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## MEMORANDUM

**Date:** July 7, 2017  
**To:** Health Service Providers  
**From:** Neil Walker, Vice President, System Transformation  
**RE:** Call for Proposal (CFP)  
Enhanced Adult Day Program  
**CFP#:** 17\_31\_CFP\_eADP

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### OVERVIEW

In support of the North Simcoe Muskoka Local Health Integration Network's (NSM LHIN) 2016-19 Integrated Health Service Plan (IHSP), the NSM LHIN is issuing a Call for Proposals (CFP) to identify opportunities to increase system capacity for Adult Day Program (ADP) services in the NSM LHIN. In recognition of the critical role ADP services have in supporting clients within their home and community, this CFP is seeking proposals that will expand ADP services including increased capacity to provide specialized dementia programming for seniors or those with cognitive impairments. To meet the needs of the target population, the NSM LHIN is seeking innovative strategies that will enhance programming flexibility including weekend, evening and overnight services.

Expansion of ADP services within the NSM LHIN is expected to;

- Enable sub-regions to better address the needs of frail seniors and/or adults with cognitive impairments, to enable them to remain safely at home;
- Expand cost-effective and accessible options for care in the community, addressing sub-regional demands and waitlists while delivering care to more seniors and those diagnosed with dementia;
- Offer more flexible and innovative programs and strategies to provide respite services that better support caregivers;
- Reduce unnecessary and/or avoidable hospital utilization and premature admission to Long-term Care Home;
- Provide the flexibility to adapt to clients' changing care requirements;
- Enhance and strengthen the continuum of care within the sub-region and across the NSM LHIN

## **SCOPE & DEMONSTRATION OF IMPACT**

Aligned with the NSM LHIN vision, Patients First Act, 2016 (Patients First), and Ontario's Dementia Strategy, this CFP is seeking to establish greater capacity and infrastructure to improve care for seniors and older adults through enhanced delivery of ADP services. Enhanced capacity includes delivery of services to seniors and older adults as well as increased capacity to provide dementia-specific programming and services.

The NSM LHIN's vision for the local health system "Healthy People. Excellent Care. One System." is guided by the IHSP. The IHSP identifies the following strategic priorities for the period of 2016-2019; improve access to appropriate care, build capacity and enhance coordination, and drive system sustainability.

Patients First will help patients and families obtain better access to a more local and integrated health care system, improving the patient experience and ensuring delivery of high-quality care. Aligned with Patients First, the NSM LHIN will continue to focus on stronger connections and integrations across the health care system while ensuring greater equity and access to care at the local, community level.

In 2017, the Ministry of Health and Long-Term Care (MOHLTC) announced targeted investments to support the implementation of a provincial Dementia Strategy. With approximately 175,000 people in Ontario living with dementia and continued growth expected as the population ages, Ontario's Dementia Strategy aims to ensure that everyone living with dementia, their families and care partners, have the right supports, funding and tools in place to make informed decision about their care. Aligned with Patients First, this strategy will improve access to high-quality care, reduce wait times and improve the patient and care partner experience including appropriate supports for caregivers.

ADPs offer social, recreational and therapeutic opportunities for seniors and/or adults with cognitive impairments. In doing so, they play a key role in allowing people to remain living in the community as long as possible by optimizing their level of intellectual, physical and social capability and by providing respite and education for caregivers. The NSM LHIN currently funds 7 health service providers (HSP) to provide this service in 10 different programs/locations throughout the region. This proposal is seeking to enhance the current ADP capacity and increase specialized dementia programming and services. The NSM LHIN is seeking innovative strategies to better support client and caregiver respite needs with flexible programming including weekend, evening, and overnight services.

The successful health service provider(s) will be accountable to the NSM LHIN and is required to implement ADP services to address the expectations described. The health service provider(s) will support the diverse population of the communities within which they are delivering service including francophone and indigenous peoples living within the sub-region.

All services delivered must be aligned with the Home Care and Community Services Act, 1994, and all other relevant legislation and/or guidelines.

Services delivered within the home and community are integral to supporting patients and their family members, enabling them to stay within their homes. Health Service Provider(s) within the home and community sector are a part of a strong health care system that supports patients in receiving the right care, in the right place and at the right time. Successful health service provider(s) will be expected to engage with and support, sub-regional planning to improve the delivery of care within an integrated and coordinated system with seamless and easy access to services and care.

### **FUNDING DETAILS**

The maximum funding available is up to \$146,400 annualized base funding to implement this initiative. Partial request will be accepted.

**Note:** If limited or no funding becomes available, this CFP may be suspended and you will be notified accordingly. Proposals exceeding the maximum funding available will not be reviewed.

### **ELIGIBILITY CRITERIA**

In order for proposals to be reviewed the following criteria for the applying organization and proposal itself must be met:

The applying organization must:

- Be a health service provider with an existing Multi-Service Sector Agreement (M-SAA); OR a LHIN funded organization with a Hospital Service Sector Agreement (H-SAA) or a Long Term Care Service Accountability Agreement (L-SAA) who is willing to establish an Multi-Service Sector Agreement (M-SAA) with the LHIN for the purposes of this funding as a community funded program;
- Allocation of existing staff resources is not eligible for funding;
- Must be able to implement the proposed program in fiscal 2017-2018; and,
- Demonstrate past compliance with LHIN reporting requirements and achievement of program deliverables.

