



Membertou First Nation

Health & Mental Health Department

REQUEST FOR PROPOSALS

Membertou Addictions Recovery Center

Clinical & Medical Addiction Services

RFP Reference Number:	MFN-HEALTH-2026-001
Issue Date:	April 10, 2026
Submission Deadline:	May 15, 2026 at 4:00 PM (AST)
Issuing Department:	Health & Mental Health Department
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Delivery Method:	Email to amandarae@membertou.ca

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1. Project Overview & Background

1.1 About Membertou First Nation

Membertou First Nation is a Mi'kmaw community located in Cape Breton, Nova Scotia. Recognized nationally for strong governance, innovative programs, and commitment to community well-being, Membertou's Health & Mental Health Department delivers a broad range of health programs to members both on and off reserve.

1.2 The Need: What We Heard from Our Community

In February 2026, Membertou undertook an extensive community engagement process to inform the design of this service. The engagement included:

- 7 public engagements (including one specifically for those with firsthand experience of addiction, and one online)
- 215 survey respondents (82% identified as Membertou members)
- 15+ internal Membertou group engagements and one-on-one conversations
- 15+ external agency engagements including NSHA, Mi'kmaw Family and Children's Services, and Tajikeimik
- Several one-on-one conversations with individuals on a recovery journey

Of Membertou members who responded to the survey, over 80% have been impacted by addiction either personally or close family or friends.

- 22% have personally been affected by addiction
- 26% reported addiction in their immediate household
- 34% identified a close friend or extended family member affected by addiction

Of those personally affected, only 13% were able to access detox services and 13% accessed an in-patient program — despite 37% having attempted to access residential addiction treatment. This gap between need and access is a primary driver of this RFP.



1.3 The Vision: Membertou Addictions Recovery Center

The Membertou Addictions Recovery Center is a 24-bed residential treatment facility that is expected to be operational by December 2027. It will provide a long stay residential program (60-90 days) with reserved beds for Membertou community members but open to other communities and non-L'nu. For Membertou community members, the Addictions Recovery Center stay is followed by access to a 28-unit Sober Living Home currently being built and expected to open in Spring 2027. For Membertou community members, this will create a seamless continuum from detox through treatment through transitional housing to independent living. The Center will integrate:

- Etuaptmunk or “Two-Eyed Seeing”: Mi'kmaq healing (ceremony, land-based programming, Seven Sacred Teachings, Elder guidance) alongside Western evidence-based treatment (medical, clinical, 12-step)
- Lived experience: meaningful presence of staff with personal recovery experience who understand the journey
- Cultural foundation: not an add-on, but the core — daily cultural practice, Mi'kmaq language, connection to land and ceremony
- Family healing: recognizing addiction impacts entire families and communities
- Trauma-informed care: addressing root causes of intergenerational trauma from residential schools, colonization, racism and cultural disconnection
- Sustained support: case management and community connection that continues for years, not weeks

"The opposite of addiction is connection — to self, family, community, culture, land, and spirit."

This Center is designed to rebuild every dimension of that connection.



1.4 The Problem with the Current State

Relapse rates are high. The reasons cited through community engagement and other sources include: programs are too short (28-day or less); programs are disconnected from Indigenous healing traditions; programs don't address the root of trauma; people return to the same environments that contributed to their addiction; families are devastated but rarely included in treatment; aftercare, the most critical component of sustained recovery; is virtually non-existent.

Accessibility of addiction services in Cape Breton, Nova Scotia is limited. In-patient detox at the Cape Breton Regional Hospital have been closed since July 2025 citing staffing issues. Nova Scotia Health Authority operates day-time Recovery Support Centers in North Sydney and Port Hawkesbury, but these require the individual to have a safe place to stay from 8pm-8am that does not trigger their substance use. There are three non-profit in-patient recovery centers in Cape Breton Regional Municipality (CBRM); they all require a participant to have gone through a withdrawal process and be medically stable to access.

This RFP is Membertou's response to both access and treatment challenges.

1.5 Scope of Services Being Procured

Membertou First Nation is seeking proposals from qualified care partners to deliver:

- Residential Treatment (60-90 days)
- Outpatient Addiction Services
- Withdrawal Management / Detoxification Services

Membertou will retain ownership of the building and all operational expenses (utilities, taxes, repairs, snow removal, landscaping). The care partner is responsible for care-only services as defined in Section 2.

