BPHC Request for Proposals
Neighborhood Trauma Team

FAQs:

1) What are the different roles each NTT is expected to complete?

Each neighborhood trauma team (NTT) will be responsible for providing the following categories of support:

1. Individualized services as soon as feasible to family and friends of affected individuals
2. Outreach, community engagement, information and, as needed, referral services for the community as a whole
3. Behavioral health and related support services to community members of all ages who are vulnerable to lasting adverse effects of exposure to violence.

2) Which NTT partner is responsible for each of the NTT roles?

The partners that make up each NTT will be responsible for conducting the work of the different categories.

Point 1 (immediate response services) - This can be lead by either the healthcare provider or another partner agency or a combination of both.

Immediate response services can be led by either the healthcare provider or the CBO but both partners will at times play a role in this service. For example, if the immediate response service is led by the CBO, the healthcare provider may be needed if the person(s) impacted are existing clients of the healthcare provider team or there are certain cultural and linguistic needs that can only be met by healthcare staff. NTTs should make the decision of which agency provides immediate response on a case by case basis based on specific needs of the individual or family impacted by the event.

Point 2 (community engagement and outreach) - This can be led by either the healthcare provider or another partner agency or a combination of both. However, we anticipate that for most teams this work would be led by the CBO.
During community engagement and outreach there may be times when a clinical skill-set is needed, such as facilitating a support group or providing consultation to an agency impacted by an event.

**Point 3 (short and long-term care)** - The healthcare provider (lead agency) will be responsible for providing all behavioral health and related support services.

3) What is the expectation is for a “24/7” system for review and receipt of incident notifications?

Each team needs to have an on-call system to receive incident information 24 hours a day/7 days a week. This is asking each team to have a way of receiving information at all times (i.e. an email account, or pager that is designated for the purpose of receiving incident notifications). One partner could be responsible for checking the system or it could be a shared responsibility. The expectation is that the teams have the capacity to receive information 24/7 and to assess the needs of the situation, provide consultation if needed and make decisions about when and where to offer services.

While it is unlikely that a team would receive a request to provide response services in the middle of the night, we know that incidents of violence frequently happen after business hours and on weekends and this initiative needs to be able to respond to the needs of the community during those times. Examples of times when a NTT would need to participate in response activities during non-business hours would be when an incident occurs on the weekend and a briefing call is scheduled (12 hours post incident) to coordinate support services for immediate family and friends of affected individuals and/or if crisis support services are needed during evening hours or on the weekend. We will not ask teams to be on the scene of an incident.

We will work with teams to develop policies and procedures around providing services during non-business hours. If one member of the NTT does not feel that they can meet the needs of this aspect of services, another partner who has more flexibility should take the lead.

4) What is each team’s catchment area?

We expect all NTTs to be ready to support the immediate response and community needs of their entire community (e.g. Roxbury, Dorchester, Mattapan, Jamaica Plain or East Boston); however we recognize that some neighborhoods are larger than others and because of that some teams may not have the capacity to serve their entire community at all times. BPHC will work with teams to provide back-up individual and family support for teams when needed. In addition, we wouldn’t expect any one team to provide all recovery services for everybody exposed to trauma in their community.

NTTs will make referrals based on existing connections to services and the specific needs of the impacted parties. Some referrals will be made to the NTT’s healthcare provider while others impacted individuals/families may want help connecting back to an existing provider at another healthcare facility.

**Due to Dorchester’s large geographical area the Dorchester NTT is eligible for an additional $50,000 to support response, outreach and engagement efforts in this community.**
5) How will the Neighborhood Trauma Teams work with other city and community providers?

We have collaborated with a number of city providers throughout the development of this initiative so that we could create a system that supports existing services. Once funded the NTTs will work with BPHC, BPD, BCYF, BMC, and BPS to develop protocols that ensure swift and ongoing communication at each stage of response and recovery, prevent overlap of services, and provide a consistent response to individuals, families and communities impacted by community violence.

