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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)  
Mental Health and Addictions Walk-In Counselling Clinic (Expansion)  
**CFP#:** 17\_033\_CFP\_MHA\_Walk-In\_Counselling\_Clinic

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### OVERVIEW

In support of the NSM LHIN's 2016-19 Integrated Health Service Plan (IHSP), the LHIN is issuing a Call for Proposals (CFP) from interested mental health and addictions health service providers to provide enhanced service to existing mental health and addictions walk-in counselling services across the NSM LHIN.

Beginning in April, 2015 walk-in mental health counselling services were made available five days a week to clients throughout the North Simcoe Muskoka LHIN. Facilitated through Catholic Family Services of Simcoe County (CFS), clinics operate in each of the LHIN's five sub-region areas. The clinics offer day and evening sessions and clients do not need to book an appointment. The walk-in clinics provide a single-session counselling service to those individuals who are not in immediate crisis and who are 12 years of age and older. The walk-in clinics are provided in partnership with the Canadian Mental Health Associations of both Muskoka-Parry Sound and Simcoe County, as well as the CHIGAMIK Community Health Centre, New Path Youth and Family Services, Waypoint Centre for Mental Health Care, and Wendat Community Programs.

This CFP is seeking to identify a successful agency to enhance client access to these clinics by working within the current programming structure to provide additional staffing. More specifically this request is for the implementation of an additional service day in the NSM LHIN Sub-Region of Barrie; expansion of the number of appointments in the sub-regions of North Simcoe and Couchiching; and adding an additional clinic day in Huntsville, to address transportation barriers in the Sub-Region of Muskoka.

**SCOPE & DEMONSTRATION OF IMPACT**

With up to \$287,000 in new base funding, the successful agency will meet the following staffing requirements by sub-region as outlined below:

<b>NSM LHIN Sub-Region</b>	<b>Service Increase</b>	<b>FTE Type</b>	<b>Number of FTE</b>
Barrie	Additional day of service	Client Services	1.2
		Administration	0.2
Couchiching	Add capacity	Client Services	0.2
		Administration	0.1
North Simcoe	Add capacity	Client Services	0.2
		Administration	0.1
Muskoka	Additional day of service at new location	Client Services	1.0
		Administration	0.1

\*FTE - Full Time Equivalent Staff

**FUNDING DETAILS**

The maximum funding available is up to \$287,000 base 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:

- The proposal must be submitted under an existing LHIN Service Accountability Agreement;
- 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

Call for Proposals Issued	July 7, 2017
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 Chris Brens, 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 Mental Health and Addictions service needs in the North Simcoe Muskoka LHIN.

Sincerely,

*Original signed by*

**Neil Walker**

Vice President, System Transformation