REQUEST FOR PROPOSAL

Managed Alcohol Program, London Ontario

SUBMISSION CLOSING – Thursday, November 28th

4:00 PM

Mailing, Courier, Email

Regional HIV/AIDS Connection
186 King Street, Suite 30
London, ON N6A 1C7
Attention: Brian Lester, Executive Director
blester@hivaidsconnection.ca

Bids must be received by Regional HIV/AIDS Connection in a sealed envelope or package clearly marked with the name and address of the responder, and title of the project. Completed bids can be mailed to Regional HIV/AIDS Connection, 186 King Street, Suite 30, London, ON N6A 1C7 or emailed to blester@hivaidsconnection.ca no later than Thursday, November 28, 2013 at 4:00 pm. Failure to submit the bid as requested will result in it being disqualified.
INTRODUCTION AND INVITATION
Regional HIV/AIDS Connection, on behalf of the Managed Alcohol Working Group, is inviting consultants to submit a quotation to develop the capital and operating plan to open a Managed Alcohol Program in London, Ontario.

Interested consultants are requested to submit by Thursday, November 28, 2013 at 4:00 pm.

MEMBERS OF THE MANAGED ALCOHOL WORKING GROUP
- London InterCommunity Health Centre – Michelle Hurtubise, Executive Director
- Addiction Services of Thames Valley – Linda Sibley, Executive Director
- Mission Services of London – Martha Connoy, Director, Community Mental Health Services
- Regional HIV/AIDS Connection – Brian Lester, Executive Director
- City of London – Jan Richardson, Manager, Homeless Prevention

BACKGROUND
The following background material is primarily taken from the “Managed Alcohol: Housing, Health & Hospital Diversion, Exploring a Managed Alcohol Model for the City of London, prepared for the South West LHIN March 2011”.

Managed Alcohol Programs have demonstrated to effectively improve the quality of life, health and well-being of adults consuming non-beverage alcohol. In addition, Managed Alcohol Programs decrease contact with EMS, Emergency Department, hospitalization and law enforcement. A Managed Alcohol Program responds to the specialized needs of a population experiencing homelessness that, at present, is typically displaced and vulnerable in the City of London. These individuals are historically refractory to traditional treatment practices and at risk of victimization, criminalization and health conditions. A Managed Alcohol Program does more than provide a drink an hour or a fixed address. It is the integration of onsite, continuous healthcare services together with housing, community supports and a client-centred harm reduction approach that has proven to lessen the burden on emergency services and departments, improve health outcomes and end both the consumption of non-beverage alcohol and homelessness.

Based on the evidence-informed outcomes of three operational Managed Alcohol Programs and the identified needs and service utilization rates of this population in the City of London, a 16-20 bed residential Managed Alcohol Program (MAP) is being considered for the City of London.

Chronically homeless adults (those who live for extended periods on the street or in the shelter system) are at greater risk of infection, violence, unintentional injury and exposure. For those lacking safe, permanent housing, over a prolonged period of time, serious chronic health conditions such as cardiovascular disease and respiratory disease hepatitis and other liver diseases, gastrointestinal ulcers, diabetes, anemia, epilepsy, cancer, tuberculosis, head injuries, foot and skin disorder, poor oral and dental hygiene and HIV/AIDS and Hepatitis C are common.
Given their poor health, accessible, effective medical care, is a key determinant of the health status of the homeless population.

Alcohol abuse is as high as 53-73% in the homeless adult population. These figures are clinically and socially significant because alcohol misuse (abuse or dependence) influences not only the health and social outcomes of these individuals but also impact their families, local communities and society at large. Alcohol dependence contributes to binge drinking, consumption of non-beverage alcohol (i.e. mouthwash, cleaning products, cough and cold remedies), violent and/or criminal behaviours, suicide, job instability, poor compliance with treatment, longer hospital stays, homelessness, public inebriation, increased emergency department visits and mortality. The World Health Organization estimates that alcohol cause 3.2% of deaths worldwide, with a global cost to health above that of tobacco. Medical consequences of alcoholism include oesophageal cancer, liver cancer, chronic ulcers, cirrhosis of the liver, epilepsy, psychotic breakdown, increased rates of hospitalization and shorter life expectancy.

Individuals experiencing homelessness consuming non-beverage alcohol represent a subgroup within the street culture. This population is typically stigmatized by the street community, vulnerable to violence and health conditions/complications related to the toxicity of consuming products such as: Listerine, rubbing compound, cooking sherry, antifreeze, Lysol, aftershave, hairspray and/or hand sanitizer. These products are more affordable and accessible than palatable alcohol and for some adults experiencing homelessness living with addiction, in extreme poverty they become the products to consume. At present, treatment supports in London are inadequate in meeting the complex needs of homeless individuals consuming non-beverage alcohol.

In London there is limited reliable homelessness data including the number of homeless individuals in London at any single point in time. Reliable data related to the number of homeless individuals consuming non-beverage alcohol is non-existent. It should be noted that many health and treatment systems fail to collect data related to this population and as a result the visibility and needs of this population are not authenticated or documented. Although there is no reliable figure for the number of homeless individuals across all service sectors, there is knowledge that many sectors and services support the same individuals. The study commissioned by the South West LHIN included interviews with primary stakeholders including the London Police Service, Thames Emergency Medical Services (EMS), Mission Services of London and The Salvation Army Centre of Hope have indicated they support 10-15 homeless individuals, consuming non-beverage alcohol, on a weekly or more often daily basis.

