Request for Proposal
Questions and Responses

Request for Proposal: Evaluation for Boston's Community-Led Mental Health Crisis Response (MHCR) Pilot
Proposal Due Date: 7/17/2026

Q1: On p. 9, the RFP prescribes a 10-page limit for our responses to this RFP including abstract cover page. Then in the next sentence it reads: This page limit does not include cover page and requested attachments… I hope our proposal does not come down to one page too many or too few, but could you clarify?

A: This is a typo. It should read - "This page limit does not include requested attachments (i.e., workplan table, budget sheet CUBE, CV of key staff, work sample/s, reference listing."

Q2: Have you chosen the neighborhood to host the pilot yet? Will it overlap with a census tract or zip code? It would be helpful to do some research on the chosen site so we can better design our evaluation strategy for best fit.

A: Neighborhood will be selected though the Pilot RFP process. See 1.2 Key Pilot Information (page 5) in the Pilot RFP. https://www.boston.gov/sites/default/files/file/2026/06/Community-led%20Mental%20Health%20Crisis%20Response%20Pilot%20RFP%202026.pdf

"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."

Q3: Is it allowable to use a smaller font for tables, captions, footnotes, graphics, and text boxes, such as Arial Narrow 10-point, provided the text remains legible?

A: Tables and captions, footnotes, graphics and text boxes can use smaller font.

Q4: The RFP states 12-point font size should be used. Does this apply to exhibits (e.g., tables, figures) as well, or can those use a smaller font size?

A: Tables and captions, footnotes, graphics and text boxes can use smaller font.

Q5: May applicants include a table of contents as an unscored page in addition to the 10-page proposal narrative?

A: The RFP does not prohibit the use of a table of contents.
See Section VI: Proposal Requirements- Proposal Page Limit (pages 9-11) in the RFP.

Q6: The RFP states on page 11 that indirect costs may not exceed 10% of allowable costs, while the Budget Summary Template indicates indirect costs of up to 15% of allowable costs. Which indirect cost limitation should applicants follow?

A: Please use 15% as the maximum indirect allowable rate. The Budget Summary Table is the correct information.

Q7: If an applicant uses less than the maximum page limit for one narrative section (e.g., 1.5 of 2 pages), may the unused portion be used in another narrative section, provided the total proposal narrative does not exceed 10 pages?

A: No. Follow RFP guidelines outlining the maximum number of pages for each section.
See Section VI - Proposal Requirements (pages 9-11) in RFP

- *Cover page (1 page)*
- *Organizational Qualifications, Experience (up to 2 pages)*
- *Understanding of MHCR (up to 2 pages)*
- *Evaluation Methodology (up to 4 pages*
- *Challenges and Solutions (up to 1 page)*

Q8: The RFP on p12 requests professional references including only name, organization, title, email, and phone number. May applicants also include a brief (1–2 sentence) description of the relevant project performed for each reference to provide context?

A: No. See Section IV - Proposal Requirements, Unscored Additional Requirements (page 12) in the RFP - "Provide three professional references including only: name, organization, title, email, and phone number."

Q9: The Budget Summary Template includes a pre-populated total of $1,700,000, while the RFP states that total available funding is $275,000. Should applicants disregard the pre-populated amount and prepare a budget not to exceed $275,000?

A: Yes, the proposed budget should not exceed $275,000.
See [Section VI: Proposal Requirements - Period of Performance (page 9) in the RFP
"Total Budget: $275,000 of total funding is available through the Center for Behavioral Health and Wellness of the BPHC."

Q10: Can BPHC please describe the content of the project data that will be available and accessible for this evaluation. The RFP references administrative, governmental, and procedural data on page 7. Any additional detail that BPHC can provide regarding the content and variables contained within these data sources would be helpful.

A: There are no additional details beyond those in the RFP on the project data that will be available and accessible for the evaluation at this time. See IV.D - Required Services (pages 6-7) in the RFP.

"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."

Q11: Is there a preference for virtual or in-person meetings with CAB and CBHW?

A: Need to be able to do both.

Q12: Does the external evaluator select the vendors for call/dispatch and mobile response? If these vendors are already selected, is BPHC able to provide additional information about them?

A: No, the external evaluator does not select the vendor. There is a live RFP process to select vendors. https://www.boston.gov/sites/default/files/file/2026/06/Community-led%20Mental%20Health%20Crisis%20Response%20Pilot%20RFP%202026.pdf

Q13: Community Advisory Board status — Is the CAB already formed and operating, or is convening/establishing it part of the evaluator's or CBHW's responsibility during Phase 1?

A: The CAB has not been formed yet. It will be convened and overseen by BPHC's Center for Behavioral Health and Wellness. The role of the CAB will be to "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." See Section IV - Role of the Evaluation in the Pilot (page 5) in the RFP.

Q14: Interview format — The Sept 8–15 interview period isn't specified as virtual or in-person; can you confirm whether interviews are expected to be in-person or if virtual attendance is allowed?

A: Virtual attendance is allowed.

Q15: Indirect cost rate: Section VI of the RFP states that indirect costs are capped at 10% of allowable costs. However, the Proposed Budget Summary Template states indirect costs may be "up to 15%" of allowable costs. Could you clarify which rate applies?

A: Please use 15% as the maximum indirect allowable rate.

Q16: Budget structure: Would BPHC consider accepting a proposed budget structured on a fixed-price/deliverable basis, rather than the time-and-materials structure reflected in the Budget Summary Template? We want to confirm this is an acceptable approach, or whether the template should be adapted, before finalizing our proposal budget.

A: No.

Q17: The RFP specifies an indirect cap of 10% but the budget spreadsheet says 15%. Can you please clarify the maximum indirect rate allowed?

A: Please use 15% as the maximum indirect allowable rate.

Q18: Can you please provide information about how the MHCR service vendor will identify clients, and how many clients they anticipate reaching throughout the pilot?

A: There is not a predetermined call intake volume or number of responses for the Pilot. See See 1.2 Key Pilot Information (page 5) in the Pilot RFP.
https://www.boston.gov/sites/default/files/file/2026/06/Community-led%20Mental%20Health%20Crisis%20Response%20Pilot%20RFP%202026.pdf

"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."

Q19: What is the expectation for the amount of follow-up/contacts with the clients after the initial interaction?

A: The Pilot will offer clients "optional follow-up with Peer Responders and/or Care Navigators, 3-6 in-person or virtual contacts over 60-90 days post-intervention."

See RFP for Pilot Vendor, Appendix C; Scope of Services, Requirements for Component 2 - Crisis Response and Follow-up (page 28-29)
https://www.boston.gov/sites/default/files/file/2026/06/Community-led%20Mental%20Health%20Crisis%20Response%20Pilot%20RFP%202026.pdf

Q20: The RFP states that indirect costs may not exceed 10% of allowable costs, while the Proposed Budget Summary Template indicates a maximum indirect rate of 15%. Could BPHC please clarify the allowable maximum indirect cost rate for this procurement?

A: Please use 15% as the maximum indirect allowable rate.

Q21: Can you please confirm how the three periods in the Budget Summary Template line up with the phases of the project? Are phases 1 and 2 the "Start up Period"? Is Phase 3 the "Start up Operation"? Is Phase 4 the "Wrap Up"?

A: See new budget template.
https://docs.google.com/spreadsheets/d/1gGBaPatO6SKXPKPRc4dZNhXp5JvxdCAVPbQt-UY3w9E/edit?gid=1949988799#gid=1949988799

Q22: Will data related to healthcare service utilization (e.g. claims for outpatient and inpatient mental health services) be available for this study? What about data on contacts with the criminal legal system (e.g., law enforcement contacts, arrests, incarceration)?

A: No. See RFP for potential sources of data. See IV.D - Required Services (pages 6-7) in the RFP. "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"

Q23: Will the evaluator be expected to establish data use agreements with each entity providing data, or are there already data sharing arrangements in place between BPHC and these entities?

A: Yes. The Vendor is expected to establish data use agreements.
See Section IV. D1 - Evaluation Design and Planning (page 7) in the RFP
"Establish data collection, data-sharing, governance, and privacy protocols in coordination with CBHW and service vendor/s."

Q24: What specific client-level data elements are anticipated to be available for evaluation purposes?

A: This is to be determined after the start of the Pilot. See Section IV.C for Role of External Evaluation (page 6) in RFP.

"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."

Q25: To what extent is the evaluator expected to independently obtain data from external systems or partners (e.g., hospitals, Community Behavioral Health Centers, EMS, police, 988, Behavioral Health Help Line, or other agencies)?

A: Where the evaluator is expected to obtain external data, it is with pre-approval from BPH and where appropriate, introduction from CBHW staff. See Section IV.D - Required Services (page 7) in RFP.

