Request for Proposal
Questions and Responses

Request for Proposal: Community Led Mental Health Crisis Response Pilot
Proposal Due Date: August 21, 2026

Q1: Would BPHC consider a collaborative proposal in which Meetopolis serves as a technology, peer engagement, and care coordination partner alongside a local lead organization? We would welcome the opportunity to discuss how our platform could augment the Pilot and help extend support beyond the initial crisis encounter?

A: Yes.

See Appendix C: Scope of Service Requirements (Pages 23-24) in the RFP.

"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 identified lead organization and partner organization.

Q2: Would BPHC consider a collaborative proposal in which an org serves as a technology, peer engagement, and care coordination partner alongside a local lead organization?

A: Yes. See Appendix C: Scope of Service Requirements (Pages 23-24) in the RFP:

"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 identified lead organization and partner organization."

Q3: Can you speak more to what gap(s) in the community this program is intended to fill??

A: See Appendix B: Pilot History, Context, and Rationale: The Need (pages 22-23) in the RFP

The 2024 Health of Boston MH Report showed racial disparities in mental health acuity. (page 23)

Access: Data also shows people accessing emergency rooms at higher rates for mental health

needs in the 3 communities named in the pilot (Roxbury, Dorchester, Mattapan). While emergency rooms serve the mental health needs of some, they often lack the time needed to provide the warm handover to support people to holistically address their care. (page 23)

Co-occurrences: This pilot aims to create a holistic response to crisis - many current services are not set up to address multi-modal issues that contribute to mental health crises (i.e., social determinants of health issues such as food access, housing insecurity, etc).(page 23)"

Community trust and cultural congruence - being able to deeply understand, connect with, look like, and speak to the communities we serve in ways that reflect their culture and lived experience. A peer/community approach that connects to people's personal experience with crisis is crucial to be able to hear, understand, and respond to what people are saying and what they really need. (page 22)

Q4: If a responder feels they are in danger during a response, have any safety protocols been developed (e.g. calling for backup within the public safety ecosystem) or is that up to the vendor to determine?

A: See 'Partnerships, Community Engagement, and Communication' (page 16) in the RFP:
"Safety protocols are up to the vendor to determine. The RFP requires that protocols be put in place, but does not prescribe what those protocols are."

See 'Call-Taking, Triage, and Dispatch' (page 27) in RFP:
"The safety of Pilot staff, the safety of callers, and the safety of the community are all priorities. This pilot is seeking to exemplify what safety for all can look like."

Example protocols from model programs in other US cities that Vendors can build on are included in the Appendix, page 36, 'Sample Call Intake, Triage, and Assessment Plans.'

Q5: Is program awareness the vendor's responsibility, the City's, or both?

A: See Requirements applicable to Components 1 (Call-Taking) and 2 (Crisis Response and Follow-Up): Program identity, engagement, and outreach (page 33) in the RFP.

The Vendor is responsible for developing promotional materials, and outreach materials including marketing, with the approval of BPHC:
"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."*

Q6: Will you [BPHC] be providing any equipment?

A: See Section IV: Budget (pages 12-14) in the RFP
No equipment will be provided. Available funds should be used to cover equipment needs.

Q7:Is there an anticipated volume of calls and responses during the pilot program?

A: The Boston MHCR Summary Budget Template should be used to demonstrate the number of FTE staff to be employed. From this number one can calculate the number calls each responder staff will be expected to reach per shift.

See 1.2 Key Pilot Information on the RFP, page 5:
"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."

Q8: 1.7 million is for 1 organization?

A: The funds are for a single Vendor. Organizations can choose to partner with other organizations to deliver the scope. A single organization must be identified as the lead applicant.

See Appendix C: Scope of Service Requirements (Pages 23-24) in the RFP
"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 identified 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"

Q9: If multiple strong proposals are submitted for say Roxbury, how will 1 vendor be selected?

A: We engage in equitable procurement practices and will use the stated scoring rubric to review and score all proposals. Reviewers are trained to look for evidence of experience and the strength of the proposed plan for each section of the proposal.

See section VIII Proposal Scoring of the RFP (pages 17-18 of the RFP).

Q10: Would you consider a vendor who is not local but has demonstrated experience building out crisis response programs in locations outside our area, including hiring local program staff?

A: You would need to partner with a local organization, not just hire staff, to meet the requirement for physical location in the neighborhood.

See Appendix C: Scope of Service Requirements- Requirements applicable to Components 1 (Call-Taking) and 2 (Crisis Response and Follow-Up) (Page30) in the RFP:

"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."