

**REQUEST FOR PROPOSALS
HEALTH SERVICES INTEGRATION FUND
ONTARIO**

February 27, 2012

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HEALTH SERVICES INTEGRATION FUND

Request for Proposals in Ontario

1. Introduction

The *Health Services Integration Fund* (HSIF) is a five-year initiative funded by Health Canada's First Nations and Inuit Health Branch (FNIHB) to support collaborative planning among First Nation communities/organizations, provincial ministries/agencies and Health Canada, through multi-year projects aimed at advancing the integration of health services to better meet the health care needs of First Nations and Inuit.

The following Request for Proposals (RFP) invites First Nation communities/organizations to submit proposals for funding to operate projects under the Health Services Integration Fund. Approved projects must be led by First Nations and must involve partnerships with provincially funded health services.

This RFP sets out information for proposal applicants, such as the purpose and objectives of HSIF, who can apply, how and when to submit an application and what to include, how proposals will be reviewed and how proposals selected for funding will be supported and evaluated.

2. Purpose of HSIF

The purpose of HSIF is to support and advance the integration of health service delivery between federally and provincially funded health services in order to improve First Nations access to health services and ensure that there are no gaps between same.

The focus of HSIF is on the integration of *health services which are currently being provided by the provincial and federal government*; it is not about the creation of new services.

3. Eligibility Criteria HSIF

HSIF proposals are required to reflect the following HSIF objectives:

- Improve the integration of federally and provincially funded health services;
- Build a strong partnership with provincial partners as well as other health service delivery partners to advance the integration of health services that are better-suited to the health needs of First Nations;
- Improve access to health services;

- Improve the participation of First Nation communities in the design, delivery and evaluation of health programs and services; and
- Facilitate a broad engagement among First Nation communities, FNIHB Ontario Region and the province, including other partners/stakeholders, that is more likely to lead to significant and lasting improvement in the integration of the health system.

Key HSIF Concepts:

Integration: Integration refers to the coordinated planning and delivery of federally and provincially funded health services in a way that improves the continuity of these health services in First Nation communities. Health services integration includes linkages between services and/or access to other local health services.

Partnerships: Health system integration will require coordinated efforts by many partners and jurisdictions involved in the planning and delivery of health services. Integration within HSIF projects will occur through collaborative partnerships that will result in more joint activities and more comprehensive health planning between the federal and provincial health systems.

Broad Scale Projects: HSIF will fund multi-year projects that increase joint efforts and more comprehensive health planning between federal and provincial health systems. It will move beyond support for small or localized community-level projects and enable sustained system change through a focus on broader-scale projects that involve First Nations collectively in health planning and delivery. HSIF implementation in Ontario will support projects that involve more than one First Nation community and/or the integration of more than one health service.

4. Background Information on the Ontario Region HSIF

The Ontario Region Advisory Committee

In order to prepare for and support HSIF in Ontario a regional Advisory Committee has been established with participation from the Anishinabek Nation (Union of Ontario Indians), the Association of Iroquois and Allied Indians, the Chiefs of Ontario, Grand Council Treaty #3, Independent First Nations, Nishnawbe Aski Nation, the North West Local Health Integration Network, the Ontario Ministry of Health and Long Term Care, and Health Canada, First Nations and Inuit Health Branch, Ontario Region (FNIHB-ON).

Health Canada will provide oversight of HSIF project funding and financial and activity reporting.

The Ontario HSIF Advisory Committee is mandated through a Terms of Reference ratified by all partners. As set out in the Terms of Reference, Advisory Committee members agree to work collaboratively to improve the integration and coordination of federally and provincially funded health services in order to promote health and improve health outcomes for First Nations people in Ontario.

The Advisory Committee is responsible for reviewing and recommending proposals for HSIF projects according to the criteria set out in this RFP and the guiding principles of equity and fairness for First Nations in Ontario; transparency; accountable decision-making; and timely recommendations.

The final approval of projects recommended by the Advisory Committee will rest with First Nations and Inuit Health Branch, Health Canada.

