tools, etc.) • Data management and reporting systems • Insurance, office, and administrative overhead expenses • Subcontractor expenses where applicable • Office space 	<ul style="list-style-type: none"> • Evaluation (there will be a separate evaluation RFP- please visit www.boston.gov/bid-listings and search for External Evaluation for Boston’s Community-Led Mental Health Crisis Response (MHCR) Pilot RFP June 25, 2026) • Weapons, restraints, or any equipment associated with law enforcement response • Surveillance technology (e.g., body cameras, facial recognition tools, etc.) • Coercive or carceral interventions or equipment • Activities that contradict trauma-informed, consent-based care • Alcohol, entertainment, or non-mission-aligned travel • Capital purchases exceeding \$5,000 per item without prior approval
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Budget Spending Plan and Narrative

To support effective program planning and implementation advisory, BPHC requires all applicants to categorize their proposed budget using a three-part framework: Start Up Investments and Main Operations and Wrap Up. This approach helps BPHC understand your implementation strategy, ensures adequate preparation for program launch, and enables more effective monitoring of pilot progress.

Start Up Phase includes all the necessary to establish program infrastructure, build organizational capacity, and prepare for the Community- Led Mental Health Crisis Response Pilot service launch. These investments typically occur during the Start Up phase but may extend into early implementation as the program scales to full capacity. This pilot's success depends on thorough preparation during the Start-Up Phase. Strong start up investments — including comprehensive staffing and comprehensive training, technology setup, developing protocols and operations plans, establishing community partnerships, service vans and other supplies, program branding and awareness campaigns — are essential foundations for delivering high-quality, culturally responsive crisis response services from day one of operations.

BPHC expects that successful applicants will propose substantial Start Up Investments during the Planning Phase to ensure:

- All staff are comprehensively trained and prepared to deliver trauma-informed, culturally responsive mental health crisis peer support;
- Technology systems are fully operational, tested, and integrated before the first call is received;

- Community trust is established through pre-launch engagement and transparent governance;
- Partnerships are formalized and coordination protocols are tested; and
- Quality assurance systems are in place to monitor program performance from day one (can be coordinated with Evaluator).

While BPHC does not prescribe a specific ratio of Start Up to Main Operations spending, applicants should demonstrate realistic planning for what is required to launch the Community- Led Mental Health Crisis Response Pilot. The budget should reflect the time, resources, and attention needed to build strong foundations for sustainable, high-quality services.

Main Operations are recurring expenses necessary to sustain program activities once services are launched. Main Operations include activities planned and how these investments will maintain successful services throughout duration of pilot. It is expected that program management of all operations are completed by the Vendor throughout the duration of the pilot.

Wrap Up are expenses (ongoing or new) that are necessary to ensure finalization of services are in place before pilot ends.

Required Budget Submission Components

All applicants must provide the following categories of breakdowns as part of their budget submission. However, per below, this must be fleshed out in the following ways:

1. **Budget Summary Table** categorizing all proposed expenses under Start Up, Main Operations, and Wrap Up. (See [Appendix E](#) for template.)
2. **Budget Narrative** explaining your overall approach:
 - **Start Up:** providing an itemized breakdown of all Start Up Investment activities planned and how these investments prepare the program for successful launch or services.
 - **Main Operations:** providing an itemized breakdown of all Main Operations activities planned and how these investments will maintain successful services throughout duration of pilot.
 - **Wrap Up:** providing an itemized breakdown of all Wrap Up activities planned and how these investments will support thoughtful and planned closure of the pilot (including if continued funding is and is not in place at the time of Wrap Up).
 - **Also include:**
 - Any assumptions, constraints, or contingencies in your budget approach.
 - How your budget reflects the pilot's commitment to community-led, peer-driven, culturally responsive crisis response coaching.

VII. Proposal Requirements

Period of Performance Period: The anticipated period of performance for this program is October 6, 2026 – August 7, 2028 (22 months). Services will be required on an as-needed basis. BPHC does not guarantee the amount of services to be performed. BPHC may extend the period of performance prior to August 7, 2028 - this is subject to funds available and additional work as required.

Total Budget: Up to \$1.7 million of funding is available through the Center for Behavioral Health and Wellness of the BPHC.

Proposal Page Limit: Proposal narrative not to exceed 13 pages (including one-page abstract), single-spaced, 12-point Times New Roman, one-inch margins.

This page limit does not include cover page and requested attachments (i.e., workplan table, budget sheet CUBE, CV of key staff, work sample/s, reference listing).

Proposal Contents: BPHC has already designed the program. **Your proposal should describe how you will deliver it as designed, rather than create a program from scratch.**

1) Cover Page + Abstract

- Select application type single vendor or partnered
- Organization(s): name, website, lead contact (name, email, phone, address)
- Select service neighborhood(s)
- Total budget
- Abstract (1-2 paragraph summary of program components)

Scored:

2) Organizational Qualifications, Experience (single or teamed), and Capacity (up to 5 pages)

- Qualifications and experience:
 - Overall qualifications, mission and vision
 - Experience with mental health crisis response and program scope, or in providing relevant services including deescalation, peer support, case management rapid/emergency frontline response, and call-taking
 - Track record with working in fidelity to key project features and core values
 - Related in-house supports and programs that clients can be referred to and access
 - Relationships with proposed service neighborhood (describe extent, aims, type of projects)
- Program structure, staffing, and management
 - Program structure (where in the organization the program will be housed, and reporting structure)
 - Team and staffing overview (include staff roles, qualifications, and the qualifications of both specific leaders who will implement and oversee the program, and for positions that will be hired)
 - Management and administrative capacity to undertake this program
 - Technical resources and existing records management software
 - Recruitment and hiring, particularly for community members from the selected neighborhood, have experience with mental health challenges; include a description of the organization's current workforce size
 - Supervision and retention practices

3) Service Delivery (up to 5 pages)

Location and need, including proposed Service Area, understanding of the community need for the proposed service (including specific areas and populations within the community most in need), and how that need informs plans for engagement, outreach, and service delivery

- Sample program mission of pilot

Staffing plan including approach to filling key roles and positions and where you will use existing staff or hire new staff, approach to staff training, and management

- Approach to delivering services to families and community members in alignment with pilot and organizational values; include descriptions of how your program has or will work with clients who have already experienced involuntary treatment or have had other negative experiences in healthcare settings.
- Methods of service delivery, including sample operating hours and staff schedule, service activities, and location
- Approach to ensuring staff safety, support, and well-being

Partnerships and continuity of care

- Summary of collaborations that will be needed to deliver service, and existing relationships the Vendor has
- Approach to working with other first responders during responses (e.g. police, EMS, and Fire)
- Approach to working with other mental health crisis services - (e.g. Boston Emergency Services Team, 988, Community Behavioral Health Centers).

Performance Management and Quality Improvement

- Program management approach
- Approach to performance improvement and learning from feedback

4) Partnerships, Community Engagement, and Communication (up to 2 pages)

- Approach to community engagement to inform program branding, service hours, launch, and awareness
- Key community engagement activities
- Approach to accountability in planning and implementation informed by community engagement and feedback
- Approach to developing and managing key partnerships with referral and service partners, including City of Boston services, behavioral health service providers, grassroots organizations in selected Service Areas, and emergency services (Police and EMS).
- Public Awareness and Communications

5) Challenges and Solutions (up to 1 page)

- Identify potential challenges and proposed solutions regarding program implementation

Attachments (Required, Scored)

6) Project Workplan and Timeline (See [Appendix C](#) for template.)

- Provide a workplan for the 22-month Pilot period
 - Describe key planning activities to ensure successful program set up and launch

7) Budget, Spending Plan, & Narrative (See [Appendix E](#) for template.)

- Budget Summary Table categorizing all proposed expenses as Start Up Investments, Main Operations and/or Wrap Up. Budget Narrative explaining your overall approach to balancing Start Up Investments and Main Operations and Wrap Up expenses and how Start Up Investments support a successful launch.

8) Certified Underrepresented Business Enterprise (CUBE) Certification (if applicable) or similar certification if out of state

- If your organization is a certified CUBE vendor, submit documentation of verification of CUBE or similar certification if out of state.

Unscored Additional Requirements

9) CV of Key Staff

Include résumés or CVs only for staff who will oversee curriculum development, training, and implementation support.

10) Work Sample

Provide at least one work sample that reflects your organization's previous work relevant to mental health crisis response or similar mental health implementation, deescalation, mental health peer support, mental health case management rapid/emergency frontline response, and mental health crisis call-taking including an explicit commitment to racial equity, and/or culturally responsive healing. This may include reports, curricula, facilitation tools, and/or campaign materials and the like.

11) Business References

Provide three professional references including only: name, organization, title, email, and phone number.

- References should be able to speak on previous partnerships on similar projects or programs, specifically, your experience with mental health crisis response and program scope, or in providing relevant services including deescalation, peer support, case management rapid/emergency frontline response, and call-taking.

VIII. Proposal Scoring

BPHC will review and score submitted proposals according to the scoring rubric below. High scoring proposals will be invited to interview.

Proposal Section	Points
Organizational Qualifications and Experience	20
Service Delivery	20
Performance Management and Quality Improvement	10
Partnerships, Community Engagement, and Communication	15
Project Workplan and Timeline	15
Budget, Spending Plan & Narrative	10
CUBE Vendor or equivalent out of state certification	10
Total Points	100

IX. Questions and Answers

Questions and Answers

All questions must be submitted **via email to RFR@bphc.org and cbhwquestions@bphc.org by 5:00 PM EST, July 10, 2026.**

BPHC will also hold an informational live webinar on the RFP on July 13 2026, from 1-2pm, at <https://bphc-org.zoomgov.com/j/1659639441?pwd=O898atqTbloHEQaOg4HRghqyXRcbzD.1> or the link provided on the website on www.boston.gov/bid-listings when you search for Community-led Mental Health Crisis Response Pilot RFP June 25, 2026.

Notification of answers to questions submitted via email and during the webinar will be provided on July 17, 2026, at www.boston.gov/bid-listings.

X. BPHC Standard Contract

Nothing contained in this RFP shall create any contractual relationship between the Vendor and the BPHC prior to entering into a Contract. The selected Vendor shall not commence any services until both parties have duly executed the agreement.

By submitting a proposal, each proposer accepts the RFP specifications, BPHC’s RFP terms, and BPHC’s Standard Contract Terms and Conditions. If awarded the contract, the contract will be governed by the BPHC Standard Contract Terms and Conditions, which shall be incorporated by reference into this RFP. In addition to the BPHC’s Standard Contract, the BPHC may require any applicable supplements (CORI Affidavit, Living Wage Forms, Business Associate Agreement, etc.) that are part of this RFP.

Please see below (Exhibit A) for BPHC's Standard Contract that the selected vendor will be required to sign and submit during the contracting process if awarded this contract. Please review this before submitting your proposal.

Award notification + contract information:

Award notification is estimated to be shared with chosen vendor on September 22, 2026

Selected Vendor will be required to enter into, and sign, the BPHC's Standard Contract 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).

XI. Regulatory Compliance and Equity Considerations

Commitment to Equitable Procurement: BPHC is dedicated to fostering equitable procurement practices and encourages submissions from Certified Underrepresented Business Enterprises (CUBE). This includes Minority-owned Business Enterprises (MBE), Women-owned Business Enterprises (WBE), Veteran-owned Business Enterprises (VBE), Disability owned Business Enterprises (DOBE), Lesbian, Gay, Bisexual, and Transgender Business Enterprises (LGBTBE), Minority Non-Profit Organizations (MNPO), Women Non-Profit Organizations (WNPO), Minority Women Non-Profit Organizations (MWNPO), and local businesses.

Compliance with the City of Boston's Living Wage Ordinance: All service contracts issued by BPHC are subject to the City of Boston's Living Wage Ordinance. This ordinance requires that employees working on substantial city contracts receive an hourly wage that ensures a family of four can live at or above the federal poverty level. This wage amount, called the living wage, is recalculated annually. For additional information, refer to Living Wage Division. System for Award Management: The Boston Public Health Commission (BPHC) is prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred, or whose principals are suspended or debarred by the federal government.

BPHC will ensure compliance with the code of federal regulation via confirmation from the Federal System for Award Management (SAM). The System for Award Management (SAM) catalogs vendors registered with the US Federal Government and identifies those who may be subject to any active exclusions, disqualifications, or are otherwise ineligible to receive funds.

XII. RFP Terms and Conditions

CANCELLATION, REJECTION, AND WAIVER - The BPHC is under no obligation to proceed with this RFP and may cancel the RFP at any time with or without the substitution of another. The BPHC reserves the right to reject in whole or in part any or all Proposals, when the BPHC determines that rejection serves

the best interests of the BPHC. The BPHC may waive minor informalities in the Proposal or allow the Vendor to correct them.

The selected submitted Proposal, along with the RFP, will also be part of the Contract between the BPHC and the Contractor.

The Contract is subject to the availability and appropriation of funds.

WITHDRAWAL OR MODIFICATION OF PROPOSAL - The BPHC may allow a Vendor representative bearing proper authorization and identification to sign for, receive and withdraw the Vendor's unopened Proposal prior to the submission deadline. A Vendor that seeks to correct or modify its Proposal may do so by withdrawing the initial submission and then submitting a modified Proposal prior to the submission deadline.

USE OF BPHC NAME - The Contractor and any Subcontractor(s) agree not to use the BPHC's name or seal, or that of any other BPHC Bureau or program in advertising, trade literature, or press releases without the prior written approval of the BPHC.

PUBLIC RECORDS - Proposals shall be confidential until the time for acceptance specified in the RFP has expired. Thereafter, proposals will be public record and subject to disclosure upon request. Do not submit confidential information in your Proposal.

XIII. Submission Instructions

Proposals must be received no later than **August 21, 2026, by 5:00 PM EST.**

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

The subject line of the email must state: **Community-led Mental Health Crisis Response Pilot.**

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

References

- 1 Boston Public Health Commission. *Health of Boston 2024: Mental Health*. 2024.
- 2 Lanionu A, Goff PA. Measuring disparities in police use of force and injury among persons with serious mental illness. *BMC Psychiatry*. 2021.
- 3 Boston Public Health Commission. *Boston's Live Long and Well Agenda*.

- 4 Watson AC, El-Sabawi T. Expansion of the police role in responding to mental health crises over the past fifty years: Driving factors, racial inequities, and the need to rebalance roles. *Law and Contemporary Problems*. 2023.
- 5 Livingston JD, Desmarais SL, Verdun-Jones S, et al. Perceptions and experiences of people with mental illness regarding their interactions with police. *International Journal of Law and Psychiatry*. 2014.
- 6 Watson AC, Angell B, Morabito MS, Robinson N. Defying negative expectations: Dimensions of fair and respectful treatment by police officers as perceived by people with mental illness. *Administration and Policy in Mental Health and Mental Health Services Research*. 2008.
- 7 Bor J, Venkataramani AS, Williams DR, Tsai AC. Police killings and their spillover effects on the mental health of Black Americans. *The Lancet*. 2018.

Appendices

Contents

- A. Key Definitions
- B. Pilot History, Context and Rationale
- C. Scope of Service Requirements
- D. Sample Call Intake, Triage, and Assessment plans
- E. Budget Templates
- F. Sample Staff Training Plans
- G. Sample Outreach and Engagement Materials
- H. Sample Program Operation Protocols

A. Key Definitions

- **Client** – any eligible caller in need of services
- **Community-led** - empowers peers and community members to provide mental health support to neighbors in need
- **Consent-based** – Services are provided with the voluntary, informed agreement of the individual, where individuals in crisis are located (school, home, workplace, etc.), except in cases of immediate threat of violence or safety.
- **External partner program** - a preferred organization, agency, or other local service provider that the Pilot team will collaborate with via MOU for warm handoffs and referrals
- **Mental health crisis** - feeling unsafe, unstable, unlike yourself, unable to function, or in a conflict because of your mental or emotional state

- **Mental health crisis response** - highly trained responders who are peers complete a 3-step response process, with consent at each step: arrive (connect if by phone) + assess, engage + deescalate, plan + refer
- **Non-carceral** - Reduces role of uniformed personnel and clinical providers, focuses on voluntary, community based and harm reduction approaches to mental health crises.
- **Peer Responder** - community members who reflect the diversity of racial, ethnic, cultural, linguistic, and gender-identities of the community; have lived-experience with mental health challenges and/or crises
- **Racially just** - actively works to reduce racial disparities in crisis response and address structural racism
- **Responder** – a staff member who is part of the mobile response team and performs on-site duties
- **Warm handoff** - connecting the Client to a program or service by first placing them on hold, speaking with the receiving agent to provide context (Client’s details, issue), and ensuring they are ready before connecting them, creating a smooth and transparent handover where Clients don't have to repeat themselves.

B. Pilot History, Context, and Rationale

This Pilot is a result of a collaborative, community-informed planning and design process that began in 2021.

History and Context

In Spring of 2020 thousands of Boston residents took to the streets and organized to speak to a variety of urgent needs, including developing a mental health crisis response program. In response the City of Boston committed to pilot three alternative response initiatives, including a community-led response to mental health crises that would: 1) give peers and community members the power and training to provide mental health support to neighbors in need and 2) decrease the role of police in responding to mental health crises. Boston Public Health Commission called for a Community-Led Design group to gather public input on the values, goals, and design of the pilot. Their learning laid the groundwork for many of the program elements included in the “proof of concept” Pilot described in this RFP.

The Pilot period provides the opportunity to show that a community-led, non-carceral, consent-based mental health crisis response program can work in Boston communities, and provide the flexibility, time, and support (i.e., advisory, monitoring, and evaluation support from CBHW and feedback from the community) to learn and adapt and improve the program. Operating at a smaller scale to test feasibility, this Pilot will operate in one neighborhood, at a part-time capacity to both prove the concept works and refine how it works.

The Need

This Pilot aims to improve access to mental health crisis response support for Boston residents, particularly for those in communities that may be reluctant to engage in 911 emergency response due to potential for police response.

