



## **MENTAL HEALTH COMMISSION OF CANADA**

*Mental Health Strategy for Canada: Stakeholder and Public Engagement*

### **REQUEST FOR PROPOSALS**

Deadline for receipt of proposal: February 25, 2010

*Contact for further information:*

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*This Request for Proposals is intended to seek individuals, teams, or organizations who can coordinate roundtables, online consultations, and other engagement processes to be determined that will engage stakeholders and the public on how to achieve the vision and seven goals defined in document [Toward Recovery and Wellbeing](#). This is part of the overall process of developing a mental health strategy for Canada,*

## 1. Context

The Mental Health Commission of Canada (MHCC) is an arms-length, federally funded, non-profit organization. It was created to focus national attention on mental health issues and to work to improve the health and social outcomes of people living with mental health problems and illnesses. The Government of Canada established the MHCC in 2007 in response to the findings of a Senate report *Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada*<sup>1</sup>. As part of its mandate, the MHCC is working to develop a mental health strategy for Canada.

The following information provides direction for the commissioned provision of public engagement services for a series of 18 roundtables, online consultations on key topics, and other engagement services to be determined related to the development of the mental health strategy for Canada.

Recognizing the diverse sources of expertise in the mental health stakeholder and research communities, this Request for Proposals (RFP) is open to individuals, teams, or organizations with the relevant knowledge, experience, and capacity to provide the required services within the required time frame.

## 2. Background

The first phase of mental health strategy development was completed in November 2009, with the release of the strategy framework document *Toward Recovery and Well-Being*<sup>2</sup>. The document presents the vision and seven high level goals for mental health system transformation, which draw on input reflecting the experience and thinking of thousands of people from across Canada. It has also built on the efforts undertaken by many over the years to champion the importance of a mental health strategy for Canada.

This document is not yet a strategy - it is the framework to help create one. The second phase of strategy development, which is now underway, will focus on translating the framework into a comprehensive strategic plan for HOW to achieve the framework vision and goals.<sup>3</sup> The MHCC is committed to ensuring that this phase of work continues to build on and engage the extensive knowledge and experience within the mental health communities in Canada.

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<sup>1</sup> Standing Committee on Social Affairs. (2006). *Out of the Shadows at Last: Transforming Mental Health, Mental Illness, and Addictions Services in Canada*. Ottawa, Ontario: The Parliament of Canada. Report available at <http://www.parl.gc.ca/39/1/parlbus/commbus/senate/com-e/soci-e/rep-e/pdf/rep02may06part1-e.pdf>.

<sup>2</sup>[http://www.mentalhealthcommission.ca/SiteCollectionDocuments/boarddocs/15507\\_MHCC\\_EN\\_final.pdf](http://www.mentalhealthcommission.ca/SiteCollectionDocuments/boarddocs/15507_MHCC_EN_final.pdf)

<sup>3</sup> The vision and goals of the framework are listed in Appendix A.

This process begins by examining how the high-level goals can be achieved in approximately 18 topic areas<sup>4</sup>. This involves taking stock of where we are now in each topic area, where we would like to be and working with stakeholders to explore the possible strategic directions to help achieve the vision and goals in this topic area.

Topic areas include individual strategy goals (recovery, diversity, research), specific populations (e.g. children and youth, seniors, First Nations, Inuit, Métis), settings (e.g. workplace) as well as cross-cutting themes (e.g. health human resources, funding, legal) and so on.

Figure 1a below provides an overview of the HOW phase of strategy development. This consists of four steps:

1. Determine possible strategic directions within each topic area;
2. Determine priority strategic directions for the topic area;
3. Develop priorities across the topic areas;
4. Develop a comprehensive strategic plan.



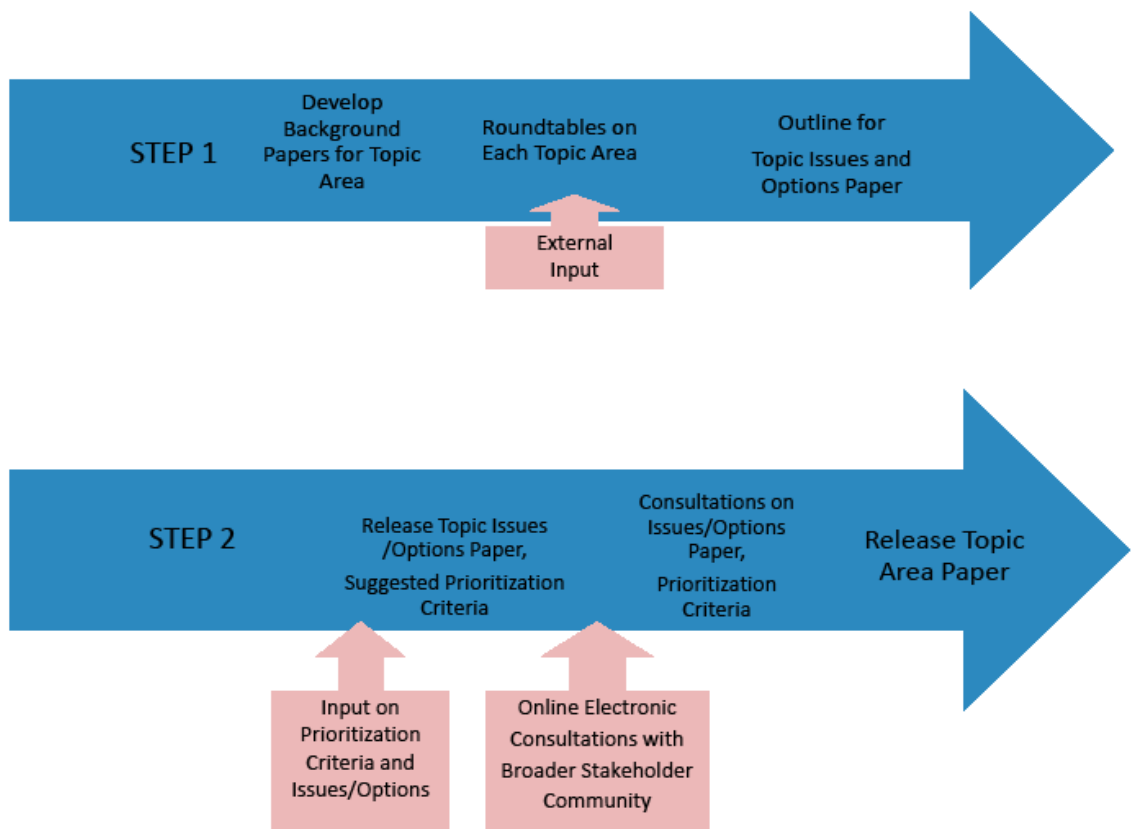
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<sup>4</sup> The 18 proposed topic areas are listed in Section 5 below.

Engagement with stakeholders will be ongoing throughout the four steps of the process.

The work requested in this RFP will contribute to the first and second of these four steps, as outlined in Figure 1b below: in Step 1, by designing, facilitating and reporting on the external input obtained through the series of roundtables on 18 key topic areas; and in Step 2, by designing, coordinating, and reporting on online consultations with the broader stakeholder community regarding prioritization criteria and Issues and Options papers on the same 18 key topic areas. Other engagement activities may also be identified over the course of this strategy development process.

