



Request for Proposals

External Evaluation for Boston's Community-Led Mental Health Crisis Response (MHCR) Pilot
2026

Executive Office
Center for Behavioral Health and Wellness

I. Overview

The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston. BPHC’s mission envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. BPHC works in partnership with communities and City agencies to advance health equity and address the structural conditions that shape behavioral health and well-being.

Through its Center for Behavioral Health and Wellness (CBHW), BPHC seeks proposals from qualified and experienced organizations to serve as the External Evaluator for Boston’s Community-Led Mental Health Crisis Response (MHCR) Pilot. The Pilot RFP can be found at www.boston.gov/bid-listings, when you search for Boston’s Community-Led Mental Health Crisis Response (MHCR) Pilot RFP, June 25, 2026.

Our goal is to engage an independent evaluator to assess the implementation, outcomes, and equity impacts of the MHCR Pilot; support continuous quality improvement throughout the Pilot period; and generate rigorous, community-accountable evidence about the enablers, barriers and differences made by the MHCR Pilot to inform future policy, funding, oversight and programmatic decisions related to community-led crisis response in Boston. Issuance of this Request for Proposals does not constitute a commitment by the City of Boston or BPHC to award a contract or to fund any proposal submitted in response.

II. RFP Timeline

Key dates (add dates are subject to change)

June 25, 2026	RFP available online at www.boston.gov/bid-listings
July 10, 2026	RFP questions due via email by 5:00pm EST <i>Submit questions via email to RFR@bphc.org and cbhwquestions@bphc.org</i>
July 17, 2026	Questions and Answers published on www.boston.gov/bid-listings
August 21, 2026	Proposals due at 5:00pm EST to RFR@bphc.org
August 24 – September 8, 2026	Review & Scoring period

September 8 – 15, 2026	Interview period
September 22, 2026	Selection and notification of award Desired date for notification of award to proposer; however, BPHC has the discretion to extend this date without notice. 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)
October 6, 2026	Anticipated contract start (exact date pending legal and procurement review)
October 6 – February 6, 2027	Anticipated implementation planning period
February 6, 2027	Anticipated launch of Pilot Response services in community chosen

III. Background

A. Origins and Policy Context

The Community-Led Mental Health Crisis Response (MHCR) Pilot is the result of a multi-year, community-informed planning and design process initiated in response to longstanding concerns about the role of law enforcement in responding to mental health crises in Boston. Beginning in 2020, community members, advocates, and service providers called for alternatives to traditional emergency response systems that frequently involve police, particularly in communities that have been historically over-policed and underserved by behavioral health systems. In 2021, the City of Boston formally launched a cross-agency effort to reimagine mental health crisis response. This work included collaboration among City leadership, the Boston Public Health Commission (BPHC), and community partners, as well as a community-led design process facilitated by local organizations with deep neighborhood relationships. Through this process, residents articulated a clear vision for crisis response models that are community-led, non-carceral, consent-based, culturally responsive, and grounded in lived experience.

The MHCR Pilot reflects this vision and is intentionally designed as a “proof of concept” initiative. Operating at a limited scale in one Boston neighborhood, the Pilot provides an opportunity to test feasibility, refine operational protocols, and assess outcomes before any consideration of continuation or expansion.

This Pilot aligns directly with BPHC’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 Consistent with Boston’s *Live Long and Well* agenda—emphasizing prevention, upstream solutions, and community-centered approaches to safety and well-being—the Pilot seeks to rebalance crisis response roles toward culturally responsive models rooted in community care.³

B. Public Health Rationale

Mental health crises are a significant public health concern in Boston, with disproportionate impacts on Black, Latinx, low-income, immigrant, LGBTQIA+, disabled, and unhoused residents. Local data indicate that 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

A growing body of research indicates that police involvement in mental health crises is associated with elevated risks of force and injury—particularly for individuals experiencing serious mental illness—and may contribute to inequitable outcomes.^{4–6} Evidence also documents racialized patterns of police victimization and exposure that are relevant to understanding disparate impacts and community trust.⁷ In addition to direct harms, a landmark *Lancet* study found that police killings of unarmed Black individuals are associated with significant spillover effects on the mental health of Black Americans living in the same state, underscoring population-level impacts on community well-being and trust in public systems.⁸ Recent reporting further documents how frequently 911 mental health calls can escalate to police use of force, highlighting both the risks to individuals in crisis and the strain placed on law enforcement responders.⁹