Priorities for Action

The Trilateral First Nations Health Seniors Officials Committee (TFNHSOC) in Ontario Region is mandated to act as a trilateral table to decision-making to address options and recommendations related to First Nations health priorities in Ontario. It has identified four clear priority areas for action: mental health and addictions, with a focus on prescription drug abuse; diabetes prevention and management; public health and data management.

The HSIF Advisory Committee has adopted TFNHSOC's four priority areas as priorities for action within HSIF projects. However, the HSIF Advisory Committee will also recognize additional evidence-informed Ontario First Nations priorities for HSIF project activities.

HSIF Funding: Ontario Region

Approved HSIF projects in Ontario will be eligible to receive total funding of up to \$850,000 (for the duration of the project).

5. Project Recipients

Eligible project recipients are:

- Any First Nation or Tribal Council or Political Territorial Organization/Independent First Nation or First Nation health service delivery organization in Ontario, which currently holds a contribution agreement with FNIHB, and which has the commitment of a provincially funded health agency or ministry to partner in this initiative.

Proposals must indicate that the First Nation or First Nation organization will act as the project lead and the recipient of funding for approved proposals.

Proposals must show evidence of the commitment of project partners, particularly the provincial government partner. Evidence of commitment includes Resolutions, memorandums of agreement or signed protocols from all proposed project partners.

Provincially funded health agencies and ministries can develop proposals, however only eligible project recipients as defined above may submit proposals for HSIF funding.

Non-governmental organizations or First Nation organizations which do not provide health services may participate as project partners. However, funding will flow to the project lead.

6. Project Objectives

Proposed project objectives should reflect the objectives and principles of HSIF as noted under Section 3. above.

7. Project Activities

Proposed project activities are required to reflect the HSIF eligibility criteria and should focus on strengthening continuity between existing federal and provincial health services and thereby improving access to existing services through service integration.

Integration projects could support activities relating to:

Implementation Planning and Support: such as the establishment of project working groups, project planning and implementation.

Program Delivery: salary and associated costs provided they are transitional (i.e. cease at project end), relate directly to project implementation, and do not result in ongoing costs, as demonstrated through a sustainability plan agreed to by all project partners.

Aligned Policies and Procedures: including resources to develop and implement common policies and procedures for health services delivery (e.g., in relation to coordinating screening protocols or when to refer a patient to a treatment facility).

Change Management Activities: including staff education and training on work structure activities that further the goals of the project.

Communication and Reporting: including targeted outreach and stakeholder reporting activities.

Partnership Development and Stakeholder Engagement: such as activities that create partnerships that support the project, and research, public meetings and other activities that engage stakeholders in the project.

Evaluation Activities: includes the costs of a third party evaluation with formative and summative elements.

Specific project objectives could include (but are not limited to):

- The development and implementation of common policies and procedures for health services delivery;
- Complementary federal and provincial public health protocols to support rapid prevention in the event of an infectious disease outbreak;
- Integration of health services being provided by/for First Nations, funded by the federal and provincial governments
- Integrating governance structures to ensure active participation of FN peoples in the design and planning of health services;

As per the National HSIF Implementation Guide, the following will NOT be eligible for funding:

- Delivery of new health services (however, projects could provide or result in new ways to access existing health services)
- Capital funding
- E-health infrastructure
- Permanent staffing
- Service contracts and Service fees extending beyond project end date

8. Focus on Priorities - HSIF in Ontario:

As detailed in the Ontario HSIF Integration Plan, The HSIF Ontario Advisory Committee has adopted four priority areas for action within HSIF projects: Mental Health & Addictions with a focus on Prescription Drug Abuse, Public Health, Diabetes Prevention, Data Management as well as any additional evidence informed Ontario First Nations priorities for project activities. HSIF proposals are therefore required to align with these priority areas.

9. Rating of Proposals

9.1. RFP Process

This RFP is being issued to First Nations, Tribal Councils, PTOs and provincial ministries through postings on PTO/IFN websites as well as <http://ourtimeourhealth.ca> and <http://www.lhins.on.ca> Recommendations from the Advisory Committee will be forwarded to Health Canada.

9.2. Proposal Submissions

Template

Proposal applicants must submit proposals using the templates attached: Appendix A: Template for Project Proposals, Workplan Template (Page 16), Template for Multi-year Budget, Appendix B and HSIF Logic Model, Appendix C.

Proposal Submissions

Proposal submissions do not need to be lengthy. They should however be focused on describing clearly and concisely the proposed project as fully as possible.

Submissions should explain the rationale for undertaking this project; the problem or gap that this project is attempting to address through an integrated approach to strengthen continuity between federal and provincial health services to prevent FN from “falling through the cracks”; project goals, objectives and deliverables that meet the HSIF priorities for action, objectives and activities outlined above.

Submissions should include audited financial statements and/or annual reports from the proponents as evidence of their capacity to manage the proposed project.

Project support materials must include community buy in such as Band Council Resolutions, Board of Director’s letters, and evidence of support from all project partners.

Submissions should provide a detailed **breakdown of the proposed project budget using the template provided**, over the entire project timeframe. This should total no more than \$850,000.

Submissions should include an **outline of a work plan that indicates project timeframes using the template provided** for the period June 1, 2012 to March 31, 2015.

Proposal applicants should utilize the **list of criteria** and proposal summary checklist to assist them in developing submissions.

9.3. Criteria for Rating Project Proposals

The Advisory Committee will assess and rate proposal submissions against prescribed criteria detailed in Section 5.5 of the Implementation Guide. The Committee will use the HSIF Proposal Rating Scale, available to all applicants on the abovementioned websites.

The Committee will submit its recommendations to Health Canada for review and final approval.

Project proposals will be assessed against the following criteria:

- **HSIF Objectives, Activities and Priorities:** How well does the proposal meet the objectives, activities and priorities for HSIF as identified above? Does the proposal provide evidence related to the priorities to be addressed (such as resolutions, reports or data)?
- **Project Purpose Consistent with HSIF:** How well does the proposal describe the project purpose, objectives and activities: how this project came about; what the applicant plans to do; why this is needed; what objectives, activities and deliverables the applicant intends to complete? How consistent are these with HSIF objectives, activities and priorities? See 3 a. in Appendix A below.
- **Advancing Integration:** Does the proposed project advance, sustain and promote integration regionally to meet the needs of First Nations, i.e., contribute to better integration in the healthcare system accessed by First Nations communities across Ontario?
- **Broad in Scope:** Is the proposed project broad in scope, i.e., does it aggregate smaller communities or a number of communities to integrate health services? Does it involve a range of partners and health services? Does it provide a good example of integration that can be applicable for First Nations across Ontario?

Work plan Outline: Does the proposal include a multi-year work plan with timelines, milestones, benchmarks and deliverables

Proposed Budget: Does the proposal include an overall budget with identification of in-kind support. Does the budget fit within the maximum project funding of \$850,000 for the life of the project? Does the project describe proposed activities that can be carried out within appropriate timelines? Is the budget realistic?

- **Capacity:** Does the proposal clearly demonstrate the capacity of the applicants to carry out the project? Is there provision for mentoring a FN community member if a consultant is hired to lead the project?
- **Sustainability:** Does the proposal describe how the project outcomes will continue after the project and how the integration will be sustained.
- **Evidence of Support:** Does the proposal include letters of support, resolutions and signed letters of commitment outlining specific roles and responsibilities from project partners and advocates including other federal departments, provincial ministries, non-governmental organizations, First Nations organizations/agencies, etc.?
- **Communications:** Does the proposal include consideration of a communication plan on the activities of the project? Who and how this will be undertaken?
- **Evaluation:** Does the proposal describe a third party evaluation plan including a logic model, methodology for monitoring and evaluating measurable targets?
- **Gender-Based Analysis:** Does the proposal indicate that in developing the proposal a culturally relevant sex and gender-based analysis has been done? (see Appendix A below)
- **For Former AHTF Projects:** If project recipient had received AHTF funding, does the HSIF proposal clearly demonstrate that the project will build upon previous work to advance integration, and that it will not be a continuation of such work?
- **If project recipient did not receive AHTF funding:** does their proposal describe how the project will build on AHTF Lessons Learned? Or previous partnership experience or initiatives to advance integration?

9.4 Timeframes

All projects shall begin June 1, 2012 and end March 31, 2015.

RFP Proposal Receipt Deadline

Proposals will only be accepted until 5 pm EST on April 4, 2012 for projects operating between June 2012 and March 2015.

Proposal Review and Recommendation

All proposal submissions will be reviewed and those best meeting the established criteria will be recommended by the Advisory Committee to Health Canada for review and final approval. Successful applicants will be notified by Health Canada.

9.5 Proposal Submission Address

All proposals should be submitted by e-mail **or by fax to:**

Yeshodara Naidoo, Health Services Integration Fund Coordinator/Senior Policy Analyst
Regional Director's Office
First Nations and Inuit Health Branch – Ontario Region, Health Canada
1547 Merivale Road, 3rd Floor, Nepean ON K1A 0L3
Telephone: (613) 946-8981 Fax: (613) 952-5748
e-mails: yeshodara.naidoo@hc-sc.gc.ca AND sandy.lirette@hc-sc.gc.ca

THE NAME OF THE APPLICANT AND HSIF RFP MUST BE CLEARLY INDICATED IN THE SUBJECT LINE OF THE SUBMISSION.

For additional information concerning the HSIF RFP, please contact Yeshodara Naidoo at the above address.

9.6 Summary: Proposal Checklist

In addition to the checklist provided below applicants are encouraged to review the rating guide Appendix C as well to ensure that all required information is included.

Proposal should identify: Project title, funding recipient, project objectives, deliverables, anticipated impacts, partner involvement/support, project duration (number of months), sustainability and estimated budget (no higher than \$850,000).

Proposals should be:

- ✓ Consistent with HSIF objectives and the Ontario Integration Plan
- ✓ Significant in advancing integration
- ✓ Broad in impact: involving multiple system partners; involving more than one First Nation community and regional health authority, and/or is province-wide in scope
- ✓ Clear and complete
- ✓ Demonstrating the level of partner support and involvement
- ✓ Transitional and sustainable
- ✓ Demonstrating the capacity of the applicant to carry out the project

- ✓ Demonstrating the potential to address issues such as duplication of services, gaps in service delivery between the federal/provincial systems; potential economies of scale
- ✓ Including a logic model for evaluation purposes

See Appendices A, B and C below for proposal submission, workplan, budget and logic model templates.

Template for HSIF Project Proposal

The following template is for use by First Nations and First Nation organizations in developing projects within the approved integration plan. These proposals will form the basis of a contribution agreement with the recipient organization for the Health Services Integration Fund (HSIF). **Section A: General Information**

1. Project Title:

State the title or name of the project. This title should be a short summary of what the proposal is about.

2. Recipient:

Identify the legal name of the organization, community, or group that is submitting this proposal and will be the recipient of the HSIF funding through a contribution agreement with Health Canada.

Name of Organization:

Address:

Contact Name:

Title:

Telephone Number:

Fax Number:

e-mail Address:

3. Project Partners:

Identify the partner(s) to the project. Letter(s) of support from such partners must be attached to the proposal. Please note that integration initiatives and projects must involve a FN/FN organization and a provincial government health agency such as a LHIN.

4. Amount requested:

Identify the funding amount requested from HSIF and other sources of funding, if any.

Funding Requested from HSIF:

Other Funding Sources and Amounts:

Total Project Cost:

5. Duration of Project:

Identify the proposed start and end date of the project. Please keep in mind that the start date will depend on the formal acceptance of the proposal and the timing of the signing of the contribution agreement (which can take up to 6-8 weeks following approval).

6. Overall Objective(s) of the Project:

Provide a clear and concise statement of objective(s) for the project. This must be in line with the objectives and criteria of HSIF and the HSIF Advisory Committee Integration Plan.

Section B: Project Information

1) Executive Summary

Provide a concise summary of the project, the issue(s) to be addressed, highlights of the goals and objectives and expected results and outcomes. Be sure to link these to the HSIF objective(s).

2) Recipient Profile

- a) Provide a profile of the recipient (no more than two pages long) including the recipient organization's vision, mission, strategic directions, goals, primary activities, and membership or target population.*
- b) Demonstrated capacity and evidence of readiness to implement the project – please describe past project management experience, existing infrastructure of the organization, existing partnerships to be built upon. If possible, include your copy of the latest audited financial report or any other information that might be useful in determining the capacity to implement the project successfully.*
- c) Provide a short profile of each of the partner(s) with information similar to that in item 2 a) above.*

- d) Describe the partners' role/responsibility in the project. Letters of support from the partners must also be provided to demonstrate their commitment and describe their role and participation in the initiative/project.
- e) If previous recipient of AHTF funding, please provide information on the effectiveness of the previous project under AHTF and how the current project will build upon the project results to advance integration.

3) Project Description

a) Statement of Purpose:

- i) Provide a brief description identifying the specific situation, opportunity, problem, issue, or need that the proposal addresses, including the background and context.
- ii) Describe how the proposed initiatives will be broad based and the size of the population that will potentially be impacted (e.g. involve broader number of partners, affecting greater number of services, broader geographic reach, transferable across the province)
- Demonstrate that a culturally relevant gender analysis has been conducted in developing this proposal (e.g. questions such as who will be affected by sex/age?)
 - Is it anticipated that one group (e.g. seniors or youth, male seniors or female seniors) will benefit more or less from the initiatives? If so, should changes be made to adjust for this?
 - How will the initiative address the diverse needs of the First Nations population and clientele in planning, implementation, and work structure?
 - Would communities have opportunities to discuss gender-based analysis and traditional gender-based roles as they relate to the initiative?
- iii) Explain why this issue or need is identified as a priority for the proponent, as well as for the target population, and state the intended outcome.
- iv) Describe how the project advances the integration of health services/systems on a broader scale. What is the before picture and how is this different from the after picture of integration envisioned?
- v) Describe how the project is consistent with First Nations plans and directions in health.
- vi) Describe how the project is consistent with provincial plans and directions in health.
- vii) Describe how the initiative/project is consistent with the objectives of the HSIF.
- viii) Identify any key challenges/risk and factors that may affect the project and state how they will be addressed/mitigated.

b) Work Plan:

Please outline the proposed work plan for the **Project using the format below:**

<i>Activity</i>	<i>Cost</i>	<i>Deliverable/Product resulting from Activity</i>	<i>Expected Outcom(s) from Activity</i>	<i>Timeline</i>
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c) Budget:

Please outline planned budget in line with above work plan using template and criteria listed below in Appendix B.

Note that the HSIF will support only those costs that are directly related to, and necessary for implementing the initiative.

4) Attachments

a) Letters of commitment from the provincial partners.

b) Letters of support

c) Project coordinator job description

b) Communication Plan

Provide a communication plan that describes how you engage with partners in the development, implementation and evaluation of the project and how communications with the broader community (First Nation community organizations, research/NGOs and other government departments) will be planned, detailing the tools/methods you will use, timing of activities, etc.

c) Evaluation Plan

Note: All projects receiving funding from HSIF are required to undertake an evaluation to assess the implementation, processes, outcomes and impacts of the initiative/project, including a Gender- Based Analysis. In addition, recipients may be asked to participate in the national and regional evaluation of HSIF, which would include a synthesis of the information and findings generated by all funded activities.

- i. Outline the plan for measuring performance and accomplishment of objectives.
- ii. Describe how the outcomes of the project will be measured quantitatively and qualitatively.
- iii. State who will be involved in the evaluation process.

- iv. *Provide the name of the person(s) or organization(s) that will conduct the evaluation.*
- v. *Include a logic model based on the attached (Appendix C) Health Canada HSIF logic model*

d) Sustainability Plan

Note: The HSIF will only fund transitional costs associated with improving the integration of existing health systems and services, without the need for any incremental or ongoing funding.

- a) *Outline a sustainability plan noting measures to plan for the sustainability of this work should it prove to be of benefit/desirable by partners.*
- b) *Please include any existing infrastructure commitments that will support the ongoing sustainability of this work.*

APPENDIX B

Template for Integration Project Budget

HSIF will only support costs directly related to and necessary for implementing the initiative/project. Funding for ongoing costs (e.g. permanent staff, service contracts, regular health services or fees) beyond project end-date will not be provided.

HSIF projects are assessed on the following criteria:

- *consistency with the common objectives and eligible costs of HSIF;*
- *clear evidence of federal-provincial-First Nations authority support, commitment and level involvement in the activities;*
- *mechanisms for the annual review and updating of the plan and inclusion of First Nations in this review and update;*
- *inclusion of off-reserve communities in discussions for those integration initiatives that will impact off-reserve communities;*
- *responsiveness to the diversity of First Nations within the Region;*
- *identification of the funding recipient and its capacity to carry out the funded activity;*
- *activities that are transitional and sustainable;*
- *potential of the project to address such issues as duplication of efforts, gaps in services between federal and provincial/territorial health systems, and potential economies of scale;*
- *significant contributions towards advancing the integration of health services to improve delivery and access to First Nations communities;*
- *inclusion of gender-based analysis;*
- *merits of sustainability plan that will ensure that activities will be completed within the time span of the funding agreement without the need for any incremental or on-going funding;*
- *merits of an evaluation plan that includes methodology for monitoring and evaluation with measurable targets; and*
- *geographic area (to ensure fair representation within a given region).*

Using the format provided below, prepare a budget computed on an annual basis using the government fiscal year cycle (April 1st – March 31st). The budget must be consistent with the narrative and work plan, including a description of how the costs were estimated. Please refer to the following description of the budget categories for guidance.

1. **Personnel:** A breakdown of salaries, related employee benefits and deductions for the project team, including project manager, research and technical assistants, other support staff, and fees paid to contractors/consultants that may be required for the project.
2. **Supplies and Services:** Expendable office materials, printing, telephone, photocopying, postage, computer services, equipment rental charges, and repair costs. Cost of annual audit reports (required in multi-year agreements) can be included.
3. **Travel and Accommodation:** Project-related travel expenses such as private vehicle mileage, air, train or bus fares, meals, accommodation and per-diem costs. These expenses must not exceed those allowed by the federal Treasury Board guidelines. A rate table is available at www.tbs-sct.gc.ca/travel/travel_e.html.
4. **Equipment and Office Rental:** Minor office equipment, furniture, information and communication equipment costs, and rent and utilities costs (if not provided in-kind, free of charge or through another program).
5. **Communication and Dissemination:** Partner or stakeholder engagement costs, conference and meeting costs, advertising, promotion and translation expenses, and dissemination of the results of the initiative, knowledge transfer and/or knowledge translation costs.
6. **Training and Staff Development:** Cost for staff training and development related to the project implementation.
7. **Evaluation:** Contract fees for third-party evaluation, data collection, analysis and reporting.
8. **Capital Cost:** Minor capital expenditures related to infrastructure and implementation of the initiative.
9. **Other:** This may include other necessary project-related costs that do not fit any of the above categories. Please provide details.

The sample budget template below may be utilized with project submissions.

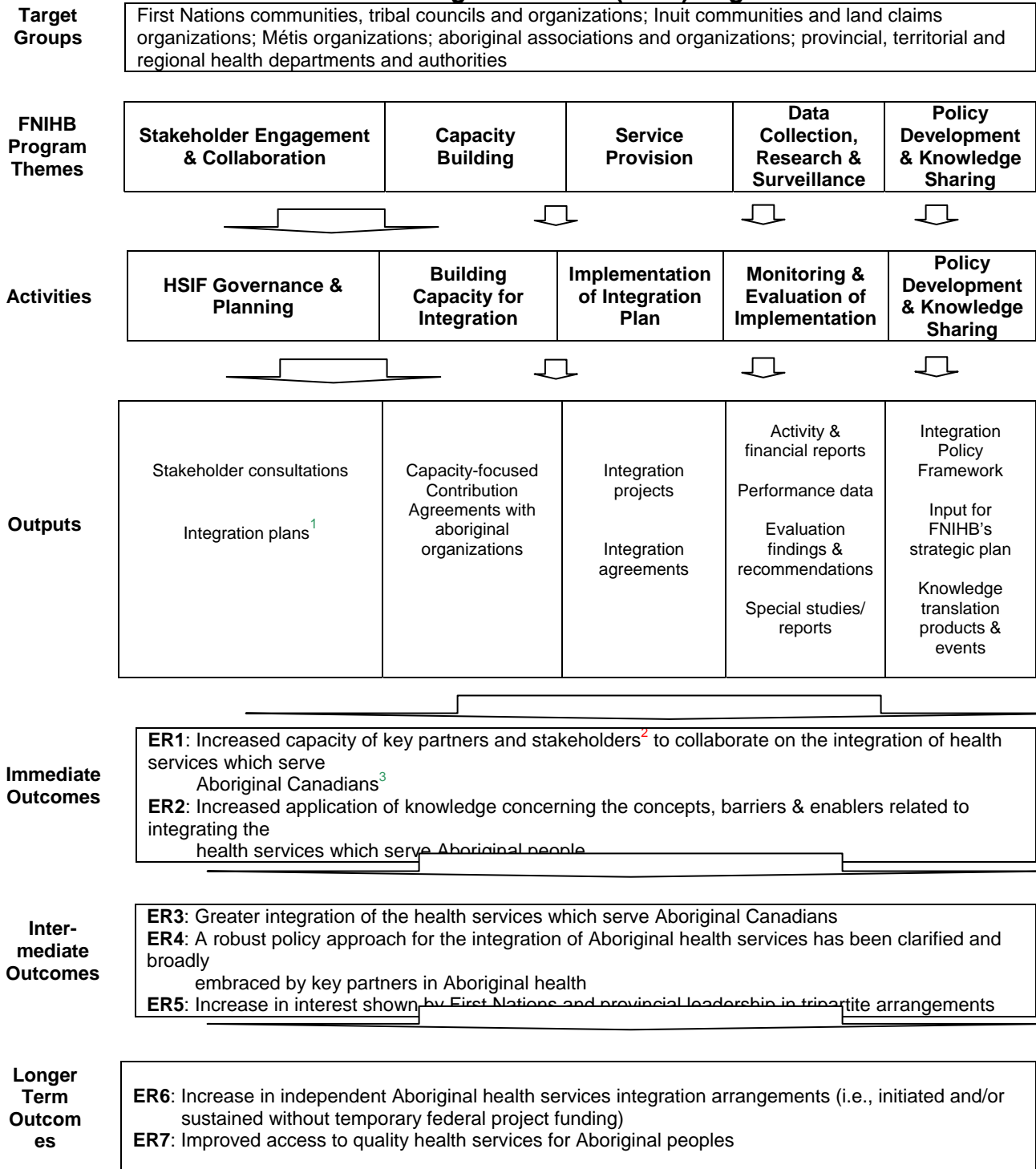
Project Title:

Organization:

Category	B2012-13	2013-14	2014-15	TOTAL FOR ALL YEARS
Personnel Project Team Contractors/Consultants				
Supplies & Services				
Travel & Accommodation				
Equipment & Office Rental Cost				
Communication & Dissemination				
Training & Staff Development				
Evaluation				
Other (e.g. in kind support). Please provide details				
Total				

APPENDIX C.....

Health Services Integration Fund (HSIF) Logic Model



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¹ PAA Output

² Health Canada, P/T health ministries, Regional/District Health Authorities, First Nations, Inuit and Métis communities, tribal councils & organizations, local health centres

³ PAA Outcome