



Wholistic Health & Wellness

Request for Proposal: **Mental Health Clinical Supervisor**

ISSUED	JULY 8, 2020
PROPOSAL SUBMISSION DEADLINE	JULY 21, 2020



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GENERAL INFORMATION

1.1 PURPOSE

The goal of this Request for Proposal (RFP) is to provide Mental Health Clinical Supervision Services for Mental Health Therapists (equivalent of 2.5 FTE Clinicians) who work throughout the three districts of Akwesasne.

The Mohawk Council of Akwesasne (MCA) requires that all such services meet the requirements of the College of Registered Psychotherapists of Ontario and/or the Ordre Des Psychologues du Québec and all applicable regulations and standards, and this RFP sets out those terms and conditions.

The review committee for this proposal will consist of Keith Leclaire, Director of Health, Cindy Francis-Mitchell, Assistant Director of Health, Tessa Jocko, Accreditation Health Manager and Amber Montour, Wholistic Health & Wellness Program Manager.

1.2 BACKGROUND

The Mohawk Council of Akwesasne Department of Health is an accredited organization consisting of ten departments that offer a variety of programs and services to members of the Mohawk of Akwesasne. The Mohawk Council of Akwesasne's Department of Health Wholistic Health & Wellness Program provides Mental Health, Primary Care, Traditional Medicine, Addiction and Prevention Services to Akwesasne community members. By ensuring a culturally competent, wholistic approach to care, the program offers quality mental health services.

1.3 CONFIDENTIALITY OF INFORMATION WITHIN THE RFP

Any information furnished to bidders under this RFP is for the sole purpose of responding to the RFP. All information provided is considered confidential by Mohawk Council of Akwesasne and Wholistic Health & Wellness in accordance with their obligations under the Personal Health Information Protection Act.

All bidders shall have a fiduciary obligation to keep all such information confidential. Reproduction of any part of this RFP is authorized only for the preparation of your response.

1.4 SCOPE OF REQUESTED PROPOSALS

Wholistic Health & Wellness Program Service Contract Terms and Conditions will include, but not limited to:

- 1.4.1. The term of the agreement is to be for a period of one year with an option, in favor of MCA, to extend the agreement on the same terms and conditions for an additional three years.
- 1.4.2. The Mental Health Clinical Supervisor will provide a place for professional and personal reflection as it relates to the clinician's clinical work;

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- 1.4.3. The Mental Health Clinical Supervisor will enhance therapeutic effectiveness by discussing complex clinical cases;
- 1.4.4. The Mental Health Clinical Supervisor will discuss issues related to burnout and compassion fatigue;
- 1.4.5. The Mental Health Clinical Supervisor will identify training and continuing education needs and develop a plan with the clinicians to address these needs;
- 1.4.6. The Mental Health Clinical Supervisor will ensure that all services are provided in a culturally competent, safe, ethical and competent manner.

1.5 PROPOSAL CONTENT

Submitted proposals will include but not be limited to the following information:

Requirements

1. A member in good standing with a regulatory professional college (OCSWSSW, CRPO or CPO)
2. Masters or Doctorate level education in social work or (clinical or counselling) psychology.
3. Graduate coursework in clinical supervision at a recognized university institution or specific training or certification in clinical supervision.
4. Minimum of 10 years of experience providing psychotherapy to a diverse population with extensive experience in providing trauma informed psychotherapy. (EMDR trained and certified preferred).
5. Commitment to professional development in the area of clinical supervision and psychotherapy.
6. Knowledge of professional practice and ethical standards for the Ontario College of Social Workers and Social Service Workers, and/or the College of Registered Psychotherapists of Ontario and the Ordre Des Psychologues du Québec.
7. Documentation of liability insurance of 5 million.
8. Three Reference Letters.
9. Criminal records check: vulnerable sector.

Each proposal package must include a work plan that will outline the proposed approach the practitioner will utilize and each of the deliverables. Elements to be covered in the work plan are:

1. On-Site: Kanonhkwa'tsheri:io, Clinical Supervision provided one day per month for eight (8) hours. A clinical office will be provided.
2. Clinical supervision schedule would be determined well in advance and this will be made available to the clinicians. Clinicians will take responsibility to schedule a supervision hour within the predetermined schedule. This will be made available on the MCA Zimbra calendar and clinicians will book their own supervision time.
3. Provide six (6) clinical supervision hours during each 8-hour day.
4. Document each supervision hour, complete any necessary paperwork, and to use the Telus Health PS Suite electronic medical records system to complete charting. Documentation will be done in accordance with professional college standards. This will be kept confidential and the MCA Department of Health, Wholistic Health and Wellness Program will provide a locked filing cabinet to retain these records between supervision sessions.

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5. Maintain patient records as are customary in the profession and according to professional standards and will be used for professional reasons only. All files and data belong to the MCA Department of Health. The records are the property of the MCA and must remain in a locked and/or secure storage.
6. All sessions will be confidential except where concerns regarding competency and risk are determined by the supervisor. In such a case, the supervisor would discuss with MCA and a plan would be developed to address the issue (s). The plan could include discussion with MCA and HR for development of a professional improvement plan, identifying areas for professional development, discussion with the appropriate regulatory college, etc.
7. Clinicians may book supervision sessions as needed (maximum of eight yearly). More sessions can be requested, if needed, or if supervision time is available, that is not being used by other clinician. The clinical supervisor is responsible for tracking the number of sessions each clinician has received on a yearly basis.

1.6 CONFLICT OF INTEREST

The bidder, by submitting the proposal warrants that, to their best knowledge and belief, no actual or potential Conflict of Interest exists with respect to the submission of the proposal or performance of the contemplated contract other than those disclosed in the Form of Offer. Where MCA discovers a bidder's failure to disclose all actual or potential Conflicts of Interest, MCA may disqualify the bidder or terminate any contract awarded to that bidder pursuant to this procurement process.

2.0 SUBMISSION CONDITIONS FOR PROPOSALS

Proposal submissions must meet the following criteria:

2.1 PROPOSAL CONTENT

Proposals can be in any desired format and content. However, for evaluation purposes, they shall include the following:

1. A response to Mohawk Council of Akwesasne's requirements as stated in the previous Section 1.0
2. Completeness of submission. (Significant omissions to the above proposal content requirements will negatively affect the evaluation.)

2.2 PROPOSAL TERMS AND CONDITIONS

Proposals must be kept open for acceptance until 2 PM on July 21, 2020 to provide time for any delay in approval process.

Mohawk Council of Akwesasne may, in their absolute discretion, select a shortlist of bidders, irrespective of the proposal evaluation criteria.

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Following the Proposal Review short listed bidders, short listed bidders will be invited to an interview.

Following the evaluation of the proposal and the interview, Mohawk Council of Akwesasne may select a preferred bidder, and make a recommendation to Wholistic Health & Wellness. The decision will be made based on an assessment of all criteria.

Mohawk Council of Akwesasne may accept any of the proposals that they receive or they may accept none, as they see fit in their absolute discretion.

Mohawk Council of Akwesasne reserves the right to cancel this RFP at any time without penalty or cost, and/or to reissue this RFP in its original or in a revised form.

Mohawk Council of Akwesasne will not be responsible for any costs incurred by prospective bidders in the preparation of proposals, presentations, or demonstrations.

2.3 PROPOSAL SUBMISSION

Proposals shall be delivered no later than 2 PM on **July 21, 2020**.

Proposals received after this time will not be considered, and returned unopened.

Four (4) paper copies of the proposal document, plus an electronic copy, are to be mailed or delivered or emailed by 2PM sharp to:

Amber Montour
Program Manager
Wholistic Health & Wellness
31 Hilltop Drive
Akwesasne, QC
H0M 1A0
amber.montour@akwesasne.ca

2.4 BIDDER CONFIRMATION FORM

2.4.1 Please complete the attached Bidder Confirmation Form, Appendix A and the Bidder Declaration Form Appendix B, and return to the issuer prior to July 17, 2020. Appendix C is to be returned with the proposal no later than July 21, 2020.

2.4.2 Any subsequent information regarding the RFP will be directed only to those who have registered their intention to submit a proposal through a Bidder Confirmation Form.

2.5 QUESTIONS OR REQUESTS FOR ADDITIONAL INFORMATION

Rather than having a Bidder's Meeting, Wholistic Health & Wellness will respond to questions regarding the RFP and Mental Health Service needs, or any other related questions as follows:

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- 2.5.1 Questions or requests for additional information or clarification should be submitted in writing by July 17, 2020 to: amber.montour@akwesasne.ca
- 2.5.2 Any questions submitted, which in the Wholistic Health & Wellness Program's discretion may affect the content of the RFP, will be answered by email to all registered bidders.

2.6 RFP TIMETABLE

	Date:
RFP issued	July 8, 2020
Intent to Bid	July 17, 2020
Closing date for questions	July 17, 2020
Closing date for Bid	July 21, 2020
Review of Proposals	July 23, 2020
Approval	July 24, 2020
Implementation	August 3, 2020

3.0 EVALUATION OF PROPOSALS

3.1 PROPOSAL EVALUATION CRITERIA

The submitted proposals will be evaluated based on a number of criteria, including the following:

1. Experience in providing Clinical Supervision.
2. Proposed Work Plan is effective and efficient with appropriate education and EMR supports.
3. Demonstrated commitment and skills in contributing to an accredited program.
4. Demonstrated cultural competency and a wholistic approach to care.

Bidders may be selected for short listing and interviewing. If this occurs, the short-listed bidders must be prepared to submit all licensing and agree that references may be contacted.

Mohawk Council of Akwesasne reserves the right to clarify short listed proposals and secure modifications to meet their individual desired needs.

3.2 AWARDING OF CONTRACT

Evaluation and a bidder selection will be finalized by Mohawk Council of Akwesasne.

It is expected that decisions will be made on July 24, 2020 and communicated to the bidders following the decision in writing. However, Mohawk Council of Akwesasne reserves the right to change this date should more time be required to evaluate the proposals appropriately.

Upon awarding the contract based on the information submitted in proposals received, Mohawk Council of Akwesasne reserves the right to work with the successful provider to modify any of the components outlined in the RFP that are agreeable to all parties.

The successful bidder will not have the right to assign the contract, nor any interest therein, nor to subcontract the supply of any product or performance of any service, without written consent of Mohawk Council of Akwesasne.

The successful bidder shall indemnify and hold Mohawk Council of Akwesasne harmless from and against any liability, loss, claim, demands, costs and expenses, including reasonable legal fees, occasioned wholly or in part by any acts or omissions either in negligence or in nuisance whether willful or otherwise by the Mohawk Council, its agents, officers, employees or other persons for whom Mohawk Council is legally responsible.

4.0 APPENDICES

APPENDIX A	Bidder's Confirmation Form
APPENDIX B	Bidder's Declaration
APPENDIX C	Bidder's Information

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APPENDIX A: BIDDERS CONFIRMATION FORM

Name: _____

Intends to respond to the Request for Proposal for the provision of Mental Health Clinical Supervision Services at the Mohawk Council of Akwesasne Department of Health Wholistic Health & Wellness Program.

Direct all correspondence to:

Name
Title
Address
Phone
Fax
Email
Signature

FAX THIS FORM NO LATER THAN JULY 17, 2020 TO 613-575-1169.

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APPENDIX B: BIDDERS DECLARATION

TO: MOHAWK COUNCIL OF AKWESASNE

I/We _____
(Title/Position)

Or _____
(Name of Firm)

1. DECLARE that no person, firm or corporation other than the one who's signature or the signature of whose proper officers is attached below, has any interest in this proposal or in the Contract proposed to be undertaken.
2. FURTHER DECLARE that this proposal is made without any connection, knowledge, comparison of figures or arrangement with any other company, firm or person making a proposal for the same work and is in all respects fair and without collusion or fraud.
3. FURTHER DECLARE that no employee of Mohawk Council of Akwesasne or their families is, or will become interested directly or indirectly as a contracting party or otherwise or in the performance of the Contract or in the supplies, work or business to which it relates or in any portion of the profits thereof, or of any such supplies to be sued therein or any of the monies to be derived there from.
4. FURTHER DECLARE that the several matters stated in the said proposal is in all respects true.
5. FURTHER DECLARE that I/We have verified the requirements of the proposed service and all supplies, and offer to enter into a Contract to provide all the service and all supplies/equipment and described or implied therein, under the provisions set forth.
6. AGREE that this offer is to continue open for acceptance until the formal Contract is executed by the successful Bidder.

SIGNATURE OF WITNESS	SIGNATURE OF BIDDER REPRESENTATIVE	DATE OF SIGNATURE	TIME
NAME OF WITNESS (PRINT)	NAME AND TITLE	DATE OF SIGNATURE	I HAVE THE AUTHORITY TO BIND THE BIDDER

APPENDIX C: BIDDER INFORMATION

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1. Bidder Information

(a) The full legal name of the bidder is:

(b) Any other relevant name under which the bidder carries on business:

(c) The jurisdiction under which the bidder is governed is:

(d) The name, address, telephone, facsimile and email address of the contact person for the bidder is: