



**Ministry of Health**

**Homelessness and Addiction Recovery  
Treatment Hubs**

**Call for Proposals:  
Program Guideline and Application**

---

August 2024

**Table of Contents**

**Context**.....3  
**Project Details and Objective** .....3  
**Proposal Content** .....5  
**Mental Health and Addictions Supportive Housing Component** .....7  
**Diversity Equity and Inclusion**.....9  
**Outcomes**.....9  
    *Client Outcomes* .....9  
    *System Outcomes* .....10  
**Selection Considerations**.....10  
**Eligible Organizations**.....11  
**Partnerships** .....11  
    *Governance*.....12  
**Program Design**.....12  
**Successful Applicant – Accountability and Reporting** .....13  
    *Transfer Payment Agreements* .....13  
**French Language Services Act Compliance** .....14  
**Application Submission Timelines**.....14  
    *Questions and Answers* .....15  
**Schedule 1: Components of the Proposal(s)**.....16  
**Appendix 1: OH Regional Contacts** .....23  
**Appendix 2: Additional Information for Prospective Indigenous-focused Hub Applicants** .....24  
**Appendix 3: Application Checklist**.....26  
**Appendix 4: Intent to Apply**.....32

## Context

Individuals in need of complex services, which includes individuals who are homeless or at risk of homelessness, are some of the most vulnerable in Ontario. To more effectively meet their needs and better assess long-term outcomes, Ontario is launching the Homelessness and Addiction Recovery Treatment (HART) Hubs Demonstration Project (“HART Hubs” or “Hub(s)”).

HART Hubs will enable enhanced access to a suite of integrated, locally tailored health and human services supporting the treatment and recovery of individuals with complex service needs (e.g., mental health and addictions, primary care, employment, and social services, etc.). They will also support stability and improved long-term outcomes for vulnerable people in Ontario by providing the opportunity to leverage proximate partners and offer a direct pathway to supportive housing.

## Project Details and Objective

Through a Call for Proposals (“CFP”) process, the Ministry of Health (“MOH” or the “Ministry”) is working in partnership with the Ministries of Municipal Affairs and Housing (MMAH); Children Community and Social Services (MCCSS); Labour, Immigration, Training and Skills Development (MLITSD); and Ontario Health (OH), to invest up to \$378M to support a three-year Demonstration Project that would support the creation of 19 Homelessness and Addiction Recovery (HART) Hubs. Of these, 10 are being implemented through this CFP process, with a separate process to determine the remaining nine.

Through this CFP process, MOH will fund the creation of 10 new Hubs (including two that are Indigenous-focused), with a budget of \$6.3M per year **per Hub** with **\$1.3M/year earmarked specifically for supportive housing** beginning in 2025-26 (to 2027-28) and **\$1.8M per Hub** in 2024-25 to support one-time start-up and implementation costs.

The intention is that the Hubs will be operational by Winter 2025 and that each Hub will be able to provide low-barrier access to a range of locally identified services that best meet the complex needs of individuals who experience a range of overlapping issues and marginalization including:

- Homelessness;
- Substance use issues;
- Mental health challenges;
- Social service support needs; and
- Unemployment.

Each Hub will address locally identified gaps in mental health, addictions, primary care, supportive housing, and/or employment/social services by leveraging an integrated approach and co-locating services either on-site or proximate to the on-site Hub location. Each proposal must have a mental health and addictions supportive housing component and a minimum of \$1.3M per Hub must be invested to provide Hub clients experiencing or at risk of homelessness access to supportive housing.

The objective of the Demonstration Project is to assess whether a number of critical services, co-located in the same physical space, offering integrated referral pathways to other local and regional supports, can demonstrate better outcomes for individuals with complex service needs.

The CFP will be distributed through the 47 Municipal Service Managers (“SMs”) to share with interested community partner agencies. Submitted proposals will be required to identify a not-for-profit Health Service Provider (“HSP”) lead, who will receive, be accountable for, and administer the Hub funding. To be eligible, the HSP must be a not-for-profit HSP as defined by the *Connecting Care Act, 2019* located in Ontario and providing services for individuals with serious mental health and/or addictions issues. Communities considering proposals should engage with their OH Region as early as possible in the process (see Appendix 1).

Each Hub proponent that intends to operate in locations where it is anticipated they will serve a large proportion of Indigenous clients must demonstrate an established partnership with Indigenous-led service organizations who will support the development of culturally safe and relevant care pathways.

To be considered, proposals must also have the endorsement of the SM (this does not apply for the Indigenous-led Hubs). This can come in the form of a supporting letter indicating the degree to which the SM is aware that the proposal aligns with municipal supportive housing and social service planning, and (if known by the SM) any aspects of an applicant organization’s capacity that may help them execute on their proposal. This will help ensure proposals are created to meet local needs, align with local housing and homelessness plans including as they relate to addressing encampment issues, and fully leverage the coordination of local housing, public health and human services resources and funding.

