

Request for Proposal

Aboriginal Housing Management Association (AHMA)

Complex Care Housing : Community Mapping

Issue Date: January 31, 2022

Closing: February 8th, 2022

Please email submission with the subject line:
[AHMA_RFP #2022-01-31: *Name of your organization*]

To
Celeste Hayward
Director, Operations
chayward@ahma-bc.org

I) PROJECT BACKGROUND

Why:

Indigenous community members continue to be widely overrepresented across the homeless population in BC, representing 38% of those who reported homelessness while making up only 6% of the total population. At the same time, Indigenous people who are impacted by homelessness are also more likely to experience complex needs. This results in higher rates of emergency service involvement and preventable hospitalizations for substance use and mental health issues. For the most part, supportive housing models in British Columbia have not been effective at housing tenants with complex needs, including those that may require more intensive medical and clinical supports. These models may also lack culturally safe practices and programming to keep Indigenous tenants stably housed.

Complex Care Housing (CCH)—led by the Ministry of Mental Health and Addictions (MMHA), aims to address these gaps by investing in a new model of care that integrates medical, mental health and addictions, and cultural supports into housing. AHMA's leadership across the CCH engagement and implementation processes has resulted in four proposed Indigenous-led CCH sites and set aside funding envelope. This included support for community mapping and engagement to identify local and regional CCH needs and drive the development of a culturally safe model of care.

Who: As the Indigenous provincial lead for CCH, AHMA will engage a consultant to initiate the community mapping process. The initiative will be ongoing and concurrent with all other complex care sites and service development activities. Community mapping is a critical component in identifying and supporting Indigenous-led CCH sites addressing the realities and challenges of CCH service delivery in urban, northern, and rural communities. Examples include geographic scope, distance to primary care and other medical services, local housing infrastructure, human resource constraints, and partnership capacity.

The consultant will be responsible for work in four Indigenous-led sites and reporting to the Indigenous Complex Care Collaborative Table. While much of the work would take place directly with Indigenous-led CCH sites, the relationship and all other decision-making processes would flow through AHMA, including resource and administrative support.

What: The community mapping process will be driven by the unique needs and circumstances in the four Indigenous-led CCH communities. Each community mapping process will look different. The process will support best-practice models of community development, stakeholder engagement, public participation, reconciliation, OCAP Principles, and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) mandates.

As a critical component of CCH, community mapping will engage stakeholders and current data and research sources to develop a system model and pathways across the four Indigenous-led

sites to support implementation. The development of a future framework for CCH will enable Indigenous led models across the province while identifying new potential locations for CCH.

The Project scope for AHMA_RFP #2022-01-31 involves development and coordination of processes for needs assessment, partnership mapping and development, system model, and future framework that will include a tool kit for site identification and implementation. This work must integrate cultural safety.

II) SCOPE OF WORK & PROJECT REQUIREMENTS:

1. Project Management Plan: Identify key activities, milestones, and timelines
2. Indigenous Complex Care Table Engagement and Reporting:
3. CCH Needs Assessment: May include community mapping, data, and spatial analysis to identify the existing need for CCH services and supports, as well as challenges and opportunities across the four Indigenous-led CCH sites.
4. Partnership Mapping: Identify existing community assets, partnership opportunities, and cultural supports to advance a system of care for CCH housing models across the 4 Indigenous Led CCH sites that is culturally safe and can keep Indigenous tenants with complex needs stably housed.
5. System Mapping and Model:
This may include:
 - a. Creating systems maps to document service delivery interactions between health and social services and CCH Indigenous housing providers in each site. Maps aim to identify the client pathways CCH supportive services.
 - b. Facilitating partnership opportunities and enhanced coordination with regional health authorities and key organizations across Mental Health and Substance Use and housing and homelessness sectors. This may include supporting formalized partnerships and agreements, including MOUs.
 - c. Supporting sites as needed to build a culturally safe delivery model may include support to develop referral and assessment processes for CCH and staffing models and recruitment to support site implementation.
6. Future Framework: Flexible framework will enable future CCH Indigenous-led site identification as well as a Tool Kit to support implementation.

7. Timelines: The Project is anticipated to be completed between March 15, 2022, to June 15, 2022. Key Project timelines and deliverables include:
 - a. June 15, 2022 – *Indigenous Complex Care Housing Framework & Tool Kit* that would support CCH implementation future sites, and identify an approach to identify new complex care site locations across the province
 - b. June 15, 2022 – *4 CCH Indigenous Led Site Reports*: Include Needs Assessment, Partnership, Community and System Mapping, as well as CCH implementation support including referral and assessment processes resulting in culturally safe care model

III) REQUEST FOR PROPOSAL CONTENT

To ensure ease of proposal preparation and evaluation, proponents are required to submit their proposal using the following headings. Submissions should be kept concise and not exceed a maximum of ten (10) pages, not including resumes or supplementary information.

Please include the following information in the provided order:

1. Company/Consultant Profile

Please use this section to clearly explain why AHMA should retain your services. Proponents are to provide information on the history of the company/consultancy, its size, vision, mission, and purpose. The profile should include the team involved in this Project, what roles they will play, their credentials, and the team structure. The minimum requirements for initial consideration as a candidate under this RFP include:

- Legally allowed to perform proposed services in Canada
- Demonstrated ability to complete the Project on time with enough resources to support the Project

2. Proposal

Describe your approach and plan to undertake the Project, including a Work Plan for described activities. The Work Plan should include expectations regarding the roles and responsibilities of AHMA and four Indigenous-led sites.

