



Trauma-informed School System Transformation at Boston Public Schools

Request for Proposal

November 9, 2023

Executive Office

Center for Behavioral Health and Wellness

I. Overview

“...[F]or any organization to become truly trauma-informed, it must work to dismantle racism along with the white supremacy culture that holds racism in place. This is the only way that the current and historical traumas experienced by children and their families can be addressed...”¹

- Principles of an anti-racist, trauma-informed organization (2022). National Center for Child Traumatic Stress.

The Boston Public Health Commission (BPHC) is the local public health department for the city of Boston. BPHC’s mission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable populations.

BPHC is issuing a Request for Proposals (RFP) to identify qualified individuals or organizations with expertise in bringing culturally sensitive, culturally humble, racially just trauma-informed care to school systems. The chosen vendor will collaborate with Boston Public Schools (BPS) to develop and implement a comprehensive framework to effectively address mental health and trauma-related needs for ten BPS school communities: students, teachers, staff, and administration alike. The proposed framework should align with evidence-based approaches and best practices to empower BPS to become a pillar of support and resilience for school communities who face significant concurrent mental health and trauma challenges. As noted by the Massachusetts Department of Elementary and Secondary Education “we must be aware of the prevalence of trauma in the lives of the children in our schools.”²

Data presents high rates of childhood trauma. The Massachusetts 2019-2020 National Survey of Children's Health data showed that 36% of Massachusetts youth ages 0 to 17 experienced at least one form of trauma, abuse or significant stress in the prior year, with almost 14% having experienced multiple traumas.³ Fourteen percent of US children and 10.1% of MA children have experienced Adverse Childhood Events (ACEs) (defined as a percentage of children ages 0-17 who have ever experienced two or more of the following: parental divorce or separation; living with someone who had an alcohol or drug problem; neighborhood violence victim or witness; living with someone who was mentally ill, suicidal or severely depressed; domestic violence witness; parent served jail time; being treated or judged unfairly due to race/ethnicity; or death of a parent).⁴ ACEs are also correlated with institutional racism and other factors of discrimination. Data from the 2015-2017 Behavioral Risk Factor Surveillance System (BRFSS) collected across 25 states showed that Black, Latino, Gay, and Lesbian populations were more at risk for ACEs than straight people and whites, with the highest risk for ACEs in Multiracial and Bisexual populations.⁵ In 2021, ACEs were shown to be more prevalent among Hispanics, non-Hispanic Blacks, and American Indians relative to non-Hispanic whites, and greater ACE exposure was reported by poor relative to non-poor participants.⁶

The impact of trauma is not distributed equally among students in Boston. The Massachusetts 2021 School Youth Risk Behavior Surveillance System (YRBSS) rates (Fig. 1) show the stark incidence of traumatic events and mental health issues impacting students of color. This is important to note, as students of color comprise the majority of BPS students; Black and Latinx students comprise 76% of BPS enrollment.⁷ Therefore, understanding and having awareness of the impact of trauma on students, particularly for students of color present an urgent need for the school communities within BPS.

| Category | Total | Highest rate by race/ethnicity | Second highest rate by race/ethnicity | Third highest rate by race/ethnicity |
|---|-------|--------------------------------|---------------------------------------|--------------------------------------|
| Were threatened or injured with a weapon on school property | 5.2 | Multiple race 7.8 | Hispanic 6.8 | Black 5.1 |
| Ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood | 17.4 | Hispanic 29.9 | Multiple race 26.9 | Black 22.8 |
| Did not go to school because they felt unsafe at school or on their way to or from school | 7.8 | Black 12.5 | Hispanic 10.6 | Multiple race 9.5 |
| Were bullied on school property | 11.2 | Multiple race 14.4 | White 11.7 | Hispanic 10.9 |
| Experienced sexual violence by anyone | 10.8 | Multiple race 12.8 | Hispanic 12.7 | White 11 |
| Felt sad or hopeless | 38.5 | Hispanic 46.4 | Multiple race 44.6 | White 36.1 |
| Seriously considered attempting suicide | 18.4 | Multiple race 21.8 | Asian 21.0 | Hispanic 19.7 |

Fig 1. Massachusetts 2021 School Youth Risk Behavior Surveillance System Data. Data shows higher incidents for each category for Black, Hispanic, Asian, and Multiple Race youth in comparison to total counts and white youth.