Current research and data show that:

- Black residents in Boston experience significantly higher rates of contact with police compared to other groups and crisis-related harm. The 2023 [Boston Police Scorecard](#) showed Black persons were 23.5 times as likely and a Latinx person was 4.7 times as likely to be killed by police as a White person in Boston.
- [The Health Of Boston 2024: The Mental Health Report](#) showed that low-income, BIPOC, non-English speaking, LGBTQIA+, and unhoused populations face barriers to mental health care at every stage of getting care, including emergency and preventive care.
- The [Health Of Boston 2024: The Mental Health Report](#) also showed that Boston's neighborhoods of Color, specifically Roxbury, Dorchester, and Mattapan have the greatest unmet needs for emergency mental health options.
- Conversations with other behavioral health programs pointed to the need for urgent community led mental health crisis care and support to specifically address underlying social and care needs that lead to repeat crises (e.g., housing, substance use, and access to insurance and continuing care).

The results of the [Community-Led Design group](#) found that:

- Communities want safe, non-police-involved mental health crisis options.
- Residents are ready to support one another through community-based, peer-led approaches.
- Community-embedded organizations and mutual aid networks can and do play a central role in addressing crisis and basic needs.
- Providing a community-led alternative to mental health crisis response offers a public health response, which helps reduce the burden and high costs of emergency medical responses to mental health crises, inefficient use of law enforcement resources for situations better addressed through peer support and strengthens community connection.

C. Scope of Service Requirements

Appendix C includes:

- Requirements for Component 1 (Call-Taking) (*p.23-27*)
- Requirements for Component 2 (Crisis Response and Follow-Up) (*p.27-28*)
- Requirements applicable to both Component 1 (Call-Taking) and Component 2 (Crisis Response and Follow-Up) (*p.28-34*)

We recognize that provider organizations may have relationships with one another, so we welcome collaboration if it aims to better serve the community and meets the requirements outlined in the RFP. As such, Vendors have flexibility in how they propose to deliver these components. Vendors may choose

to work together, with a clearly identify lead organization and partner organization. As such, it would need to be made clear:

- Specify which organization delivers which component
- Describe partnership structure, governance, and communication
- ☒ Create contract structure:
 - Lead organization holds prime contract with BPHC
 - Partner organization is subcontractor to lead organization, with signed agreement in place
 - Lead organization responsible for overall performance and reporting
 - Single budget and invoicing through lead organization

Requirements for Component 1 (Call-Taking)

The Vendor will develop protocols for: 1) call intake, 2) screening and triage to determine program eligibility and response priority, and 3) dispatching the crisis teams or transferring calls to a more appropriate service (see [Appendix D](#) for examples call intake, triage, and assessment plans).

Access - How people will access the service

Required

- Call center location setup (Vendor must provide existing virtual or physical space for call-taking staff).
- Must provide a 10-digit call line, equipped with voicemail, that allows community members to call and request service, free of charge (e.g., 1-800 or 617 number). Text and web-based access is also desired if Vendor already has this capability.
- Must have a plan for multi-lingual service access, via staffing capacity or via HIPAA-compliant digital translation services, or another plan.
- Must be able to receive and triage calls from multiple sources, including direct calls from community members, referrals from 211, 311 local 988 (e.g. Samaritans, Inc), referrals from other mental health programs (e.g. Boston Emergency Services Team and others).

Vendor Responsibilities

- Operational schedule, including specific days and hours of operation (based on feedback from neighborhood residents and within the 25% of 24/7 parameter over 5-7 days/week)
- Create backup plans for staffing and coverage in the event of last-minute schedule changes, staff emergencies, etc.
 - shift coverage ensured
 - staffing schedules managed to ensure no gaps
- Protocols (outlined above) created and managed over time
- Make and communicate plan to manage and redirect after-hours calls

Eligibility - Which calls and situations are eligible for services

Required

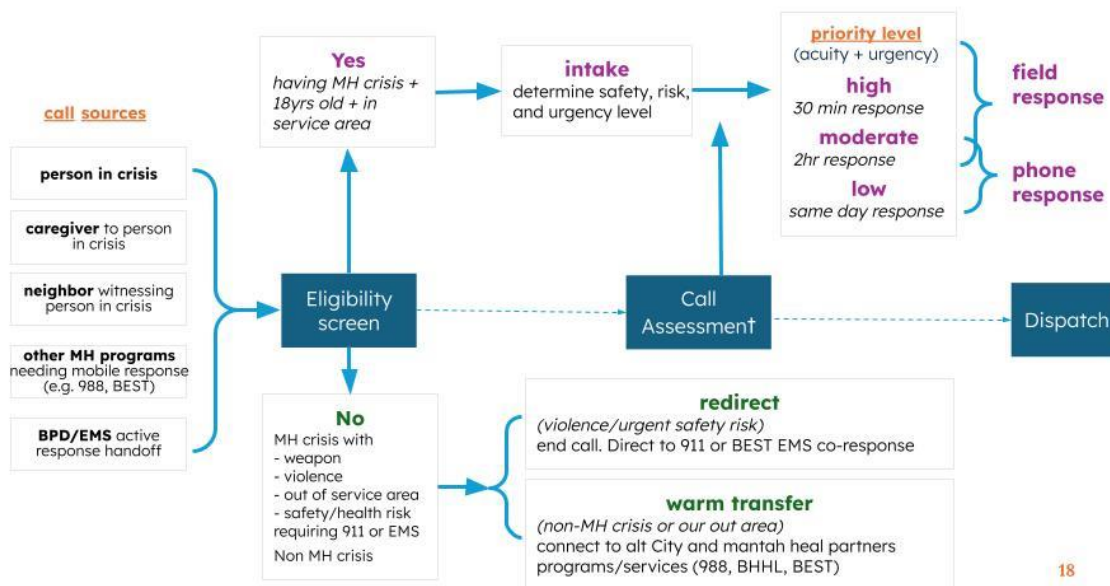
- Eligible callers: persons 18 years of age or older who meet the following criteria:
 - Are experiencing a mental health crisis themselves or
 - Are caregivers or loved ones of someone experiencing a mental health crisis or
 - Are witnessing a person having a mental health crisis and
 - Are themselves, or are calling on behalf of or witnessing someone, who is non-violent (not holding weapons, fighting, or in immediate urgent danger requiring EMS or police interventions)
 - And are themselves, or are calling on behalf of someone, located within the Pilot service area at time of call, even if their home address is not within that area
- Eligible situations: Mental health crises can look different to each person and may co-occur with other health, safety or social needs. This Pilot will respond to all of the following situations:
 - Person experiencing a mental health crisis
 - Caregiver, community member, or loved one of someone experiencing a mental health crisis
 - Person who is disoriented or seeing, hearing, or feeling things that others are not there
 - Transports for mental health or social services (e.g. shelter, recovery center) and non-emergency medical care
 - Supporting someone who is depressed or experiencing suicidal ideations
 - Mental health crisis **co-occurring** with substance use
 - Persons experiencing extreme emotional stress
 - Persons seeking or who would benefit from information and/or referrals related to mental health needs or any life conditions that impact mental health (i.e. housing, employment)
- Excluded situations: This Pilot is solely focused on mental health crises and does not include non- mental health related crisis situations, such as, but not limited to: Wellness checks
 - Substance use disorders that **do not** involve mental health crisis (e.g. needle pickup, overdoses, etc.)
 - General noise complaints (parties, fireworks, loud music, etc.)
 - Etc.

Vendor Responsibilities

- With review and approval from CBHW, create consent based screening protocols, criteria, and documentation for Call-Takers to determine Client eligibility. These processes should be guided by promising practices and national standards, and local community knowledge, and must take a racially-just approach.

The two charts below outline the eligibility flowchart and priority level explanations.

Pilot call intake, screening, and dispatch process



Priority Situations (acuity + urgency)

- Acuity = Severity/Complexity of the mental health condition
- Urgency = Timeframe for response needed
- Priority = Acuity + Urgency combined

Priority Level	Urgency + Acuity	Description
INELIGIBLE	high urgency + high acuity	Escalating distress and potential danger to themselves <i>e.g. Suicidal person with major depression requiring immediate crisis intervention</i>
High (response needed in 30 mins)	high urgency + moderate or low acuity	Escalating distress but not imminent danger <i>e.g. Severe panic attack, Someone experiencing acute situational stress (job loss, breakup) who needs immediate support but has low clinical severity</i>
Moderate (response needed in 2 hrs)	moderate urgency + moderate acuity	Distress affecting daily function, but not escalating. No imminent danger <i>E.g.. depression, anxiety, paranoia preventing daily activities</i>
Low (response needed in 12-24hrs)	low urgency + low acuity	Support to resolve, manage, or prevent episodic or recurring distress <i>e.g. Preventive check-ins, follow-up after crisis, resource connection</i>

Call-Taking, Triage, and Dispatch - How calls will be received, assessed, and managed
(see [Appendix D](#) for examples call intake, triage, and assessment plans)

Required

- Call-Takers must demonstrate ideals of good customer service and respond to Client requests professionally, ethically, and in a welcoming and non-judgmental manner.
- Call-Takers will screen calls for eligibility and assess the need to determine the best course of action for their crisis situation. Call-Takers will take one of three actions:

- Redirect excluded calls. Redirect excluded calls that do not meet the eligibility criteria (e.g. age, service area, medical needs, physical danger to self or others). Advise the Client their situation or location can be supported by a more appropriate service, provide them with the phone number to call on their own or connect them directly. In cases of threat requiring immediate police or medical response, work with BEST, EMS and police as needed.
- Refer calls not involving a mental health crisis. For calls that meet program eligibility, but involve non-mental health related crises related needs (e.g. substance-related needs, Narcan or needle pick up), unhoused neighbors' needs, or general noise complaints to partner programs (e.g. street teams, recovery services/services, 211, 311 etc.), identify the related City program or community partners program and connect the Client. Make warm handoffs as much as possible, ensure that call transfers involve the call-taker coming on the call with the Client to ensure a smooth transition to the appropriate service, when possible.
- Intake & Dispatch remaining calls. Assess situation type and urgency level. Determine format of response needed (phone or in-person) and dispatch to appropriate response option.
- For calls requiring in-person field response, Call-Takers dispatch Peer Responders, providing a short verbal description of the case, including Client name, location, priority level, situation description, and other details that may inform the response.

Vendor Responsibilities

- Provide the following protocols for Call-Takers to:
 - Obtain Client consent, collecting relevant information (details about situation, location, contact information) for crisis teams, and provide services.
 - Manage the call intake, triage, and dispatch process, and criteria for how they will make decisions at each point, including: 1) screening incoming calls for program eligibility, 2) assess Client's current level of safety, risk, and the acuity and urgency of their situation, 3) triage the call for service by the Pilot, referral or warm transfer, 4) determine the appropriate response format (phone, in-person, or combination of both) and 5) complete the call transfer or dispatch.
 - Dispatch phone or in-person Peer Responders.

CBHW will advise and approve final protocols.

- Provide Health Insurance Portability and Accountability Act (HIPAA) compliant technology (i.e. platform or web portal to send information to crisis teams) for Call-Takers to record Client consent, information, crisis details, and case details.

Information management - how information about clients and services is collected, managed and protected.

Required

- Systems must:
 - Meet Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state regulations and/or standards.
 - Protect client autonomy and privacy.

Vendor Responsibilities

- Provide technology for Call-takers to communicate with Peer Responders to share dispatch information, receive and send Client information, and coordinate or request follow-up support (See [Appendix D](#) for examples).
- Fully comply with **HIPAA and 42 CFR Part 2** as applicable. Ensure all personal information collected is handled and stored in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
- Provide technology to obtain documentation of consent, document Client demographic information, and track referrals.
- Provide printed materials, flyers, and contact cards with program logo to provide to clients.
- Create a protocol to consensually share and receive Client case information (i.e. about referrals to programs, accessing further care) with external partner programs.

Requirements for Component 2 (Crisis Response and Follow-Up)

Peer Responders will then focus on creating stability, client agency, connection to care, and community support to prevent re-occurrence and support long-term well-being. The follow-up support can be up to 90 days and may include execution of the follow up plan created with the Mental Health Crisis Response team, connecting Clients to community and behavioral health supports, help navigating appointments and paperwork, and providing transportation to services and appointments as needed.

Mobile and Phone Response

Required

- Response teams will arrive in non-emergency vehicles and Peer Responders will wear markers of identification (e.g. hats, sweaters, jackets, lanyards, etc.).
- Response teams will be composed of 2 Peer Responders.

Vendor Responsibilities

- Develop on-site protocol for Peer Responders to assess risk, provide service, create care plans, close out their support, and leave the site (see examples in [Appendix D](#)).
- Determine the necessary care and support materials response teams should be equipped with (i.e. first aid kits, supplies, blankets, snacks and water, etc.)
- Peer Responders will create action plans with clients to resolve the crisis, which may include actions to take during the active response and after the response during the follow-up period.
- Develop onsite protocol for voluntary transport for warm hand-offs.

Follow-up

Required

- Comprehensive approach to follow-up focused on creating stability, Client agency, connection to care, and community support to prevent re-occurrence and support long-term well-being
- Offer optional follow-up with Peer Responders and/or Care Navigators, 3-6 in-person or virtual contacts over 60-90 days post-intervention
- With Client consent, Peer Responders make warm handoffs to connect Client with appropriate external partner programs, and when possible, offer transport
- With Client consent, Peer Responders will share Client information and case materials with appropriate external partner program
- Peer Responders will document response activities, outcomes, and follow-up plan (if applicable)

Vendor Responsibilities

- Develop follow-up consent plans and procedures that meet the above required decisions

Local Partnerships & Behavioral Health Integration

Required

- With support from CBHW develop partnerships and protocols to collaborate with key Boston Public Health Commission and City of Boston services for referrals to and from the Pilot for ineligible Client calls and for follow-up care and social needs that contribute to mental health challenges.
- Coordinate regular partnership forums to inform referrals and coordinate response (to and from the program) and service delivery, including other City emergency first responders (EMS, police, fire), mental health crisis services in the area (988, Community Behavioral Health Centers, Boston Emergency Services Team/Mobile Crisis Response, etc.), and grassroots mental health partners in the Service Area.

Vendor Responsibilities

- Develop partnerships with local behavioral health and key neighborhood organizations across the mental health care continuum.
- Develop a process to manage referrals to partner programs for 1) ineligible redirected calls, 2) referrals services to meet need for crises outside of the mental health scope, and 3) provide follow-up for continued care and social needs.

Requirements applicable to Components 1 (Call-Taking) and 2 (Crisis Response and Follow-Up)

Required

- **Location:** Have existing office space to house staff for selected components of the scope.
 - Call-taking and operations staff may be housed in a physical or virtual office location. Physical location for call-taking and operations may be separate from response and follow-up staff.
 - Physical location for response and follow-up staff and operations must be located within, or adjacent to the neighborhood(s) the Vendor is proposing to service.
 - Location must allow Vendor to respond to any location in the selected service areas within 30 minutes.

- **Hours/Hiring/Human Resources:** The program will operate at part-time capacity: 25% of 24/7, about 42 hours/week, ideally with some level of service each day.
 - Vendor must provide sufficient staffing to maintain this level of service including at minimum the roles (or their equivalent) listed below along with suggested backgrounds for each role.

Role 1: Management Staff

Oversee program operations and provide peer-focused support for Call-Takers and Peer Responders. 1 supervisor per shift. Suggested backgrounds:

- Peer supervisor/Program Coordinators with supervisory experience
- Program managers with degrees in public health, public administration, or social work (BA/BS only, not licensed)
- Experienced community organizers or peacekeepers
- Senior/experienced peer leaders
- Community health worker with management/supervisory training
- Community-based program directors without clinical licenses

Role 2: Outreach, Call-Takers, and Peer Responders staff

Outreach and Engagement staff

- Engage community residents and stakeholders in the development and launch of the program, engage local and behavioral health partner organizations in referrals to and from the program, and lead outreach and raise awareness to drive utilization of the program. At least 1 FTE.

Call-Taking and Triage Staff

- While there are no specific qualifications or requirements for staff who fill this position, a love for people, approaching the work with compassion, care and joy, the ability to handle high-pressure situations, and de-escalation skills are ideal. 2-3 FTEs.

Mental Health Crisis Response Staff

- Mental Health Crisis Response teams (2 Peer Responders per team per shift) to deliver phone and/or field-based responses.
 - Peer responders: community members who reflect the diversity of racial, ethnic, cultural, linguistic, and gender-identities of the community; have lived-experience of mental health challenges and/or criminalization, 2 FTEs per shift
- Care Navigators to support follow-up 1-2 FTEs

Suggested backgrounds of peers might include:

- Certified Peer Specialists
- Peer support workers
- Peacekeepers/Street outreach workers
- Outreach Workers
- Community Health Workers
- Housing support navigators
- Organizers
- Healing Circle practitioners
- Street Outreach and Harm reduction workers
- Traditional Healers/Helpers
- Trauma informed/movement-based healers
- Elders
- Doulas (non-Medicaid reimbursed)

Role 3: Clinical Support

Someone with experience in crisis care and management to blend clinical expertise with the unique value of shared lived experience offered by Peer Responders. Specifically, this team member advises and supports Peer Responders, providing clinical advisory, case consultation, and professional development to help Mental Health Crisis Peer Responders appropriately manage various mental health crises. They also ensure services remain focused on peer support and adhere to legal/ethical standards. This person does not interact directly with Clients, =. 1 FTE.