Establish data collection, data-sharing, governance, and privacy protocols in coordination with CBHW and service vendor/s.

Q26: Will BPHC and/or the Pilot vendor facilitate access to these data sources and execute necessary data-sharing agreements, or is the evaluator expected to lead those efforts?

A. Where the evaluator is expected to obtain external data, it is with pre-approval from BPH and where appropriate, introduction from CBHW staff. See Section IV.D - Required Services (page 7) in RFP

Establish data collection, data-sharing, governance, and privacy protocols in coordination with CBHW and service vendor/s.

Q27: The RFP notes a multi-year planning and design process preceding implementation of the MHCR Pilot. Were any formative research, needs assessments, community listening sessions, feasibility studies, evaluation activities, or similar data collection efforts conducted as part of this process? If so, will data or materials from those efforts be made available to the selected evaluator?

A: An extensive community-led design process and research of mental health needs and disparities in access, utilization, and outcomes informed the Pilot design. See open RFP for the MHCR Pilot for available information on the community input and research that informed Pilot design [Appendix B - Pilot History, Context, and Rationale (page 22)].
https://www.boston.gov/sites/default/files/file/2026/06/Community-led%20Mental%20Health%20Crisis%20Response%20Pilot%20RFP%202026.pdf

Q28: Will baseline data be available prior to Pilot launch, and if so, what sources of baseline information does BPHC anticipate making available to the evaluator?

A: Baseline data will be reviewed during the planning phase of the evaluation. Sources will be shared at that time. See Action IV. E - Anticipated Time Period and Activities (page 8) "Phase 1: Planning months 1-4. Finalize evaluation design and logic model; establish data-sharing agreements; develop instruments; baseline data review; CAB engagement."

Q29: If the evaluator is expected to attend, are meetings held virtually or in person?

A: Need to be able to do both

Q30: How frequently should the bidder anticipate meeting with CBHW, the selected provider, and the CAB throughout the planning and implementation phases?

A: At a minimum, the bidder should anticipate meeting with CBHW twice a month during the planning phase and monthly during the implementation phases. The bidder will need to determine how often to meet with the selected provider and CAB based on evaluation scope of work and engagement practices.

Generally, the bidder should plan to meet with CBHW, the selected provider and the CAB throughout the planning and implementation phases as often as is deemed necessary to complete the objectives as indicated on page 6 of the External Evaluation for Boston's Community-Led Mental Health Crisis Response (MHCR) Pilot RFP:

"Assess whether and how the MHCR Pilot is implemented as designed and in alignment with its core features; • Assist CBHW is 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"

Q31: Is the evaluator expected to attend all CAB meetings throughout the project period, or only selected meetings?

A: The evaluator is expected to attend CAB meetings as needed. To be determined with CBHW, but at minimum will include CAB, CBHW, and BPHC leadership. Additional presentations may be requested at BPHC's discretion.

See Section IV.D4 - Continuous Quality Improvement Support (page 7-8) in RFP

- *"Participate in regular meetings with CBHW and, as appropriate, the CAB to discuss findings"*
- *"Presentations - at minimum: CAB, CBHW, and BPHC leadership; Additional presentations may be requested at BPHC's discretion"*

Q32: The Scope of Work references engagement with governance structures, the Community Advisory Board (CAB), and community stakeholders. Could BPHC clarify the expected role and level of participation of the evaluator in these activities?

A: The evaluator will develop a proposed work plan that outlines the approach, methods, and frequency for engaging stakeholder groups for CBHW review and approval during the project Planning period.

See RFP Section IV. D1 - Evaluation Design and Planning (page 7) and E - Anticipated Time Period and Activities (page 8)
"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."

"Phase 1: Planning months 1-4. Finalize evaluation design and logic model; establish data-sharing agreements; develop instruments; baseline data review; CAB engagement."

Q33: Is it expected that the evaluator will collect primary data directly from individuals who receive MHCR Pilot services (e.g., interviews, focus groups, surveys, or other qualitative methods)?

A: Applicants can decide if primary data would enhance evaluation, and as such include this in their application. However, all interaction with individuals receiving MHCR Pilot services would need to meet HIPAA compliance standards.

See 'Data Sharing' on page 11 of the Community-led Mental Health Crisis Response Pilot 2026: https://www.boston.gov/sites/default/files/file/2026/06/Community-led%20Mental%20Health%20Crisis%20Response%20Pilot%20RFP%202026.pdf

"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."

See page 28 of the Community-led Mental Health Crisis Response Pilot:
"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)."

Also see Monitoring & Evaluation page 34 of the Community-led Mental Health Crisis Response Pilot: "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… 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.)"*

Q34: Will it be possible to provide monetary compensation for people who participate in the study data collection (e.g., stipends when clients, family, or other community members

complete interviews or surveys)?

A: Community engagement costs need to be budgeted by the bidder.
See Section VI - Proposal requirements, Budget and Budget Narrative (page 11) in RFP.

Q35: If community members are engaged in evaluation-related activities conducted or facilitated by the evaluator, should stipends, meals, childcare, transportation, or other participation supports be budgeted by the evaluator, or will these costs be covered separately by BPHC or the Pilot provider?

A: Community engagement costs need to be budgeted by the bidder. See Section VI - Proposal requirements, Budget and Budget Narrative (page 11) in RFP.

Q36: Should the bidder budget for translation and interpretation expenses associated with data collection or are there resources available through CBHW that the evaluator could use?

A: Yes, the bidder should budget for translation and interpretation expenses. See Section IV. Proposal Requirements - Attachments: Budget and Budget Narrative (page 11) in RFP
"Applicants must complete the Proposed Budget Summary Template 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)."*

Q37: The RFP references translation and interpretation services as a potential budget category. Could BPHC clarify which evaluation activities, materials, or deliverables are expected to be translated and/or interpreted (e.g., surveys, consent materials, interview guides, focus groups, reports, presentations, community-facing summaries)?

A: Translation is intended to support public-facing data collection and information sharing products. Applicants should note in their budget and budget narrative in what ways they plan to use translation.

Q38: How many languages should proposers anticipate support, and are there specific languages that should be assumed for budgeting purposes?

A: Please refer to the neighborhood list in the City of Boston LANGUAGE AND COMMUNICATIONS ACCESS CITY OF BOSTON NEIGHBORHOODS: RESIDENTS WITH LEP:
https://www.boston.gov/sites/default/files/document-file-11-2018/demographic_data_report_-_neighborhood_depth_lep_with_accom_notice_2.pdf

Q39: Has the Community Advisory Board been formed yet for this project, and if not, how are CAB members selected? What is the anticipated size and membership of the CAB? Are CAB members compensated? What is the anticipated role for CAB members in the evaluation?

A: The CAB has not been formed yet. It will be convened and overseen by BPHC's Center for Behavioral Health and Wellness. The role of the CAB will be to "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." See Section IV - Role of the Evaluation in the Pilot (page 5) in the RFP.

Q40: Will the evaluator have input on the development of tools and processes for collecting data as part of program operations? (e.g., collection of demographic characteristics for callers, program documentation)

A: Yes. See Section IV.C. Role of the External Evaluator (page 6) in the RFP
The selected Evaluator will "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"

Q41: By "bi-monthly progress briefs" (page 7) do you mean twice per month or once every two months?

A: Every other month.

Q42: On page 8, Section VI, the RFP notes that $275,000 in total funding is available, and page 12, Section IX, provides that the Awarded Vendor will be subject to the contract's terms and conditions. Would BPHC confirm the anticipated contract type and payment structure (i.e., whether payments will be firm-fixed-price tied to completed deliverables, or reimbursement based on monthly invoicing)?

A: See standard Contract template:
https://drive.google.com/file/d/1mhLXFl8kEEsZwMm9KscDtuaPNj3kDItY/view?usp=sharing
Payments will be reimbursement based on monthly invoicing.

Q43: Page 9, Section VI states that the Selected Vendor "will be required to enter into the BPHC's standard contract." May BPHC provide a link or attachment to that standard contract template so Applicants can review its terms and conditions ahead of the August 21, 2026, submission deadline?

A: See standard Contract template:
https://drive.google.com/file/d/1mhLXFl8kEEsZwMm9KscDtuaPNj3kDItY/view?usp=sharing

Q44: May an Applicant submit proposed edits or exceptions to the standard contract template together with its proposal?

A: Yes, vendors can propose redlines or additions.

Q45: Is BPHC open to considering ideas for how Artificial Intelligence (AI) tools could be used in any component of the scope of work, with the assurance that all outputs would be subject to human review, validation, editing, and approval?

A: BPHC would need to ensure that any use of AI adhere to BPHC standards for confidentiality, data security and other elements. If AI is intended to be used as part of the evaluation process, please clearly indicate this in the application materials.