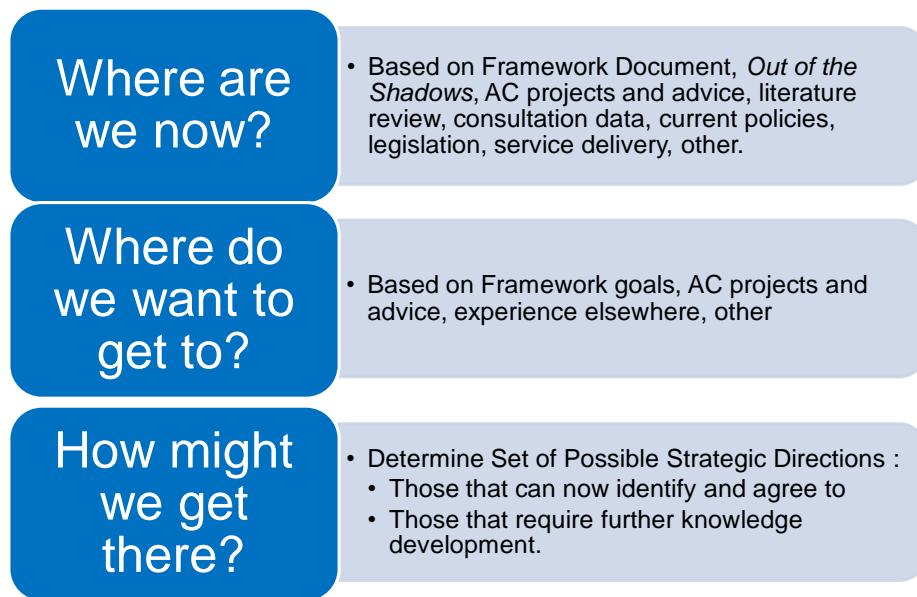
Figure 1b



For each roundtable, background papers will ‘take stock’ of where we are at now for the topic area, where we would like to be, and possible strategic directions that can take us there. (See Figure 2) Specifically, the paper will provide background for the topic area on:

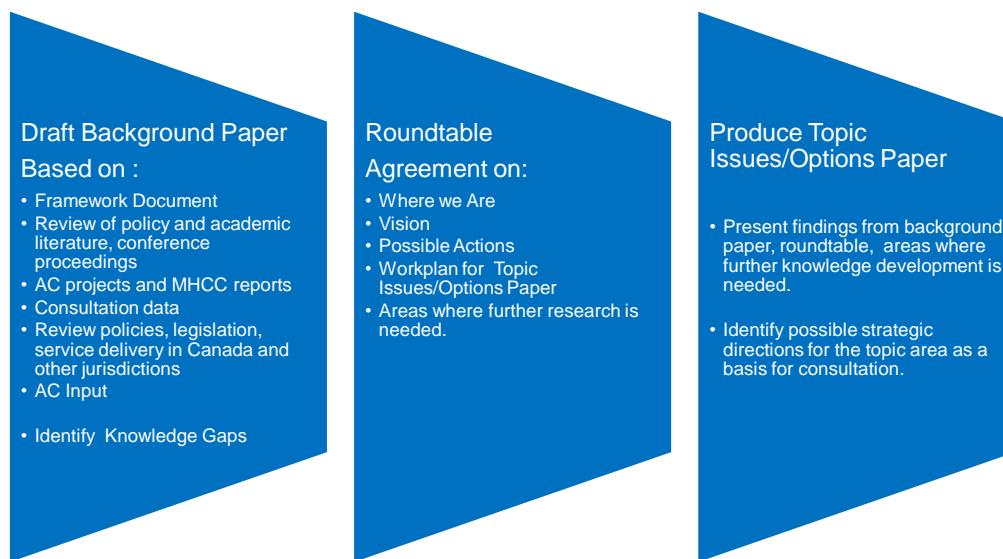
- the main issues faced in relationship to the framework goals;
- a situational analysis in Canada in terms of policy making, legislation, promotion, prevention, service delivery, etc.;
- the vision for where we want to be as suggested by the framework vision and goals, academic and grey literature, etc.;
- possible strategic directions to move us toward the vision, including those supported by the current state of knowledge and evidence and those that require further knowledge development.

Figure 2: Main Elements of Background Paper



The background papers will serve as a basis for discussion by knowledgeable stakeholders with diverse perspectives at a series of 1.5-day roundtable meetings on the 18 topic areas, beginning in March 2010 and running until October, 2010. Each roundtable will have a total of 25 participants, approximately two thirds of whom will be selected through an online process. The balance will be comprised of subject matter experts, and members of the Commission Board, AC Committees, and Research Teams.<sup>5</sup> The deliverable from each roundtable will be a workplan to develop an Issues and Options paper that identifies possible strategic directions for each topic area, as illustrated in Figure 3.