The CFP for the two Indigenous-focused Hubs will be shared with Indigenous-led organizations in select locations across Ontario where there is an identified need for comprehensive, integrated services for Indigenous clients and families (Toronto, Thunder Bay, Kenora, Hamilton, and Sudbury). The Ministry will hold workshops with

local Indigenous service providers to support information-sharing and collaboration on culturally safe and relevant care models for the proposed Indigenous-focused Hubs. Indigenous-focused Hubs must be operated in partnership with local Indigenous service providers and/or with the endorsement of the Indigenous community (or communities) that they serve. Indigenous-focused Hubs are encouraged to align their service models with Indigenous mental health and wellness frameworks and/or principles. *Appendix 2* provides additional information for Indigenous Hub proponents.

Given the aim to have Hubs operational by Winter 2025, priority consideration will be given to proposals that can demonstrate well established relationships/partnerships and pathways, as well as access to existing infrastructure (e.g., ability to leverage existing facilities and/or expand on existing partnerships/collaborative initiatives).

MOH will work in partnership with MMAH, MCCSS, and MLITSD to identify successful CFP proponents and implement and evaluate this Demonstration Project.

This “*Program Guideline and Application*” will help applicants understand how to apply, outlines proposal requirements, eligibility, and criteria upon which an application will be adjudicated.

## Proposal Content

Hub proposals should describe the local community and client needs that would be addressed, (including how to address the needs of specific communities in the Hub’s region such as Indigenous communities or Francophone communities) plans for implementation and service delivery, as well as the human resource capacity of the proposal proponents to deliver services, if selected for funding.

At a minimum, proposals should contain information on the following (see *Schedule 1* for more details):

- The level of community need (qualitatively and quantitatively) as supported by data such as rate of homelessness, encampments, shelter use, waitlists for services, emergency department visits, overdoses and substance related deaths, usage of consumption treatment / safe consumption services;
- How the proposal would address these needs; and
- What local services and associated service delivery partners will be providing comprehensive services to meet the identified community needs, which could include:
  - Primary care;
  - Addictions recovery, treatment/supports;

- Culturally safe and relevant care, for Indigenous clients, such as traditional healing supports;
  - Culturally safe and relevant care for other underserved populations (determined by composition of the local population, e.g., Black, 2SLGBTQIA+, other racialized populations);
  - Mental health supports;
  - Public health services;
  - Social assistance/services;
  - Employment supports;
  - Mental health and addictions supportive housing requirement (i.e., the combination of long-term housing assistance like rent supplements and/or housing allowances with individualized, flexible, and ongoing support services like counselling, life skills training, activities of daily living and behaviour supports);
  - Shelter supports; and
  - Transitional housing.
- An implementation plan that describes:
    - Key deliverables;
    - Timelines;
    - Health and social support human resource needs/capacity;
    - Roles and responsibilities of each partner, including the project lead(s) and/ or transitional team(s);
    - Linkages to any local complementary initiatives/ other resources/ facilities that could be leveraged (e.g., Rapid Access Addiction Medicine clinics, Mobile Crisis Response Teams, safe bed programs, existing supportive housing units, etc.);
    - Service catchment area, including whether the proposal serves a regional need;
    - Established partnership(s) with Indigenous-led service organizations who will support the development of culturally safe and relevant care pathways for Indigenous clients;
    - Established partnership(s) with community-based health providers who can support the development of culturally safe and relevant care pathways for underserved populations;
    - Risks and potential mitigation strategies; and
    - Any other identified requirements for the implementation of the proposed Hub.

- A year-by-year budget that details the total requested funding and start-up costs. The budget breakdown should include cost estimates for matters such as services (net new or existing), operational costs (e.g., salaries, leases, rents, utilities, supplies etc.); minor capital repairs; and any other funding source for the Hub (i.e., other public or private donations, what this revenue is being allocated towards and whether funding has been secured).

In-scope services eligible for funding at each Hub may include:

- Primary care;
- Mental health services;
- Addiction care and support;
- Social services and employment support;
- Shelter and transition beds;
- Needle return and collection services;
- Supportive housing; and
- Other supplies and services, including naloxone, on-site showers, security, beds and bedding, and food, etc.

Please see *Schedule 1* below which outlines a detailed list of questions to be answered in the submission. Additionally, a checklist is included in *Appendix 3* of this document to help applicants ensure they have included everything necessary.

**Major capital expenditures (such as new or full building renovations), supervised drug consumption, safe supply and needle exchange services are not in scope for this CFP and will not be funded through this initiative.**

## **Mental Health and Addictions Supportive Housing Component**

Each application must include a mental health and addictions supportive housing (“MHA supportive housing”) plan that identifies a clear pathway into the service for Hub clients who need it. Proposals should detail how MHA supportive housing will be integrated with other in-scope services to provide a comprehensive approach to supporting clients in the longer-term by providing access to a continuum of care.

MHA supportive housing is a unique form of healthcare intervention delivered as a combination of a place to live, financial assistance and support services (e.g., program management, supervised social work, nursing, addictions support, behavioural support, housing support casework, clinical psychological/psychiatric care, peer support, development supports for individuals with a dual diagnosis etc.). By providing community alternatives to institutional care, MHA supportive housing maximizes client security, independence, and participation in the community.

The MHA supportive housing component of this CFP will provide interested mental health and addictions service providers with an opportunity to seek funding to expand the stock of MHA supportive housing. All expanded housing stock provided through this program will be for Hub clients specifically.

Assuming a guideline of approximate cost per unit per year for rent subsidy and community support starting at an approximate minimum of \$52,000, proposals should explain:

- What units (with vacancies) an organization currently has access to (if any) that can be dedicated to Hub clients;
- What existing sources of funding (if any) the organization has for supportive housing;
- What net new units an organization could access with additional rent supplement and/or mental health and addictions community support funding (applicants must indicate what address(es) supplements would be applied to and describe the landlord agreement that would be applied);
- How soon units can become operational if funding were to be granted; and
- What the associated costs for the proposed new units would be.

The MHA supportive housing component of the proposals should include details on the two following areas:

- **Housing Assistance** costs: This funding is to be provided to health service providers to enable them to obtain housing units for clients using financial funding from MOH to partially subsidize rent costs (i.e., rent subsidy in the form of rent supplements – a description of the cost and requested subsidy for net new units); and,
- **Support Service** costs: These services may include but would not be limited to Full Time Employees for program management, supervised social work, nursing, addictions support, behavioural support, housing support casework, clinical psychological/psychiatric care, occupational therapy, peer support, food security/nutritional support. They could also include developmental services for individuals with a dual diagnosis.

Applications should include an estimate for per client cost for support service based on the need anticipated for each eligible client. They should also include a description of how clients will be assessed/re-assessed as the intensity of support services may change overtime. Prior to receiving assistance, clients should undergo a needs assessment and periodically reassess to ensure services appropriately meet a client's needs.



Applicants are encouraged to develop innovative service responses addressing the needs of clients facing multiple barriers to housing. This assessment should include the complex health and social needs and the community supports a client may require including culturally safe and relevant programming.

## **Diversity Equity and Inclusion**

Organizations must demonstrate how their proposed practices will ensure that client service provision is equitable, diverse, inclusive, anti-racist and accessible. Organizations should demonstrate how services and service providers will ensure a workplace and service provision environment that is free from discrimination and harassment. This includes the provision of culturally safe and relevant care pathways for Indigenous clients in all locations, as well as for other underserved populations based on local demographics.

## **Outcomes**

HART Hubs will aim to:

- Articulate and address local levels of need through qualitative and quantitative evidence-based assessment;
- Develop, implement, and assess integrated strategic approaches to these needs;
- Keep clients in their communities (as much as possible), fostering their independence, respect, dignity, and inclusion;
- Address hospital pressures by reducing client hospitalization rates and emergency room presentations;
- Improve the health, social service, and employment outcomes for clients by fostering appropriate care and stable housing in their communities;
- Facilitate holistic, culturally safe, and relevant approaches to healing and wellness for Indigenous clients; and
- Provide culturally safe and relevant approaches for underserved populations based on local demographics.

This program intends to support the following outcomes:

### *Client Outcomes*

- Improved system equity and experience of the service system through a “one-window” access to health and human services such as primary care and social support services including MHA supportive housing;

- Increased ability for clients to function independently, through community-based supports;
- Better access to appropriate and stable MHA supportive housing services;
- Stabilized or improved mental health outcomes through treatment and recovery care appropriate to multiple levels of acuity and client need; and
- Increased sense of inclusion and community connection through client's ability to remain in their communities.

## *System Outcomes*

- Better integrated service delivery through on-site, integrated, and co-located services, as well as pathways to broader community services like those for mental health and addictions, community health centres, youth wellness hubs, supportive housing, hospitals, employment, and training supports, social supports, etc;
- Reduced pressure on hospitals and other services systems (including the justice system);
- Enhanced system coordination to increase opportunities for collaboration, build stronger pathways, and better identify and respond to the support needs of "hard to reach" clients; and
- Improved collection and evaluation of socio-demographic data to ensure services are meeting the needs of all Ontarians, regardless of who they are.

## **Selection Considerations**

In order to determine which applications may be best suited for funding, the Ministry will be considering the following:

- Level of community and client need, including whether the proposal supports a regional need;
- Organizational capacity to fulfill proposal deliverables (including the ability to be operational by Winter 2025);
- Project objectives and outcomes;
- Service delivery model (for supportive housing and in general);
- Governance structure (including demonstrated leadership roles for partnership(s) with Indigenous-led service organizations to develop/deliver culturally safe and relevant care pathways for Indigenous clients, as well as community-based organizations for other underserved populations);
- Evidence-based care (the degree to which the proposal has a body of evidence that the proposed approach will improve outcomes for target populations);

- Integrated service delivery (how well the services of the Hub, including supportive housing are integrated);
- Sustainability;
- Low barrier access;
- Cross sectoral partnerships;
- Fiscal partnerships;
- Budget;
- Project readiness (including timelines for implementation);
- Alignment with government priorities (e.g., *Roadmap to Wellness, Your Health: A Plan for Connected and Convenient Care*);
- Data collection and reporting capacity;
- Alignment with municipal community safety and well-being plans; and
- Quality of proposal.

