

Request for Proposal Guideline

Community-Based HIV and HCV Services

Northern Health Authority (NH) RFP Number: **HIV/HCV 2020-2023**

Issue date: **December 4, 2019**

NH Contact Person

All enquiries related to this Request for Proposal are to be directed, in writing, to the following person. Information obtained from any other source is not official and should not be relied upon.

Enquiries and any responses will be recorded and may be distributed to all applicants at the NH's option.

Ashley Stoppler
Lead, Strategic Initiatives – HIV, HCV and Chronic Pain
Northern Health Authority

RCD.Communications@northernhealth.ca

Closing Time and Location

Proposals should be clearly marked with the name and address of the Applicant, the Request for Proposal number, and the project or program title.

The proposal must be received no later than
4:00 PM Pacific Time on: January 13, 2020

An electronic version of the application should be emailed to the following address:

Email: RCD.Communications@northernhealth.ca

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A. Context and Aims

1.0 PROGRAM OVERVIEW AND NORTHERN HEALTH GOALS

The Regional Chronic Disease Program (RCD) aims to build on past efforts to stop HIV infections from progressing to AIDS and reduce transmission of HIV and HCV across the region. This work is guided by a *Regional HIV and Hepatitis C Implementation Plan* which works towards goals expressed in the MOH framework: *From Hope to Health: Towards an AIDS-free Generation* (2012). The five interrelated goals of this framework are:

1. Reduce the number of new infections in BC.
2. Improve the quality, effectiveness and reach of prevention services.
3. Diagnose those living with HIV as early as possible in the course of their infection.
4. Improve the quality and reach of support services for those living with and vulnerable to infection.
5. Reduce the burden of advanced infection on the health-care system.

The *Regional HIV and Hepatitis C Implementation Plan* aims to achieve these goals by strengthening both specialist and primary care services, and by extending the reach of community-based HIV and HCV services. In particular, the *Plan* seeks to expand availability and accessibility of services in three priority areas, including:

1. Improving prevention services, especially the distribution and recovery of harm reduction supplies;
2. Expanding HIV testing and related supports; and
3. Engaging and retaining people in treatment and care.

Elements of the *Plan* directly relating to community-based services include:

- Extending the reach and accessibility of community-based support services in response to HIV and HCV;
- Expanding the reach and accessibility of prevention services and harm reduction supplies, proportionate to population density, in each health service delivery area;
- Increased reach and accessibility of testing opportunities;
- Reducing stigma and discrimination in community and service delivery;
- Coordinating services in response to HIV and HCV so that patients and providers have a local pathway to care and support;
- Helping people navigate and engage in HIV and HCV prevention, testing and ongoing care;
- Strengthening advocacy for clients to improve their access to, and experience of care.

To support this work, Northern Health is seeking community-based agencies and First Nations health organizations to provide contracted services in communities within British Columbia's North.

1.3 KEY DOCUMENTS

- “From Hope to Health, Towards an AIDS-free Generation”, Ministry of Health, 2012
<http://www.health.gov.bc.ca/library/publications/year/2012/from-hope-to-health-aids-free.pdf>
- “From Hope to Health, Towards an AIDS-free Generation: Progress Report 2015/16”, Ministry of Health, 2017
<https://www.health.gov.bc.ca/library/publications/year/2017/from-hope-to-health-2015-16.pdf>
- “Regional HIV and Hepatitis C Implementation Plan,” Northern Health Authority, 2015
https://www.northernhealth.ca/sites/northern_health/files/health-information/hiv/documents/hhc-implementation-plan.pdf
- Northern Health Aboriginal Health Improvement Committee Patient Mapping Report:
https://www.indigenousealthnh.ca/sites/default/files/2017-01/AHIC_Mapping_Summary.pdf

1. CURRENT SITUATION AND OBJECTIVES

Currently, Northern Health provides contracted HIV and HCV services through eight organizations. These contracts each end on March 31, 2020. Each of these organizations has the opportunity to apply, along with organizations not currently working with NH, on this RFP. Through this RFP, NH seeks to contract with community organizations across the region who are passionate about the work related to HIV and HCV. Instead of prescribing the services that each organization must provide, we have identified gaps in our region and ask that applicants describe how they could best address those gaps in a manner applicable to their communities.

- **Limited awareness of local and regional HIV and HCV services.** In order to address this gap, successful Applicants will identify services currently available to people who are vulnerable to or living with HIV or HCV. NH will assist in making this information available to the public and to providers within the health care system.
- **Access to harm reduction supplies, testing and treatment supports.** While all these services are available in a number of communities in the North, there are still some communities with limited or no access to harm reduction supplies, testing and treatment supports. Northern Health seeks to increase both availability of and access to each of these in more communities in the North.
- **The need for more personal “relational” approaches to engage patrons.** In many communities in the north, people do not access services because they fear being judged or treated as an “addict”. Successful approaches to service provision welcome, respect and respond to the person at a deeper level than the person’s behaviours and activities and recognize the importance of meeting clients “where they are at”.
- **The need to address stigma, discrimination and the lack of information related to HIV and HCV.** The low level of knowledge about HIV and HCV in many communities helps to perpetuate judgement, misinformation and fear. Agencies may propose delivering services

that address these issues, possibly in combination with other priority services being proposed.

Based on these and other issues identified, NH wishes to enter into contracts that will deliver HIV and HCV services in more communities across the north in order to address these gaps.

2.1 ELIGIBLE APPLICANTS

Organizations eligible to propose services contained in this RFP include non-profit, charitable or First Nations organizations operating in the province of BC that:

- Provides services in northern BC (Note that preference will be given to agencies based in the North); and
- Deliver services and programs on- or off-reserve, including those which specifically serve First Nations or aboriginal people; and
- Have experience working with people who are vulnerable to or living with HIV and/or HCV, and provides low barrier services; and
- Use a harm reduction and culturally safe approach to deliver services. Northern Health defines “harm reduction approach” as one that accepts people as they are and patiently seeks to help them make decisions that reduce risk and improve long-term wellness.

2.2 CURRENT AND NEW SERVICE PROVIDERS:

- a) **Currently contracted service providers** may re-apply for resources to provide the same, different, or additional services. Current providers may also propose to deliver services across the region, integrated with local and regional service providers.
 - i. Northern Health will consider proposals from current providers that request the same annual amount currently received, a lower annual amount than currently received, or an annual amount no greater than 2% in addition to the current annual amount provided by their contract;
 - ii. Currently contracted service providers must provide evidence of past success in delivering community-based HIV and HCV services, including evidence of alignment with Northern Health Goals for HIV and HCV;
 - iii. If an agency currently providing contracted services for HIV and HCV wishes to extend services to one or more additional communities, they may propose services up to a maximum of \$50,000 for each community.
- b) **Agencies that are not currently providing community-based HIV or HCV contracted services** may apply for a maximum of \$50,000 annually to provide such services in communities where NH does not currently contract services in response to HIV and HCV. Due to the desire to distribute resources across all three HSDAs, there will be a \$50,000 limit for contracted services in any community or local area through this RFP, inclusive of all Applicants in the area.
- c) **Term of the initial contract will be 36 months:** starting April 1, 2020 and ending on March 31, 2023.

- d) Any agency proposing services is welcome to partner with another agency within the community, area, region or province. For a list of regional and provincial HIV / HCV organizations, please go to: <https://pacificaidnetwork.org/about/members/>.

2.3 USE OF FUNDS

- Funds may be used to cover all reasonable expenses required to deliver services described in this RFP, including staffing time, space, food, communication, travel, accommodation, meeting expenses, production of materials.
- Funds provided to one eligible agency may be shared with another agency, but the intent to share funds, the responsibilities for service delivery and for the related accountabilities must be made clear in the proposal;
- Funds are intended to be used by non-profit or First Nations organizations, and may not be used to cover the costs of NH service delivery or staff time.

2. PROJECT SCOPE AND REQUIREMENTS

The following section includes a summary of services that NH is seeking to contract and may be tailored to local circumstances as part of your proposal.

3.1 DESIRED APPROACH

a) Hope to Health principles. While new medications have made it possible for people living with HIV and HCV to live long healthy lives, a lack of knowledge, pervasive stigma and discrimination persist. For these reasons strong, supportive relationships are an important part of responding to HIV and HCV. The guiding principles of “From Hope to Health” are:

- Fighting stigma and discrimination;
- Reach and engagement in more communities across the north;
- Community and peer involvement;
- Aboriginal engagement;
- Consent for testing and engagement into care;
- Low barrier, culturally safe and trauma informed service provision;
- Integrative approach to client-centred care.

b) Characteristics of service provision. Based on consultation with Northerners including people living with HIV or HCV, contractors should:

- Develop strong supportive relationships and be accepting / non-judgmental of patrons' choices;
- Use a harm reduction and culturally safe approach to deliver services;
- Encourage patrons to imagine a positive future for themselves;
- Understand the barriers to accessing services;
- Advocate for and assist clients to access services;
- Maintain high standards of confidentiality and discretion.

c) Characteristics of desired approaches. Services will use approaches that:

- Are low-barrier and promote access for vulnerable populations;
- Welcome and engage people vulnerable to or living with HIV or HCV;
- Support safety and security of all people attending or participating;
- Support people vulnerable to or living with HIV or HCV by involving them in planning, delivery and evaluation of services, and involve peers as service providers;

- Respect individual's choices while providing opportunities to reduce risk, and to get tested, maintain treatment and stay well.

d) **Relationships between services and communities.** To promote and strengthen a coordinated community response to HIV and HCV, contractors should:

- Build and maintain strong relationships with other community service providers, including clinical service providers such as doctors, nurses and pharmacists;
- Seek and take advantage of opportunities to reach participants in different settings;
- Share their experience with other service providers in the region, and where relevant, ask for peer support from other service providers in the region.

3.2 COMMUNITY-BASED SERVICES TO BE CONTRACTED BY NORTHERN HEALTH IN RESPONSE TO HIV AND HCV

Northern Health is interested in proposals that address services falling into three categories:

A) Required Services

All agencies responding to this RFP must be willing to participate in the Northern Health HIV/HCV Network if they are a successful applicant. As part of the network, organizations are expected to participate in regular quarterly regional teleconference with other HIV and HCV service providers, to share local and regional activities and discuss improvements in HIV and HCV supports.

B) Priority Services

All agencies may also propose to provide one or more services that address the HIV and HCV priorities for community-based services in response to HIV and HCV. Proposals addressing one or more of the priorities will receive more points in the evaluation of proposals:

1. **Harm Reduction.** Distribute publicly-funded safer sex supplies and distribute and recover safer drug use supplies to reduce harm;
2. **Testing.** Offer low threshold HIV or HCV testing including pre-and post-test discussions, referral and linkage to care;
3. **Support for treatment.** Support people to start and maintain optimal treatment for HIV or HCV, including linkages to available supports.

Please include an activity plan and budget for the services you intend to provide as part of your proposal

C) Optional Services

4. **Prevention Education.** Promote awareness of HIV and HCV, including current and accurate prevention information;
5. **Outreach and support.** Engage people in one or more locations to assess concerns, risks and support needs, to reduce harm and link people with harm reduction, support and care;
6. **Safe spaces.** Provide safe, supportive spaces and assistance for people vulnerable to or living with HIV or HCV

Please include an activity plan and budget for the services you intend to provide as part of your proposal.

3. PROPOSAL DETAILS

In addition to the Required Services (Section 3.2 A above), Applicants are welcome to propose, one or more of the above services in any combination relevant for the community.

Applicants must specify the Health Service Delivery Area (HSDA) (Northwest, Northern Interior or North East) in which services will be delivered, with specific reference to the Local Health Areas (LHAs) that will be served. For more information on the HSDA boundaries, please see:

https://www.northernhealth.ca/sites/northern_health/files/about-us/quick-facts/documents/nh-map.pdf

For more information about LHA boundaries, please see (scroll down on the webpage to find the Local Health Area boundaries): <https://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries>

Applicants can propose services for one or more community, within one or more LHA or HSDA.

4.1 TERM

Service delivery will commence April 1, 2020 and will be provided for a 36-month contract period, ending on March 31, 2023, with the possibility of extension up to five years dependent on available funding and performance. Contract extensions may involve amendments to scope and deliverables and are dependent on satisfactory performance and evaluation. NH is not obligated to renew or extend the Contract beyond March 31, 2023.

4.2 EVALUATION

The successful Applicant is responsible for collecting and reporting data to NH to support monitoring and evaluating contract deliverables. Specifically, they must:

- Involve clients / participants in the evaluation of services;
- Informally report progress as part of periodic networking conversations organized by NH;
- Submit an annual report in January of each year;
- Participate in regional discussions about HIV and HCV services and opportunities for improvements.

4.3 RELATED CONSIDERATIONS

4.3 a) If an Applicant submits a proposal which does not satisfy every NH request or requirement as described in this RFP, NH may, at its discretion, waive such deficiency, seek clarification or additional information from the Applicant, and consider and treat the proposal as compliant with the requirements of this RFP.

4.3 b) More than one Applicant may be selected to address service priorities and coverage of all geographic regions within NH. Funding for Service # 1: Identify and share a resource of

available services ([Section 3.2 A 1.](#)), may be limited to one agency per community if there are multiple Applicants locally.

4.3 c) All Applicants should exercise extreme care when completing their Proposals as failure to comply with the requirements of this RFP may cause a proposal to be rejected.

4.3 d) An Applicant is deemed to have accepted and be bound by the Terms and Conditions of this RFP by the submission of a proposal in response to this RFP.

4. PROPOSAL FORMAT

The proposal should be completed on the [NH Community Based HIV/HCV Services Funding Application Form](#) and include:

4.2 QUALIFICATIONS

- a) Provide a profile of the Applicant organization and its qualifications and experience to provide this service.
- b) Provide two examples of services successfully completed with similar scope as this project.

4.3 PRICING QUOTE

- a) It is expected that price, in Canadian dollars, will include costing rationale to provide the service. A breakdown of administrative, human resource, supply/equipment and other relevant costs should be included.

5. EVALUATION OF PROPOSALS

6.1 MANDATORY CRITERIA

Proposals not clearly demonstrating that they meet the following mandatory criteria will be excluded from further consideration during the evaluation process.

- a) The proposal must be received via email before the specified closing date and time.
- b) The proposal must be in English.
- c) In order to be considered eligible, ensure you are proposing services that are required ([Section 3.2 A](#)).

6.2 DESIRABLE CRITERIA

Proposals meeting all of the mandatory criteria will be further assessed against desirable criteria:

Criterion	Weight
Suitability of proposed approach (as detailed in Section 3)	40%
Addressing at least one of the Priority Services (Section 3.2 B)	20%
Applicant organization's qualifications, experience and expertise to provide the service	20%
Price and completeness of budget for each service proposed (as detailed in Section 5.3)	20%

6. KEY DATES FOR NORTHERN HEALTH COMMUNITY BASED SERVICES RFP PROCESS

Activity	Date
RFP Distributed	December 4, 2019
Deadline for questions for Northern Health	December 20, 2019
Deadline for Proposals to be submitted to Northern Health	January 13, 2020
Due Diligence (Applicants may be asked questions to clarify their proposal)	TBD
Potential meeting with Granting Committee via teleconference or videoconference	If requested by decision committee
Announcement of Decisions	March 1, 2020

7. PROPOSAL CHECKLIST

Item	Date	Check
Completed application sent via email, including any supporting documents: <ul style="list-style-type: none"> Organization profile Description of two previous projects/initiatives that demonstrate the ability to undertake the proposed work 	January 13, 2020	<input type="checkbox"/>

8. DEFINITIONS AND ADMINISTRATIVE REQUIREMENTS

1. Definitions: Throughout this Request for Proposal, the following definitions apply:

- a) "Contract" means the written agreement resulting from this Request for Proposal executed by the NH and the Contractor;
- b) "Contractors" means the successful Applicants/Organization to this Request for Proposal who enter into a written Contract with the NH;
- c) "NH" means Northern Health Authority
- d) "must", or "mandatory" means a requirement that must be met in order for a proposal to receive consideration;
- e) "Applicant means an individual or a company that submits, or intends to submit, a proposal in response to this Request for Proposal;
- f) "should" or "desirable" means a requirement having a significant degree of importance to the objectives of the Request for Proposal.

2. Terms and Conditions: The following terms and conditions will apply to this Request for Proposal process. Submission of a proposal in response to this Request for Proposal indicates acceptance of all the terms that follow and that are included in any addenda issued by the NH, as well as the NH contract attached. Provisions in proposals that contradict any of the terms of this Request for Proposal will be as if not written and do not exist.

3. Late Proposals: Late proposals will not be accepted and will be returned to the Applicant.

4. Eligibility:

a) Proposals will not be evaluated if the Applicant's current or past corporate or other interests may, in the NH's opinion, give rise to a conflict of interest in connection with the project described in this Request for Proposal. This includes, but is not limited to, involvement by a Applicant in the preparation of this Request for Proposal. If a Applicant is in doubt as to whether there might be a conflict of interest, the Applicant should consult with the NH Contact Person listed on page 1 prior to submitting a proposal.

5. Evaluation: Evaluation of proposals will be by a committee designated by NH and may include employees and contractors of the NH in its sole discretion. The NH's intent is to enter into Contracts with the Applicants who have the highest overall ranking.

6. Negotiation Delay: If a written Contract cannot be negotiated within thirty days of notification of the successful Applicant, the NH may, at its sole discretion at any time thereafter, terminate negotiations with that Applicant and either negotiate a Contract with the next qualified Applicant or choose to terminate the Request for Proposal process and not enter into a Contract with any of the Applicants.

7. Debriefing: At the conclusion of the Request for Proposal process, all Applicants will be notified. Unsuccessful Applicants may request a debriefing meeting with NH.

8. Alternative Solutions: If alternative solutions are offered, please submit the information in the same format, as a separate proposal.

9. Changes to Proposals: By submission of a clear and detailed written notice, the Applicant may amend or withdraw its proposal prior to the closing date and time. Upon closing time, all proposals become irrevocable. The Applicant will not change the wording of its proposal after closing and no words or comments will be added to the proposal unless requested by the NH for purposes of clarification.

10. Applicants' Expenses: Applicants are solely responsible for their own expenses in preparing a proposal and for subsequent negotiations with the NH, if any. If the NH elects to reject all proposals, the NH will not be liable to any Applicant for any claims, whether for costs or damages incurred by the Applicant in preparing the proposal, loss of anticipated profit in connection with any final Contract, or any other matter whatsoever.

11. Limitation of Damages: Further to the preceding paragraph, the Applicant, by submitting a proposal, agrees that it will not claim damages, for whatever reason, relating to the Contract or in respect of the competitive process, in excess of an amount equivalent to the reasonable costs incurred by the Applicant in preparing its proposal and the Applicant, by submitting a proposal, waives any claim for loss of profits if no Contract is made with the Applicant.

12. Proposal Validity: Proposals will be open for acceptance for at least 90 days after the closing date.

13. Firm Pricing. Prices will be firm for the entire Contract period unless this Request for Proposal specifically states otherwise.

14. Currency and Taxes. Prices quoted are to be:

- a) in Canadian dollars;
- b) inclusive of duty, where applicable; FOB destination, delivery charges included where applicable; and
- c) exclusive of Goods and Services Tax and Provincial Sales Tax.

15. Completeness of Proposal: By submission of a proposal the Applicant warrants that, if this Request for Proposal is to design, create or provide a system or manage a program, all components required to run the system or manage the program have been identified in the proposal or will be provided by the Contractor at no charge.

16. Sub-Contracting

- a) Using a sub-contractor (who should be clearly identified in the proposal) is acceptable. This includes a joint submission by two Applicants having no formal corporate links. However, in this case, one of these Applicants must be prepared to take overall responsibility for successful performance of the Contract and this should be clearly defined in the proposal.
- b) Sub-contracting to any firm or individual whose current or past corporate or other interests may, in the NH's opinion, give rise to a conflict of interest in connection with the project or program described in this Request for Proposal will not be permitted. This includes, but is not limited to, any firm or individual involved in the preparation of this Request for Proposal. If a Applicant is in doubt as to whether a proposed subcontractor gives rise to a conflict of interest, the Applicant should consult with the NH Contact Person listed on page 1 prior to submitting a proposal.
- c) Where applicable, the names of approved sub-contractors listed in the proposal will be included in the Contract. No additional subcontractors will be added, nor other changes made, to this list in the Contract without the written consent of the NH.

17. Acceptance of Proposals

- a) This Request for Proposal should not be construed as an agreement to purchase goods or services. The NH is not bound to enter into a Contract with the Applicant who submits the lowest priced proposal or with any Applicant. Proposals will be assessed in light of the evaluation criteria. NH will be under no obligation to receive further information, whether written or oral, from any Applicant.
- b) A committee accountable to NH for evaluating proposals may request to meet with any Applicant in order to resolve questions or make a final decision. No compensation will be provided to Applicants for the time required to prepare for or participate in such meetings.
- c) Neither acceptance of a proposal nor execution of a Contract will constitute approval of any activity or development contemplated in any proposal that requires any approval, permit or license pursuant to any federal, provincial, regional district or municipal statute, regulation or by-law.

18. Definition of Contract. Notice in writing to a Applicant that it has been identified as the successful Applicant and the subsequent full execution of a written Contract will constitute a Contract for the goods or services, and no Applicant will acquire any legal or equitable rights or privileges relative to the goods or services until the occurrence of both such events.

19. Contract: By submission of a proposal, the Applicant agrees that should its proposal be successful the Applicant will enter into a Contract with the NH on the terms set out in Appendix B.

20. Liability for Errors: While the NH has used considerable efforts to ensure information in this Request for Proposal is accurate, the information contained in this Request for Proposal is supplied solely as a guideline for Applicants. The information is not guaranteed or warranted to be accurate by the NH, nor is it necessarily comprehensive or exhaustive. Nothing in this Request for Proposal is intended to relieve Applicants from forming their own opinions and conclusions with respect to the matters addressed in this Request for Proposal.

21. Modification of Terms: The NH reserves the right to modify the terms of this Request for Proposal at any time in its sole discretion. This includes the right to cancel this Request for Proposal at any time prior to entering into a Contract with the successful Applicant.

22. Ownership of Proposals: All proposals submitted to NH become the property of NH. They will be received and held in confidence by NH, subject to the provisions of the Freedom of Information and Protection of Privacy Act and this Request for Proposal.

23. Use of Request for Proposal: Any portion of this document, or any information supplied by NH in relation to this Request for Proposal may not be used or disclosed, for any purpose other than for the submission of proposals.