Figure 3: Step 1 for 18 Topic Areas



The topic issues and options paper will summarize the findings of the background paper and roundtable discussion and will be used as a basis for electronic consultations with stakeholders and the public to help clarify what are the priority strategic directions for the topic area. Consultation will also be held around the criteria for assessing priorities among the strategic directions. At the end of the second step, topic policy papers which outline priority strategic directions for particular topic areas will be released.

Taken together, all of the topic policy papers along with suggested criteria for assessing priorities will then form the basis for further broad-based consultation and engagement in Step 3. These consultations will provide advice on what are the priority strategy directions across all

<sup>5</sup> The online form for Indications of Interest is available at <https://mhcc-roundtables-application.dialoguecircles.com/survey.aspx?id=6d8a6274-d639-4cfc-95f6-cc2793a577ec&js=Y>

topic areas, which will form the basis for the production of a comprehensive mental health strategy.

The fourth step involves development of a concise yet comprehensive strategic plan for mental health system transformation across all topic areas. It will outline strategic directions, targets and suggested timelines for achieving them. Taken together, the framework document, the topic policy papers and the comprehensive strategic plan will comprise the Mental Health Strategy for Canada.

### **3. Objectives**

The objectives of the public engagement services are:

- 1) Roundtables
  - a) To design an effective, inclusive and respectful process for roundtables on 18 topic areas, with each being held over 1.5 days in Ottawa, and with each bringing together 25 knowledgeable stakeholders with diverse perspectives backgrounds and experience.
  - b) To provide effective, respectful facilitation for these roundtables
  - c) To prepare professional, accurate, and comprehensive meeting reports, and an overall summary report which includes an assessment of the overall roundtable process
- 2) Online Consultation
  - a) To design an effective, inclusive and respectful online consultation process for gathering feedback on 18 Issues and Options papers and related prioritization criteria
  - b) To coordinate this online consultation
  - c) To prepare professional, accurate and comprehensive report on the results of this consultation
- 3) Other engagement processes to support strategy development (to be determined)

### **4. Description of Work**

#### **Roundtables**

The Framework document and the background papers should be used to frame the roundtable dialogues. As outlined in Figure 3, the goal for each roundtable will be to reach agreement with respect to each topic area on:

- Where we are now
- Vision - Where we want to be
- Possible actions - How might we get there?
- Workplan for developing the Issues/Option paper
- Areas where further research is needed

In this sense, the roundtables are not intended to reach agreement on all of the possible actions, or on which actions the Commission should recommend as priorities, but rather to provide the mental health strategy team with input on the scope of these possible actions and to identify areas where further research is needed. The meeting design will need to take this into account.

Participants will include policy and decision makers, people living with mental health problems and illnesses and their families, healthcare researchers and providers, and members of the

general population. The meeting design will need to be foster an inclusive, respectful dialogue between knowledgeable stakeholders with diverse experiences and strongly held views. Similarly, the facilitators will need to bring relevant skills to this context.

The results and data from the roundtables will be used to inform the development of Issues and Options papers on the topic areas under discussion. As such, the meeting design will need to support the production of comprehensive reports which effectively capture the key themes and decisions emerging from each roundtable.

In addition, the Commission is committed to continuously strengthening and learning from its public engagement activities. As such, the overall design should support the production of an overall summary report which assesses the strengths and limitations of the roundtable process.

### **Online Consultation**

As described in the Background section above, Issues and Options papers on the 18 topics will be used as a basis for an online consultation with stakeholders and the public, to help clarify the priorities for action for each topic area.

This online consultation process will need to be designed and coordinated, and the results will need to be reported to the Commission. The design should build on the lessons learned from the 2009 online consultation process.<sup>6</sup>

### **Other engagement activities**

Over the course of the contract, the Mental Health Strategy Team may identify a need for other engagement services, such as facilitation of other stakeholder meetings.

### **Language**

The roundtables will be held primarily in English, with interpretation support available for Francophone participants. Bilingual capacity is not essential but will be considered an asset.

### **Mental Health Strategy Team**

The successful applicants will be expected to work closely with the Mental Health Strategy Team, including, at a minimum, weekly teleconferences to clarify expectations and discuss the project's progress and issues arising in the work.

