



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Request for Proposal

Contribution Agreement Final Initiative Report

Mental Health Commission of Canada 2021-2026

Submission Deadline: July 4, 2025

Ce document est disponible en français



Health
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Organizational Background

The Mental Health Commission of Canada (MHCC) is a dedicated and passionate organization, striving to make a difference in the lives of those living with mental health problems and mental illnesses. We believe everyone should get the chance to achieve their fullest health potential. Our goal is to create a better mental health care system for all people living in Canada.

The MHCC leads the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians. Through its unique mandate from the government of Canada, the MHCC supports federal, provincial, and territorial governments as well as organizations in the implementation of sound public policy. People with lived and living experience and their families are key to our work.

We offer accessible training programs that support mental health in communities and workplaces and lead research and program initiatives that emphasize people-centred values like lived and living experience. These include:

- suicide prevention
- population-based initiatives that support access to high-quality, culturally appropriate mental health services and building resiliency
- substance use health
- engaging interested parties
- reducing stigma and discrimination
- workplace psychological health and safety

We are supported by funding from Health Canada, partnerships with federal, provincial and territorial governments, foundations, private sector organizations, and donations from the public.

We invite you to learn more [about the MHCC](#) and our [work on mental health and substance use](#).

Purpose

As part of the funding contribution agreement with Health Canada, the MHCC is required to prepare a final initiative report on the contribution agreement. The MHCC is seeking a contractor to plan and write a final initiative report for the period October 1, 2021 to March 31, 2026. This report must include some minimum elements:

- Project description (e.g., a brief, high level summary of the project, its target population and project partners)
- Outputs and outcomes narrative description (e.g., what the output/outcome was and how it was used; narrative on the reach, uptake and impact)
- Contribution of outcomes to the MHCC logic model- narrative summary analysis (including pre- and post-comparison)
- Unintended impacts or outcomes
- Evaluation of efficiency and economy (total FT FTEs, total planned budget, total expenditures, cost per FTE, etc.)
- Lessons learned
- Sustainability (e.g., describe to what extent the project or elements of the project will be sustained beyond the HC funding period)
- Continued need (e.g., did the project meet a demonstrable need? Did the need continue?)
- Conclusion

Parts of the evaluation will be conducted internally including a survey of partners and internal staff.

Scope

The Director of Organizational Performance and/or an Advisory Committee will advise on and review key plans, tools, and outputs developed by the contractor. The contractor will be expected to engage with the Director of Organizational Performance and/or Advisory Committee and other program stakeholders as needed to develop a final initiative report that aligns with the MHCC's Logic Model (see Appendix A) and provide a summary of the value that MHCC has contributed to the outcomes of the logic model. The MHCC has collected data that aligns with the Logic Model (see Appendix B) that will contribute to the review.

Activities conducted by the successful contractor may include:

- Conduct 6-10 focus groups with
 - MHCC staff, management, Board of Directors
 - Partners
 - Recipients/users of MHCC work/products
 - Government officials
- Conduct 3-5 case studies on specific MHCC projects
- Conduct key informant interviews
- Review of MHCC products/reports/documents
- Analysis of available data, gaps, limitations, and other considerations
- Write a report summarizing the results of the focus groups/interviews and other activities

Deliverables

1. Project plan and proposed methodology for data review, data gathering including stage-based planning, scope, and timelines.
2. A final report that includes: a list of data sources, methodology as well as an analysis of gaps, limitations and other considerations, a synthesis of key findings, a narrative analysis of key challenges and opportunities and that addresses the key elements outlined in the Purpose statement above.
3. One virtual presentation on the key findings.

Equity Dimensions

Health Canada requires that the MHCC uses an intersectional Sex and Gender-Based Plus (SGBA+) lens to identify, articulate, and address health and social inequities. All proposals should consider the impact of intersecting identities, including but not limited to ethno-racialized, Indigenous, sex, gender, sexual orientation, lived experience, etc., to better understand the impact of our work for different groups of people in Canada. The successful contractor must incorporate a health equity and intersectional/sex and gender-based analysis (SGBA+) in the data collection, analysis and final report.

Qualifications

The successful candidate will:

- Be experienced in qualitative and quantitative data analysis for mental health and substance use.
- Be familiar with the role of the MHCC and other key guiding documents (see links in background above).
- Have the capacity (internal or with external support) to conduct interviews in both French and English and summarize results.
- Have the capacity to apply a health equity and intersectional/SGBA+ lens to data collection, document review and analysis.
- Demonstrate effective project management and research skills
- Have the ability to complete the project within the budget available.

Budget

Contract funding will be determined based on project scope, budget, and the contractor's breadth and depth of experience. The MHCC reserves the right to not award funding.

Timeline

The contract will commence in July 2025 and all deliverables must be completed by May 28, 2026.

Proposal Requirements

Proposals can be submitted in either official language and use the following structure:

1. Cover page (max 1 page)

2. Team member name(s), titles, affiliations, contact information and team member Expertise:

- Relevant experience of each team member in conducting projects of a similar scope. The overall value proposition put forward by the respondent.
- The number of years in business and/or number of years' experience in evaluations.
- Experience in evaluations comparable to that described in this RFP, including scope of work and a list of past projects.
- Experience in working in a bilingual environment.

3. Project proposal (max 3 pages)

- Approach and methods
- Timeline
- Budget (including GST/HST/PST) including the number of hours and hourly rate for each proposed resource.

4. Prior Project Experience (max 3 pages)

Please provide examples of up to 3 projects that you recently supported including:

- Name of the project
- Budget of project
- Name and contact information of contact/client that you worked with for the project
- Timeframe for the project (i.e., number of days/months)
- Members of the team and the role they played on the project

5. Appendix (max 1 page) a. Proposal references

6. Supplementary documents: a. CVs or resumes of each project team member including information about:

- Experience conducting large evaluations for other pan-Canadian health organizations and/or other comparable healthcare entities,
- Experience in large-scale, multi-year, complex evaluations.
- Experience using a wide range of research methods including interviews, focus groups, surveys, document review, case studies, and other methods as applicable.
- Experience with communicating and working in a bilingual (French/ English) environment.

Proposals should be sent as one file (PDF or Word document) and should not exceed 5 pages in length, excluding supplementary CVs and resumes and prior engagement experience. You may include any additional information that you feel will strengthen your submission (e.g., web links to previous work).

Evaluation Criteria

All proposals will be evaluated based on the following criteria:

1. Understanding of the requirements of the scope of work.
2. Approach/methodology proposed, clearly identifiable interdependencies, deliverables and timeline.
3. Familiarity with Government of Canada evaluations and requirements.
4. Familiarity with the role of the MHCC, the [MHCC's safe language guide](#)
5. Ability to incorporate social determinants of health, and sex- and gender-based plus/intersectionality analysis.
6. Ability to complete the project within scope (timelines, budget, and products/goals).
7. Adequate resource capacity to meet identified timelines and balance of level of effort vs. team roles (project management, technical, etc.)
8. Sector specific experience of the applicant's firm and expertise including:
9. Demonstrated experience with qualitative methods of research and analysis
 - Proven record of providing similar work for similar organizations with similar scope
 - Experience working with high profile individuals and diverse stakeholders
 - At least one team member who is a credentialed evaluator (CES)
 - Description of roles of each proposed team member
10. References and satisfaction of previous clients.

How to Submit a Proposal

The deadline for the submission of Proposals ("Submission Deadline") and the general Timetable for the RFP Process ("Timetable") are set out on the front page and below.

- **RFP Issue Date:** May 14, 2025
- **Deadline for Questions:** June 16, 2025
- **Deadline for MHCC's Answers:** June 19, 2025
- **Deadline for Letter of Intent:** June 20, 2025
- **Submission Deadline for Proposal and statement of potential conflicts of interest:** July 4, 2025
- **Notification of winning proposal:** By July 16, 2025

MHCC may, without liability or penalty and in its sole discretion, amend the above timetable.

Submit your proposals to [Vicky Walker](#), Director of Organizational Performance. All interested parties can ask questions or seek clarification by sending an email to Vicky Walker.

Bidders are responsible for costs related to developing and submitting proposals, which will not be covered by MHCC. All bidders will be notified by email of the final selection decision.

Ownership of Work

The MHCC shall retain exclusive ownership to all materials created in relation to products delivered or services rendered because of this RFP.

Confidential Information

Respondents must accept and acknowledge that, in connection with their performance of the work under any resulting contract, they may have access to certain information, data and materials that are confidential, and which are identified as confidential or would be understood by the parties, exercising reasonable business judgment, to be confidential ("Confidential Information"). Candidates accept that they will not use, except to perform their obligations under any resulting contract, any Confidential Information. Candidates must agree to hold all Confidential Information disclosed hereunder in strict confidence and to prevent any unauthorized disclosure of such Confidential Information. Upon termination or expiry of any resulting contract, candidates will immediately return to MHCC's team all Confidential Information and all copies thereof in any form whatsoever.

Status and Availability of Resources

All Proposals submitted by Respondents must be valid for a 90-day period from the submission date. The Respondent's signature on the submitted Proposal indicates that, should the Respondent be authorized to provide the product and services under any contract resulting from this RFP, the team members proposed in its Proposal will be available to begin the work required at the time specified herein or agreed to with MHCC. Any team member replacement must possess at least equivalent qualifications and experience as the replaced member and changes to the team are subject to MHCC's prior approval. Also, in the course of the work, and based on a written and justified request, MHCC can ask for a team member replacement if it considers that a member is inefficient or does not perform his or her duties under the contract.

Conflict of Interest

Each Respondent will disclose any potential, perceived or actual business or legal conflict of interest of the Respondent ("Conflict of Interest").

The MHCC may, in its sole discretion, waive a Conflict of Interest, or impose conditions on a Respondent which require the management, mitigation and/or minimization of the Conflict of Interest. If a Respondent is determined to have a Conflict of Interest which, in the sole discretion of MHCC cannot be managed, mitigated, or minimized, MHCC's team may disqualify the Proposal.

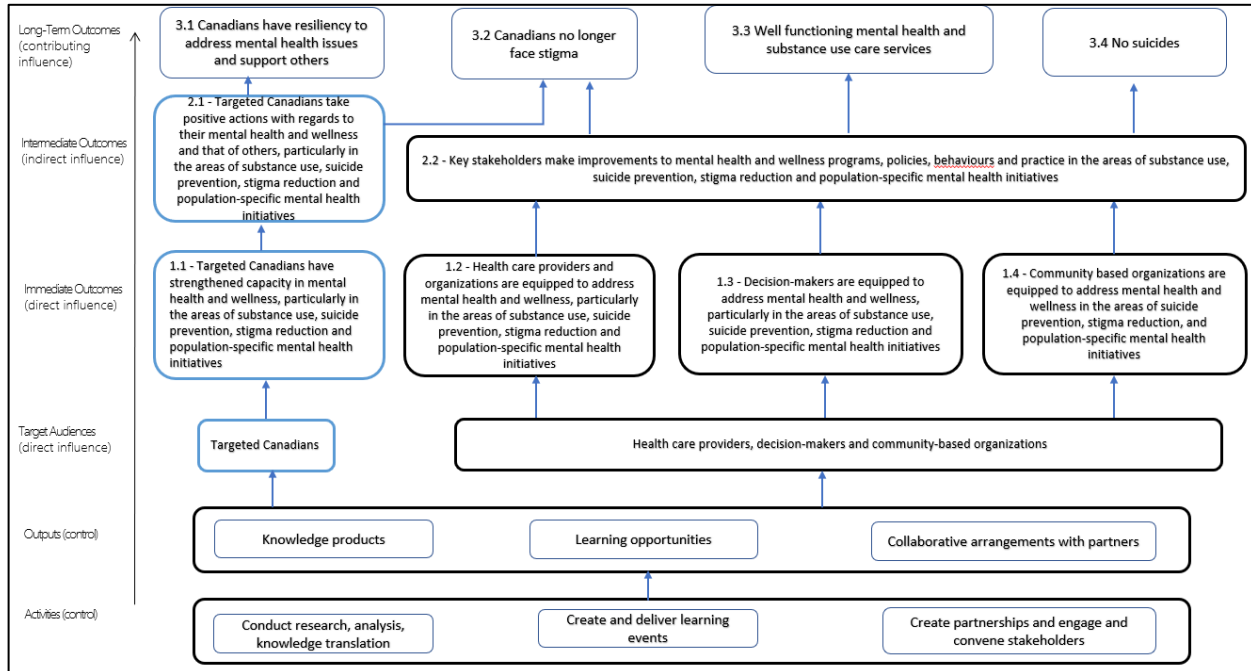
If MHCC's team discovers a Respondent's failure to disclose a Conflict of Interest, it may disqualify the Respondent, or it may terminate any agreement entered into with the Respondent pursuant to this RFP Process.

References and Past Performance

The proposal review team reserves the right to reject a Proposal based on information provided by the Respondent's references and can check references other than those provided by Respondents in their Proposal. The proposal review team may, in its sole discretion, confirm the Respondent's experience and ability to provide the product and services by contacting the Respondent's references.

If the proposal review team has reliable information with respect to a Respondent's poor performance in carrying out services like those solicited through this RFP Document (or other services), it may take such past performance into account in its evaluation of the Respondent's Proposal.

Appendix A – MHCC Logic Model



Appendix B – List of Performance Indicators 2024-25

Program outputs/outcomes	Indicator	Data source
1. Knowledge Products	1.1 # of knowledge products developed by target audience	Manual data collection– MHCC internal tracking system
2. Learning opportunities	2.1 # of MHCC events by target audience	Administrative data – MHCC internal tracking system
	2.2 # of targeted Canadians that participated in training (by training type, gender and official language)	Administrative data - MHCC internal tracking system and enrolment records
3. Collaborative arrangements	3.1 # of partnerships by type of partner	Administrative data – MHCC internal tracking system
1.1 Targeted Canadians have strengthened capacity in mental health and wellness, particularly in the areas of substance use, suicide prevention, stigma reduction and population-specific mental health initiatives	1.1.1 % of participants who report they have strengthened capacity (knowledge) in mental health and wellness, by training event (e.g., MHFA, WM, TWMFR) by sex and official language	Post-event surveys
	1.1.2 Number of followers on social media (including Facebook, LinkedIn, Instagram, Twitter, Pinterest)	Social media metrics
	1.1.3 # of MHCC website unique users	Website software
	1.1.4 Number people receiving the MHCC newsletter (Catalyst)	Salesforce software
1.2 - Health care providers and organizations are equipped to address mental health and wellness, particularly in the areas of substance use, suicide prevention, stigma reduction and population-specific mental health initiatives	1.2.1 % of health care providers and organizations who report they are better equipped with the knowledge they need to address mental health and wellness issues as a result of knowledge products received	Stakeholder survey
	1.2.2 % of health care providers who report that the products are useful (relevant, timely)	Stakeholder survey
	1.2.3 % of health care providers who report they intend to use knowledge gained about mental health and wellness issues from knowledge products disseminated	Stakeholder survey
1.3 Decision-makers are equipped to address mental health and wellness, particularly in the areas of substance use, suicide prevention, stigma reduction and population-specific mental health initiatives	1.3.1 % of key decision-makers who report they are better equipped with the knowledge they need to address mental health and wellness issues as a result of knowledge products received	Stakeholder survey
	1.3.2 % of decision-makers who report that the products are useful (relevant, timely)	Stakeholder survey

Program outputs/outcomes	Indicator	Data source
	1.3.3 % of decision-makers who report they intend to use knowledge gained about mental health and wellness issues from knowledge products disseminated	Stakeholder survey
	1.3.4 # of meetings with senior government decision makers by type of meeting	Administrative data - MHCC internal tracking system
	Number of downloads of the Post-Secondary Student Standard by geographic region	Administrative data from CSA Group (partner)
	Number of post-secondary institutions implementing the Campus Mental Health Action Tracker	Administrative data from Social and Research Demonstration Corporation (SRDC)
1.4 Community based organizations are equipped to address mental health and wellness in the areas of suicide prevention, stigma reduction and population-specific mental health initiatives	1.4.1 % of community-based organizations who report they are better equipped with the <u>knowledge</u> they need to address mental health and wellness issues as a result of knowledge products received	Stakeholder survey
	1.4.2 % of community-based organizations who report that the products are useful (relevant, timely)	Stakeholder survey
	1.4.3 % of community-based organizations who report they intend to use knowledge gained about mental health and wellness issues from knowledge products disseminated	Stakeholder survey
2.1 - Targeted Canadians take positive actions with regards to their mental health and wellness and that of others, particularly in the areas of substance use, suicide prevention, stigma reduction and population-specific mental health initiatives	2.1.1 % of targeted Canadians who report taking positive actions with regards to improving their mental health and wellness and that of others as a result of training (e.g., seek support, provide support) by type of training (e.g., MHFA, TWM, TWMFR), by sex and official language	Post-event surveys
2.2 - Key stakeholders make improvements to mental health and wellness programs, policies, behaviours and practice in the areas of substance use, suicide prevention, stigma reduction and population-specific mental health initiatives	2.2.1 % of key stakeholders who report that they used MHCC knowledge products (outputs) to inform mental health programs, policies, behaviours and practice	Stakeholder survey



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Mental Health Commission of Canada, 2025

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