# Request for Expressions of Interest:
# Victoria Peer Assisted Care Team
# Overview of Work

### 1. General Information
This Request for Expressions of Interest (REOI) is for community-based organizations (eligible charitable and/or not-for-profit organization) to deliver a one-year pilot services Peer Assisted Care Team program in the Municipality of Victoria.

*The Canadian Mental Health Association, BC Division (CMHA BC) values collaboration and encourages local community agencies to come together and submit a collaborative application.*

**Submission Deadline:** ~~Friday, August 5th 2022~~
**Extended:** Friday, August 19th 2022 by 11:59 PM PST

Please review the resources provided to applicants. All documents and information must be submitted through the online application process. If you require additional support using this application or have questions please connect with Erin.Ewart@cmha.bc.ca

Applications received after the date and time posted will not be accepted.

### 2. Mandatory Eligibility Requirements
To be eligible, the Applicant (or in the case of a collaborative proposal the Lead Organization) must:
a. Be legally incorporated and have a status as a not-for-profit and/or a registered charitable organization;
b. Have internal governance structures and accountability measures such as practices and procedures for internal controls and accountability (e.g. audited statements); and,
c. Satisfy and can produced the required documents outlined in the Request for Expressions of Interest (REOI) and comply with all applicable laws, bylaws, regulations, and policies of the Province of BC and the Municipality of Victoria.

### 3. Collaborative Proposals
Collaborative proposals between multiple organizations are strongly encouraged. Applications from a single organization are strongly encouraged to demonstrate collaborative relationships with other community service organizations that can be leveraged for referrals and linkages to services during the Victoria Peer Assisted Care Team pilot period. Applications can be submitted as a collaboration with two or more organizations. Collaborative proposals must clearly identify a Lead Organization. Lead Organizations will be responsible for stewarding financial resources, managing risk, and outcome reporting on the project.

### 4. Application Evaluation and Selection Process

The CMHA BC will adhere to the following evaluation and selection process, please review the submission guidelines for full details:

**Review Panel**

All REOI will be reviewed by a panel of key internal and external stakeholders comprised of community members and subject matter experts.

**Interview Process**

Once the panel reviews applications the highest scoring applicants will be invited to an interview. The interview will provide an opportunity for the panel and applicants to discuss applications and intended approaches in more detail.

**Evaluation Results & Agreement**

Upon conclusion of the evaluation process, a final recommendation of the eligible community-based organization will be made by the Review Panel. All applicants will be notified of the outcome of the process within 30 days of the deadline. The applicant moving forward to provide the service outlined will have the opportunity to review the terms and conditions of the contracted service and sign a formal agreement with CMHA BC. By responding to this REOI, organizations are agreeing that the decisions of the Review Panel are final and binding. At the end of the process, CMHA will provide feedback to applicants who request it.

### 5. Overview of Work

Below outlines detail information on Victoria Peer Assisted Care Team one-year pilot project, funding for this project will be for the following time frame: August 2022 – August 2023.

# Section 1 – Introduction

## 1.1 Background

In August, 2021 the province announced that Victoria received an investment through the Strengthening Communities' Services Program adding capacity to address the impacts of homelessness and keep communities safe and healthy as they recover from the pandemic. This included a partnership with the Canadian Mental Health Association, BC Division (CMHA BC) and a portion of this investment allocated to pilot the Peer Assisted Care Teams (PACT). In April, 2022 the Ministry of Mental Health and Addiction announced a further investment to pilot these teams in Victoria and New Westminster.

## 1.2 Victoria Peer Assisted Care Team (Victoria PACT)

For crisis events with low risk of harm or violence, these teams are designed to respond instead of police to help de-escalate the situation and connect people to ongoing community services and supports.[1] The pilot project time frame is: August 2022 – August 2023.