## Eligible Organizations

- Submitted proposals will be required to identify a not-for-profit Health Service Provider (“HSP”) lead, who will receive, be accountable for, and administer the Hub funding. To be eligible, the HSP must be a not-for-profit HSP as defined by the *Connecting Care Act, 2019* located in Ontario with an existing Multi-sector Service Accountability Agreement through Ontario Health and providing for individuals with serious mental health and/or addictions issues.
- To be considered, proposals must also have the support/endorsement of the local Service Manager (this does not apply to Indigenous-focused Hubs). This will help ensure proposals meet local needs, align with local housing and homelessness plans, and fully leverage the coordination of local housing, public health and human services resources and funding.

## Partnerships

The Province’s investment under this Program will support local solutions by leveraging community partnerships to develop or enhance services for individuals experiencing a range of overlapping issues/marginalization including homelessness, substance use, mental health, social service support needs and unemployment.

Applicants are encouraged to work with sector organizations that provide services inclusive of the clinical, social and employment needs of clients with complex service needs (e.g., hospitals, supportive housing agencies, housing providers, agencies providing MHA and other community services).

## *Governance*

A typical governance model may include partnerships with a local Ontario Health Team (“OHT”) and/or Community Health Centre (“CHC”). Ideally this would ensure connection to local services, mitigate against duplication of services and redundancy, and eliminate existing siloes within the health and other human service systems. Governance models for Indigenous-focused Hubs may differ, based on the respective governance and collaborative structures. Proposals should include documentation (e.g., a memorandum of understanding, commitment letter) outlining roles, responsibilities and the relationships between partner organizations and the Hub as a whole. Proposals should also include steps participant organizations would take to secure additional partners in the future if more services are added to the Hub.

## **Program Design**

In developing a proposal, Applicants should:

- Describe how they will ensure clients are offered services that are safe (this includes cultural safety), appropriate to their needs, (this includes culturally safe and relevant programming) in the right setting and foster independence, respect, safety, dignity, and inclusion; and
- Demonstrate appropriate community-level collaboration, engagement, or partnerships during the development of the program’s design, implementation, and administration stages, where appropriate.
  - Applicants must demonstrate partnerships with key regional partners such as (but not limited to) hospitals, supportive housing agencies, Community Health Care Centres (CHCs), Ontario Health Teams (OHTs), Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs), police, Indigenous communities, mental health agencies/organizations, etc.
- Applicants are encouraged to work with their regional Ontario Health office as early as possible in the process to help better understand the broader local needs of their communities, how their proposals may address those needs, and help to identify a not-for-profit HSP lead. (see Appendix 1).

For the MHA supportive housing component, proposals should:

- Describe if they have already secured housing units for which they require subsidy or the timeline upon which units will be secured.
  - Applicants must explain how approved funding would create new units including unit address(es) and address expenses.

- Applicants should also describe the type of housing that will be acquired (i.e., location of units, type of build form (e.g., scattered units in the community, units within a single building)).
- Identify any other service funding that can be leveraged (municipal/private/charitable).
- Demonstrate collaboration for locally relevant solutions that will better meet a client's needs.
- Secure housing that is affordable and accessible and promote independence where possible.

For additional details on proposal requirements, please see *Schedule 1*.

## **Successful Applicant – Accountability and Reporting**

The Province places a high degree of importance on accountability in the use of public funds for programs and services.

- The government has an obligation to demonstrate value for money, and to ensure that funds have been spent appropriately and in a timely manner.
- This means that successful applicants will be required to report on its use of funds to carry out its program as outlined in the relevant transfer payment agreement.

### *Transfer Payment Agreements*

A key accountability tool for the delivery of Ministry and/or Ontario Health funded services (and housing supports) is the requirement for agencies to amend and/or sign a Transfer Payment Agreement (TPA) with the Province or Ontario Health setting out the terms and conditions upon which funding will be provided, as required by the Province's *Transfer Payment Accountability Directive*.

The Health Service Provider will be required to submit a budget forecast to MOH and/or OH for approval ("Forecast").

This provides an opportunity to forecast the number of clients to be assisted per fiscal year, the types of supports that will be made available to them, and operating expenditures. The Plan and the annual budget need to be approved by the successful Health Service Provider's Board of Directors and submitted to MOH (and/or OH) annually for approval.

The funding will be provided according to the Forecast and shall not exceed the successful applicant(s)' Program allocation.

## French Language Services Act Compliance

Successful Applicant(s) responsible for an area that is designated under the French Languages Services Act (FLSA) are required to:

- Ensure services are provided in French; and
- Make it known to the public (through signs, notices, other information on services, and initiation of communications in French) that services provided to, and communications with the public in connection with, the program are available in French.

Services that are provided to the public directly by the Applicant or its Program partners are required to comply with the FLSA.

## Application Submission Timelines

Applicants must:

- Submit an “Intent to Apply” by September 20, 2024 (*see Appendix 4*) to: [HARTHHubApplications@Ontario.ca](mailto:HARTHHubApplications@Ontario.ca).
  - The intent to apply must include a high-level summary of the proposal and expected proposal partners. It must also include the expected implementation timelines.
- Submit an electronic PDF file of their finalized proposals, including all necessary materials to the Ministry via email **no later than October 18, 2024 4:00 p.m. EST** to: [HARTHHubApplications@Ontario.ca](mailto:HARTHHubApplications@Ontario.ca).
- Both the Intent to Apply and proposal must indicate whether or not they are applying for funding for an Indigenous-led Hub or a non-Indigenous-led Hub.

For Indigenous-focused Hubs:

- Applicants that are eligible for Indigenous-led Hub funding are:
  - First Nations, Inuit, and Métis Communities;
  - Indigenous Organizations; and
  - Indigenous Health Service Providers.
- Non-Indigenous organizations are not considered eligible for this funding. However, an eligible applicant may choose to partner with a non-Indigenous organization to deliver services.

- Requests for additional information can be shared electronically to:  
[HARTHubApplications@Ontario.ca](mailto:HARTHubApplications@Ontario.ca).

Late applications will not be accepted beyond the cut-off time.

## *Questions and Answers*

Questions can be sent to [HARTHubApplications@Ontario.ca](mailto:HARTHubApplications@Ontario.ca). The Ministry will provide regular Question & Answer responses via email to questions received for all applicants who have provided a contact email (through either the submitting an Intent to Apply or through submitting a question). Please note the cut-off date for questions is **October 4, 2024**. Please advise the Ministry by emailing the above email address should you wish to be removed from the distribution list at any point.

## Schedule 1: Components of the Proposal(s)

Please use the following section to compose your proposal. A proposal should include answers to all the following questions. To the best of your ability, please answer the questions in sequence.

### A – Community Need and Resources

#### 1. Demonstration of Need

Please describe the level of need in your community for a Homelessness and Addiction Recovery Treatment Hub.

In your response, please include any quantitative and qualitative evidence (i.e., data) on the population with complex service needs in your community. This can include data community/local level such as:

- Homelessness population;
- Number and/or size of homelessness encampments;
- Shelter utilization and/or vacancy rate;
- Types of mental health illnesses and their prevalence;
- Waitlists for existing services that would be included in the Hub;
- Emergency Department visits due to mental health and/or substance-related issues;
- Overdoses per capita, utilization of Consumption and Treatment Services (CTS) and/or Supervised Consumption Sites (SCS);
- Hospitalizations due to substance-related and mental health issues;
- Substance-related deaths per capita;
- Population with interactions with the justice system; and
- Socio-demographics of community.

#### 2. Existing Resources in the Community

Please describe what existing resources your community has to respond to the needs of the population with complex service needs.

In your response, please include:

- A description of these services;
- Client usage for these services;
- Proximity of these services to those in need;
- Availability of these services compared to need and ease of access;
- A description of the current service pathway(s) for Indigenous clients and families;
- A description of available culturally safe and relevant supports;



- Any current coordination/referral protocols that may exist for these services; and
- Gaps in services that are failing to address client needs.

### 3. Presence of Existing Hubs

Please describe any existing MOH funded Hubs you may have in your community.

Please indicate whether any participating organizations within your proposal currently provides CTS or SCS services.

Please indicate whether CTS and/or SCS services are currently provided in the catchment area of any of the participating organizations within this proposal.

## **B – Project Objectives and Outcomes**

### 1. Objectives and Outcomes

Please describe at a high-level how your community would use provincial funding to create a Homelessness and Addiction Recovery Treatment Hub.

In your response, please include:

- Community objectives/outcomes for the funding;
- Proposed client outcomes for the funding (e.g., clients have direct access to treatment for mental health and addictions services; positive client perception of care; clients have direct access to housing referrals and employment finding services, etc.);
- How your proposal aligns with government priorities (e.g., Roadmap to Wellness, Your Health Plan, etc.);
- Groups of clients your Hub will serve, including the approach you will take to serving Indigenous clients;
- Describe which other equity deserving groups you will be offering culturally safe and relevant supports for such as Black, 2SLGBTQIA+, other racialized populations, and what services you can offer in French;
- How many clients you anticipate serving per year;  
and
- How a Hub would address current gaps in services for the population with complex service needs.

## C – Services

### 1. Service Delivery Model

Please describe your service delivery model.

In your response, please include:

- The catchment area that the Hub would serve;
- Any partnerships between the Hub and local and regional service providers;
- How the Hub would address both local and regional needs;
- What evidence you are using to support your proposed approach;
- What suite of services you would provide in the “Hub” (subject to in-scope allowable program funding parameters) and what organization(s) would be delivering the services;
- How the suite of services will comply and align with relevant provincial program expectations, standards, and guidelines;
- The process for prioritizing clients based on their level and types of needs;
- Which of these services would be net-new to your community (subject to funding parameters) and which would build on existing community services that would be co-located in the Hub;
- An ideal client journey map(s) for a client entering the Hub from initial intake to discharge with coordination and/or referral pathways to services that cannot be co-located in the Hub, if applicable. Please include the pathway for Indigenous clients as well as any other equity deserving populations that you will be serving; and
- Please describe how the Hub's services will ensure low-barrier access to clients and provide appropriate care for equity deserving groups.

### 2a. Access to Culturally Safe Care

Please describe:

- How the Hub’s services will ensure low-barrier access to clients and provide culturally safe care for equity deserving groups.
- The pathway for Indigenous clients, as well as any other equity deserving populations you will be serving.

### 2b. Provision of Culturally Safe Care for Indigenous-focused Hubs

Please describe how the service model will provide culturally safe and relevant wrap-around services. Provide information that clearly articulates your proposed Hub model and any relevant supportive evidence/mental health framework(s) you will use to inform your model.

### 3. Staffing/Human Resources

Please describe your staffing and human resources plan.

In your response, please include:

- The full complement and type of staff delivering each service at the Hub;
- Qualifications for your staff complement;
- Number of staff that will be employed at partnership organizations;
- How you will ensure the right number/mix of staff/human resources required to deliver services;
- Plan for training and continuous development; and
- Include your approach to providing anti-racism training to front line staff and leadership.

### 4. MHA Supportive Housing

Please describe how your Hub will deliver MHA Supportive Housing.

In your response, please include:

For Housing Supports (e.g., Rent Supplements):

- Number of units a partner organization currently has access to (if any);
- Timing for when a unit can become operational, if funding were to be granted;
- Number of net new units; and
- Cost breakdown for sustaining the units.

For Support Services (e.g., community supports):

- How the organization will assess/reassess client needs; and
- What community supports would the Hub provide to meet the needs of clients.

## **D – Organizational Capacity**

### 1. Hub Governance

Please describe how your Hub would be governed. In your response, please include information such as:

- Identification of a lead not-for-profit Health Service Provider (HSP) (as defined under the *Connecting Care Act, 2019*) that would be responsible for contracting with the Province and/or Ontario Health, and describe their capacity to:
  - i. Directly manage TP agreements and include any recent examples;
  - ii. Collect and report data through existing Government of Ontario systems (e.g., MOH Provincial Data Set);

- iii. Manage and coordinate partnerships with other service providers;
- iv. Effectively partner with Indigenous-governed service organizations; and
- v. Effectively partner with relevant community-led organizations.
- A description of roles and responsibilities of any partner organizations / Board members / staff diagrams outlining relationships between key partners (including MOH and OH).
- Frequency of program review of services provided.

## 2. Project Workplan

Please provide a Project Workplan on how you will implement your proposal.

In your response, please include:

- Start date of Hub being up and running;
- Key milestones;
- Timelines;
- Roles and responsibilities of any project lead, transitional team, etc.; and
- An assessment of risks and potential mitigation strategies

## **E - Data Budget and Long-Term Sustainability**

### 1. Data Collection and Evaluation

Please describe your plan to collect and evaluate data.

In your response, please include:

- List of specific outputs to be collected;
- Evaluation framework and frequency; and
- Quarterly and annual reporting schedules and draft templates.

### 2. Budget

Please provide a three-year detailed budget.

In your response, please include:

- The total funding request, including start-up costs in 2024-25;
- A year-by-year breakdown of costs, including:
  - i. Services (net-new or existing)
  - ii. Operational costs (e.g., security, salary, lease, rents, utilities, supplies, etc.)
  - iii. Minor capital repairs; and
- Other funding sources for the Hub (i.e., municipal, federal, private donations) and what costs they are being allocated to; and, whether funding has been secured.

### 3. Sustainability

Please describe your sustainability plans beyond the initial three-year project.

In your response, please include:

- Long-term objectives for the Hub;
- Sustainability of supportive housing;
- How the Hub would continue to be funded following the completion of the Demonstration Project, including identifying any alternative funding sources;
- How the Hub plans to meet changing/growing needs within the community over time.

## **F – Service Manager Support**

### 1. Service Manager Support

Please provide a supporting letter from your SM. This letter should indicate the degree to which the SM is aware that the proposal aligns with municipal supportive housing and social service planning, and (if known by the SM) any aspects of your applicant organizations' capacities that may help with execution on the proposal. This will help ensure proposals are created to meet local needs, align with local housing and homelessness plans including as they relate to addressing encampment issues, and fully leverage the coordination of local housing, public health and human services resources and funding.

## **Rights of the Province**

In submitting an application, the Applicant acknowledges that MOH may, at its sole discretion:

- Communicate directly with any Applicant or potential Applicants;
- Accept applications for consideration that are not strictly compliant with the requirements outlined above;
- Verify with any Applicant or third party any information set out in an application;
- Cancel this application and CFP process at any stage of the application or evaluation process;
- Reject any or all applications.

All Provincial decisions are final.

## **Legal Compliance**

It is incumbent on applicant organizations to ensure that the contents of their proposals are in compliance with local, federal, and provincial law. By submitting a proposal, applicants attest that, to the best of their ability, their proposal is in compliance with all applicable federal and provincial Acts.

## **No Commitment to Fund**

The Province:

- Makes no commitment to fund any Applicant.
- May choose which Applicants to fund, if any, at its sole and absolute discretion.
- Shall not be responsible for any cost or expenses incurred by any Applicant, including any costs or expenses associated with preparing and submitting responses to this CFP.

## **Accountability**

Program funding, if approved, will be provided subject to the terms and conditions of the Transfer Payment Agreement or Multi-Sector Service Agreement (through Ontario Health) that outlines the roles and responsibilities of the Province (through MOH and/or OH) and the Applicant and housing agencies and will be dependent upon the Applicant and housing agencies meeting all program and reporting, and other requirements therein.

## Appendix 1: OH Regional Contacts

Ontario Health West Region:

- Julie Moore – [Julie.Moore@ontariohealth.ca](mailto:Julie.Moore@ontariohealth.ca)

Ontario Health Central Region

- Vijeetha Raviraj - [Vijeetha.Raviraj@ontariohealth.ca](mailto:Vijeetha.Raviraj@ontariohealth.ca)

Ontario Health Toronto Region

- Fatima Al-Haq - [OH-Toronto.strategydesign@ontariohealth.ca](mailto:OH-Toronto.strategydesign@ontariohealth.ca)

Ontario Health East Region:

- Jai Mills - [Jai.Mills@OntarioHealth.ca](mailto:Jai.Mills@OntarioHealth.ca)

Ontario Health Northeast Region:

- Morgan Tersigni - [morgan.tersigni@ontariohealth.ca](mailto:morgan.tersigni@ontariohealth.ca)

Ontario Health Northwest Region:

- John Schmidt - [john.schmidt@ontariohealth.ca](mailto:john.schmidt@ontariohealth.ca)

## Appendix 2: Additional Information for Prospective Indigenous-focused Hub Applicants

The Ministry acknowledges that Indigenous knowledge and practices are the foundation for mental wellness supports and services. Information provided below can be used to consider the development of Indigenous-focused Hubs – but it is not required. This information was developed in collaboration with a Roundtable of Indigenous MHA Experts in 2017, to help guide Indigenous MHA programming development, based on the stated needs of Indigenous communities.

### Application Principles

1. Family and Community Focused
  - How will your proposed program support family and community healing?
  - How will you involve family and community to ensure clients are able to return to a positive family and community environment and sustain the gains made through treatment?
2. Community Development - Contributes to Long Term Wellness
  - How will your proposed program support community development – for example, by empowering communities to define and manage their own services, utilize their cultural knowledge, and sustain positive changes over time? How will your programs develop capacity within communities and contribute to long term wellness?
3. Culture is the Foundation
  - How will your proposed program use Indigenous knowledge and practices as a foundation in the development of programming and in the delivery of care?
4. Trauma Engaged
  - How will your proposed program support clients to heal from historical, current, and intergenerational trauma they have experienced?
5. Land Based
  - If incorporating land-based healing approaches: How will your proposed program use land-based healing methods to deliver care and address client needs?



## 6. Strengths Based

- How will your proposed program utilize and build on the strengths of Indigenous individuals, families, and communities to deliver care and address client needs?

## 7. Continuity of Relationships

- Positive relationships with others are integral to the healing process. How will your proposed program support the continuity of relationships over time and across boundaries (e.g., service sectors, geography, jurisdiction)? How will you ensure an active support structure is in place within communities and across services to facilitate the longer-term healing journey once the need for intensive treatment has passed?

## Appendix 3: Application Checklist

Applicants are requested to submit an electronic PDF file of their finalized proposals, including all necessary materials to the Ministry via email **no later than 4:00 p.m. EST on October 18, 2024**. Applications should be sent to [HARTHubApplications@Ontario.ca](mailto:HARTHubApplications@Ontario.ca). There is no minimum or maximum requirement to the length of your proposal.

The following is a checklist to help you ensure your organization has included all information that is necessary.

Please organize your proposal information/submission using the structure below to maintain consistency. You do not need to fill out the domains following each question on this checklist, but we ask that applicants replicate the information below in their submission and that your proposal answers each question. *Schedule 1* has additional required details for each question. Both the *Schedule 1* and the checklist below follow the same sequence/order and we request that in your proposal, you organize answers in this sequence/order. Please see the *Program Guideline and Application Document* and *Schedule 1* for further details.

Applicant Organization Information			
1. Organization Name:		2. Organization Legal Name:	
3. Organization Mandate:			
4. Organization Mailing Address:			
Unit No.:	Street No.	Street Name:	PO Box:
City/Town:		Province:	Postal Code:

**Applicant Contact Information**

*This is the person who will be the sole contact responsible for all communication with the Ministry regarding this application.*

<b>1. Salutation:</b>	<b>2. First Name:</b>	<b>3. Last Name:</b>
<b>4. Title:</b>		
<b>5. Phone Number (Work):</b>	<b>6. Phone Number (Mobile):</b>	
<b>7. Email Address:</b>		

**Indigenous-focused Hubs**

**Yes, this proposal is for an Indigenous-focused Hub.**

I understand that the Hub will operate in partnership with local Indigenous service providers and/or with the endorsement of the Indigenous community (or communities) that they serve.

**No, this proposal is not for an Indigenous-focused Hub.**

**Section A – Community Need and Resources**

1. Demonstration of Need:

*Please provide the required information set out in Section A Question 1 of Schedule 1*

2. Existing Resources in the Community:

*Please provide the required information set out in Section A Question 2 of Schedule 1*

3. Presence of Existing Hubs:

*Please provide the required information set out in Section A Question 3 of Schedule 1*

**Section B – Project Objectives and Outcomes**

1. Objectives and Outcomes:

*Please provide the required information set out in in Section B Question 1 of Schedule 1*

**Section C – Services**

1. Service Delivery Model:

*Please provide the required information set out in Section C Question 1 of Schedule 1*

- 2. A. Access to Culturally Safe Care
- B. Provision of Culturally Safe Care for Indigenous-focused Hubs:

*Please provide the required information set out in Section C Question 2 of Schedule 1*

- 3. Staffing/Human Resources:

*Please provide the required information set out in Section C Question 3 of Schedule 1*

- 4. MHA Supportive Housing:

*Please provide the required information set out in Section C Question 4 of Schedule 1*

**Section D – Organizational Capacity**

- 1. Hub Governance:

*Please provide the required information set out in Section D Question 1 of Schedule 1*

2. Project Workplan:

*Please provide the required information set out in Section D Question 2 of Schedule 1*

**Section E – Data Budget and Long-Term Sustainability**

1. Data Collection and Evaluation:

*Please provide the required information set out in Section E Question 1 of Schedule 1*

2. Budget:

*Please provide the required information set out in Section E Question 2 of Schedule 1*

3. Sustainability:

*Please provide the required information set out in Section E Question 3 of Schedule 1*

**Section F – Service Manager Support**

1. Service Manager Support:

*Please provide the required information set out in Section F Question 1 of Schedule 1*

## Appendix 4: Intent to Apply

Thank you for indicating your intent to apply for funding through the *Homelessness and Addiction Recovery Treatment Hubs* Call for Applications.

If your proposal is comprised of multiple participating organization, please select a single lead organization within the group to act as a lead organization for communication with the Ministry.

Please indicate the lead organization in Section A. In Section B please indicate a single contact person within the lead organization to act as a proposal contact with the Ministry throughout the application process.

Applicants are asked to submit their “Intent to Apply” by September 20, 2024.

You may attach an additional Word document if your information exceeds the space allowable in this form.

### Section A – Proposal Lead Organization Contact Information

<b>1. Organization Name:</b>		<b>2. Organization Legal Name:</b>	
<b>3. Organization Mandate:</b>			
<b>4. Organization Mailing Address:</b>			
Unit No.:	Street No.:	Street Name:	PO Box:
City/Town:		Province:	Postal Code:



## Section B – Contact Information (single contact person for your proposal)

*It is likely that most proposals will have multiple participatory organizations. Please indicate the single person within the lead agency who will be the sole contact responsible for all communication with the Ministry regarding the proposal.*

<b>1. Salutation:</b>	<b>2. First Name:</b>	<b>3. Last Name:</b>
<b>4. Title:</b>		
<b>5. Phone Number (Work):</b>	<b>6. Phone Number (Mobile):</b>	
<b>7. Email Address:</b>		

## Indigenous-focused Hubs

**Yes, this proposal is for an Indigenous-focused Hub.**

I understand that the Hub will operate in partnership with local Indigenous service providers and/or with the endorsement of the Indigenous community (or communities) that they serve.

**No, this proposal is not for an Indigenous-focused Hub.**

## Section C – Participatory Organizations

Please provide a list of all organizations participating in your proposal:

Organization Name	Address


**Section D – Summary of Initiative**

Please provide a short summary overview of the initiative that will be included in your proposal. Please do not exceed 500 words: