

Title: Youth Medically Supervised Withdrawal Management Centre Feasibility Study for Treaty #3 Communities

Due: October 17, 2025

1.0 BACKGROUND

Treaty #3 Mandate:

Protecting the future of our people by ensuring the protection, preservation, and enhancement of Inherent and Treaty rights.

This is achieved by advancing the exercise of:

- Inherent jurisdiction
- Sovereignty
- Nation-building and;
- Traditional Governance
- With the aim to preserve and build the Anishinaabe Nation's goal of self-determination.

We accomplish these goals with Treaty/territory wide approaches in cooperation with communities, Tribal Councils and organizations who work with the Anishinaabe in Treaty #3.

Within the Anishinaabe Nation in Treaty #3 our technical staff:

- Employ strategic approaches.
- Develop capacity building plans to match self-government priorities.
- Link political direction and programs through policy development and law making for a national system.
- Propose implementation options for the realization of a National Vision.
- Promote new ways of doing business.
- Provide policy and administrative support to the network of programs and services that operate in the Anishinaabe Nation.
- Promote efficient, effective, transparent, and accountable Anishinaabe services.
- Identify gaps and work to reduce gaps and overlap.
- Act as a Secretariat to the National Assembly and Grand Council.
- Provide administrative support to Chiefs committees.

2.0 OUTLINE OF SERVICES

We are seeking proposals from qualified and experienced consultants to conduct a Feasibility Study for the development of a Youth Medically Supervised Withdrawal Management Centre within the Treaty #3 Communities. The Feasibility Study will outline the specific tasks, analyses,

and deliverables required to assess the viability of establishing a centre and provide evidence-based recommendations.

The scope of the work will focus on engaging the regional health organizations, communities, National Native Alcohol and Drug Abuse Program (NNADAP) and addiction workers, health experts, and leadership to collect and analyze data on rates youth are sent out of Treaty #3, hospitalized, or underserved. Also, the management and prevention efforts to withdrawal management. The goal is to create an informed and coordinated approach to address youth medical withdrawal management within Treaty #3 communities.

Scope of Work:

The Youth Withdrawal Management Centre will have the following components:

1. Needs Assessment – Demographic analysis: Assess the youth population within Treaty #3. Prevalence of substance use, abuse, and withdrawal needs within the region. Identify existing services and service gaps specific to youth withdrawal support. Engage with youth, families, healthcare providers, substance use workers, youth workers.
2. Review of existing data – Review and analysis of existing data on youth withdrawal management prevalence, management, and prevention efforts within Treaty #3 communities, strengths, gaps and weaknesses.
3. Community Engagement – Outline how communities (NNADAP and Addiction worker, youth workers, and individuals with lived experience) will be engaged about youth withdrawal management. Identify strategies to build support.
4. Service Model – Define models for consideration (medical, Social, Blended etc.). Age range, length of stay, levels of care and staffing requirements.
5. Sites and facility analysis – Location analysis and facility need.
6. Financial Feasibility – Capital costs and operating costs estimate. Explore funding sources and perform a cost benefit analysis (economic, social and health outcomes).
7. Risk Assessment – Identify potential risks and develop risk mitigation plan.
8. Recommendations and Final Report – Present a comprehensive feasibility report including summary of findings for all sections. Recommendations on whether and how to proceed. Implementation roadmap, if feasible. If not feasible recommendations for new approaches based on engagement, gap analysis and findings.

Expected Deliverables:

- Inception report and project plan
- Engagement report
- Draft feasibility report with recommendations
- A presentation of the report to the communities, regional health organizations and leadership

Timeline:

The project is expected to commence on November 3, 2025, and the final report to be completed by February 9th, 2026.

3.0 FEES FOR SERVICE

Proponents shall propose hourly, daily, block and/or fixed fees as they deem appropriate.

4.0 CONFLICT OF INTEREST

Firms/consultants submitting bid packages should be sensitive to the potential for conflicts of interest that may prevent their retention by Grand Council Treaty #3. All potential conflicts must be disclosed in any bid package. Whether a conflict of interest is sufficient to prevent retention of a proponent is in the sole discretion of Grand Council Treaty #3.

5.0 REQUIRED CONTENTS OF THE BID PACKAGE

A full bid package is required with the contents set out below:

- Detailed description of how you plan to conduct the Youth Medically Supervised Withdrawal Management Feasibility Study
- Experience in conducting similar work in communities
- Detailed proposed budget for the project
- Relevant references

6.0 SELECTION CRITERIA

The evaluation criteria may include, but not be limited to, the following (not in any order of importance):

- Experience working with First Nation communities
- Understanding of the needs and challenges of citizens in Treaty #3 communities
- Expertise in substance misuse prevention and management
- Proposed approach to the project

All packages submitted with the requirements will be reviewed and evaluated. Grand Council Treaty #3 reserves the right to select a bid based on written material only. Firms responding to this RFP may be requested to provide additional information or address specific requirements not fully explored in their initial submissions. Grand Council Treaty #3 reserves the right to reject any RFP submitted.

7.0 SUBMISSION INFORMATION

Firms/Consultants wishing to submit a bid package must prepare a package containing the required materials and send in electronic format on or before October 17, 2025 to:

Shelley Skye
Manager of Health Policy Management
Grand Council Treaty# 3
ahws@treaty3.ca
807-464-5572