The already high rates of trauma and mental health experienced by BPS students of color are compounded by the ongoing impact of loss from COVID-19. In the United States overall, nearly one-third of children who lost a caregiver to COVID-19 were Hispanic and just over one-fourth were Black. Across New England, Massachusetts recorded the highest number of children orphaned due to coronavirus-related deaths, with approximately 200 per 100,000 children having lost a caregiver to COVID from March 2020 to May 2022. COVID-19 caregiver loss occurred in every racial and ethnic group considered, though losses were concentrated among non-white households. Notably, racial and ethnic disparities in caregiver loss exceed disparities in overall COVID-19 deaths.^{8,9} The unique impact of grief and loss when youth are exposed to traumatic events can heighten traumatic stress reactions and worsen symptoms – such as feeling disconnected from others, having strong negative reactions to relationships, and feeling general disengagement from school.^{10,11} It is also important to note the years of ongoing stress and trauma that many youth of color may have experienced as they saw their parents and caregivers leaving for work in roles deemed ‘essential’ roles (e.g., in transportation, health care, food preparation, and cleaning services) which placed them at high risk for contracting COVID-19 and/or infecting their households.¹²

Trauma is incredibly disruptive to student’s lives and can lead to changes in emotions, mood, thoughts, and behavior. Students enduring trauma may have increased difficulties concentrating and learning and may exhibit emotional dysregulation- including unusually reckless or aggressive behavior. Other times, for some students, a trauma response may lead to ‘shutdown’ becoming less responsive, detached or inattentive. Trauma can lead to declines in attendance and grade point averages, and to cumulative negative remarks in students’ school records. Students who have been exposed to trauma are also at increased risk of receiving out-of-school discipline.¹³

Discipline rates, like ACEs and experiences of trauma, disproportionately impact students of color. For example, during the 2018 – 2019 school year, Black female students and Latina female students in Massachusetts elementary and secondary schools were about 3x and 2.5x, respectively, more likely to be disciplined than their white counterparts. Five and a half percent of Black female students experienced some form of discipline (e.g., in-school or out-of-school suspension, expulsion, referral to law enforcement or school-related arrest) compared to 1.7% of white female students.¹³ Out-of-school discipline also disproportionately affects African American students overall, who are 4x more likely than their white peers to be suspended. Discipline can undermine feelings of safety within school for students impacted by trauma and create a negative, even traumatizing climate countering the aims of restorative justice practices.¹⁴

In light of these findings, it is evident that traditional, individualized approaches to student support and mental health services are no longer solely sufficient. To address the disparate, complex, and multifaceted mental health and trauma needs of Boston Public School youth of color effectively, there is an urgent need for schools to adopt a trauma-informed care (TIC) framework and become trauma-informed school systems. TIC is an approach that recognizes the widespread impact of trauma and adopts practices aimed at promoting healing, resilience, and empowerment. It emphasizes creating safe and supportive environments for all, building trusting relationships, and implementing evidence-based interventions that consider the specific needs and experiences of individuals who have experienced trauma. This is especially important for BPS students of color, who are managing higher levels of individual and collective trauma, and whose mental health suffers at higher rates.

Trauma-informed school system transformation (TISST) addresses trauma and meaningfully accounts for and responds to the disparities BPS students of color face. TISST can and should account for individual, interpersonal, collective *and* structural traumas. As such, TISST is able to move beyond an individualized understanding of trauma and towards an ability to address structural issues that place a higher burden of trauma on students. TISST can bridge gaps in understanding student behavior that may be driving up unequal outcomes in discipline and must seek to understand upstream drivers of those inequities, including systemic racism that may be present in BPS policies and procedures that could be compounding student experiences of individual or interpersonal trauma.

Details for proposals and deliverables are further described in the Scope of Service.

The Boston Public Health Commission (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 Under-represented Business Enterprise (CUBE) in any of these areas, please attach documentation of certification.