In this context, community-led crisis response models—centered on peer support, de-escalation, voluntary engagement, and connection to community-based services—offer a public health approach that may reduce unnecessary emergency department utilization and strengthen pathways to culturally and linguistically responsive care. The MHCR Pilot adopts a public health framework that treats mental health crises as health and social events. By centering peer responders with lived experience and strong community ties, the Pilot seeks to address both immediate crisis needs and underlying social and behavioral health factors that contribute to repeated crises—advancing BPHC’s mission and supporting Boston’s *Live Long and Well* agenda.^{1,3}

C. Core Features of the MHCR Pilot

The MHCR Pilot is defined by several foundational features that inform all aspects of program design and implementation:

- **Community-led:** Services are delivered by trained peer responders who are community members who reflect the racial, cultural, linguistic, and gender diversity of the neighborhood served.
- **Non-carceral:** The Pilot operates outside of law enforcement and minimizes involvement of EMS and clinical providers who are mandated reporters, except where required for safety.
- **Consent-based:** Engagement is voluntary, with informed consent obtained throughout the call-taking, response, and follow-up process.
- **Racially just:** Program design and operations explicitly seek to reduce racial disparities in crisis response and address structural inequities.
- **Peer-driven:** Peer responders draw on lived experience to provide trauma-informed, culturally grounded support.

- **Neighborhood-based:** Services are dispatched from a local hub to ensure timely response and strong community connection.
- **Holistic and preventative:** Follow-up support focuses on stabilization, care navigation, and connection to community resources to reduce recurrence of crisis.

These features reflect community priorities identified through the planning process and align with BPHC’s mission to advance health equity and promote behavioral health and wellness through just, trauma-informed approaches.

D. Role of Evaluation in the Pilot

Evaluation and learning are central components of the MHCR Pilot and is essential to understanding whether and how this alternative crisis response model achieves its intended goals. Because the Pilot is intentionally time-limited and operates at a defined scale, a rigorous external evaluation is required to assess implementation, outcomes, and equity impacts.

The evaluation is intended to serve multiple purposes:

- Support continuous quality improvement during Pilot implementation;
- Assist CBHW in learning how to maximize community leadership, power, and accountability in its MHCR pilot governance structure and approach
- Assess fidelity to core values such as non-carcerality, consent, and community leadership;
- Examine client- and community-level utilization and outcomes, including disparities across populations;
- Inform policy, funding, accountability and oversight and sustainability decisions at the City level.

The External Evaluator will operate independently while collaborating with BPHC, MHCR service vendors, and the Community Advisory Board (CAB). The CAB plays a key role in providing community oversight and interpretation of data and findings to ensure accountability to residents most impacted by crisis response systems.

Together, the MHCR Pilot and its evaluation aim to contribute to a growing evidence base on community-led crisis response and to inform future investments in behavioral health systems that are equitable, effective, and grounded in community trust.

IV. Scope of Service

Service Delivery Requirements

A. Introduction

The Boston Public Health Commission (BPHC), through the Center for Behavioral Health and Wellness (CBHW), seeks an External Evaluator to design and implement a comprehensive evaluation of the Community-Led Mental Health Crisis Response (MHCR) Pilot. The evaluation will assess implementation, outcomes, equity impacts, and fidelity to the Pilot’s core values, while supporting continuous learning and improvement throughout the Pilot period.

The MHCR Pilot is a time-limited, neighborhood-based demonstration project providing an alternative to traditional first responder emergency responses for individuals experiencing mental health crises. The evaluation must be conducted in close coordination with CBHW, MHCR service vendor(s), and the Community Advisory Board (CAB), while maintaining evaluator independence.

B. Objective

The primary objective of this Scope of Service is to engage an independent External Evaluator to:

- Assess whether and how the MHCR Pilot is implemented as designed and in alignment with its core features;
- Assist CBHW in maximizing community leadership, power, and accountability in its governance structure and approach.
- Examine client-, community- level utilization and client, community-, and system-, -level outcomes and equity impacts of the Pilot;
- Support data-driven, continuous quality improvement of program operations, client experience, client outcomes, and community accountability during Pilot implementation; and
- Generate rigorous, policy-relevant findings to inform sustainability, funding, and potential expansion decisions.

C. Proposal Aims

Role of the External Evaluation

The External Evaluation is a core learning and accountability mechanism for the MHCR Pilot. Rather than serving solely as a summative assessment, the evaluation is also developmental -fueling learning, improvement, and real-time adaptation while generating credible evidence for longer-term policy, funding, accountability and oversight, and sustainability decisions.

The evaluation must balance methodological rigor with community accountability, ensuring that findings are accessible, transparent, and responsive to the priorities of those most impacted by crisis response systems. All evaluation activities should take an equitable and racially just approach to design and methods.

Proposals submitted in response to this RFP should demonstrate the applicant's ability to:

1. Design and implement a mixed-methods, equitable and racially just evaluation of a community-led crisis response model.
2. Advise Pilot provider on data to collect and aggregate; data from Pilot service vendor to assess operations, service delivery, and outcomes over time, including disparities across populations. The data is collected and provided by the Pilot vendor, with evaluator guidance. The evaluator will coordinate with the Pilot vendor to gain access to all necessary data.
3. Engage community governance structures (City of Boston, BPHC, CBHW), key mental health crisis response stakeholders (e.g. Community Behavioral Health Centers, Behavioral Health Help Line, 988, etc.), and community, and Community Advisory Board, in review of and input on meaning, interpretation, and implication of findings.
4. Produce timely, accessible deliverables that support both real-time improvement and longer-term policy decision-making.
5. Conduct evaluation activities in a manner consistent with non-carceral, consent-based, trauma-informed, and culturally responsive principles.

D. Required Services

The External Evaluator shall be responsible for the following required services:

1. Evaluation Design and Planning

- Develop a comprehensive Evaluation Plan within sixty (60) days of contract execution, that includes indicators, stakeholder engagement strategy (including Pilot service vendor, Clients, impacted residents, and key partners) and a detailed workplan
- Define evaluation questions aligned with Pilot goals and values.
- Develop or refine a logic model consistent with MHCR Pilot activities (call-taking, triage, response, and follow-up).
- Establish data collection, data-sharing, governance, and privacy protocols in coordination with CBHW and service vendor/s.

2. Data Collection and Analysis

- Conduct quantitative and qualitative data collection and analysis, which may include administrative, governmental and procedural project data; police, EMS, hospital, Community Behavioral Health Center, and other relevant mental health/mental health crisis data; and program operation, utilization, and Client experience data.
- Conduct surveys, interviews, focus groups, observations, and document review.
- Analyze data to assess performance management indicators, client outcomes, community-level impacts, and equity-related trends.
- Disaggregate findings by race, ethnicity, language, gender identity, sexual orientation, disability status, housing status, and other relevant factors, where feasible and appropriate.

3. Fidelity and Values Assessment

- Assess fidelity to MHCR core values, including non-carcerality, consent-based engagement, community leadership, and cultural and linguistic congruence.
- Examine workforce practices, supervision, and sustainability.
- Identify enablers, barriers, and opportunities for improvement of community leadership, oversight, and accountability.
- Evaluate system integration and referral pathways with behavioral health, social service, and City partners.

4. Continuous Quality Improvement Support

- Produce quarterly evaluation memoranda summarizing emerging findings, implementation challenges, and opportunities for improvement.
- Participate in regular meetings with CBHW and, as appropriate, the CAB to discuss findings and support course correction.
- Provide analytic support to inform operational adjustments during the Pilot.

5. Reporting and Dissemination

- **Bi-monthly Progress Briefs**
 - Concise written report of progress against timeline and deliverables, implementation challenges, and spending
- **Quarterly Evaluation Memoranda**
 - Concise written products summarizing implementation trends, early outcomes, fidelity issues, and quality improvement opportunities
- **Annual Evaluation Report**
 - Comprehensive analysis across all evaluation domains
 - Includes disaggregated data and equity-focused findings
 - Provides clear, prioritized recommendations
- **Public-Facing Summary Report**

- Plain-language summary suitable for community dissemination
- **Presentations**
 - At minimum: CAB, CBHW, and BPHC leadership
 - Additional presentations may be requested at BPHC’s discretion

E. Anticipated Time Period and Activities

The anticipated period of performance aligns with the MHCR Pilot timeline (planning and operations). The chart below reflects expected evaluation activities in accordance with the *Community-Led Mental Health Crisis Response Pilot 2026 RFP*, available at www.boston.gov/bid-listings.