3. Competency, skills, and experience

Proponents will be expected to demonstrate experience and/or expertise with the following technical knowledge, attributes, and skills. In the same section, include the proposed team's experience working on similar projects, and highlight any similar consulting experience gained in the following areas:

- Project management
- Developing needs assessments, community and system mapping, and literature reviews

- Knowledge of Indigenous homelessness across urban, rural, and remote communities in BC
- Knowledge and experience working with Regional Health authorities and BC Housing, including exiting coordinated assessment processes
- Knowledge of Mental Health and Substance Use networks and service delivery supports
- Quantitative and/or community-based research
- Stakeholder engagement, public participation practices and processes
- Strong facilitation skills
- Knowledge and/or experience of critical community engagement frameworks, including trauma-informed, cultural safety, and lived/living experience
- Data analysis software including excel, SPSS, Nvivo, and GIS

The core objective of the initiative is to enhance support for Indigenous people impacted by complex needs. Therefore, a critical success factor for a selected proponent is an in-depth understanding of Indigenous people and culture, preferably with strong British Columbia connections. Proponents are expected to have gained this understanding through lived experiences, whether it is from being of Indigenous ancestry or working closely with Indigenous communities. Preference will be given to applicants of Indigenous ancestry as per Section 41 of the BC Human Rights Code (self-identify).

4. Fees and Project Budget

Proponents are required to submit a fee proposal broken down by major tasks noted in the work plan based on a budget of \$70,000. Please calculate and list all project fees (include travel), disbursements and taxes estimated.

5. References

References from two sources on similar projects are required.

6. Supplementary Information

Supplementary information is not required but may be submitted. Any additional services not specifically noted in this RFP may also be presented separately for consideration of AHMA.

7. Team Member Resumés

Brief resumés of each team members who will be assigned to this Project.

IV) EVALUATION PROCESS

Proposals will be evaluated using the Evaluation and Scoring Matrix shown here.

	Weighting
Company Profile	
	+10
Experience	
	+15
Overall Proposal, incl. value-added suggestions	
	+15
Technical Knowledge and Proposed Methodology	
	+30
Skills	
	+20
Fee Proposal	
	+10
Total	
	100

V) ADMINISTRATION

Freedom of Information

Submissions in response to this RFP will be treated in accordance with the relevant provisions of the Freedom of Information and Privacy Protection Act.

Expenses

Each proponent is responsible for bearing the costs, at their own expense, of preparing and submitting a proposal and any subsequent discussions with AHMA.

Disclaimer

AHMA reserves the right at their sole discretion to cancel this RFP or not to select any proposal.

Discrepancies or Omissions

Proponents finding discrepancies or omissions in the RFP documents or having any doubts to the meaning or intent of any part thereof should immediately notify AHMA by email at the contact outlined on the front of this RFP. Any additional instructions or explanations will be re-posted to the original list of recipients and additional contacts who inquired before the closing date.

Irrevocability of Proposals

Upon closing time all proposals become irrevocable. By submission of a proposal, the proponent agrees that should its proposal be deemed successful, the proponent will enter into a contract with AHMA.

Liability for Errors

While AHMA used considerable efforts to ensure an accurate representation of the information in this RFP, the information contained in the RFP is supplied solely as a guideline for Proponents. The information is not guaranteed or warranted to be accurate, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve proponents from forming their own opinions and conclusions with respect to the matters addressed in the RFP.

Termination of Contract

Should AHMA choose to enter into a contract with a successful proponent, AHMA reserves the right to terminate the contract within 30 days' written notice under the following circumstances:

- The firm fails to perform in accordance with the specified service requirements as presented in this RFP.
- The firm fails to provide any service as specified in the agreement without prior written notice.
- The firm fails to meet the provisions of the RFP in any significant degree.

Agreement with Terms

By submitting a proposal the Proponent agrees to all the terms and conditions of this RFP. Proponents who have obtained the RFP must not alter any portions of the document, with the exception of adding information requested. To do so will invalidate the proposal.

Modification of Terms

AHMA reserves the right to modify the terms of the RFP at any time and at their sole discretion.

Language

All proposals are to be in English only.

Submission Protocol

All inquiries regarding this RFP should be directed to:

Celeste Hayward

Director, Operations

Aboriginal Housing Management Association

chayward@ahma-bc.org

Proponents are hereby advised that any attempt to solicit individual members of AHMA and/or their appointed agents in regard to the award of the contract may jeopardize the favorable consideration of their proposals.

Proposals will only be accepted by email as a PDF. Emails must be within the gateway requirements of 10MBs. As such, any submission larger than 10MBs should be split into smaller chapters and labeled appropriately.

The subject line must read: **AHMA_RFP #2022-01-31**.

Proposals must be received by February 8th, 2022 no later than 4:00 pm, Pacific Standard Time.

The BC Indigenous Homelessness Strategy Steering Committee wishes to thank all proponents for your efforts in responding to this exciting opportunity.