Identified through community engagement in Spring 2022, the following five key principles inform the design of the proposed Peer Assisted Care Teams:

- Enable multiple coordinated pathways for clients to access crisis services;
- Ensure a transparent and consent-based service of care;
- Incorporate a harm-reduction and trauma-informed approach in all aspects of the service;
- Ground the service in the needs of the service-user, while providing adaptive and culturally relevant individual support needs;
- Guarantee accountability to service users' voices and outcomes by establishing clear pathways for complaints, issues and data transparency.

*Summary of the community engagement is provided as resource document.*

## 1.3 Pilot Structure

CMHA BC will select a lead agency (or agencies in the case of a collaborative application) to deliver the Peer Assisted Care Team in the Municipality of Victoria. In addition, they will be funded to support post crisis case management and referrals to other services.

The pilot will feature:

- mobile multidisciplinary teams comprised of a mental health professional (e.g. community health nurses, counsellors, harm reduction workers, social workers) paired with a peer (someone with lived and/or living experience of mental health crisis) trained in areas such as but not limited to mental health and crisis management, de-escalation, advanced first aid, overdose response, situational awareness, to be available in the pilot area.

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[1] https://cmha.bc.ca/peer-assisted-care-teams/

- follow-up supports, such as case management, primary health care, referrals to specialized services, housing support, etc.

All crisis response calls must be attended to by two mobile crises support specialists for mutual safety. Staff will also be trained on areas such as but not limited to crisis de-escalation techniques, suicide intervention, and first aid. Protocols will be put in place by CMHA BC to ensure the team can quickly request police or paramedic services if they require them.

## 1.4 Key Outcomes of the Peer Assisted Care Team

a) Decreased negative outcomes from law enforcement response to non-violent crisis and mental health calls;

b) Increased trust between clients and Peer Assisted Care Teams;

c) Increased connections to community-based services for people in crisis;

d) Diversion of non-emergency 911 mental health and crisis related calls to Peer Assisted Care Team pilot and alternative community response system;

e) Reduced emergency response expenses related to 911 non-violent calls involving people experiencing mental health, substance use, and other related crisis.

# Section 2 – Scope of Services

## 2.1 Overview

This REOI seeks applicants to implement and deliver a 1-year pilot of a Peer Assisted Care Team from August 2022 – August 2023.

Potential applicants should demonstrate their qualifications to implement the Peer Assisted Care Team pilot as described in this REOI. Potential applicants should demonstrate their ability to meet the minimum required services, staffing requirements, minimum and preferred qualifications, and the supplemental questions. Applicants will also be asked to submit a budget outlined the use of funds during the time period. Proposals may be submitted from a solo organization who qualifies to carry out all of the required services or from a collaborative of organizations that identifies a lead agency and includes partnering organizations to carry out different aspects of the required services, in this case the lead organization will be responsible for financial management of the overall project budget.

## 2.2 Program Delivery Requirements[2]

This section provides a breakdown of the mandatory service delivery requirements. In their proposals, potential applicants are encouraged to incorporate and build upon the suggested service components, incorporating innovative approaches and complementary tasks as they see fit.

**Service Component 1: Ongoing Project Management, Administration, and Oversight**

Ensure effective administrative oversight and project management throughout the contract. The successful applicant must ensure that the project is run effectively, on-time and on-budget and must ensure that all deliverables and project objectives are met.

- *Project Coordination*
  - o Provide management and leadership of the pilot team;
  - o Work with CMHA BC to develop budgets, resourcing needs, schedules for deliverables, progress tracking and personnel responsibilities;
  - o Ensure quality control for the duration of the contract by monitoring staff and sub-Consultant (if required) performance;
  - o Monitor Project progress towards agreed upon work plan by keeping CMHA BC staff informed through regular (monthly) updates: provided by a combination of phone calls, webinars, in-person, or written reports;
  - o Develop and periodically review a standard complaint handling procedure for the service;
  - o Work with CMHA BC to adjust tasks, as required, throughout the Project;

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[2] The application guidelines have been adapted from information generously provided by the City of Toronto "Community Crisis Response Program"

- o Participate in community and stakeholder meetings as requested by CMHA BC;

- o Participate in phone calls, online webinars, and/or in-person meetings to review reports and track budget with CMHA BC staff;

- o Ensure all program information and assets are appropriately branded;

- o Work to align record management systems or adopt new record management systems as required by CMHA BC for the delivery of the service.