Pilot Phase	Timeframe	Anticipated Evaluation Activities
Phase 1: Planning	Months 1–4	Finalize evaluation design and logic model; establish data-sharing agreements; develop instruments; baseline data review; CAB engagement
Phase 2: Soft Launch	Months 4–7	Early implementation monitoring; rapid-cycle feedback; initial qualitative data collection; first quarterly memo
Phase 3: Full Implementation	Months 7–22	Ongoing data collection and analysis; quarterly evaluation memos; equity analysis; workforce and systems integration assessment
Phase 4: Pilot Wrap Up and Report back	Months 22 - 28	Final synthesis; sustainability and scale-up analysis; final briefing
Annual Reporting	Annually	Annual evaluation report; public summary; presentations to CAB, CBHW, and BPHC

Dates are subject to change based on Pilot implementation timelines and funding availability.

V. Minimum Qualifications

Experience

Applicants must have demonstrated experience designing, implementing, and evaluating complex behavioral health or public health initiatives. Preference will be given to organizations with strong community partnerships and demonstrated Boston presence.

Expertise

Applicants should demonstrate expertise in behavioral health systems, crisis response, racial equity, and trauma-informed evaluation and developmental evaluation and learning approaches. Teams must include individuals with relevant training.

Vendor Framework Requirements

Applicants must demonstrate capacity to manage a multi-year evaluation, coordinate with diverse stakeholders, and comply with all City, state, and federal requirements.

VI. Proposal Requirements

Period of Performance: The anticipated period of performance for this program is **October 6, 2026-February 6, 2029 (28 months)**. BPHC may extend the period of performance prior to February 6, 2029 - this is subject to funds available and additional work as required.

Total Budget: \$275,000 of total funding is available through the Center for Behavioral Health and Wellness of the BPHC.

Proposal Page Limit: Proposal narrative not to exceed 10 pages (including abstract cover page), 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).

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

1. Cover Page + Abstract (1 page)

- Organization(s): name, website, lead contact (name, email, phone, address)
- Total budget
- Abstract (1-2 paragraph summary of evaluation approach and methodology)

SCORED

2. Organizational Qualifications, Experience (up to 2 pages)

Applicants must demonstrate that they possess the organizational capacity, experience, and values alignment necessary to successfully carry out an external evaluation of a complex, community-led, non-carceral mental health crisis response pilot.

Proposals should address the following components:

Applicants should describe their organization's:

- Mission, vision, and core values, and how these align with equity-centered, community-led, and public health-driven approaches.
- Organizational history and primary areas of expertise.
- Experience conducting evaluations of public mental health, behavioral health, crisis response, or closely related initiatives.
- Experience working with public sector agencies, community-based organizations, and/or multi-stakeholder systems.

Applicants should clearly articulate why their organization is well-positioned to serve as an independent external evaluator for the MHCR Pilot.

3. Understanding of MHCR (up to 2 pages)

Applicants must demonstrate a clear and nuanced understanding of the Community-Led Mental Health Crisis Response (MHCR) Pilot, including:

- The Pilot's purpose as a non-carceral, consent-based alternative to traditional emergency responses;
- The role of peer responders and lived experience;
- The importance of racial equity, cultural responsiveness, and community trust;

- The Pilot’s position within Boston’s broader behavioral health and crisis response ecosystem.

Applicants should describe how this understanding informs their proposed evaluation approach and the questions they prioritize.

4. Evaluation Methodology (up to 4 pages)

Applicants must describe their proposed evaluation methodology, including:

- Overall evaluation framework and approach (e.g., mixed-methods, longitudinal, participatory);
- Data sources to be used (e.g., administrative data, surveys, interviews, focus groups, observations);
- Strategies for integrating quantitative and qualitative data;
- Plans for equity-centered, racially just data collection and analysis, including disaggregation by race, ethnicity, language, gender identity, sexual orientation, disability status, housing status, and other relevant factors, where feasible;
- Approach to engaging CBHW, service vendors, and the Community Advisory Board (CAB) while maintaining evaluator independence.

Applicants should demonstrate how their methodology supports both continuous quality improvement and rigorous assessment of outcomes and impacts.

5. Challenges and Solutions (up to 1 page)

Applicants must identify potential challenges related to evaluating a community-led mental health crisis response pilot and propose feasible, thoughtful strategies to address them.

