

Request for Expression of Interest Youth Substance Use Treatment Beds

Issue Date: September 1, 2021

1. INTRODUCTION

Northern Health (NH) is requesting Expressions of Interest (RFEI) from qualified organizations able to provide Youth Substance Use Treatment Beds within a northern community located in the Northwest, Northeast, or Northern Interior health service delivery areas. We welcome submissions from non-profit, health and social system organizations serving youth, including First Nations, Métis, and Urban Indigenous service providers. Services are intended to be structured live-in environments with daily programming to address the underlying causes of a youth's substance use, based on [Provincial Standards](#). NH requires provision of 28 community based treatment beds and 5 community withdrawal management beds in a licensed residential facility. NH will provide on-going operational funding to eligible service providers to support the implementation of new community-based youth substance use treatment beds (\$135,000/bed per year) and withdrawal management beds (\$110,000/bed per year).

2. SERVICES

Services are guided by the following principles:

- Are youth and family centred, trauma-informed, evidence-based, and wellness-focused;
- Provide culturally safe and humble care for Indigenous, First Nations, Métis, and Inuit youth, families, communities and/or Nations;
- Provide gender-affirming care for female, non-binary, transgender and/or male youth;
- Provide appropriate supports and care for LGBTQ2S+ youth;
- Provide appropriate supports and care for racialized youth, youth from diverse ethnic backgrounds and immigrant and/or refugee youth; and
- Provide a safe, supportive environment away from a youth's usual situation, but close to their home and community, so they can engage in recovery from problematic substance use.
- Provide voluntary community or medically monitored withdrawal services in a non-hospital residential setting; and
- Provide a safe, supportive environment away from a youth's usual situation, but close to their home and community, so they can engage in recovery from problematic substance use.

The services required will include, but are not limited to:

- Admission & orientation to treatment
- Assessment and stabilization through the development of an individual service plan in a structured, substance-free environment that includes trauma-informed and culturally safe care
- 24 hour supervision in suitable accommodation and continuous professional care;
- Intensive treatment
- Peer mentoring, cultural supports, group work, and structured activities;
- Individual counselling from qualified staff;
- Focus on education and life skills training that will help the youth to reintegrate successfully into the community; and
- Access to outpatient youth substance use services, day treatment programs, and/or other community services and supports, including mutual aid groups.
- Support for transition/discharge and aftercare

The Client Profile includes:

- female, male, and transgender youth aged 12-24 years of age;
- primary substance use concerns: with or without comorbid mental health concerns;
- may include but is not limited to: awaiting substance use treatment, recent discharge from withdrawal management facility, actively involved in SU counselling, supportive recovery, hospital or housing facility;
- may be on opioid agonist therapy;
- may be homeless or at risk of homelessness;
- medically stable and not in need of medical withdrawal services.

3. QUALIFICATIONS

- Providers will have an interdisciplinary team of health care staff with expertise, training, and a background in providing substance use services to youth including a trauma-informed, harm reduction philosophy
- The Provider shall own/lease and operate a suitable facility within the context of the Community Care and Assisted Living Act (CCALA), which is registered with the Assisted Living Registrar;

Child and Youth Health Program/Mental Health and Substance Use Program
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- Providers will have immediate capacity to deliver the Services identified.
- Providers will participate in ongoing quality assurance and monitoring
- Providers will have capacity to develop a mechanism and process that allows for priority access for youth who self-identify as Indigenous to access new youth substance use beds.

4. PROCESS

This RFEI is intended to determine market interest and bed availability to meet immediate demand. In the event there is sufficient interest and capacity in this requirement, Northern Health may, but is not obligated to, negotiate a contract with the most suitable respondent(s). Interest from respondents, who do not currently have immediate capacity but are growing their service offering, will enable the Northern Health to plan better for the future of youth requiring these services. Interested parties are invited to respond to by submitting a letter to Northern Health that includes a brief statement of the following:

- number of beds available immediately,
- the community in which the beds are available,
- costs, including breakdown of wage and non-wage items and statement of qualifications including summary of current and future staffing levels.

Please use accessible, plain language as your submission will be reviewed by panels consisting of individuals from diverse backgrounds. If you must use clinical or technical language or acronyms, please provide definitions. Priority will be given to applicants that are able to demonstrate cultural safety and humility in their service delivery, and to those that are able to develop a mechanism and process to allow for priority access for youth who self-identify as Indigenous to access new youth substance use beds. Preference will be given to organization(s) who can meet the required services for the client profile with a competitive price and within an immediate timeframe. Responses are to be delivered by email to Rebecca Bennett by **2pm on Friday, October 29th, 2021**.

Contact Person:
 Rebecca Bennett, Administrative Assistant
 Mental Health & Substance Use/ Child & Youth Health
 Northern Health
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