



REQUEST FOR QUALIFICATIONS:
Trauma-Informed Community Development Curriculum
Release Date: February 13, 2017

I. INTRODUCTION

On behalf of NKCDC and Impact Services, Philadelphia LISC is issuing a Request for Qualifications (RFQ) for a single consultant or team to help design a trauma-informed community development training curriculum for resident leaders and community stakeholders. The deadline to receive proposals is February 28, 2017. Questions can be directed no later than February 24th by email at dhanchin@lisc.org.

II. BACKGROUND

As part of LISC's Sustainable Communities Initiative, Impact Services Corporation and New Kensington CDC (NKCDC) propose to launch a model for community development that addresses the over-arching issue of community-based trauma in the neighborhood of Kensington, its effects on individual residents, and the community as a whole. Through promoting and establishing healthy micro-communities at the block level, this model aims to de-escalate stress, build social cohesion and foster community resiliency.

In January 2016, LISC designated the Kensington neighborhood the next Sustainable Communities Initiative (SCI Kensington), a national model of reinvestment active in over 100 communities across the US. The SCI initiative strives to improve neighborhoods comprehensively by revitalizing housing, stimulating economic activity, stabilizing family income, and fostering livable, safe, and healthy environments, among other objectives.

NKCDC and Impact Services will improve overall health and well-being of residents through a resident-led, action-oriented community engagement and service delivery model. See attached Logic Model.

- Resident leaders will be recruited and trained as community organizers with a trauma-informed lens.
- Training will include community engagement strategies, community-based trauma, and behavioral health
- Strategy will be to engage and empower residents by creating a block plan, connect them to services and implement community action projects to solve a community issue or need.

A trauma-informed approach reflects the following key principles, as defined by SAMSHA. These principles will be applied in the development of the program model and curriculum: (1) Safety; (2) Trustworthiness and Transparency, (3) Peer support; (4) Collaboration and mutuality; (5) Empowerment, voice and choice; and (6) Cultural, Historical, and Gender Issues,

III. SCOPE OF SERVICES

Working with Impact Services and NKCDC, the consultant will develop a Train-the-Trainer based Curriculum and participant workbook to build capacity of residents and community stakeholders to implement a block-based trauma-informed community development model. The proposed curriculum will be used to provide between 12 and 15 hours of training directly to residents and community stakeholders, broken out into a series that also includes on-the-ground work between modules.

The block-based trauma-informed community development program is modeled after [FOCUS Pittsburgh's Trauma-Informed Community Development Initiative](#), and will be further guided by existing literature and best

practices related to trauma informed care. The consultant will work from existing NKCDC and Impact content/materials, and research local and national best practices for relevant curricula and training modules. Kensington community leaders will serve as key drivers of program development. The consultant will be open to feedback from the community and provide partners modules and mechanisms to test assumptions and trainings with community residents.

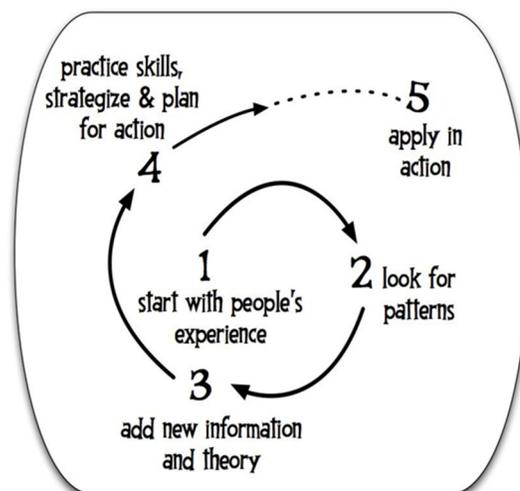
The curriculum should be built out as a series of PowerPoint slides and the participant workbook should be created for hard-copy distribution (as “take-away” for participants) as well as electronic distribution (.pdf). The participant workbook should include worksheets, hands-on exercises and integrate slide deck content. A style guide has already been developed for the program, inclusive of typefaces, fonts, rules and samples. The style guide will be provided once a consultant is selected.

Replicability and flexibility of training implementation should be considered for curriculum design. While trainings will be held in a classroom type setting, some modules may be implemented in other formats or locations in the community. NKCDC and Impact Services will later translate all materials into Spanish; thus having the ability to replicate materials with an editable format is required. Materials should be generated to be adaptable to other geographic areas, which requires some thought about how to allow teams to customize the curriculum to the neighborhood.

The consultant will not be responsible for printing the participant workbook or conducting the trainings; however please factor time to provide coaching to NKCDC and Impact Services in delivering training content. NKCDC and Impact also wish to eventually include residents as trainers, so please also factor this in content development and training delivery.

A mix of learning methods should be incorporated into the curriculum as the most meaningful way of teaching is when multiple senses (hearing, seeing, talking, and doing) are integrated into the learning experience. The curriculum should support a strengths-based approach by beginning where the learner is, and then provides a process for building out their learning experience. The curriculum should also be developed with the spiral model of learning in mind.

Spiral Model



Proposed Topics for the Curriculum include (subject to iteration as the program model is refined):

1. What is community development?
2. Identify if the historic language related to reactions to trauma are appropriate for this work (i.e. do we use terms like “trauma”)?
3. How does trauma affect individuals, communities and systems?
4. Identify how the principles of trauma informed care translate to community development work.
5. Building resident leadership through community engagement
6. Creating micro-communities: How residents can work together to build healthy blocks
7. Focus on Self-Improvement: Promoting individual health and overall well-being
8. Understanding Need and Issues: Community Conversations/Planning Sessions
9. Turning Conversations into a Plan of Action: Block-based early action projects
10. What does the community “tool kit” include?
11. Together We Are Stronger: Creating a neighborhood network of resiliency and hope
12. Evaluating Impact: How to know we are making a difference.

IV. ANTICIPATED TIMELINE

Date	Key Benchmark
February 13, 2017	Request for Proposals Released
February 28, 2017	Proposals Due
March 15, 2017	Consultant(s) Selected
April 30, 2017	Finalize Outline, Table of Contents and Template
June 30, 2017	Draft curriculum slide deck and participant workbook
September 1, 2017	Finalize curriculum slide deck and participant workbook; provide coaching to conduct pilot training;
September 30, 2017	NKCDC and Impact to launch pilot training with residents
October 31, 2017	Revise/update curriculum and workbook as needed based upon pilot

VII. PROPOSAL SUBMISSION

Please provide the following information/materials for your proposal submission in the order provided below. Consultants may assemble a team to fulfill the complete scope. The consultant will enter into a contract for services with Impact Services Corporation, the lead partner on for curriculum development. There is preference to contract with a single entity, with other team members working as subcontractors to the lead consultant.

1. **Applicant Information:** Please provide resume and submit examples of recently completed trauma-informed training modules or curricula. Provide a statement of interest outlining why you should be selected, your past experience with similar projects, and what makes you uniquely qualified. If there are multiple consultants, please describe each consultant’s roles in the process.
2. **Proposal Narrative:** Describe how you will fulfill the full scope of services and meet the goals of the RFP. Describe how LISC will be engaged, who will work on the project, how it will be implemented and the timeline for implementation with expected completion date.

3. **Proposed Budget:** Submit a proposed budget, breaking fee for curriculum, participant workbook and coaching. Fee should be inclusive of all expenses, including reimbursables.
4. **References:** Provide three professional references with contact information for each organization.

VIII. DEADLINE FOR SUBMISSION

Electronic submission of proposals should be received no later than **4:00 PM on February 28, 2017**. Please email proposal submissions to dhanchin@lisc.org.