II. RFP Timeline

| | |
|----------------------|--|
| November 9, 2023 | RFP posted on The Boston Globe |
| November 9, 2023 | RFP available online at boston.gov/rfp |
| November 22, 2023 | <p>RFP questions due via email by 5:00pm EST</p> <p>Send questions via email to: Center for Behavioral Health cbhwquestions@bphc.org</p> <p>Subject: <i>Trauma-informed School System Transformation at Boston Public Schools -Questions</i></p> |
| November 30, 2023 | Responses to questions available for viewing at boston.gov/rfp by 5:00pm EST |
| December 8, 2023 | <p>Proposals due via email by 5:00 PM</p> <p>Send proposals via email to: RFR@bphc.org</p> <p>Subject: <i>Trauma-informed School System Transformation at Boston Public Schools</i></p> <p>NO EXCEPTIONS TO THIS DEADLINE</p> |
| January 8 – 10, 2024 | <p>Interview with applicants as needed.</p> <p><i>Subject to change</i></p> |
| January 19, 2024 | <p>Notification of Decision: Selected candidate/s will be notified of award by 5:00pm EST</p> <p>The desired date for notification of award to the vendor. This date may be extended without notice. The contract resulting from this RFP shall be in effect when all necessary documentation is fully executed by both parties.</p> <p><i>Subject to change</i></p> |
| February 19, 2024 | <p>Anticipated start of contract</p> <p><i>Subject to change</i></p> |

III. Background

Note: Trauma-informed is defined by SAMHSA as “a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”¹⁵

Massachusetts has prioritized the creation of safe and supportive schools.¹⁶ To do so, districts must recognize and respond to student, staff, and community trauma. Trauma is a key component in understanding the current pediatric behavioral health crisis, including increased violence and overall dysregulation.¹⁷ The most holistic way to do this is through the implementation of trauma-informed care into school systems - via trauma-informed school system transformation (TISST). Through an initial pilot at 10 schools, BPS can become a national leader in trauma-informed school system transformation.

TISST is a **system transformation protocol** that affords entire school systems the ability to shift culture to effectively respond to trauma in students, staff, teachers, administrators and the entire school system. TISST allows *anyone* involved to meaningfully address both the far too common individual traumas students and staff experience and also the community traumas often faced by entire school communities. Unlike professional development, bringing TISST into schools is a holistic approach, one which addresses upstream drivers of behavior challenges via changes in policies and procedures, including assessing and addressing internal and external impacts of racism, homophobia, transphobia and other aspects of discrimination on student lives and subsequent mental health.

Considerably, the experience(s) of racism, oppression and discrimination in and of themselves are traumatic. According to the 2016-2018 National Survey of Children’s Health (NSCH), 10% of Black, non-Hispanic children (ages 0-18 years) have experienced individual/interpersonal racism, which increases their ACEs scores. When individual/interpersonal racism is added with the 9 other ACEs measured in the NSCH a pattern emerges, Black children are more likely to have higher ACE scores compared to white children, and Black children are overrepresented among children with 2 or more ACEs.¹⁸

See Figure 2¹⁸ showing the ACE scores with discrimination (racism) added. It is important to understand the impact of racism, discrimination, oppression and other structural issues that contribute to trauma-including classism, historical trauma, homophobia, xenophobia, sexism, transphobia, heterosexism, and ableism as the presence of these factors not only are traumatic in themselves, but impact rates of ACEs. A trauma-informed approach must account for these impacts.

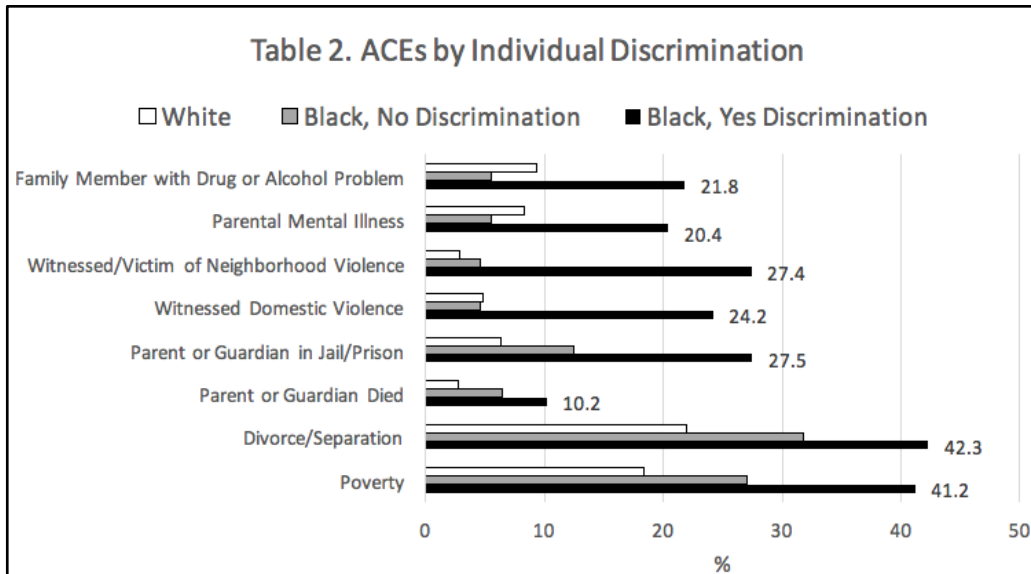


Fig 2. Discrimination and ACEs rates

TISST is also a framework that acknowledges that trauma does not occur in isolation and is ubiquitous. Not only are individual students affected by traumatic experiences, collectively, other students, adults in the school system, the school community, and the communities in which schools sit are affected. The TISST approach thus requires a universal approach, one which approaches trauma in a collective framework, allowing for the fact that not all who have experienced trauma will share this or display behavior that alerts others of such. TISST as a framework assists everyone- promoting healthier reactions, interactions, policies and procedures that will benefit the entire school community. Thus, as schools maintain their critical focus on education and achievement, they are afforded an opportunity, through TISST, to improve *community* mental health and wellness, as an integral component to students' success in the classroom and to a thriving school environment.

TISST is thus an essential component of the health of an entire school system and the communities in which they sit. TISST has the opportunity to create a school-wide environment that can meaningfully address the needs of anyone in the school system who might be at risk for experiencing traumatic stress symptoms. When accounting for a holistic definition of trauma, one which encompasses structural traumas such as racism (both interpersonal and structural), discrimination and other forms of oppression, TISST has the potential to competently address root causes of student behavior issues, and thus increase student engagement and attendance while decreasing need for disciplinary office referrals, physical aggression, and suspension.¹⁹ Trauma-informed practices have also been associated with improvements in coping skills, and graduation indicators over multiple years.^{20,21,22} While these markers of improvement are of importance, of equal importance is a school system that has addressed systemic issues at their roots, so that the students of color, who are the majority of the students within the BPS system, feel that their experiences are being fully, wholly addressed and that they are afforded an opportunity to feel empowered and find an increased sense of safety, empowerment and success within their schools.

IV. Scope of Service

Introduction:

BPHC has a stated priority to promote racial justice and health equity that advances our vision of achieving optimal health and well-being for all Boston residents. In alignment with this priority, BPHC is seeking vendor(s) with extensive knowledge and experience in utilizing racially just, trauma-informed methodologies for school system transformation.

Ten BPS schools have been chosen for TISST transformation, in collaboration with the Superintendent, Chief of Student of Support, and by the use of the [BPS Opportunity Index](#), as well as consideration of the numbers of safety calls, day to day clinical acuity and need, and rates of district crisis response.

Objective:

Integrate trauma-informed care in ten selected Boston Public School (BPS) schools through a collaborative effort that addresses the interconnected impacts of structural racism, oppression, and the interconnected nature of various traumas.

As such, complementary strategies to further advance equity must be integrated into the TISST response, including the BPS [quality school plan](#), with its focus on equitable literacy, attendance, and climate and culture, and other key BPS initiatives such as Including Cultural Climate and Access to Restorative Practices and Restorative Justice. TISST must also work in coordination with other concurrent projects and grants of similar or adjacent scope, including Project PROVIDE (Project PROVIDE: Partnership for Readiness to Offer High Quality and Valuable Interventions in Diverse Educational contexts), and BPHC funded programs [CWI](#), [SBHC](#) and mental health partners such as the [Boston School Based Behavioral Health Collaborative](#).

Vendor Goals and Objectives:

The vendor should align with BPS priorities for ensuring a positive school climate. This includes ensuring welcoming, affirming, safe, supportive and protective classrooms, applying restorative practices, and increasing empowerment, trustworthiness and transparency. As possible, the vendor should also work in tandem with BPS to help increase capacity to address upstream drivers affecting opportunity gaps, such as hunger, chronic illness, mental health, sexual health, and/or homelessness. Each of these can cause trauma in their own right and are often adjacent social contributors to disrupted or decreased student well-being and school performance.

The vendor(s) must also have experience addressing any possible unintended consequences that could arise from bringing TISST interventions into school systems, including increasing staff burnout, as well as addressing structural issues such as limited time, capacity or funds, all of which may impact the ability to meaningfully implement TISST and address policies that would reduce trauma and/or prevent future re-traumatization within the ten pilot schools.

Proposal Aims:

- Engage staff, teachers, administrators and families at the ten priority schools, before starting TISST implementation. TISST cannot be done without using a collaborative, empowerment-focused, transparent approach to school engagement. TISST must be implemented only *after* the pilot schools are meaningfully engaged in the planning and process of TISST transformation.

- Engage with leadership including Superintendent of BPS, Chief of Student Support, Senior Director of Health Services, Director of Social Work, Program Director of Social Work, Deputy Chief of Student Support, Senior Director of Opportunity Youth, Assistant Superintendent of Equity, Director of Family-School Engagement Practices; with members of the Boston Student Advisory Committee (BSAC); with Family Liaisons; with School Based Health Centers; as well as with key school partners (e.g.- behavioral health providers, after school programs, enrichment programs) and local community groups (local non-profits, health centers, and the like): BPHC; and City of Boston partners to build buy-in, promote understanding, and steer the direction of TISST transformation.

Follow the '4 Rs' of trauma informed care as promoted by SAMHSA:¹⁵

1. Realize Individual, Interpersonal, Collective, and Structural Trauma:

- Understand the interplay between structural racism and other oppressions with experiences of trauma.
- Promote understanding of individual, interpersonal, collective, and structural traumas for the entire school community, with particular attention to the traumas experienced by students who identify in one or more of the following ways: Black, Latina/o/x, Asian, and/or Native American students; multilingual learners; students with disabilities; and/or economically disadvantaged.
- Grasp how these traumas affect students, caregivers/families, staff, and entire school systems.
- Utilize a racially just framework

2. Recognize the Signs of Trauma:

- Engage the ten priority schools by utilizing collaborative, empowerment-focused, transparent approaches.
- Initiate staff and student focus groups, family surveys, and guidance from key collaborators within BPS and BPHC.
- Vendor(s) should engage with multiple leadership levels and key community partners to ensure widespread understanding.

3. Respond by Applying Trauma-informed Transformations:

- Utilize a racial equity focus via current [BPS Racial Equity Planning Tool](#) and processes.
- Align with key school frameworks including the Quality School Plan, Cultural Climate and Access to Restorative Practices and Restorative Justice.
- Shift from promoting understanding trauma to enacting concrete changes in school policies and practices.
- Assess environments to identify current policies, procedures and/or strategies that maintain or potentially increase trauma.

- Enact changes that address current policies, procedures and/or strategies to reduce trauma, ensuring participatory processes catering to the school community's needs.
- Create positive impacts on school culture and climate beyond individual student performance.
- Integrate mechanisms for continuous feedback during the project's implementation.

4. Resist Re-traumatization:

- Develop systems to monitor and avoid potential trauma triggers continuously.
- Establish sustainable methods, like the "train the trainer" model, to maintain trauma-informed, racially just, and equitable practices.
- Please see below for a proposed timeline of activities. There should be a trauma-informed and equitable approach in all elements of this project and across all activities. This work will be done in ways that are participatory, recognizing the stressors experienced by individuals and systems, as well as their strengths and assets, and utilize culturally and linguistically appropriate methods for engagement.

| Anticipated Time Period | Anticipated Activities |
|----------------------------|---|
| February 2024- June 2024 | <ul style="list-style-type: none"> • Vendor begins engagement, utilizing TIC principles, with the ten chosen BPS pilot schools, including District SW assigned to those schools, School Leaders, Core Team to ensure school communities (students, teachers, staff, administrators, etc.) are aware, engaged, prepared and supportive of TISST • Vendor trains in the BPS Racial Equity Planning Tool (REPT) and begins implementation of REPT as per guidelines • Gather and begin planning with identified advisory committee at each of ten schools, as well as at leadership level • Professional development curricula and roll out planning shared with key stakeholders across BPS to ensure feasibility and acceptability |
| July 2024- August 2024 | <ul style="list-style-type: none"> • Vendor begins evaluation of need/readiness at ten schools • Vendor convenes advisory committees at each of pilot schools and with BPS leadership to begin implementation of TISST • Plan for and provide professional development (PD) as determined feasible with advisory committees- embed TISST PD into current PD planning for staff • Begin outreach with families and community leaders/organizations |
| September 2024 - June 2025 | <ul style="list-style-type: none"> • Meet quarterly with advisory committees (at ten schools and with BPS leadership); BPHC; other key stakeholders as identified • Provide PD for staff • Assess strategies, policies and practices that maintain or increase trauma • Enact changes that address and reduce trauma, ensuring participatory processes |