1.6 Contract Term

The initial contract term is open to proponent suggestion but expected to be around three (3) years. Membertou recognizes the investment to initiate an operation of this scope and is seeking a long-term partner with whom to build capacity and capability for addiction recovery services within its community. In future Membertou may decide to bring services in-house but recognize that access to skilled staff and professional expertise will need to be provided externally to address hiring challenges in CBRM. There should be mutually understood performance indicators and deliverables to guide renewal decisions at pre-set intervals (suggested every two (2) years after initial).



2. Scope of Work

Membertou will own and operate the physical facility and bear all building operational costs including utilities, taxes, repairs, snow removal, and landscaping maintenance. The care partner is responsible for all care-only services, defined as medical, clinical, programmatic, and food services. Cultural programming may be included in or excluded from the care partner's scope, as described in Section 2.5.

2.1 Residential Treatment Services (60-90 Days)

The treatment model must reflect the community's expressed needs and go well beyond a standard 28-day model. Required elements include:

Clinical Programming

- Individualized treatment planning with flexibility for each person to move at their own pace
- Evergreen intake so individuals can enroll as soon as they are ready
- Individual therapy, group therapy, and trauma processing (trauma-informed throughout)
- Concurrent disorder supports (mental health and addiction integrated)
- Daily schedule with structure and routine
- 12-step AA (or other evidence-based) programming and peer mentorship embedded
- Art therapy, somatic therapies, and therapeutic recreation
- Life skills development (budgeting, cooking, job search, basic living skills)
- Family counseling and reunification planning

Medical Services

- Medication management and detox support
- Harm reduction approach (meets people where they are)
- Medication-assisted treatment (Methadone, Suboxone) supported
- Access to physician (addictions medicine), psychiatrist (visiting acceptable)
- Nursing (NP, RN, LPN as determined by provider) and medication dispensary (automated or pharmacist)
- 24/7 crisis response capacity and naloxone training for all staff



Peer Support

- Ideally a minimum of 50% of staff to have lived recovery experience
- Certified, trained, paid peer support workers (not volunteers) *
- Peer mentorship embedded throughout program, not as add-on

Land-Based and Life Skills Programming

- Weekly land excursions (hunting, fishing, gathering, medicine gathering, fasting)*
- Cultural reconnection and land-based healing as a core therapeutic modality*
- Teaching kitchen (traditional foods and nutritional education)*
- Computer lab for life skills, job search, and resume building**

*Peer support and cultural & land-based healing could be either included in proposal or a description of how proponent intends to work with Membertou to ensure cultural healing is centered as detailed in section 2.5

**Life skills and future life preparedness activities could be either included in proposal or a description of how proponent intends to work with Membertou and other community partners to deliver

2.2 Outpatient Addiction Services

Outpatient services must include access to the following, either directly or through established referral pathways:

- Individual counselling and group therapy
- Relapse prevention programming
- Concurrent disorder supports
- Flexible scheduling for working individuals and caregivers
- Virtual/telehealth options for those unable to attend in person
- Regular progress reporting and coordination with Membertou case managers through Membertou Mental Health and Mental Health teams
- Alumni connection and ongoing aftercare (lifetime alumni programming)



2.3 Withdrawal Management (Detoxification) Services

The proponent must demonstrate capacity to provide or coordinate medically supervised withdrawal management, including:

- On-site or coordinated partnership for medically supervised detoxification
- 24/7 nursing and physician oversight during acute withdrawal
- Assessment, stabilization, and clear pathway to residential treatment
- Harm reduction-aligned, non-judgmental care
- Coordination with emergency services and hospital systems as required

2.4 Continuum of Care: Sober Living (Support Role)

While Membertou anticipates managing the Sober Living Home separately, the care partner must demonstrate capacity to support the continuum, including:

- Transition planning and warm handoffs from residential to sober living
- Continued access to clinical and cultural programming for sober living residents
- Case management that follows individuals throughout the full continuum
- Alumni programming and ongoing community connection after program completion



2.5 Cultural Programming — Membertou's Priority and Oversight Role

Cultural healing is not an add-on. It is the center of the care model. Membertou views Mi'kmaq culture, ceremony, Elder guidance, language, and land-based healing as foundational, not supplemental, to recovery. All services delivered under this contract must reflect this understanding.

Membertou First Nation will retain meaningful oversight of cultural programming in all cases. Proponents may structure their proposal in one of two ways:

Option A: Membertou Retains Cultural Expense and Delivery

Under this model, the care partner's financial proposal covers medical, clinical, programmatic, and food services only. Membertou directly funds and manages Elder honorariums, ceremonial leaders, Mi'kmaq language programming, land-based coordination, cultural supplies, and sweat lodge operations. The care partner integrates Membertou's cultural staff into the daily schedule and care model.

Option B: Care Partner Takes Lead with Community Oversight Body

Under this model, the care partner assumes responsibility for cultural programming delivery and associated costs but establishes a formal Community Advisory Board with meaningful Membertou representation (including Elders, people with lived experience, cultural leaders, and Health, Mental Health & Mental Health staff) to provide oversight, direction, and accountability for all cultural programming. The Advisory Board holds decision-making authority on cultural matters, not merely an advisory role.

Regardless of option selected, all proposals must demonstrate:

- Daily access to ceremony (morning and evening)
- Elder presence embedded in programming
- Seven Sacred Teachings curriculum integrated throughout
- Mi'kmaq language visible and used throughout the facility
- Land-based programming as a core therapeutic modality
- Sweat lodge, sacred fire, and ceremonial spaces accessible
- All staff receive cultural competency training (ongoing, not a one-day workshop)



2.6 Staffing Requirements

Membertou's community engagement revealed that the most effective addiction services are delivered by people with lived experience and cultural knowledge. Proponents must demonstrate:

- Blended staffing model: Medical + Clinical + Peer Support + Cultural
- Minimum 50% of staff with lived recovery experience (ideal)
- Majority Mi'kmaq or other Indigenous staff across all roles
- Elders: paid, not volunteer, embedded (not visiting)
- Medical: physician (addictions medicine), psychiatrist (may be shared/visiting), RPN/RN
- Clinical: registered social workers and counsellors (trauma-informed)
- Cultural: ceremonial leaders, language teachers, land-based educators
- Operational: recovery case coaches, life skills coaches, navigators/system coordinators
- Support: therapeutic recreation, nutrition
- LGBTQ+ inclusive staffing and programming
- Staff therapy and professional development support (mandatory, not optional)
- Competitive compensation including peer support and cultural staff (often underpaid in sector)
- How they will address qualified staffing in a rural/smaller community setting ie; visiting, virtual, building a pipeline of future qualified staff

2.7 Safety and Harm Reduction

Membertou's approach to safety is rooted in connection and compassion, not surveillance and punishment. The care partner must detail their approach to safety and harm reduction in the following areas:

- Relapse response protocol that is supportive, not punitive — relapse is part of recovery
- Medication-assisted treatment (Methadone, Suboxone) accepted and supported
- Harm reduction supplies and training as appropriate
- Naloxone training for all staff and residents
- Clear, transparent policies co-created with Elders and people with lived experience
- Safety that does not feel like surveillance or institutional control
- Designated smoking areas with heated shelters



2.8 Family and Community Integration

Family healing is not a supplement; it is core to the program model. Proponents must include details on how they intend to include:

- Family counseling (individual families and groups)
- Family education programming (addiction, recovery, supporting loved ones)
- Family reunification support (safe, supervised initially if needed)
- Community education programming to reduce stigma
- Monthly community events open to the broader Membertou community (lead or support)
- Integration with existing Membertou community supports (mental health programming, youth programs, 55+ club, cultural ceremonies)

2.9 Systems Coordination

The care partner must be able to coordinate across systems and prevent people from falling through gaps:

- Navigator/coordinator role to help individuals access services across health, housing, justice systems
- Case coaches that connect people with existing supports to follow them through the full continuum
- Partnership agreements (or willingness to develop them) with Mi'kmaw Family and Children's Services, Nova Scotia Health Authority, housing providers, Mi'kmaw Legal Support Network, Justice (Gladue reports, probation, court support), and Cape Breton University and Nova Scotia Community College for student placements
- Warm handoffs: staff accompany clients to next service, not just a referral

2.10 Electronic Records & Reporting Requirements

The successful proponent will provide:

- Detailed outline of electronic records system and approach to consent-based data sharing including OCAP principles.
- Monthly statistical reports (intakes, completions, wait times, bed occupancy)
- Quarterly outcome reports aligned with agreed-upon indicators
- Annual program evaluation report
- Critical incident reporting within 24 hours of occurrence
- Participation in joint quality improvement processes with Membertou Quality Assurance, Membertou Health, Mental Health & other departments as needed



3. Budget & Financial Proposal Structure

Important: Membertou First Nation owns and operates the physical facility. All building operational costs (utilities, taxes, repairs, snow removal, landscaping maintenance) are retained by Membertou. Financial proposals must cover care-only services as defined below.

3.1 What Membertou Covers (Excluded from Proposal)

The following costs are borne by Membertou First Nation and must NOT be included in the care partner's financial proposal:

- Facility lease or mortgage costs
- Utilities (heat, hydro, water, internet)
- Property taxes
- Building repairs and maintenance
- Snow removal and landscaping
- Building insurance

3.2 What the Care Partner Covers (Care-Only Scope)

The care partner's financial proposal must cover all care-only services, defined as:

- Medical services (physician, nursing, psychiatry, medication management, pharmacy coordination)
- Clinical services (counselling, therapy, social work, case coordination and coaching)
- Programmatic services (group programming, life skills, therapeutic recreation, family programming, alumni programming)
- Food services (meal planning, food procurement, cooking staff, teaching kitchen programming)
- Cultural programming (if Option B is selected — see Section 2.5)

Note: If Option A is selected (Membertou retains cultural expense), proponents must clearly itemize cultural costs separately so Membertou can assess the full budget. Even under Option A, the care partner must integrate cultural staff into daily operations.



3.3 Occupancy Basis for Financial Proposal

Membertou First Nation wishes to ensure that some capacity is always available for urgent community need. As such, financial proposals must be structured on the basis of 80% occupancy, not full occupancy.

Proponents must specify the total licensed bed capacity of the proposed residential program, then provide an annualized care-only cost based on 80% of that capacity. This ensures the Addictions Recovery Center retains flexibility to admit individuals on short notice without being in a budget shortfall.

Financial proposals must include:

- Total licensed bed capacity of maximum 24 in-patient residents (when full) and unknown out-patient capacity (please detail recommendations)
- Annual care-only operating cost (assuming 80% occupancy)
- Per diem care-only rate per resident (at 80% occupancy baseline)
- Itemized budget breakdown by service category (medical, clinical, programmatic, food, cultural if applicable)
- Any costs that scale with occupancy versus fixed overhead costs
- Proposed treatment rates to attendee given market positioning and value proposition (provide rationale, including market assessment to demonstrate demand for services)
- If revenue or profit-sharing model is proposed, proponent must include specific profit-sharing parameters and proposed percentages
- Proposed payment schedule and invoicing approach

Membertou is committed to a long-term partnership and understands that high-quality, culturally grounded care requires proper resourcing.

Proposals will be evaluated on value for money — not lowest cost — and must demonstrate how the proposed budget delivers the outcomes described in this RFP.



4. Vendor Qualifications

Proposals that do not meet the following minimum qualifications may be considered non-compliant and may be disqualified at Membertou's discretion.

4.1 Organizational Requirements

- Legally incorporated entity in good standing in Canada
- Minimum five (5) years of experience delivering addiction treatment or clinical health services
- Valid accreditation from a recognized accreditation body (e.g., Accreditation Canada, CARF International)
- Demonstrated experience serving First Nations, Indigenous, or other equity-deserving populations — this is a significant differentiator
- Minimum \$5 million general liability insurance
- No current or pending insolvency, receivership, or bankruptcy proceedings

4.2 Clinical & Professional Requirements

- Registered and licensed clinical and medical staff
- Adherence to relevant provincial and federal standards for addiction treatment and withdrawal management
- Established policies for client confidentiality, informed consent, and safety
- Demonstrated capacity for trauma-informed, culturally safe service delivery
- Experience with medication-assisted treatment (Methadone, Suboxone)
- Experience supporting 2SLGBTQ+ clients in addiction services



4.3 Staffing Philosophy

Membertou's community engagement was unambiguous: people want to be cared for by people who understand them: who share lived experience, cultural knowledge, and a genuine commitment to Indigenous healing. Proponents must demonstrate a staffing philosophy and hiring track record that reflects this.

4.4 Financial Stability

- Audited financial statements for the most recent two (2) fiscal years
- Evidence of financial sustainability and capacity to operate during payment cycles

4.5 References

Proponents must provide a minimum of three (3) professional references from current or recent clients, including at least one Indigenous organization or government body. References must be available for direct contact and may be verified by Membertou prior to contract award.



5. Evaluation Criteria

All compliant proposals will be evaluated by a Membertou Evaluation Committee. The Committee includes Health & Mental Health staff, Elders, and community members with lived experience. Highest-scoring proponents may be invited for a presentation or site visit prior to award and should be prepared to host a visit from Membertou to relevant site(s).

Evaluation Criterion	Weight	Description
Cultural Safety & Mi'kmaq Healing Integration	30%	Demonstrated understanding of Mi'kmaq culture, trauma, and Indigenous healing. Concrete plan for integrating ceremony, Elder presence, land-based healing, and Mi'kmaq language. Experience with First Nations populations. Approach to cultural oversight (Option A or B).
Clinical Quality & Treatment Model	25%	Strength of clinical model including trauma-informed care, peer support, family healing, and concurrent disorders. Evidence base for proposed approach. Capacity and ability to bring in addictions recovery expertise regardless of locally available/qualified staff.
Organizational Experience & Capacity	15%	Years of relevant experience, accreditation status, references (especially Indigenous), staffing philosophy and track record, financial stability.
Financial Proposal & Value for Money	15%	Reasonableness of care-only annual cost at 80% occupancy. Transparency of itemized budget. Demonstrated value for investment relative to quality and scope of services.
Reporting, Accountability & Outcomes	10%	Track record of meeting contractual obligations. Capacity to track and report outcomes. Proposed outcome metrics.
Innovation & Continuous Improvement	5%	Evidence of quality improvement, innovation, or unique approaches that benefit clients and community. Willingness to work with Membertou First Nation to create an Addictions Recovery Center that is best fit for community need
TOTAL	100%	

Note: Cultural safety and Mi'kmaq healing integration carries the highest weight in this evaluation because it is the most important dimension of this service. Membertou is not obligated to accept the lowest-cost proposal and will prioritize quality, cultural alignment, and demonstrated outcomes.



6. Submission Instructions

6.1 Submission Deadline

All proposals must be received no later than May 15, 2026 at 4:00 PM (Atlantic Standard Time). Late submissions will not be considered. The clock of record is that of the Membertou Health & Mental Health Department.

6.2 How to Submit

Proposals must be submitted electronically in PDF format to:

Email: amandarae@membertou.ca

Subject Line: RFP MFN-HEALTH-2026-001 — [Proponent Organization Name]

Proposals submitted by fax, courier, or in person will not be accepted. Proponents will receive an email acknowledgement of receipt within two (2) business days.

6.3 Required Proposal Contents

Proposals must include all of the following sections, clearly labelled:

- Cover Letter — signed by an authorized representative of the organization
- Organizational Profile — overview, history, governance structure, accreditation
- Experience with Indigenous Populations — specific programs, outcomes, and references from Indigenous clients
- Proposed Treatment Model — detailed description of how the proponent will meet each component of the Scope of Work, including the 60-90 day residential model, outpatient, and withdrawal management
- Cultural Safety Plan — specific, concrete approach to integrating Mi'kmaq healing; clearly identify whether Option A or Option B is proposed for cultural programming; include experience with Etuaptmuk (Two-Eyed Seeing) or equivalent frameworks
- Staffing Plan — key personnel, qualifications, lived experience representation, cultural staff, and proposed staffing ratios (24/7 coverage demonstrated)
- Financial Proposal — annualized care-only operating cost; itemized budget by service category; per diem rate; suggested private care rate and market research to support; details if any profit sharing arrangement is proposed; payment schedule
- Harm Reduction & Safety Approach — relapse response protocol, MAT policy, crisis response capacity
- Family & Community Integration Plan — how family healing is embedded in the model
- Reporting & Outcomes Framework — proposed metrics, data tools (including adherence to OCAP principles), and reporting schedule
- References — minimum three (3), including at least one Indigenous organization or government
- Certificates & Insurance — proof of incorporation, accreditation, and liability insurance
- Financial Statements — audited statements for the two most recent fiscal years



6.4 Questions & Clarifications

All questions regarding this RFP must be submitted in writing by email to amandarae@membertou.ca. Questions and answers will be circulated to all registered proponents after April 27, 2026.

6.5 General Conditions

- This RFP does not constitute an offer, a contract or commitment by Membertou First Nation to enter into an agreement.
- Membertou reserves the right to cancel, modify, or re-issue this RFP at any time without obligation.
- All costs incurred in preparing a response are the sole responsibility of the proponent.
- Proponents may be required to participate in a presentation or interview as part of the evaluation process.
- Membertou reserves the right to conduct site visits to any proponent's facility prior to award.
- Membertou First Nation is subject to applicable privacy legislation and will treat all proposal information accordingly.

6.6 Contact Information

For all inquiries related to this RFP, please contact:

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Membertou First Nation thanks all proponents for their interest and their commitment to Indigenous-led, culturally grounded healing. We look forward to building a partnership that honours the strength and resilience of our community.