Potential challenges may include, but are not limited to:

- Data availability, quality, or consistency across vendors;
- Protecting client privacy while collecting meaningful data;
- Engaging clients and community members with lived experience in evaluation activities;
- Evaluating non-carceral and consent-based practices without reproducing harm;
- Balancing evaluator independence with collaborative learning and improvement;
- Conducting evaluation activities during evolving program implementation.

Applicants should clearly describe:

- Anticipated challenges;
- Concrete strategies to mitigate or address each challenge;
- How proposed solutions align with trauma-informed, culturally responsive, and community-accountable evaluation principles.

ATTACHMENTS (REQUIRED, SCORED)

Project Workplan and Timeline

Applicants must submit a Project Workplan and Timeline covering the full 22-month Pilot period and 6-months following the Pilot to complete evaluation.

The workplan should:

- Clearly outline major evaluation activities by phase (planning, early implementation, full implementation, reporting, and close-out);

- Identify key milestones and deliverables (e.g., Evaluation Plan, quarterly memos, annual reports);
- Indicate timing and sequencing of activities;
- Identify responsible staff roles for each activity.

Applicants should also describe key planning activities to ensure a successful evaluation launch, including:

- Finalizing evaluation questions and logic model;
- Establishing data-sharing and governance protocols;
- Developing data collection instruments;
- Coordinating with CBHW, service vendor/s, and the CAB;
- Setting up processes for continuous quality improvement feedback.

Workplans should demonstrate feasibility, clarity, and alignment with the MHCR Pilot timeline.

Budget and Budget Narrative

Applicants must submit both a Budget Summary Table and a Budget Narrative for all proposed evaluation expenses across the 22-month Pilot period and 6-month post Pilot evaluation period.

Budget Summary Table

Applicants must complete the Proposed Budget Summary Template [\[link\]](#) categorizing all anticipated expenses, which may include but are not limited to:

- Personnel and fringe benefits;
- Community engagement costs (e.g., stipends, food, childcare, handout materials, facilitation);
- Data collection and analysis expenses;
- Translation and interpretation services;
- Technology, software, or data management tools;
- Travel or local transportation (if applicable);
- Indirect costs (not to exceed 10% of allowable costs).

Budget Narrative

The Budget Narrative must:

- Explain the overall budget approach and assumptions;
- Justify each major cost category in relation to the proposed evaluation activities;
- Demonstrate cost reasonableness and alignment with the scope of work;
- Describe how resources will be allocated across the Pilot period;
- Identify any leveraged or in-kind resources, if applicable.

Certified Underrepresented Business Enterprise (CUBE) 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

CV of Key Staff

Include résumés or CVs only for staff who will oversee evaluation design, implementation, and reporting of findings.

Work Sample

Provide at least one work sample that reflects your organization’s previous work relevant to participatory behavioral health program development and outcomes, and quality improvement or continuous, developmental learning. This may include reports, curricula, facilitation tools, and/or campaign materials and the like.

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.

VII. Proposal Scoring

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

<i>Section</i>	<i>Points</i>
<i>Organizational Qualifications and Experience</i>	<i>15</i>
<i>Understanding of MHCR</i>	<i>10</i>
<i>Evaluation Methodology</i>	<i>25</i>
<i>Challenges and Solutions</i>	<i>10</i>
<i>Workplan and Timeline</i>	<i>15</i>
<i>Budget and Budget Narrative</i>	<i>15</i>
<i>CUBE</i>	<i>10</i>
Total	100

VIII. 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**. Notification of answers to questions received by that date will be provided on www.boston.gov/bid-listings on **July 17, 2026**.

IX. Award Contract Requirements

Award notification + contract negotiation

BPHC Standard Contract: Awarded vendor(s) will be subject to the terms and conditions outlined in the contract, which define obligations and responsibilities. Services shall not commence until both parties have duly executed the agreement.

X. 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.

XI. Submission Instructions

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

Subject Line: “MHCR External Evaluation Proposal – [Organization Name]”

Deadline: August 21, 2026, by 5pm EST

Late proposals will not be accepted.