The SMART Team has been funded as the interim trauma support service vendor through December 6, 2016. They will be providing all interim trauma response services for individuals and families for BPHC during this time. They will also staff a 24 hour trauma services hotline and participate in briefing calls with other city and community providers to coordinate support for family and friends impacted by incidents of community violence and trauma. BPHC has the option to extend the SMART Team’s contract through the end of June, 2017 depending on the availability of funding. If funded the SMART Team would support the NTT’s efforts by providing back-up immediate response services for individuals and families, responding to incidents of community violence that happen outside the NTT communities, continuing to staff the 24 hour hotline and participating in briefing calls with other city and community providers to coordinate support for family and friends impacted by incidents of community violence and trauma.

6) What would the expected case load be for each NTT?

We understand that there is variability in the types of care families need after an incident of violence. We have not created productivity standards for teams because of these vast differences in intensity of care needs. However, through previous behavioral health partnerships we do know that a clinician and family partner behavioral health team would have an average caseload of 40 clients.

It should be noted that funding for the healthcare provider will be used to support the non-billable hours of the licensed clinician and 1.0 FTE for a Family Partner/Community Support Person/Trauma Mentor. However each healthcare provider can decide how to divide the effort of its clinician(s) and the 1.0 FTEs dedicated to support the work of a Family Partner/Community Support Person/Trauma Mentor to best support the needs of its population.

7) Do you have a list of suggested community organizations that are involved and/or interested in this kind of work for the amount of funding being offered?

The bidder’s conference will be one opportunity for interested applicants to make connections with other agencies interested in applying for this grant.

8) Is there any flexibility with regard to the funding amounts?

The funding that is presented in the RFP is pro-rated for a start date of 11/01/2016. If it were presented annually the lead agency would receive 100,000 and the partner agency 20,000 with an additional 50,000 available for Dorchester. Teams will be eligible for up to an additional $1,500 per incident to reimburse agency staff or an individual’s time conducting response
activities after an incident of violence in the community. $1500 stipends are available up to a total of 75 incidents that could occur across all neighborhoods yearly. (ie 75 incidents total not 75 incidents per neighborhood)

9) Are there guidelines or requirements regarding how the additional $1,500 per incident will be paid out to each Neighborhood Trauma Team?

Each NTT will have the ability to invoice BPHC for additional costs accrued up to $1,500 per incident. Costs may include but are not limited to additional payments to a NTT partner to conduct outreach, payments to residents or an informal partner that is supporting response activities and/or community based engagement and outreach efforts.

10) Will NTT’s be expected to respond to all violence (e.g. Domestic violence)?

Teams will only be required to conduct response activities for those incidents that meet the eligibility criteria outlined in the RFP. However, given that residents who are affected by community violence may have had multiple past exposures to violence, the response criteria do not apply to the provision of behavioral health care to traumatized individuals. In addition, residents may seek or be referred to behavioral health services at any time based on their own cumulative exposure to violence of any kind.

11) How will teams receive incident details?

BPHC will work with other city agencies and partners to facilitate sharing of incident information among the NTTs, BPD, BCYF, BMC, BPS and other agencies supporting families impacted by traumatic incidents. Together with these other partners we will develop communication protocols that support the roles of all agencies and lead to the rapid connection of support to impacted family and friends and broader information sharing across impacted communities.

12) Can you provide a list of community based organizations that a Lead Agency might partner with?

A list of agencies that the Boston Public Health Commission has partnered with on a number of different projects has been added to the Additional Documents section (http://www.bphc.org/about/Pages/RFP.aspx) of the RFP. We are not recommending any of these vendors and this is not an exhaustive list of agencies but rather a sample of youth, family and community serving agencies that are based in Jamaica Plain, Roxbury, Dorchester, Mattapan and East Boston. Other Community Based Organizations can be found on the city of Boston website at: http://www.cityofboston.gov/newbostonians/directory/default.aspx.

13) Does the application require a detailed budget?

An Addendum to the RFP has been added to the Additional Documents section (http://www.bphc.org/about/Pages/RFP.aspx) of the RFP that requires the submission of a tentative budget proposal for 8 months, to be included in the grant application.

14) Is there a BPHC Cover Sheet that should be used by the applicant?
We are not requiring applicants to use a BPHC standardized coversheet. A typical coversheet would include a short statement of support for the application, a name and contact information for the Lead Agency and the signature of the authorizing agent.