| | |
|----------------------------|---|
| | <ul style="list-style-type: none"> • Focus on sustainable practices for implementing and maintaining TISST during and beyond grant timeline • Continue outreach with families and community leaders/organizations to update and engage with TISST |
| July 2025- August 2025 | <ul style="list-style-type: none"> • Plan for and provide professional development (PD) as determined feasible with advisory committees- embed TISST PD into current PD planning for staff • Review with advisory committees and key stakeholders progress in TISST • Engage in quality improvement practices to ensure TISST is meeting needs of ten school communities and BPS leadership, using participatory trauma-informed engagement practices with advisory committees, families and community leaders/organizations |
| September 2025 – June 2026 | <ul style="list-style-type: none"> • Meet quarterly with advisory committees (at ten schools and with BPS leadership); BPHC; other key stakeholders as identified • Provide PD for staff • Continue to assess environments and strategies that maintain/increase trauma • Assess and shift as needed strategies, policies and practices that address and reduce trauma, ensuring participatory processes • Focus on sustainable practices for implementing and maintaining TISST during and beyond grant timeline • Continue outreach with families and community leaders/organizations to update and engage with TISST |
| July 2026 – August 2026 | <ul style="list-style-type: none"> • Conduct final evaluations and QI practices • Ensure sustainability practices are in place • Conduct trauma-informed wrap up and closure practices with pilot schools • Share learning with BPHC, advisory committees and other key stakeholders |

V. Minimum Qualifications

Qualified Applicants must meet the following requirements:

- 1) Experience providing racially just, trauma informed school system transformation in large public school settings placed within cities
- 2) Experience meaningfully engaging multiple collaborators in the development of programming of TISST:
 - Including:
 - i) Student groups, parent/caregivers/groups, key school community partners and/or services
 - ii) School staff
 - iii) School administration and leadership

- iv) District leadership
- 3) Experience forming collaborations, learning groups and/or advisory groups that involve i)- iv) in TISST.
- 4) Experience in leading school systems in creating changes to policy and practice that are based on TISST.
 - a) All training and implementation and/or policy adjustments will be required to address racial trauma, the impacts of white supremacy culture, and seek as markers of transformation evidence of increased racial justice.
- 5) Experience in ensuring sustainability in TISST transformation, so that school systems have procedures in place to ensure ongoing TISST implementation even after the funding period ends (e.g. - train the trainer models).
- 6) A record of accomplishment in addressing potential unintended consequences, like staff burnout.
- 7) Ability to work within specified budgetary constraints.
- 8) Experience promoting concurrent school district goals such as equitable literacy, attendance, and positive school climate.
- 9) Ability to meaningfully address upstream factors contributing to opportunity gaps, such as hunger and homelessness.

VI. Outcomes

TISST should provide both evidence of increased basic knowledge and evidence of concrete action taken to promote racially just TIC practices. See Figure 3 for SAMHSA definition²³ of expected movement across the trauma-informed spectrum.

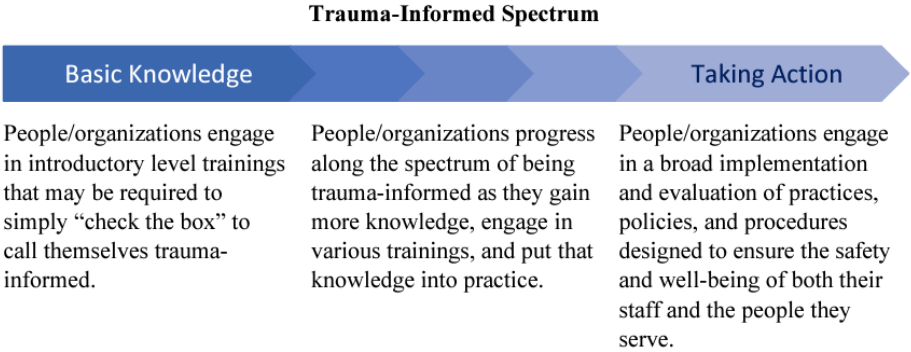


Figure 3. Trauma-Informed Spectrum.

Additional successful outcomes of this contract should include:

-Increased knowledge of racially just and equitable trauma-informed care, trauma-informed practices. Evaluation should use validated tools such as the Trauma-informed care scale ([ARTIC](#)). School personnel attitudes towards and understanding of trauma informed care should show an increase over time.

-Understanding among students and staff about the impact of trauma and adversity should increase over time, including racial trauma, and the impacts of white supremacy culture, as well as the role of resilience, adaptation and strengths (personal and collective) in relation to that trauma.

-Reduction in opportunity gaps that may be present in Black, Latinx, English Language learners, and Special Education students.

-Decreased scores on issues such as secondary traumatic stress, compassion fatigue, vicarious trauma, burnout and/or moral injury in teachers, staff and administration in ten pilot schools. Evaluation should use validated tools such as the Professional Quality of Life scale ([Pro-QoL](#)); MBI-Educators Survey ([MBI-ES](#)); Teacher Job Satisfaction Scale (TJSS-9), or others, and show improvement during TISST implementation in scores.

-Positive changes during TISST implementation in [BPS Student, Teacher and Family Survey Scores](#).

-School culture and climate should show an increased sense of belonging for members of the school communities as a whole. Evaluation should be utilized to measure these changes throughout the pilot.

- Student performance outcomes should reflect:
 - improvements in student outcomes in behavior:
 - fewer code of conduct infractions, academic improvements, positive changes in Opportunity Index scores, increases in attendance rates, reduction of safety calls and decrease in number of high acuity mental health crisis responses
 - changes in student sense of belonging- including related to the six tenets of trauma-informed care (increased sense of safety, empowerment, voice and choice, sense of trustworthiness and transparency, peer support, collaboration and mutuality, cultural historic and gender issues).

-Changes in policy and/or practice related to the code of conduct as needed. Code of conduct policies should reflect racially just, culturally responsive and trauma-informed practices.

VII. Proposal Requirements

Proposal Page Limit: Proposal narrative not to exceed 10 pages, 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 and budget justification, and CV of key staff). Please submit only one document with all materials.

To be considered for funding, the proposal must include the following in this order (scored):

1. Organizational Experience: *How is your organization prepared to address the aims of the program?*

Provide a description of relevant organizational experience with similar programs, including organizational resources that will be leveraged to implement this project, with a focus on how your organization meets the qualifications outlined above. - *no longer than 3 pages*

In addition, this section should:

- a. Be able to show how your organization has representation within staff of racially, ethnically, culturally, and otherwise diverse backgrounds.
- b. Provide a description of how program will include a culturally sensitive, culturally humble, racially just, equitable, trauma-informed approach to school system transformation.
- c. Proposal must show that the programs and systems to be implemented are sustainable, (e.g.- utilizing practices such as train-the-trainer or other systems).

2. Understanding of the Need: *What is your understanding of the need for trauma informed care in Boston Public Schools?* Description of the population/s who will be reached and ultimately served, and the rationale and justification for the need, with a focus on equitable outcomes- describe how the program will promote racial justice and equity throughout the program delivery.

3. Evaluation Methodology: *What evaluation methodology would you use to evaluate your program?*

Detailed summary of the evaluation methodology approach and how this will be accomplished. Describe plans for sharing drafts and evaluation learnings on a quarterly basis with the BPHC Center for Behavioral Health and Wellness (CBHW) team for review and feedback. CBHW will also offer support and assistance at the quarterly meetings to ensure program goals are being attained, and troubleshooting, in a preemptive manner, any barriers to success.

- a. This section should also address primary approaches to gathering demographic data, including:
 - i. Description of ability to collect and track and report on demographic data related to all who are involved, enrolled, or otherwise engaged in trauma-informed care school system transformation initiatives.

This includes zip code, neighborhood, gender, race, ethnicity, potentially income bracket information to ensure equity focus.

4. Workplan. *What is the proposed timeline for each activity?* Provide a workplan for key activities indicating activity, timeline to be completed, and person(s) responsible. Proposed workplan with activity, timelines, measurable outcomes are to be completed for December 1, 2023 – November 30, 2025.

Please specifically outline the timeline for engaging schools to meet the aims of the proposal as outlined above, including:

- a. Initial plan for engagement with school leadership, school staff, BPS key collaborators, students, families/caregivers and external key collaborators.

- b. Utilization of a racial equity focus via current [BPS Racial Equity Planning Tool](#) to inform plans for TISST implementations.
- c. Methods for evaluation of readiness at each school site for TISST implementation.
- d. Timeline for educating schools (staff, administrators and students) in TISST (include approach used to ensure broad reach as well as sustainability- e.g., train the trainer models. Educational elements should include information on trauma-informed care as well as trauma-informed self-care, encompassing a racial justice approach.
- e. Timeline for assessment and evaluation of current school environment, practices, and policies.
- f. Timeline for utilizing collaborations, learning groups and/or advisory groups to address environment, practices and policies within the schools and at district levels to promote TISST transformation and actively address trauma/re-traumatization, with focus on racial justice.
- g. Timeline for the creation, promotion and actualization of sustainable practices to ensure TISST transformative practices and learning is embedded in the ten schools.
- h. Timeline for closure practices with the schools engaged including soliciting feedback, share-outs from learnings, forums for dissemination of key takeaways, school-wide gatherings to discuss reflections on TISST transformation as a community, etc.