- *Hiring/Human Resource Management*

  - o Develop job descriptions and interview process to recruit and hire staff, as necessary;

  - o Develop a staffing model;

  - o Develop a shift schedule for the mobile teams;

  - o Provide sufficient staffing to cover all times/days that pilot teams are operational, including a system that ensures back-up staffing in the event of sickness or staff vacation;

  - o For any changes to the structure of the project team, provide advance notification to CMHA BC;

- *Training*

  - o Ensure all staff and management receive the standardized CMHA BC training in relation to pilot activities (forthcoming);

  - o Provide professional development opportunities for staff;

  - o Provide regular trauma-informed supervision, debriefing and support for all pilot team members;

  - o Develop and support a training plan that ensures all pilot team members have sufficient baseline and ongoing training in key skill areas related to their staff function including any required certifications (e.g. Mental Health First Aid).

- *Evaluation*

  - o Provide staff to support the data collection, reporting, monitoring and evaluation of the service;

  - o Participate in all required data collection activities to support the pilot evaluation and to inform potential shifts in implementation strategies;

  - o Provide data with CMHA BC on number of complaints received, nature of complaints, and outcomes of complaints;

  - o Comply with all documentation requirements as prescribed by CMHA BC.

**Service Component 2: Mobile Crisis Response and Support**

Lead the provision of client-centered mobile crisis response and support services to individuals in crisis within the City of Victoria and complete all service referral and service connection-related tasks. The successful applicant must ensure that the mobile crisis response and support teams are providing a broad range of crisis support services to clients and ensuring clients requesting follow-ups or referrals are successfully connected to services.

- Provide sufficient staffing to cover all times/days that the PACT teams are operational, including a system that ensures back-up staffing in the event of sickness or staff vacation;

- Provide vehicles for the purpose of responding to calls for service and transporting clients, as needed;

- Provide compassionate, rapid crisis management and de-escalation with a focus on client choice and providing trauma-informed care;

- Provide service to individuals aged 13 and up and provide appropriate coordination, referrals or service connection to children and youth services for individuals under the age of 13.

- Leverage trauma-informed crisis intervention and harm reduction techniques to stabilize crisis situation;

- Offer emotional and social support leveraging clinical and/or holistic approaches;

- Facilitate crisis assessments that include medical, mental health, and other basic life needs (such as shelter, food, and clothing);

- Determine the best options for the person in crisis (may include stabilization on site, referrals to community-based organizations, emergency department, or other voluntary dispositions such as a self-identified safe places, specialized care or treatment requiring a referral);

- Provide basic life support level of care such as CPR, first aid, and wound management, as needed;

- Assess situation acuity, need for emergency services and coordinate emergency medical treatment or transportation for client from Victoria Police Services or Victoria Paramedic Services;

- Provide harm reduction counselling, supplies and disposal;

- Provide supplies such as water, food, clothing, blankets, personal hygiene products, sunscreen, transit fares, as needed;

- Identify and provide information and referrals for community resources as needed for the person in crisis and for their family or other members of their support system who may be present at time of crisis;

- Support clients in completing documentation required to access referrals and/or service intake, as needed;

- Provide or coordinate transportation of an individual to community supports, safe space, or appointment, as needed;

- Coordinate short-stay arrangements (e.g. shelter or crisis bed placement), as needed;

- Provide information and access to further mental health counselling, substance use counselling, traditional or holistic care, cultural and/or population-specific services and service providers, as needed;

- Provide access to a consultant licensed mental health clinician, psychologist, and/or psychiatrist for clinical case consultations, assessments, and to provide clinical guidance to staff teams on an as needed basis;

- Provide services in multiple languages as appropriate, either directly or through access to third-party interpretation services;

## Service Component 3: Post-Crisis Case Management and Follow-Up Support

Ensure timely follow-up occurs with clients requesting additional support and service in order to provide continuity of care and referrals to support services. For clients that request follow-up support, ensure that follow-up occurs within 48h of the request.