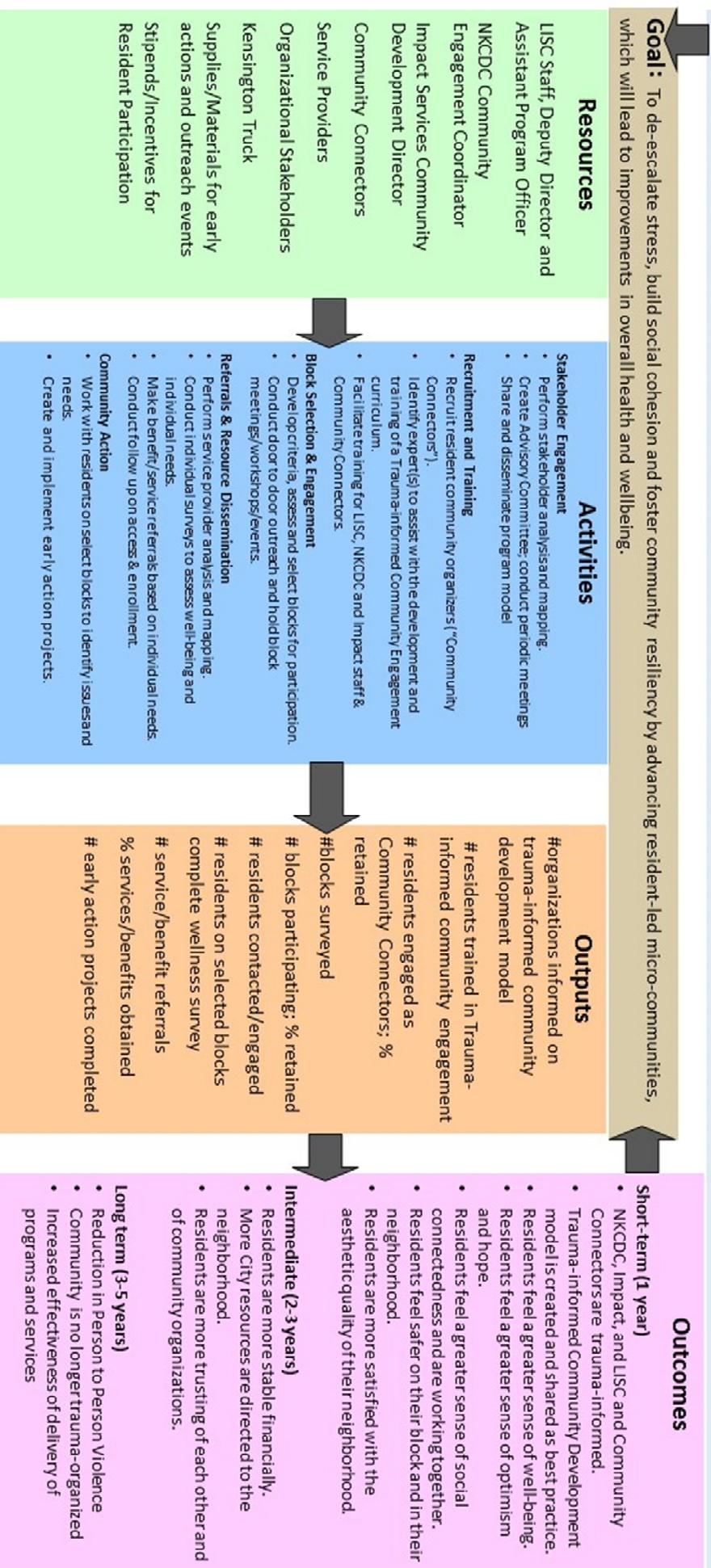
Questions can be directed no later than February 24, 2017 to Dana Hanchin, Deputy Director by email at [**dhanchin@lisc.org**](mailto:dhanchin@lisc.org)

LISC, NKCDC and Impact reserve the right to revise deadlines or modify RFQ guidelines. Applicants will receive written notice of any change in deadline or program guidelines.

Block-Based Trauma Informed Community Development – draft rev. 11/07/2016

Problem Statement: The Kensington neighborhood has faced decades of disinvestment and cumulative trauma. Residents face daily stresses and are forced to focus resources on meeting immediate needs. Residents are also challenged to trust each other and the institutions and agencies available to help. Residents may feel disempowered and lack community ownership because they can't see how things could change for themselves or their community.

Goal: To de-escalate stress, build social cohesion and foster community resiliency by advancing resident-led micro-communities, which will lead to improvements in overall health and wellbeing.



External Environment: High Rates of Person to Person Violence, High Rates of Child Abuse and Neglect, Drug Trafficking and Use, Poverty, Low Educational Attainment, Homelessness