5. Challenges and Solutions. *What are some of the anticipated challenges in implementing this proposal and how would they be resolved?* Describe challenges anticipated in meeting the goals of this proposal and how you will address them to accomplish the aims.

- d. Include a description of your willingness and ability to meet quarterly with BPHC Center for Behavioral Health and Wellness team members to review outcomes; discuss program goals and implementation; proactively address issues affecting metrics and outcomes.
- e. Include a description of your ability to create quarterly reports to be given to BPHC Center for Behavioral Health and Wellness to ensure ability to monitor progress of activities and outcomes and track key metrics related to achieving program goals.
- f. Include a description of how you will approach school system buy-in given competing priorities and simultaneous BPS initiatives; how you foresee/anticipate pushback in TISST transformation implementation and how you will approach staff burnout related to this. Please describe how you have addressed these issues in the past and the ways in which you plan to proactively or actively address these issues to maintain progress and/or positive outcomes in the ten BPS schools

6. Budget and Budget Justification. *What budget requirements are needed to complete the program?* Include a proposed budget for each of the years listed above and a budget narrative justification of line-item costs associated with the services pertaining to the scope of service, including personnel, direct costs, any consultant or subcontract costs, and indirect costs.

7. Certified Underrepresented Business Enterprises Certification (if applicable). CUBE Vendors must submit a copy of verification along with proposal.

Additional Requirements (unscored):

8. Curriculum Vitae (CV). Please submit the CV of each of the **lead staff/consultants** participating in scope of service.

9. Three business references. Please submit three business references (name, title, role, business name, business address, business contact information). All references should be for those who have directly engaged with you for services and can speak directly to the type and quality of your work. Work completed with reference must be of the same or similar scope as described in this proposal.

10. Work Sample. Please provide at least one work sample that demonstrates your relevant experience developing trauma-informed school system transformation in an urban school setting. Work sample/s should reflect an ability to provide a racially just, trauma-informed and culturally sensitive and humble approach, and demonstrate an ability to make sustainable change in the school system/s in which the transformation approach was provided.

VIII. Period of Performance and Funding

Period of Performance. The anticipated start date of services shall be February 1, 2024. The anticipated period of performance for this program is February 1, 2024 – August 31, 2026.

This contract for the period listed above, with up to a 4 month extension upon BPHC’s discretion and contingent on funding, an agreed upon scope of work, and budget approval by BPHC. BPHC retains the right to cease funding or terminate the contract at BPHC’s discretion at any time. Future months will align with the scope described in this RFP, with the understanding that the focus population and strategies may be modified depending on need.

Total Budget: Up to **\$2,300,000** of [Federal ARPA funding](#) is available through the Center for Behavioral Health and Wellness of the BPHC.

The amount per award and number of contracts funded is dependent on the number of qualified proposals received and proposed budgets to meet the goals of this RFP and the scope of service.

Selected vendor will be required to enter into the BPHC’s standard contract and complete the required form (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).

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 the end of December 2026, this is subject to funds availability and additional work if required.

IX. Proposal Scoring

| Proposal Section | Points |
|---------------------------|--------|
| Organizational Experience | 10 |

| | |
|--|------------|
| Understanding of the Need | 10 |
| Evaluation Methodology | 20 |
| Workplan | 20 |
| Challenges and Solutions | 15 |
| Budget and Budget Justification | 15 |
| CUBE Vendor or equivalent out of state certification | 10 |
| Total Points | 100 |

X. Submission Instructions

Note: Any risks associated with the electronic transmission of responses to this Request for Proposals is assumed by the vendor.

Proposals must be received no later than December 8, 2023, by 5pm EST.

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

The subject line must contain: *Trauma-informed School System Transformation at Boston Public Schools*

No extensions will be granted.

Proposals must be received no later than **December 8, 2023, 5pm EST.**

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11. National Center for Immunization and Respiratory Diseases (U.S.) (2021). Risk for COVID-19 infection, hospitalization, and death by race/ethnicity.
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