- Follow-up with service users within 48 hours (2 days), as appropriate;

- Facilitate at least one follow-up contact to ensure resolution of crisis, and/or provide wellbeing check, and/or provide additional community resources and referrals for services, as needed;

- Provide assessments and collaborative development of a personal safety plan with a focus on strengths and resources;

- Re-establish existing connections or provide referral and access to mental health counselling, psychotherapy, peer support programs, substance use and rehabilitation supports, legal services, family counseling, traditional/holistic counseling and ceremony, youth services, victim services, housing services, income support services, settlement services, grief counselling, and other services as needed;

- Provide referral and access to other desired and/or needed community and primary health care services;

- Provide services in multiple languages as appropriate, either directly or through access to third-party interpretation services;

- Provide encouragement, emotional support and motivation to clients;

- Provide encouragement to explore strengths, resiliency, and personal responsibility;

- Provide support and education to caregivers and /or a client's support network as appropriate.

## Service Component 4: Communication and Information Management

Ensure effective and timely communication, coordination of mobile teams, referrals to appropriate supports and proper client information management in response to calls for service. The successful applicant must ensure effective, timely, and seamless communication and information management between the Lead Organization or organizations, the mobile teams, key intake and dispatch partners, the Victoria Police Service, community partners, clients and their support network.

- Engage in ongoing communication and coordination with the 911 dispatch;
- Ensure any existing crisis lines, warm lines, or other communication and intake channels operated by the applicant are leveraged and coordinated with the pilot operations as appropriate;
- Maintain collaborative relationships with Victoria Integrated Mobile Crisis Response Team (IMCRT), Primary Response Units and Community Response Units, AND Neighbourhood Officers.
- Provide technology for each mobile team member to receive communications, receive dispatch information, receive and send client information, and coordinate or request follow up support;
- Ensure all personal information collected, handled and stored in accordance with the Personal Information Protection Act.
- Provide technology for clients to provide written consent, collect information, and assist with digital referrals (e.g. tablet);
- Provide printed materials, flyers, and contact cards to provide to clients.

### Service Component 5: System Coordination and Community Outreach

Ensure effective coordination of referral pathways, community partnerships and outreach efforts. The successful applicant must lead and participate in community outreach efforts around promoting the service, mental health awareness, and develop partnerships with key agencies and organizations to augment the service reach.

- Develop and/or demonstrate partnership and alignment with key organizations, including those that serve Black, Indigenous, and equity-deserving groups;
- Work in collaboration with other existing local crisis and de-escalation teams;
- Develop and/or demonstrate partnership and alignment with key services and referral agencies;
- Coordinate service hours with other providers to respond to times of highest need for de-escalation;
- Develop collaborative relationships, including the clear designation of staff who will meet or communicate regularly with the City of Victoria, Victoria Police Services and other first responders.
- Build a positive and collaborative presence in communities served by pilot teams;
- Actively participate in the CMHA BC's public education campaign about the service;
- Undertake general mental health promotion and awareness in community of the pilot area.

### 2.3 Required Staffing Model

The pilot team must provide sufficient staffing. The team must include at minimum the following roles or their equivalent:

(a) Management/Leadership Staff
(b) Pilot Teams Staff: Mental Health Professionals and/or Peers (persons with lived/living experience)

**Pilot teams may be staffed using any combination of the following professions:**

- Psychologist
- Social Workers
- Psychiatric or Mental Health Nurse Practitioners
- Family Nurse Practitioners
- Psychiatrists
- Community Health Nurses
- Mental Health Nurses
- Outreach Workers
- Registered Clinical Counsellors
- Peer support workers
- Housing support workers
- Harm reduction workers
- Case managers
- Traditional Healers/Helpers
- Trauma informed/movement-based healers
- Knowledge Keepers
- Elders
- Other staffing positions will be considered as proposed.