The development of a London Managed Alcohol Program is in alignment with many of the goals and principles of the Ministry of Health and Long-Term Care’s 10-Year Mental Health and Addictions Strategy. The Managed Alcohol Model is, in many ways, an example of ‘where we want to be’ as defined in the Strategy. MAPs already focus on recovery and harm reduction. MAP care is already person-driven, proactive and ongoing. Providers and programs are
working collaboratively, services are integrated and coordinated and there already exists a culture of improvement and innovation embedded in the MAP model and delivery.

**MANAGED ALCOHOL PROGRAM COLLABORATION**
The report identified that Addiction Services of Thames Valley could provide clinical skills and has the capacity to effectively manage and deliver treatment services in partnership with the London InterCommunity Health Centre contributing community nursing and medical care. An effective working relationship currently exists between these two agencies and both have agency capacity and the clinical skill set to develop and deliver this program. Regional HIV/AIDS Connection is participating in the development of this initiative recognizing their administrative expertise and harm reduction experience serving marginalized populations. The City of London is participating on the planning group. The Managed Alcohol Program has been identified in the Council approved London Homeless Prevention System.

Numerous local stakeholders indicated support of the project if these agencies were in a leadership role. Mission Services of London has valuable frontline residential experience and existing relationships with the London homeless population. Mission Services would be a primary referral source and be able to lend insights and experiences to the project based on their knowledge of residential services. Together all four agencies have extensive experience providing services to those who experience barriers to care including, poverty, homelessness and/or complex health conditions including addictions and mental health. This primary interprofessional team, in combination with secondary community supports: London Police Service. City of London Community Services, area hospitals and tertiary support, London CARES, The Salvation Army Centre of Hope, CMHA, WOTCH, CCAC would ideally collaborate to provide further services and programs as needed.

**SCOPE OF WORK**

**Role of Consultant**
The Consultant will provide the details of the capital/operating/service delivery model of selected options for a Managed Alcohol Program in London, Ontario and will include details on the:

- organizational structure
- infrastructure, including technology, property and maintenance
- staffing, including the role of the partners
- operations including such things as food management, alcohol (purchase your own, make your own)
- programs and services including role of partner agencies
- maximum capacity

Recommendations will include:
- What is not considered to be included in the London model
- What are the principles/priorities related to preferred sites

- Property and capital needs
  - Maximum square feet
  - Zoning requirements
The Consultant will have:
- Accessibility
- Amenities including laundry

- Financial projections to include:
  - Operating costs
  - Development costs including
    o Project management
    o Architect
    o Land, property options, capital improvement

- A project plan with specific timelines and deliverables in the right sequence such as:
  - Project approval
  - Project development – design
  - Capital improvement – building/upgrades
  - Program/staffing development

There will be very limited public consultation. The Consultant will work with the M.A.P. Development Committee.

Consultant Skills and Attributes
The Consultant will have:
- An informed understanding of trauma, addiction and mental health and how they intersect with individuals/families who are street involved and/or experiencing homelessness;
- A comprehensive understanding of Housing First or Housing with Support and harm reduction;
- Advanced interpersonal and communication skills including the ability to engage with individuals and groups;
- Advanced writing skills; and,
- Ability to engage work collaboratively with stakeholders.

SUBMISSION REQUIREMENTS
We are requesting proposals from a Consultant who is both interested and capable of undertaking the project.

1. The onus is on the Consultant to demonstrate their knowledge, understanding and capacity to conduct the work outlined in the Request for Proposal.

2. The responses will be assessed according to how well the Consultant can assure success in relation to submission requirements. The detail and clarity of the written submission will be considered indicative of the Consultants expertise and competence.

3. All information provided in response to this Request for Proposal must contain sufficient detail to support the work being proposed. Incomplete submissions will not be considered.

The proposal must, at a minimum:

1. Provide detailed contact information for the principal contact person.
2. Provide a resume of the Consultant’s work.
3. Provide a description of the work to be undertaken including a task and timeline.
4. Provide evidence of ability to perform the proposed project.
5. Provide a fee and cost schedule in the range of $10,000 – $15,000.
6. Provide two (2) professional references which include the name of the organization, the contact person, telephone number, email and address.
7. Include at least one (1) example of comparable work that has been previously completed.

QUESTIONS/INQUIRIES
Inquiries regarding this RFP are to be directed to Brian Lester, Executive Director, Regional HIV/AIDS Connection by email to blester@hivaidsconnection.ca no later than Friday, November 22, 2013 at 4:00 pm. Directing inquiries to other than Brian Lester may result in your submission being rejected.

SCHEDULE
The following is a tentative schedule of key dates to assist the applicants:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
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<tbody>
<tr>
<td>Proposal Close Date</td>
<td>Thursday, November 28, 2013</td>
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<tr>
<td>Evaluation of Proposals</td>
<td>The first week of December</td>
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<tr>
<td>Interviews</td>
<td>The first week of December</td>
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<tr>
<td>Award of Proposal</td>
<td>The second week of December</td>
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Thursday, November 28, 2013 4:00 PM

SUBMISSIONS TO
Brian Lester, Executive Director
Regional HIV/AIDS Connection
186 King Street, Suite 30
London, ON N6A 1C7
blester@hivaidsconnection.ca

Specific Requirements
Interested Consultants are invited to submit a Proposal for consideration. Consultants may be invited for an interview.

Contact Information
This includes the Consultant’s legal name, address and telephone number of the principal contact person and an email address. This page will also include an original signature.