Suggested backgrounds of Clinical Support Staff may include:

- Psychiatric Rehabilitation Specialists
- Psychologists
- Clinically licensed Social Workers
- Licensed Mental Health Counselors
- Psychiatric Nurse Practitioners
- Psychiatrists

- **Advisory:** The Pilot funding and performance are managed by the CBHW. Vendor will work with CBHW to provide the necessary information to regularly assess Pilot progress and performance, including:
 - Providing regular metrics, progress and spending reports
 - Participating in quarterly Community Advisory Board meetings
 - Participating in community and stakeholder meetings as requested by CBHW

Vendor Responsibilities

- **Project Coordination**
 - Provide management and leadership of the Pilot team
 - Work with CBHW to develop budgets, schedules for deliverables, and progress tracking and reporting procedures
 - Determine personnel responsibilities
 - Develop project and progress management procedures to ensure monitoring of staff and any required sub-contractors' performance, progress towards agreed upon work plan, and address challenges as they arise
 - Develop and periodically review a standard feedback and complaint handling procedure for the Pilot service
 - Work with CBHW to adjust tasks, as required, throughout the Project
 - Handle client data in HIPPA compliant manner
 - Data storage
 - Data transmission
 - Develop a plan to document disclosure of Client's personal information
 - Document consent (whenever required) and securely store original consent documents
- **Hiring/Human Resources**
 - Provide job descriptions and interview process to recruit and hire staff, or assign existing staff to Pilot roles, as necessary
 - Develop a staffing model, including roles, responsibilities, shift times and structures to allow service at 25% of 24/7 service 5-7 days a week.
 - Operational hours and shifts will be determined by the Vendor delivering Component 2 (Responders and Follow-Up) and agreed upon by all - Vendors and CBHW.
 - Provide sufficient staffing to cover all times/days that pilot teams are operational, including a system that ensures back-up staffing in the event of sickness or staff vacation.
 - For any changes to the structure of the project team provide advance notification to CBHW.
 - See **Exhibit A, Standard Contract** for more details about employees and oversight, ARTICLE I – PERFORMANCE; Section c.

- **Training**
 - Provide regular trauma-informed supervision, debriefing, and support for all team members.
 - Develop a training plan that ensures all team members have sufficient baseline and ongoing training in key skill areas related to their staff function, including meeting required minimum certifications (e.g. CPR and first aid).
 - At minimum, training plans across all Vendors should account for: peer support training, cultural competency, tech and vehicle operations, and HIPPA and confidentiality.
 - Call-takers must receive training in screening, redirect, referral, intake, and warm referral protocols.
 - Responders must be trained in mental health crisis de-escalation/crisis intervention training (CIT), conflict resolution, motivational interviewing, suicide prevention, use of Narcan, documentation and case management, and safe arrival protocols.
 - *(See [Appendix F](#) for sample staff training plans.)*
- **Program identity, engagement, and outreach**
 - Develop a name, logo, and brand identity for the Pilot in collaboration with the Service Area community and CBHW.
 - Ensure all Pilot information and assets are appropriately branded.
 - Determine how visible program branding is on vehicles, program gear, and other identifiers worn by staff (all staff must be identifiable), based on the organization’s experience with whether high visibility of crisis teams will contribute to stigma or not.
 - Develop a culturally informed and responsive plan to promote the Pilot to residents and partners to drive awareness and utilization of the services. Local partners include both community-based organizations and other behavioral health providers.
 - *(See [Appendix G](#) for examples of outreach and engagement materials.)*
- **Consent protocols:** Protocols to obtain informed, ongoing, and voluntary consent at every step in call-taking, response, and follow-up process including:
 - Requesting consent before services begin
 - Fully informing Clients of potentially positive and negative impacts
 - Clear and transparent questions to determine if people are at “imminent risk,” of harm to themselves or others
 - Informing Clients in advance of any limitations to supporting their consent (i.e. if and when it is necessary to call for additional support except in extreme cases where life is at danger and prior information about call for additional support could pose imminent risk; or need to report witnessed abuse of minor, elder or persons with disabilities to supervisor/authorities

Monitoring & Evaluation

Required

- BPHC will contract an external **evaluator** to learn from program implementation, assess outcomes, and guide quality improvement. These findings will inform the Pilot implementation and opportunities for scale and expansion. Vendor will coordinate with evaluator to support evaluation activities. To find the Evaluation RFP, please visit www.boston.gov/bid-listings and search for External Evaluation for Boston’s Community-Led Mental Health Crisis Response (MHCR) Pilot RFP June 25, 2026.

Vendor Responsibilities

- Develop a quarterly assessment and monitoring plan, including the staff and key activities to support data collection, analysis, and reporting on utilization, user experience, and quality improvement
- Participate in all required data collection activities to support the annual Pilot impact and outcomes evaluation.
- Provide data in accordance with data requests from key stakeholders (e.g.- City Hall, MA Department of Public Health, MA Department of Mental Health, etc.)

Program Development & Implementation Timeline

Required

- A Pilot workplan that incorporates the timeline and key activities below:

Summary of Pilot Timeline and Key Activities		
Phase 1: Program Implementation Planning	Phase 2: Soft Launch	Phase 3: Full Implementation
Months 1-4	Months 4-7	Month 7+
Finalize operational, call intake, response, and follow-up protocols, and training curriculum	Begin operations	Expand to full required service hours and geographic coverage
Hire and train staff	Intensive monitoring and rapid-cycle quality improvement with evaluator to adapt program delivery	Achieve target call/response volumes
Establish information management systems and reporting and monitoring protocol	Ongoing staff training and support	Ongoing quality improvement and program refinement
Establish City and local partnerships		

Setup/integrate technology Community outreach, awareness, and Pilot brandings;	Spend down costs as aligned with proposed budget and budget narrative	Regular updates to CBHW on monitoring and evaluation findings and Pilot performance (in partnership with external evaluator)
Spend down costs as aligned with proposed budget and budget narrative; Procure other one-time items required for start-up		Spend down costs as aligned with proposed budget and budget narrative

Vendor Responsibilities

- Develop a quarterly workplan to guide the planning, launch and implementation, including key activities, milestones, and deliverables for CBHW approval.

Budget and Workplan

Required

- The total funding available for the Community-Led Mental Health Crisis Response Pilot is **\$1.7 million** for the full contract period, which includes a start-up phase, main operation phase, and a wrap up phase.

Vendor Responsibilities

- Develop a Pilot budget and spending plan that identified key expenses for the planning and set-up phase and expenses for the ongoing delivery of the Pilot for BPHC approval (*see Section V. for detailed guidance and [Appendix E](#) or budget template*).

D. Sample Call Intake, Triage, and Assessment Plans

The following are examples of Call-Taker intake, triage, and dispatch protocols for from Alternative other communities:

- i. Albuquerque New Mexico's Community Safety Dispatch process protocol [\[link\]](#)
- ii. Eugene Organ's CAHOOTS program's screening protocol based on incident type [\[link\]](#)
- iii. Denver's STAR program's process for decision making by incident type [\[link\]](#)
- iv. Center for Dispute Resolution's Guidebook for developing intake, assessment, triage, and dispatch plans. Guidance for technology systems included on page 89-96) [\[link\]](#)

E. Budget Template - REQUIRED

- v. Proposed Budget Summary template [\[link\]](#) - submit with proposal

F. Sample Staff Training Plans

- vi. Training Plan for Boston Community-Based Response Pilot [\[link\]](#)
- vii. Albuquerque Community Safety (ACS) Department Responder Training Plan [\[link\]](#)
- viii. LA City's Unarmed Model of Crisis Response's operating plan has a section on 'Responder Training' [\[link\]](#)
- ix. Substance Abuse and Mental Health Services Administration (SAMHSA) shares examples of minimum trainings and specialized trainings [\[link\]](#)

G. Sample Outreach and Engagement Materials

- x. Lynn Calm Team
 - Social media interviews with responders [\[link\]](#)
 - Coverage in local newspapers: [\[link\]](#)
 - Public website [\[link\]](#)
- xi. LA County Alternative Response Model
 - Public awareness campaign to promote the program: [\[link\]](#)
 - Public-facing webpage: [\[link\]](#)
 - Monthly multi-media newsletter [\[link\]](#)
 - Staffing campaign to recruit and hire responders [\[link\]](#)

H. Sample Program Operation Protocols

- xii. LA City's Unarmed Model of Crisis Response's operating plan [\[link\]](#)

Exhibit A: BPHC Standard Contract



BOSTON PUBLIC HEALTH COMMISSION STANDARD CONTRACT FOR THE PROVISION OF GOODS OR SERVICES

This contractual agreement ("Contract") is hereby made on this date _____, between Boston Public Health Commission ("BPHC"), a body politic and corporate and political subdivision of the Commonwealth of Massachusetts with a principal place of business located at 1010 Massachusetts Avenue, Boston, Massachusetts 02118 and _____ ("Contractor").

This document is subject to the Terms and Conditions (pages 2 - 4) and may include additional supporting documents. Fields in Part 1 and Part 2 must be completed. For fields that are not applicable, enter N/A.

Bureau Name:

Contractor Name:

Program Name:

Payee Name if different from Contractor Name:

BPHC Service Location:

Address:

City:

City:

State:

Zip Code:

State:

Zip Code:

Goods/Services Requested:

Phone:

BPHC Contact Name:

Email:

Email:

Tax Identification Number (SSN or EIN):

Phone:

Number of Full Time Equivalents (FTE*)

Unique Entity Identifier (if a subrecipient of federal funds):

Yes if selected, the Subrecipient Information Rider must be completed and included
No

This contract shall be in effect from (start date) _____ through (end date) _____
Review Terms and Conditions for earlier termination as provided herein.

This contract shall not exceed _____ dollars
(\$ _____) and is subject to the availability and appropriation of funds.

For BPHC Procure to Pay Office Use ONLY

BPHC Assigned Number: _____

BPHC Vendor ID: _____

*FTE: Full-Time Equivalent shall mean a formula to calculate the number of employee work hours which equal one (1) full-time position. For the purposes of this document, full time shall mean the standard number of working hours, between thirty-five (35) hours and forty (40) hours per week, that is used by the covered vendor to determine full time employment.

ARTICLE I – PERFORMANCE

- a) Performance under this Contract shall include services rendered, obligations due, costs incurred, goods and deliverables provided and accepted by BPHC. Contractor shall conduct all activities, provide all goods, and/or perform all services as may be required by the provisions of this Contract. No variations from specifications hereunder shall be allowed without the written approval of an authorized representative of BPHC.
- b) Where applicable and unless otherwise indicated in this Contract or any Statement of Work, Quote, Order, or Budget, all shipments shall be assumed F.O.B., destination inside delivery. Such inside delivery shall be performed through the shipper and charged back to the shipper and shall be made between the hours of 9:00 AM and 5:00 PM, Monday through Friday, exclusive of Holidays, unless otherwise specified in this Contract or any Statement of Work, Proposal, Quote, Order, or Budget.
- c) Upon written request of BPHC, Contractor shall remove from BPHC premises and/or replace all individuals in Contractor's employ or control rendering goods or services to BPHC whom BPHC determines to be disorderly, careless, or incompetent, or to be employed, provide services, or conduct activities in violation of the terms of this Contract or in violation of the law.
- d) Contractor shall maintain books, records, and other compilations of data relative to the services to be performed hereunder sufficient to substantiate its claims for payment or meet any regulatory requirements, including any and all applicable federal, state, or local requirements. All such records shall be retained for at least seven (7) years. BPHC or its designee shall examine and copy such records upon reasonable notice to Contractor and at such times and expense as may be reasonable.
- e) Prior to beginning performance under this Contract, Contractor must receive a Purchase Order from BPHC

ARTICLE II – ACCEPTANCE OF GOODS AND SERVICES

BPHC shall have a reasonable opportunity to inspect all goods and services. If the goods or services are not acceptable, Contractor may be allowed to cure the goods and/or services within a reasonable time at no additional cost to BPHC. Unless otherwise provided hereunder, liability for payment shall be subject to acceptance by BPHC.

ARTICLE III – TIME

Contractor's performance shall be completed as specified in the Contract, Statement of Work, Proposal, Quote, Order, or Budget; and if not specified, it should be timely and meet or exceed industry standards for the performance required.

ARTICLE IV – COMPENSATION

- a) Contractor may be compensated only for those costs and expenses it incurred, except as otherwise required for certain federally funded grants, as identified on any Statement of Work, Proposal, Quote Order, or Budget or attached hereto except that such cost and expense shall not exceed the not-to-exceed Contract Amount listed in the Contract cover page above.
- b) BPHC shall not be liable for any interest, penalties, or late fees.
- c) Invoices with back-up documentation shall reference a BPHC purchase order number and shall be submitted electronically to BPHC's Procure to Pay (P2P) Department at AccountsPayable@bphc.org.
- d) All Contractors must comply with proper invoice documentation submissions to assure timely payments in accordance with BPHC's Vendor Invoice Requirement and Submission Letter. A copy of same shall be provided to Contractor.
- e) Unless otherwise agreed, invoices shall be payable thirty (30) days from receipt of same. To expedite payments, BPHC recommends that all Contractors complete the Payment Account Information section with Electronic Fund Transfer ("EFT") information of the Vendor Set-Up Form authorizing BPHC to make electronic payments.
- f) Final invoices for goods received or services completed must be submitted to BPHC within thirty (30) days of the expiration or termination of this Contract. BPHC retains the right to deny payment for any invoices received after the thirty (30) day invoice period.

ARTICLE V – RELATIONSHIP WITH BPHC

Contractor is retained solely for the purposes of and to the extent set forth in this Contract. Contractor's relationship to BPHC during the term of this Contract shall be that of an independent contractor. Contractor shall be fully

responsible for completion of its obligations under this Contract without supervision from BPHC. Contractor has full discretion to employ the proper means and methods to complete the work and shall determine its own working hours. Contractor shall have no capacity to bind BPHC in any contract or to incur any liability on behalf of BPHC. Contractor, its agents, or employees shall not have the status or pension rights of an employee. BPHC shall not be liable for any personal injury to or death of Contractor, its agents, or employees.

ARTICLE VI – ASSUMPTION OF LOSS AND LIABILITY

- a) Contractor shall pay and be exclusively responsible for any expenses incurred on account of the delivery of goods or services to be under this Contract, and/or for all debts for labor and materials incurred by Contractor for the rental of any appliance or equipment hired by Contractor.
- b) Contractor shall bear all loss, resulting from any cause, before the delivery of goods or services is completed and after performance, if the goods or services fail to conform to specifications.
- c) Contractor or any of its agents, employees, or subcontractors entering on the premises of BPHC shall take all precautions necessary to prevent injury to persons or property.
- d) Contractor shall indemnify, assume the defense of, and hold BPHC its officers, agents, assigns, or employees, harmless from all suits and claims arising from any act or omission of Contractor, its agents, or employees in any way connected with performance under this Contract.
- e) Contractor shall maintain at a minimum General Liability, Property Damage, Employers' Liability, Worker's Compensation, and Motor Vehicle Liability (Personal Injury Protection and Property Damage), and such other liability insurance coverage as may be required hereunder sufficient to protect Contractor and BPHC from any risks or claims which may be associated with this Contract and as are customary in Contractor's business. Contractor shall provide BPHC with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, Contractor shall notify BPHC of such changes and shall provide BPHC with new evidence of coverage. At its discretion, BPHC shall have the right to require that it be named as an Additional Insured on any applicable policies.
- f) Contractor acknowledges that BPHC, its officers, agents, assigns, and employees, are subject to all provisions in M.G.L.c. 258, including but not limited to, the liability limitations for governmental entities.

ARTICLE VII – REMEDIES OF BPHC

- a) BPHC shall have the right to inspect goods or services for forty-five (45) days and if the goods or services fail to meet the terms of the Contract or are otherwise not merchantable or fit for their intended purpose, BPHC shall have all remedies as are provided by law.
- b) If Contractor provides goods or services which do not meet the specifications provided or are otherwise not merchantable or fit for their intended purposes, BPHC shall have the right to unilaterally terminate this Contract by providing thirty (30) calendar days written notice to Contractor. In addition, BPHC shall have all remedies as provided by law.
- c) BPHC may deduct the cost of any substitute contract or non-performance of services together with incidental and consequential damages from the Contract amount and shall withhold such damages from the sums due or to become due to Contractor.
- d) BPHC retains all rights to warranty as supplied by Contractor.
- e) If this Contract is funded in whole or in part by a grant to BPHC from a third party, BPHC has the right to reduce the amount of this Contract or terminate this Contract if the grant from the third party is reduced or eliminated. In the event the grant terminates after BPHC has disbursed funds to the Contractor, the Contractor shall be responsible for reimbursing the funds, if such reimbursement is required by the third party, either directly to the BPHC or directly to the third party as required.
- f) In addition to all other remedies available to BPHC under applicable state and federal laws, in the event Contractor or its subcontractor(s) fail to comply with the terms of this Contract or with applicable federal, state, or local requirements governing the use of any grant funding supplied by a third party that supports this Contract, BPHC may withhold or suspend awards, in whole or in part, or recover from Contractor or subcontractor(s) any funds improperly paid to Contractor or subcontractor(s) following an audit by BPHC.

applicable to Contractor upon request.

h) BPHC will not purchase goods or allow services from a Contractor who is currently disbarred or suspended from doing business with the United States government. Contractor hereby certifies that it is not on the Systems for Award Management (SAM.gov) Exclusion List, and it is not disbarred or suspended from federal contracting. If Contractor is disbarred or suspended from federal contracting during the period of this contract, Contractor must notify BPHC in writing within fifteen (15) days of such occurrence. In the event Contractor is disbarred or suspended from federal contracting, BPHC shall have the right to modify or terminate this Contract at its discretion.

i) BPHC and Contractor commit to making a good-faith effort to contract/subcontract with Certified Underrepresented Business Enterprises (CUBE) in accordance with BPHC's Equitable Procurement Policy. A copy of BPHC's Equitable Procurement Policy may be provided to Contractor upon request.

j) If this Contract is in response to an infectious disease outbreak, including but not limited to COVID-19, Contractor acknowledges that this contract may be supported by funds from the United States federal government. Accordingly, the required federal provisions at the following link are hereby incorporated into this agreement: <https://www.ecfr.gov/>.

ARTICLE XII – MISCELLANEOUS

a) Any waiver expressed or implied by BPHC of any rights, terms, or conditions of the Contract shall not operate to waive such rights, terms or conditions or any other rights, terms, or conditions beyond the specific instance of waiver.

b) Contractor acknowledges that any and all products (tangible and intangible) created pursuant to this Contract shall be the exclusive property of BPHC. All work, papers, reports, questionnaires, and other written materials prepared or collected by Contractor while completing the work to be performed under this Contract shall always be the exclusive property of BPHC. In addition, Contractor has an affirmative obligation to request collaboration with the BPHC on the creation or publication of any research paper, tool, or other product that is the result of the performance of this Contract. Contractor shall not use, publish, or cause to be used or published any work, reports, or any other printed material in relation to the services performed hereunder without written authorization from BPHC. Where such authorization is given, Contractor shall appropriately acknowledge the collaboration and support of BPHC.

c) Contractor shall not make any press release, media outreach, or other public announcement regarding this Contract or the related products (tangible or intangible) created pursuant to this Contract without BPHC's express prior written consent (which consent may be granted or denied in BPHC's sole discretion). Such prior approval must also include BPHC's approval as to the form, substance, nature, and extent of the press release, media outreach, or other public announcement.

d) Unless separately agreed upon by the parties in this Contract or any applicable Statement of Work, Proposal, Quote, Order or Budget, BPHC shall be the owner of any and all data collected by Contractor pursuant to this Contract.

e) In the event of any dispute concerning the meaning or application of this Contract, any such dispute shall be resolved pursuant to the laws of the Commonwealth of Massachusetts and, if necessary, by a court of the Commonwealth of Massachusetts in Suffolk County or the United States Federal District Court sitting in Boston, MA.

f) Neither party shall be liable to the other or be deemed to be in breach of the Contract for any failure or delay in rendering performance arising out of causes beyond its reasonable control and without its fault or negligence. Such causes may include, but are not limited to, acts of God or a public enemy (including terrorist acts), fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, unusually severe weather, or compliance with governmental orders that prohibits the performance of this Contract.

g) If any provision of this Contract is declared or found to be illegal, unenforceable, or void, both parties shall be relieved of all obligations under such provision. The remainder of the Contract shall be fully enforced as permissible by law.

h) BPHC is a tax-exempt entity (federal tax identification number 04-3316655) and shall not be responsible for the payment of any type of tax that may arise as a result of the performance of this Contract. See Mass. Gen. Laws III App. §§2-3, 2-9, 26 USC §115(1). The St-2 (MA Certificate of Sales Tax Exemption) Form will be provided upon request.

i) Contractor acknowledges that BPHC is subject to Massachusetts Public Records Law pursuant to M.G.L. c. 4 M.G. L. c. 4, § 7(26) and 950 CMR 32.00.

ARTICLE VIII – REMEDIES OF CONTRACTOR

If damages, other than loss of nonconforming goods or services, are sustained by Contractor due to any act or material omission for which BPHC is legally responsible, BPHC may allow a sum equal to the amount of such damages sustained by Contractor as determined by BPHC in writing, provided Contractor shall deliver to BPHC a detailed written statement of such damages and cause thereof within thirty (30) days after the alleged act or material omission by BPHC. Contractor shall not have the option to accelerate at will.

ARTICLE IX – ASSIGNMENT

Contractor shall not assign, delegate, subcontract, or in any way transfer any interest in this Contract without the prior written consent of BPHC. BPHC reserves the right to delegate, assign, or otherwise transfer any interest in this Contract to another entity without further notice to Contractor.

ARTICLE X – AMENDMENTS

a) All material alterations or additions to the terms and conditions of this Contract must be in writing and signed by BPHC and Contractor subject to BPHC's internal procurement policy.

b) At BPHC's sole discretion it may make non-substantive unilateral modifications to this Contract. These will be in writing and written notice of same will be promptly provided to Contractor.

ARTICLE XI – COMPLIANCE WITH LAWS, BPHC POLICIES, GRANT REQUIREMENTS, AND PUBLIC POLICY

a) This Contract is subject to the laws of the Commonwealth of Massachusetts and, where applicable, is governed by M.G.L. c. 106 §2-101, et seq. (the Uniform Commercial Code, Article 2).

b) Contractor shall provide, at its sole expense, all necessary licenses, permits, or other authorizations required by the City of Boston, the Commonwealth of Massachusetts, or any state or federal governmental agency with proper jurisdiction and shall ensure that all specifications are met, and that the goods or services acquired or performed hereunder adhere to all applicable regulations. Contractor agrees and certifies that it is authorized and/or licensed to perform the services required by this Contract and if necessary, Contractor will secure such authorization and/or licensure within a reasonable period of time for so long as it is bound to perform under the terms of this Contract.

c) Contractor shall not discriminate against any individual on the basis of gender, race, religious creed, national origin (including language), age, disability, gender identity, or sexual orientation in connection with the performance of this Contract. Contractor shall post in conspicuous places notices to be provided by the Massachusetts Commission Against Discrimination, setting forth provisions of the Fair Employment Practice Law of the Commonwealth of Massachusetts. Contractor shall respond to discrimination complaints and/or refer complaints to an appropriate agency for resolution. Contractor shall notify the BPHC General Counsel in writing of any information alleging a violation of civil rights resulting from the work performed in the fulfillment of this contract within ten days of the allegation or complaint being made.

d) Contractor shall not act in collusion with any BPHC officer, agent, assign, employee, or any other party, nor shall Contractor make gifts regarding this Contract or any other matter in which BPHC has a direct and substantial interest in violation of M.G.L. c. 268A (the Conflict of Interest Law).

e) Pursuant to M.G.L. c. 62C, §49A, Contractor certifies under the penalties of perjury that Contractor has complied with laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

f) Contractor shall comply with all applicable City of Boston Ordinances, City Executive Orders, BPHC Regulations or policies, and any state and federal laws or grant requirements that, in any manner, affect the goods or services herein specified. Contractor shall, at all times, observe and comply with said ordinances, regulations/policies or laws, and shall protect and indemnify BPHC, its officers, agents, assigns, and employees against any claim or liability arising from or based on any violation of such ordinances, regulations or laws.

g) In addition to its obligations to comply with any applicable federal or state laws under section (f) above, Contractor shall also comply with the requirements of any federal, state, or city grant that supports this contract. In particular, Contractor must comply with all applicable grant reporting requirements and must provide appropriate supporting backup documentation for any invoices submitted to BPHC for payment. Any waiver of these grant requirements by BPHC shall not prejudice BPHC's right to strictly require compliance with this section at any time during the life of this Contract. BPHC shall supply a copy of the applicable Notice of Award with any provisions

As such, this Contract and other records and documents created or received in connection with this Contract may be subject to public disclosure under applicable Public Records Laws, including but not limited to, M.G. L. c. 4, § 7(26) and 950 CMR 32.00. BPHC will use reasonable efforts to identify, label, or withhold any information that is proprietary, exempt under the law, or confidential prior to disclosure.

ARTICLE XIII – AVAILABLE APPROPRIATION

This Contract is subject to the availability of an appropriation therefore BPHC retains the right to reduce the amount of this Contract or terminate it without penalty if funding for the Contract is reduced or eliminated. This expressly includes any contract that is funded in whole or in part by the City of Boston or any grant funding received by BPHC in accordance with Article VII(e).

ARTICLE XIV – RELEASE OF BPHC ON FINAL PAYMENT

Acceptance by Contractor of final payment from BPHC under this Contract shall be deemed to release BPHC from all claims and liabilities, except those which Contractor notifies BPHC in writing within 60 days after the expiration or termination of this Contract.

ARTICLE XV – TERMINATION OR CANCELLATION

This Contract may be terminated by BPHC for any breach of its terms by Contractor, for convenience, or for any other ground stated elsewhere in this contract. All obligations which are executory on both sides shall be discharged upon termination. Any rights based on prior breach of performance shall survive. The terms of the Contract shall survive its termination for the purposes of (1) resolving any claims; and (2) warranties. This Contract may be cancelled by BPHC and will have the same effect as termination, except that BPHC shall retain any remedy for breach of the whole Contract or any unperformed balance. Notice of termination or cancellation shall be given to Contractor at the address supplied on the Request for Contract/Standard Contract Cover Page by email or mail and shall be effective upon receipt. Contractor shall have no right to recover other amounts, including but not limited to amounts for lost profits, indirect, incidental, or consequential damages.

ARTICLE XVI – WARRANTIES

Contractor makes all warranties as applicable under M.G.L. c. 106 §2-313, the Warranty of Title, M.G.L. c. 106 §2-313, Express Warranties as by affirmation, promise, description and/or sample, M.G.L. c. 106 §2-314, the implied warranties of merchantability or by usage of trade, and M.G.L. c. 106 §2-315, implied warranty of fitness for a particular purpose.

ARTICLE XVII – CONFIDENTIALITY

Contractor shall comply with all applicable federal, state, and local laws and regulations relating to confidentiality and privacy of any data collected or received by Contractor. Contractor shall inform, in writing, each of its employees or agents having any involvement with personal data or other confidential data of the laws and regulations relating to confidentiality and shall ensure their compliance.

ARTICLE XVIII – CRIMINAL OFFENDER RECORD INFORMATION (CORI)

By signing this Contract, the Contractor certifies that it has conducted CORI checks (or equivalent background checks as defined in 101 CMR 15.00) on all subcontractors and employees who may have contact with the public, minors or BPHC clients, or have access to financial, protected health, or other sensitive information owned by BPHC. The Contractor further certifies its compliance with BPHC and Department of Public Health policies, which recognize that certain criminal convictions pose an unacceptable risk to vulnerable populations that the BPHC serves.

Notwithstanding, BPHC’s General Counsel’s Office has the discretion to require CORI checks, other affiliated checks, or a CORI Affidavit for any other contracts where it deems necessary, including but not limited to, any time a Contractor or its subcontractors and employees may work on any BPHC sites.

ARTICLE XIX – ENTIRE AGREEMENT, COUNTERPARTS, COPIES, AND ORDER OF PRECEDENCE

This Contract constitutes the entire agreement between the parties concerning the subject matter hereof and supersedes all prior conversations, proposals, negotiations, understandings, and agreements, whether written or oral. In the event of any discrepancy between the terms set forth in this Contract and any other accompanying documents, communications, or agreements, the terms of this Contract shall prevail and control. If necessary, this Contract may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same Contract. In addition, a copy of this Contract will be just as enforceable as an original, unless one party demands creation and receipt of a contract with original signatures.

ARTICLE XX – CERTIFICATE OF AUTHORITY

Contractor warrants that it has full power and authority to enter into and perform this Contract, and the person signing this Contract warrants that they have been properly authorized and empowered to enter into this Contract. In addition, acceptance of any payment under a contract or grant shall operate as a waiver of any claims against BPHC that challenge the existence of a valid contract due to the lack of actual signatory authority by Contractor. BPHC reserves the right to request proof of signatory authority from any Contractor.

-----END OF TERMS AND CONDITIONS-----

BPHC and Contractor hereby cause this instrument to be executed by the duly authorized representatives as of the day first written above.

CONTRACTOR

Signature:

Printed Name: _____

Title: _____

Date: _____

BOSTON PUBLIC HEALTH COMMISSION

Approved as to Form - Office of the General Counsel

Signature:

Printed Name: _____

Date: _____

Approved - Administration and Finance / Executive Office

Signature:

Printed Name: _____

Date: _____

Exhibit B: Business Associate Agreement



BUSINESS ASSOCIATE AGREEMENT

This Agreement is made effective the ____ day of _____, _____, by and between the Boston Public Health Commission ("Covered Entity"), and _____, on behalf of itself and its subsidiaries and affiliates, hereinafter referred to as "Business Associate", (individually, a "Party" and collectively, the "Parties").

WITNESSETH

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, Business Associate may be considered a "Business Associate" of a Covered Entity as defined in the HIPAA Privacy Regulation.

WHEREAS, Business Associate may have access to Protected Health Information ("PHI") (as defined below) in fulfilling its responsibilities under such arrangement;

WHEREAS, Covered Entity and Business Associate intend to protect and provide for the security, confidentiality and integrity of privacy of PHI disclosed by Covered entity to Business Associate, or collected or created by Business Associate, in compliance with the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the regulations promulgated by the Department of Health and Human Services, including but not limited to, the regulations codified at 45 CFR Parts 160 and 164 (the "HIPAA Privacy Regulation"), the Health Information Technology for Economic and Clinical Health Act (the HITECH Act"), and other applicable state and federal laws, all as amended from time to time, including as amended by the Final Rule issued by the Secretary on January 17, 2013 titled "Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules"; and

THEREFORE, in consideration of the Parties' continuing obligations under this Agreement, compliance with the HIPAA Privacy Regulation, and for and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Privacy Regulation and to protect the interests of both Parties.

I. DEFINITIONS

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Privacy Regulation or the HITECH Act. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Privacy Regulation, as amended, the HIPAA Privacy Regulation shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Privacy Regulation, but are nonetheless permitted by the HIPAA Privacy Regulation, the provisions of this Agreement shall control.

Protected Health Information. "Protected Health Information" ("PHI") means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

II. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

Business Associate acknowledges and agrees that all Protected Health Information that is created, received, maintained or transmitted by the Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by the Covered Entity or its operating units to Business Associate or is created or received by Business Associate on the Covered Entity's behalf shall be subject to this Agreement.

- A. Except as otherwise permitted herein, Business Associate may only Use or Disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that as to any such disclosure, the following requirements are met:
 1. the Disclosure is required by law; or
 2. Business Associate obtains reasonable assurances from the person to whom the information is Disclosed that it will be held confidentially and used or further Disclosed only as required by law or for the purpose for which it was Disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- B. Business Associate may Use and Disclose PHI for data aggregation services, if to be provided by Business Associate for the health care operations of Covered Entity pursuant to any agreements between the Parties evidencing their business relationship.
- C. Business Associate may Disclose PHI as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom Covered Entity is required to disclose such information or as otherwise permitted under this Agreement, (if consistent with the HIPAA Privacy Regulation).

- D. Business Associate may Use PHI as would be permitted by the HIPAA Privacy Regulation if such Use or Disclosure were made by the Covered Entity or to carry out the responsibilities of Business Associate, provided that such Disclosures are permitted or Required By Law.

III. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

Business Associate agrees to:

- A. Not use or further disclose PHI other than as permitted or required by this Agreement. Business Associates acknowledges and agrees that in addition to the requirements of this agreement, the Business Associates must comply with all applicable sections and provisions of HIPAA, the HITECH Act, and Final Rule issued by the Secretary on January 17, 2013 titled "Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules";
- B. Implement appropriate administrative safeguards as required by 45 CFR §164.308, physical safeguards as required by 45 CFR §164.310, and technical safeguards as required by 45 CFR §164.312 to prevent Use or Disclosure of PHI that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity, other than as provided for by or permitted under this Agreement. The Secretary of Health and Human Services shall have the right to audit Business Associate's internal practices, records, and books related to the Use and Disclosure of PHI to ensure Covered Entity's compliance with the terms of the HIPAA Privacy Regulation;
- C. Ensure that Business Associate's agents, including subcontractors, to whom it provides PHI received from or created by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply to Business Associate with respect to such information. In addition, Business Associate agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause Business Associate to breach the terms of this Agreement;
- D. Make available PHI in a reasonable amount of time to the extent and in the manner required by §§164.524, 164.526, and 164.528 of the HIPAA Privacy Rule which permit the patient/client to access rights, amendment rights and an accounting of disclosures of his/her PHI;
- E. Make available Business Associate's internal practices, books, and records relating to the use and disclosure of PHI received from Covered Entity to the Secretary of Health and Human Services for purposes of determining the Covered Entity's compliance;
- F. Notify Covered Entity of any request of an individual to make an amendment to PHI and make available to Covered Entity, if so requested, the PHI for Covered Entity to timely and properly comply with requests by Individuals for amendments consistent with Covered Entity's obligations under 45 CFR §164.526.
- G. Incorporate any amendments or corrections to PHI when notified by Covered Entity;

- H. Document its Disclosures of PHI in the same manner as would be required for Covered Entity to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 CFR §164.528; and
- I. Report to Covered Entity within five (5) business days any use or disclosure of PHI which is not in compliance with the terms of this Agreement, including breaches of Unsecured PHI as required under 45 CFR §164.410, and any Security Incident of which Business Associate becomes aware. In addition, Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

IV. TERM AND TERMINATION

- A. Term. This agreement shall be effective and enforceable by the Parties to this Agreement as of the Effective Date as defined herein, and shall terminate on the earlier of (1) when Business Associate is no longer providing Services to Covered Entity, (2) the termination of this Agreement by either party, or (3) the mutual written agreement of the Parties.
- B. Termination for Cause. Notwithstanding anything in this Agreement to the contrary, Covered Entity shall have the right to terminate this Agreement immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement or fails to satisfy any of its statutory obligations under HIPAA or the HITECH Act. If Covered Entity reasonably believes that Business Associate will violate a material term of this Agreement and, where practicable, Covered Entity gives notice to Business Associate of such belief, and Business Associate fails to provide adequate written assurances to Covered Entity that it will not breach the cited term of this Agreement, then Covered Entity shall have the right to terminate this Agreement immediately.
- C. Effect of Termination.
 - 1. At termination of this Agreement, or any similar documentation of the business relationship of the Parties, or upon request of the Covered Entity, whichever occurs first, if feasible, Business Associate will return or destroy all PHI received from or created or received by Business Associate on behalf of Covered Entity. This provision shall also apply to PHI that is in the possession of any subcontractors or agents of Business Associate. Business Associate shall not retain any copies of such PHI.
 - 2. If Business Associate determines that such return or destruction of PHI is not feasible or in violation of law, Business Associate shall provide Covered Entity with a notification of the conditions for which return or destruction is infeasible, and Business Associate will extend the protections of this Agreement to the information and limit further Uses and Disclosures to those purposes that make the return or destruction of the information infeasible or in violation of law, for so long as Business Associate maintains such PHI.

V. GENERAL PROVISIONS

- A. Obligations of Business Associate. The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Arrangement Agreement and/or the business relationship of the Parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein. Except as expressly stated herein or the HIPAA Privacy Regulation, the Parties to this Agreement do not intend to create any rights in any third parties.

- B. Amendments and Modifications. This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party. None of the provisions of this Agreement is intended to create, nor will they be deemed to create any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. This Agreement will be governed by the laws of the State of Massachusetts. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

- C. Interpretation and Severability. The Parties agree that, in the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of PHI which are more restrictive than the provisions of this Agreement, the provisions of the more restrictive documentation will control. The provisions of this Agreement are intended to establish the minimum requirements regarding Business Associate's use and disclosure of PHI. In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

Boston Public Health Commission

Business Associate

Signature: _____

Signature: _____



Printed Name: _____

Title: _____

Date: ____/____/____

Date: ____/____/____