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

XII. Appendices

Contents

- A. Key Term Definitions
- B. Integrated Evaluation Domains
- C. Vendor-Evaluator Crosswalk

A. Key Term Definitions

- i. **Client** – any eligible caller in need of services
- ii. **Community-led** - empowers peers and community members to provide mental health support to neighbors in need
- iii. **Consent-based** – services are provided only with the voluntary, informed agreement of the individual, respecting their autonomy to accept or decline assistance, without coercion or force, and where individuals in crisis are comfortable (school, home, workplace, etc.)
- iv. **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
- v. **Mental health crisis** - feeling unsafe, unstable, unlike yourself, unable to function, or in a conflict because of your mental or emotional state
- vi. **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
- vii. **Non-carceral** - not involving police in any way and minimizing the roles of Emergency Medical Services (EMS), and clinical providers who are mandated reporters from mental health crisis situations)
- viii. **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
- ix. **Racially just** - actively works to reduce racial disparities in crisis response and address structural racism
- x. **Responder** – a staff member who is part of the mobile response team and performs on-site duties
- xi. **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 Client’s don't have to repeat themselves.

B. Integrated Evaluation Domains

The External Evaluator shall assess the MHCR Pilot across the following domains:

1. Performance Management and Operations
2. Client- and Community-Level Outcomes
3. Fidelity to Core MHCR Values
4. Client Satisfaction and User Experience
5. Community Feedback and Legitimacy
6. Workforce Assessment

7. Systems Integration

8. Financing, Cost, and Sustainability

C. Vendor–Evaluator Crosswalk

The table below clarifies roles and responsibilities across MHCR system partners during evaluation activities.

Task	Call/Dispatch Vendor	Mobile Response Vendor	External Evaluator	CBHW	CAB
Evaluation Plan & Logic Model	Consult	Consult	Lead	Approve	Consult
Data Sharing & Quality Assurance	Provide Data	Provide Data	Verify / Analyze	Oversee	Consult
Client & Staff Feedback	Assist Recruitment	Assist Recruitment	Lead	Consult	Consult
Quarterly Evaluation Memo	Review	Review	Produce	Review	Consult
Annual Evaluation & Public Summary	Consult	Consult	Draft	Approve	Consult

XIII. References

- 1 Boston Public Health Commission. (n.d.). *About the Boston Public Health Commission: Mission and core values*. City of Boston.
<https://www.boston.gov/government/cabinets/boston-public-health-commission/about-health-commission>
- 2 Boston Public Health Commission. (2024). *Health of Boston 2024: Mental health*. City of Boston.
https://www.boston.gov/sites/default/files/file/2024/03/HOB_MentalHealth_2024.pdf
- 3 Boston Public Health Commission. (n.d.). *Boston's Live Long and Well agenda*. City of Boston.
<https://www.boston.gov/departments/boston-public-health-commission/bostons-live-long-and-well-agenda>
- 4 Laniyonu, A., & Goff, P. A. (2021). Measuring disparities in police use of force and injury among persons with serious mental illness. *BMC Psychiatry*. 2021 Oct 12;21(1):500. doi: 10.1186/s12888-021-5000-5
- 5 Rossler, M. T., & Terrill, W. (2016). Mental Illness, Police Use of Force, and Citizen Injury. *Police Quarterly*, 20(2), 189–212. <https://doi.org/10.1177/1098611116681480> (Original work published 2017)
- 6 Watson, A. C., & El-Sabawi, T. (2023). 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*, 86(1).
<https://ssrn.com/abstract=4408297>
- 7 DeVlyder J.E., Oh H.Y., Nam B., Sharpe T.L., Lehmann M., Link B.G.(2018). Prevalence, demographic variation and psychological correlates of exposure to police victimisation in four US cities. *Epidemiol Psychiatr Sci*. 2017 Oct;26(5):466–477. doi: 10.1017/S2045796016000810. Epub 2016 Nov 11. PMID: 27834166; PMCID: PMC6998899.
- 8 Bor, J., Venkataramani, A. S., Williams, D. R., & Tsai, A. C. (2018). Police killings and their spillover effects on the mental health of Black Americans: A population-based, quasi-experimental study. *The Lancet*, 392(10144), 302–310.
[https://doi.org/10.1016/S0140-6736\(18\)31130-9](https://doi.org/10.1016/S0140-6736(18)31130-9)
- 9 MindSite News. (2025, January 31). *Police use of force and mental health calls*.
<https://mindsiteneews.org/2025/01/31/police-use-of-force-mental-health/>