In addition, the successful applicants will work with members of the Mental Health Strategy Team who will be available to facilitate small group discussions, and to assist with overall facilitation where required.

### **Methodology**

Applicants are free to propose their own methodologies, drawing on public engagement expertise and best practices.

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<sup>6</sup> The report on the public engagement process for Toward Recovery and Well-Being is available at <http://www.mentalhealthcommission.ca/English/Pages/ConsultationReports.aspx>

## 5. Deliverables and timelines

### Roundtables:

- Initial draft roundtable design - March 10, 2010
- Final roundtable design - March 17, 2009
- The first wave of Roundtables: facilitation, draft reports, final reports (see table below)

Topic	Meeting Date	Draft Report	Final Report
Recovery and Well-Being	March 22-23, 2010	April 2	April 16
Mental Health Promotion/Mental Illness Prevention	April 8-9, 2010	April 23	May 7
Diverse Needs and Strengths	April 12-13, 2010	April 23	May 7
Families/Circles of Support	April 15-16, 2010	April 30	May 14
Mental Health System	April 22-23, 2010	May 7	May 21
Seniors	April 26-27, 2010	May 7	May 21
Social Inclusion	April 29-30, 2010	May 14	May 28

- In addition, further roundtables on the following topic areas are being planned over the course of 2010 (with dates to be determined):
  - Research /Knowledge
  - Children and youth
  - Data
  - Northern and remote
  - First Nations, Inuit, and Métis
  - Mental Health and the law
  - Workforce /Workplace
  - Co-occurrence/Co-morbidities
  - Funding
  - Health human resources
  - Whole of government
- The timelines for report writing would be similar for these subsequent roundtables, with an overall summary report due at the end of the contract

### Online Consultation:

The Commission anticipates that the Issues and Options papers on the first 7 topic areas will be ready for an online consultation process by October, 2010, and that the last Issues and Options papers will be ready by April, 2011. These dates are still in the planning stages and may be subject to adjustment.

- Initial online consultation design – July, 2010
- Final consultation design – September, 2010

- Coordination of “live” online consultation – October, 2010 – July, 2011
- Draft consultation report by topic area – December, 2010 – September 2011
- Final consultation reports by topic area – January 2011 – October 2011
- Draft overall report – November 2011
- Final overall report – December 2011

**Other Engagement Activities:**

- Deliverables and timelines to be determined.

**6. Budget**

This contract is intended to be scaleable, depending on the costs per roundtable and per online consultation on 18 topics, and on additional engagement activities to be determined. The number of topics may increase or decrease depending on changing contexts for the Commission. In addition, the Commission may have to draw more on its internal human resources over the course of this project depending on its financial resources.

As such, proposals will need to provide a detailed budget breakdown, including information on the rates, per diems, and time allocations per component of the deliverables, broken down for each topic area.

The proposal review process will include an assessment of the feasibility and reasonableness of the proposed expenses. Indirect costs, such as capital, equipment charges, overhead, training, etc. are ineligible. Travel expenses will be covered according to MHCC policies.

**7. Submission Requirements and Timelines**

Please provide the following information:

- an overview of the proposed methods and processes to be used for the roundtables and online consultation;
- a description of the applicant’s relevant qualifications, including the expertise and experience of the lead members of the team that will be involved in the work, should more than one person be involved;
- a detailed budget –pricing schedule (see section 6 above);
- a detailed workplan (that specifies timelines with key deliverables); and
- confirmation of the applicant’s ability to meet timelines and complete activities outlined in the request for proposals.

The proposal should be accompanied by a cover letter signed by the applicant or in the case of a team or organizational application, by the person who has the authority to commit the team or organization to undertake this activity.

**All proposals will become the property of the Mental Health Commission of Canada.**

The deadline for receipt of an electronic version of the proposal in **word format** and the signed cover letter in PDF or other scanned format is **Midnight Pacific Time, February 25, 2010.**

**Proposals should be sent to MHS@ mentalhealthcommission.ca. The email should use the title of this RFP in the subject line of the email.** Please see cover page for detailed contact information.

The MHCC reserves the right not to consider proposals that:

- do not adhere to the proposal preparation requirements; or
- are received after the deadline.

### **Estimated Project Timelines**

Submission deadline: **February 25, 2010**

Estimated onset of contract: March 3, 2010

Estimated end of contract: March 31, 2012

## **8. Selection Criteria**

<b>Criteria for Selection of Discussion Paper Applications</b>		
<b><i>Capacity and Commitment</i></b>	<ul style="list-style-type: none"> <li>• Availability to start the work very quickly</li> <li>• Capacity and commitment to meet timelines</li> </ul>	20%
<b><i>Ability: Content and Approach</i></b>	<ul style="list-style-type: none"> <li>• Proposed methods and process for the roundtables and online consultation</li> </ul>	30%
<b><i>Engagement Experience and Expertise</i></b>	<ul style="list-style-type: none"> <li>• Prior experience and demonstrated expertise with public and stakeholder engagement, including:               <ul style="list-style-type: none"> <li>- Meeting design</li> <li>- Facilitation</li> <li>- Report preparation</li> <li>- Designing and coordinating online consultations</li> </ul> </li> </ul>	20%
<b><i>Budget and Feasibility</i></b>	<ul style="list-style-type: none"> <li>• Budget detail and reasonableness</li> <li>• Feasibility of proposal</li> </ul>	20%
<b><i>Bilingual</i></b>	<ul style="list-style-type: none"> <li>• Access to bilingual capacity</li> </ul>	10%

Feedback may be provided to both successful and unsuccessful applicants upon request.

## **9. Conflict of Interest and Ethics**

The MHCC requires funded contractors, project teams, and administering agencies to respect the relevant requirements for the ethical conduct of research as expressed in Tri Council Policy Documents available at: (<http://pre.ethics.gc.ca>) and (<http://www.nserc-crsng.gc.ca>)

Applicants should be aware of MHCC policies related to conflict of interest, a copy of which is available upon request. The contract with the successful applicant requires the contracted consultant to attest that performance of services will not violate any other agreement and to disclose to the MHCC any issue or concern that can result in a conflict of interest with the interests of the MHCC. The contract will also require the successful contractor to attest that neither the principal contracted consultant nor any subcontractors are not subject to any of the *Conflict of Interest and Post Employment Code for the Public Service, the Values and Ethics Code for the Public Service, or the Conflict of Interest and Post-Employment Code for Public Officer Holders*.

## **10. Contract Matters**

This RFP is not a legal offer, but only an invitation for proponents to submit a proposal to MHCC and shall not be construed as an agreement by MHCC to purchase any goods or services. MHCC shall not be bound to accept any proposal, or to enter into an agreement with any proponent submitting a proposal.

It is the applicant's responsibility to inform itself of all aspects of the project's requirements and the goods and services to be provided. No claim will be considered at any time for reimbursement for any expense incurred as a result of any misunderstanding in regard to the conditions or scope of the goods or services required.

Each proponent shall be responsible for any costs incurred during, or consequent upon, the preparation of its proposal, or the negotiation of any agreement with MHCC arising from their selection to provide any goods or services to MHCC.

Notwithstanding any other provision contained herein, MHCC in its sole discretion and without obligation to provide any reason therefore, shall have the unfettered right to, at any time and from time to time, do any of the following: (i) accept or reject any proposal at any time, including without limitation, a proposal that is received by MHCC after the proposal submission deadline; (ii) accept or reject individual items in a proposal; (iii) request clarification or further information regarding any item in a proposal; (iv) consider any alternate goods, services, terms or conditions that may be offered, whether such offer is contained in a proposal or otherwise; (v) split this RFP or any agreement negotiated in connection with same, into multiple parts and accept proposals (or portions thereof) from more than one proponent; (vi) enter negotiations, at any time before or after the proposal submission deadline with anyone, in relation to the subject matter hereof; (vii) if applicable, reject any proponent's recommendation of any subcontractor or any other third party associated with the proposal and jointly, along with such proponent, determine alternate acceptable third parties; (viii) extend or otherwise vary the

proposal submission deadline, or any other timeline set out herein; (ix) revise or vary this RFP; (x) withdraw or cancel this RFP in whole or in part, whether having received any response hereto or not; and (xi) waive any of the stated requirements set out in this RFP or request non-compliant proponents to rectify any non-compliance within such time as MHCC may require.

No extension, variation, revision, withdrawal or cancellation of this RFP or any provision hereof shall be valid or binding on MHCC unless it is in writing and issued by a duly authorized representative of MHCC.

MHCC shall not at any time have any obligation to deal exclusively with any proponent, including the successful proponent (s). MHCC expressly reserves its rights and discretion to seek a proposal regarding the subject matter hereof, from any person whomsoever and at any time.

The successful proponent(s) will be notified in writing by MHCC of their selection as a party with whom MHCC wishes to negotiate an agreement. MHCC may, in its sole discretion, determine to move forward to the negotiation stage with one or more proponents, or it may determine to cancel this RFP. If an agreement cannot be negotiated with the successful proponent(s) within a time period satisfactory to MHCC, MHCC may at its sole discretion, terminate negotiations with that proponent(s) and either enter into negotiations with another proponent, or terminate this RFP process and not enter into an agreement with any of the proponents.

There will be no valid or binding agreement between the proponent and MHCC, and no proponent will acquire any legal or equitable rights or privileges, relative to the goods or services to be provided or this RFP until the execution of a written agreement between MHCC and the proponent.

## **11. Information Matters**

All information, including, without limitation, any specifications, instructions, notes and memoranda, provided at any time by MHCC or its agents or contractors, to the proponent, or to employees, agents or contractors of the proponent, in connection with the this request for proposals or project shall be and remain at all times the sole and absolute property of MHCC and its licensors and shall not be used by the proponent for any purpose other than its participation in this request for proposal process, without the express written consent of MHCC.

No publicity or discussions of the proponent's involvement or promotion of its relationship with MHCC shall be permitted until an agreement is fully executed by both parties and then only with the express written consent of MHCC. The failure of any proponent to do so shall be cause for the immediate rejection the proponent's proposal and the removal of the proponent from MHCC's approved vendor lists.

By submitting a proposal, proponents are acknowledging that their proposals may be shared with third parties as part of MHCC's evaluation and analysis process and hereby consent to same. Furthermore, proponents understand and agree that unless any option, scenario, opportunity, idea or process ("Idea") included in its proposal, is clearly identified in writing as proprietary to

the proponent and meets the criteria that give rise to trade secret protection under applicable law, proponents will not be entitled to claim any compensation of any nature if said Idea is later used or implemented by or on behalf of MHCC, in whole or in part, whether pursuant to the contract contemplated by this request for proposals otherwise. No compensation will be due if MHCC developed the Idea itself without reference to the proposal, had prior knowledge of the Idea, holds or otherwise acquires proprietary rights to the Idea, or has not committed any fault or negligence with respect to its use of the Idea.

## Appendix A

### Toward Recovery and Well Being: Framework for a Mental Health Strategy for Canada

#### **Vision and Goals**

The common nature that ties us all together lies behind the framework's vision:

**All people in Canada have the opportunity to achieve the best possible mental health and well-being.**

The framework starts from the recognition that mental health problems and illnesses can affect anyone, at any age, and that everyone can benefit from improved mental health. It recognizes that when it comes to issues of mental health and well-being, we are all the same: "there is no 'us' and 'them'.". At the same time it recognizes that many people living with mental health problems and illnesses will need specialized services, treatments, or supports to help them to achieve a better quality of life.

*Toward Recovery and Well-Being* represents an emerging consensus about *what* a transformed mental health system should achieve. Its seven goals present the elements that need to be addressed if we are to succeed in building a comprehensive and person-centred mental health system in Canada.

#### **Goals**

In a transformed mental health system:

1. People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.
2. Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.
3. The mental health system responds to the diverse needs of all people living in Canada.
4. The role of families in promoting well-being and providing care is recognized, and their needs are supported.
5. People have equitable and timely access to appropriate and effective programs, treatments, services and supports that are seamlessly integrated around their needs.
6. Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced.
7. People living with mental health problems and illnesses are fully included as valued members of society.