**EVALUATION CRITERIA**

Proposals will be evaluated using the ‘LHIN Priority Setting and Decision Making Tool’. The following specific criteria will be used for evaluation.

Domain	Criteria and Weight
<p><b>System Alignment:</b> Determines alignment with both Ministry and LHIN Board-approved local priorities</p>	<p><b>Alignment (25%):</b> Degree of impact on advancing Integrated Health Services Plan and Annual Service Plan goals and priorities</p>
	<p><b>Strategic Fit (10%):</b> Alignment with provider system role. Extent to which program/initiative is consistent with the provider(s) mandate and capacity compared to other providers in Ontario.</p>
<p><b>System Performance:</b> Contributes to the meeting of system goals and objectives</p>	<p><b>Sustainability (5%):</b> Impact on health service delivery, financial, and human resources capacity over time. The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people’s health needs.</p>
	<p><b>Integration (5%):</b> Extent to which program/initiative improves coordination of health care among health service providers, including LHIN funded and non-funded providers and community providers to ensure continuity of care in the local health system and provision of care in the most appropriate setting as determined by patient/client's needs.</p>
	<p><b>Quality (5%):</b> Extent to which program/initiative improves safety, effectiveness, and client experience of health services(s) provided.</p>
	<p><b>Access (5%):</b> Extent to which program/initiative improves physical, cultural, linguistic and timely access to appropriate level of health services for defined population(s) in the local health system.</p>
<p><b>System Values:</b> Ensures local and system wide attributes are being met including equity, innovation and community engagement.</p>	<p><b>Equity (5%):</b> Impact on the health status and/or access to service of recognized sub-populations where there is a known health status gap between this specific population and the general population as compared to current practice/ service. The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, culturally, linguistically or geographically.</p>
	<p><b>Efficiency (5%):</b> Extent to which program/initiative contributes to efficient utilization of health services, financial, and human resources capacity to optimize health and other benefits within the system.</p>
	<p><b>Innovation (5%):</b> Impact on generation, transfer, and /or application of new knowledge to solve health or health system problems; encouraging leading practices and innovation, building on evidence and application of leading practices.</p>
	<p><b>Client-Focused (5%):</b> Extent to which program/initiative meets the health needs of a defined population and the degree to which patients/clients have a say in the type and delivery of care.</p>

	<p><b>Partnerships (5%):</b> Degree to which appropriate levels of partnership and/or appropriateness of partnerships, both LHIN funded and non-LHIN funded, will be achieved in order to ensure service quality enhancement, improved comprehensiveness, optimal resource use, minimal duplication and/or increased coordination.</p>
	<p><b>Community Engagement (5%):</b> Level of involvement of target population and other key stakeholders in defining the project or planned involvement in evaluating its impact on population health and key system performance.</p>
Population Health: Determines contribution to the improvement of the overall health of the population	<p><b>Health Status (5%):</b> Impact on health outcomes for the patient/client and/or community, including risk of adverse events, and/or impact on physical, mental or social quality of life, as compared to current practice or service.</p>
	<p><b>Prevalence (5%):</b> Magnitude of the disease/condition that will be directly impacted by the program/initiative as measured by prevalence (i.e., # of individuals with the condition in the population or subpopulation at a given time).</p>
	<p><b>Health Promotion &amp; Disease Prevention (5%):</b> Impact on illness and/or injury prevention and promotion of health and well-being as measured by projected longer term improvements in health and/or likelihood of downstream service.</p>

The NSM LHIN may also request that the organization present their plan to the NSM LHIN during the evaluation process. If this occurs, organizations will receive their notice of their invitation and the presentations will occur at the NSM LHIN offices. Presentation times will be set by the LHIN and up to three organization representatives will be invited to participate in-person.

The NSM LHIN will make a recommendation to the delegated authority for consideration based on the results of the evaluation process. The NSM LHIN is not obliged to select a health service provider if a suitable submission is not received.

#### Schedule Summary

Deadline to Submit Questions	July 19, 2017, 1:00 pm
LHIN to Issue Responses	July 21, 2017, 4:00 pm
Proposal Submission Deadline	August 8, 2017, 5:00 pm

#### Submission of Questions

The NSM LHIN recognizes that health service providers may have additional questions regarding the Call for Proposal process, timelines and content. Please submit any questions quoting the CFP name and number in the subject line to [Jennifer.Allen@LHINS.on.ca](mailto:Jennifer.Allen@LHINS.on.ca) by 1:00 pm on July 19, 2017. No questions will be accepted after the stated deadline. Responses to all questions received will be compiled and posted on the NSM LHIN website by 4:00pm on July 21, 2017.

All proposals must be submitted to the North Simcoe Muskoka LHIN by email [NSMSystemimprovement@LHINS.ON.CA](mailto:NSMSystemimprovement@LHINS.ON.CA) to be received by no later than **5:00 p.m. on August 8, 2017**, using the North Simcoe Muskoka LHIN Health System Improvement Proposal (HSIP) form.

- CEO or Executive Director's signature on the proposal is required.
- Submissions can be addressed to the attention of Melissa Mei, and sent electronically to [NSMSystemimprovement@LHINS.ON.CA](mailto:NSMSystemimprovement@LHINS.ON.CA) include the CFP name and number in the subject line.

Thank you for your continued efforts to address the delivery of high quality, community care needs in the North Simcoe Muskoka LHIN.

Sincerely,

*Original signed by*

**Neil Walker**

Vice President, System Transformation