## 2.4 Required Staffing Qualifications and Experience

**Staffing Considerations**

The team members should be capable of responding to various crises (for example, people who are experiencing homelessness, mental health challenges, substance use challenges, have experienced trauma, gender-based violence, etc.).

The teams should comprise of people with diverse lived and professional experiences. Lived-experience is important to doing this work, and all staff hiring processes should take into consideration professional experience, lived experience, and intersectional hiring practices. The teams must be diverse in their makeup and consideration should be given to hiring staff who represent the languages, cultures and diversity of the City of Victoria. The teams must have knowledge of the dynamics and lived experiences of the community they will serve. It is important that they have an awareness of stories, community knowledge keepers, and local services.

## 2.5 Organizational Qualifications & Relevant Experience

1. Experience in delivering crisis, mental health and substance-use-specific support services and programs that serve individuals who are experiencing mental health and substance use challenges, with demonstrated experience in the following areas:
   - Mental health and substance use intervention;
   - Non-coercive, non-judgmental service delivery;
   - Using alternative, trauma-informed and relationship-based methods of crisis management;
   - Capacity-building with people who have experienced mental health or substance challenges;
   - Stated commitment to harm reduction principles and demonstrated experience working with people who use drugs;
   - Nurturing respectful relationships in a way that centers culturally safe practices, autonomy and dignity;
   - Working with individuals who experience marginalization, such as those experiencing homelessness or at-risk of homelessness;
   - Building rapport and conducting street outreach with individuals who experience marginalization;
   - Conflict resolution and trust-building processes used for addressing issues and building productive working relationships;
   - Capacity to work in strong partnership with other agencies to provide warm referrals and access to meaningful supports;
   - Development of teams with a successful track record for complex case management;
   - Principles and practice of community development and collaborative service delivery;
   - System navigation and familiarity with accessing services at various levels of care; and,
   - Data collection and reporting for evaluation and quality assurance purposes.

2. Demonstrated experience in working with diverse groups that include: Persons with Disabilities, Indigenous, Black, Racialized, LGBTQ2S+ and Neurodiverse communities, including:
   - Demonstrated commitment to anti-racist/anti-oppressive practices and mechanisms by which staff and clients can identify and address issues related to these areas;
   - Demonstrated commitment and practice of addressing Anti-Indigenous and Anti-Black racism in service provision, and organization's policies and procedures;
   - Agreement to comply with CMHA BC's Human Rights and Anti-Harassment Policy, and the CMHA's Vision Statement of Access, Equity and Diversity.

3. The ability to meet all CMHA BC program requirements including:
   - Adhering to CMHA BC's requirements, as required, including program oversight, contract compliance, financial and results reporting requirements, changes in target population groups, and case load management standards;

- Providing services in multiple languages as appropriate, either directly or through access to third-party interpretation services;
- Implementing standardized tools to enhance client assessments and improved support service provision;
- Participating in any other reporting and/or evaluation as required by CMHA BC;
- Willingness to work in close collaboration with CMHA staff on implementation of this project;
- Stated willingness and demonstrated ability to work in collaboration with local business and community safety tables, City outreach services, and mental health crisis response supports;
- Capacity to offer oversight to staff team including training, debrief, and supervision, and support team working evenings and weekends;
- Evidence of effective financial and program management experience;

4. Experience and demonstrated ability to manage the project (administrative oversight, processes and procedures).

## Section 3 – Budget

The lead agency will receive up to $400,000 CDN for a one-year pilot program to hire, develop, coordinate and manage overall service delivery from August 2022 – August 2023.

*See Submission Guidelines for Eligible and Ineligible Costs*

### Contact Information
For support, questions, or more information please contact us please connect with us:

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