ALBERTA-BASED

HOLISTIC CARE GROUP HOME

REQUEST FOR PROPOSAL

PROPOSAL SUBMISSION FORM

COMPANY NAME: [ORGANIZATION]
ADDRESS:
[redacted]

Please indicate if the entity submitting this application is an Incorporated Company: **YES**
If yes, which province is the registration in? **Alberta**
Is the company registered in any other province as extra-provincially? **No**
If yes, which province(s)?

AUTHORIZED PERSON(S): [redacted]
NAME(S) & TITLE(S) IN CAPITAL LETTERS:

[redacted], **MN,**
NURSE PRACTITIONER (Family/All Ages),
DIRECTOR OF CARE.

AUTHORIZED CONTACT PERSON: [redacted]
PHONE:
E-MAIL ADDRESS: [ORGAN][redacted]

AUTHORIZED SIGNATURE(S):

The Proponent is a Nunavut Business as defined in the NNI Regulations and is registered with the NNI Secretariat and listed in the NNI Registry with the following Registration Number: __ **N/A**

The Proponent is an Inuit Firm as defined in the NNI Regulations and is registered with NTI and included in the Inuit Firms Registry with the following IFR Registration Number: __ **N/A**

OTHER:
☐ NUNAVUT WORKERS SAFETY & COMPENSATION COVERAGE
☐ INSURANCE AS PER CONTRACT CONDITIONS
☐ REGISTERED FOR NUNAVUT PAYROLL TAX
☐ LOCAL BUSINESS LICENSE

Proposal Cover Letter

Dear [Recipient's Name],

[ORGANIZATION] ([ORGANIZATION]) is pleased to submit this formal proposal, aiming to provide a comprehensive and compassionate suite of services for children, youth, families, and young adults with complex needs. Our specialized services, offered through a dedicated group living home and a transitional living (SIL) program, align closely with the requirements of Children's Services (CS) in the North Region. We recognize the challenges faced by youth who are often placed in distant communities and are confident in our ability to deliver a robust, supportive program, building on nearly two years of success in Edmonton, Alberta.

[ORGANIZATION] was founded with a commitment to fostering healing, empathy, and brighter futures for individuals in need. Established in 2020 by an Alberta-based nurse practitioner, our organization addresses the critical demand for specialized support services for children and adults facing complex challenges in Northern Canada. [ORGANIZATION] is dedicated to empowering individuals coping with trauma, mental health issues, and physical disabilities to live fulfilling lives within a nurturing environment that promotes resilience and growth. We are devoted to creating a community that fosters self-worth, cultural appreciation, and independence, thereby enhancing the overall quality of life for our clients. [ORGANIZATION] operates under the philosophy of the circle of life, emphasizing culturally sensitive, holistic care as essential to our mission. Furthermore, we proudly hold full accreditation from the Canadian Accreditation Council (CAC), underscoring our commitment to delivering high-quality services.

Our approach is deeply rooted in a non-institutional, family-centered model, blending compassion and cultural sensitivity in a group living setting. [ORGANIZATION] is dedicated to creating homes that fulfill the physical, social, educational, emotional, medical, and cultural needs of children and youth. We draw inspiration from the eight guiding Inuit Qaujimajatuqangit (IQ) principles, which inform our holistic care approach. Our therapeutic framework combines a Trauma-Informed and Client-Centered approach with unwavering acceptance and guidance. This foundation allows us to provide environments that foster connections with family members (where applicable) and meet each resident's diverse needs.

At [ORGANIZATION], we believe in a balanced approach to well-being, recognizing that physical, mental, and spiritual health are interconnected. We prioritize respect for each client's unique cultural background, especially the Indigenous heritage of many in our care. Cultural traditions and self-reliance practices are central to our program, enabling emotional, physical, and spiritual growth. By learning life skills rooted in cultural identity, our clients develop a strong sense of self-esteem and belonging.

Our therapeutic approaches are crafted to honor each child and their family, promoting active involvement and opportunities to learn and apply new skills. The client-centered therapy (CCT) model, medical-based holistic care, the Circle of Courage healing paradigm, and trauma-informed care form the core of our therapeutic framework. These approaches are embedded within a structured environment that encourages participation in daily activities, helping clients overcome personal and family-related barriers. Additionally, [ORGANIZATION] places a high value on culturally diverse needs, applying the Circle of Courage model as a foundational theory for supporting First Nations children, youth, and families.

[ORGANIZATION] employs a range of leading-practice methodologies to ensure that our clients—whether children, teenagers, adults, or families—are treated with dignity and provided the tools to succeed. Our program integrates client-centered therapy with trauma-informed care, fostering collaboration with the individual, healthcare providers, family, caseworkers, and community networks. Together, these partnerships allow us to deliver the highest standard of care tailored to the needs of each individual.

Vision Statement

Our vision at [ORGANIZATION] is to strengthen the resilience and skill sets of children, youth, adults, and their families, while mitigating risk factors. Through our holistic, family-oriented programming, we strive to minimize trauma, creating a safe, healthy, and nurturing environment that resembles the support and resources found in a close-knit community.

Mission Statement

Our mission is to provide programs that inspire healing and unity among children, teens, adults, and families, regardless of their backgrounds. [ORGANIZATION]'s healthcare-driven, culturally respectful, and client-focused services transform past traumas into sources of strength and learning, allowing families and communities to thrive.

Program Offerings and Expertise

In response to the Standing Offer Agreement (SOA), [ORGANIZATION] is well-prepared, skilled, and qualified to deliver all designated levels of residential care (1-4; 6a & b). Our program ensures a smooth transition for all medically fragile individuals, supporting them from infancy through adolescence, and, when necessary, into adulthood. We offer continuous support within the same organization through our TAP/SIL (Transition to Adulthood/Supportive Independent Living) program, ensuring that young adults receive uninterrupted care.

Our program structure is designed to provide ongoing support after the age of 18, allowing those who cannot live independently to continue thriving within the [ORGANIZATION] community. For each client graduating from our program for ages 0-17, we provide an option to remain with [ORGANIZATION], where their evolving needs are met under our supportive framework. Individuals are placed in the appropriate program phase within [ORGANIZATION], ensuring consistent and tailored care based on their developmental progress and specific medical requirements.

[ORGANIZATION] categorizes Level 1 residential care as support for TAP (Transition to Adulthood) clients or those in SIL. Our program extends support up to the age of 24, prioritizing the safety and integration of each client into the community. By continuing our services beyond the age of 19, we foster strong therapeutic relationships and maintain a high standard of care, contributing to each client's lifelong success. [ORGANIZATION] is exceptionally positioned to offer high-quality, multifaceted care across all required levels (1-4; 6a & b). Our experience, professional expertise, compassion, and commitment to best practices ensure the program's enduring impact and success.

Commitment to Cultural Sensitivity and Inclusion

A significant aspect of [ORGANIZATION]'s philosophy is our commitment to respecting the cultural needs of every individual in our care, especially those from Indigenous and diverse backgrounds. [ORGANIZATION] practices are informed by the Circle of Courage model and the Inuit Qaujimajatuqangit (IQ) principles, providing a respectful and inclusive approach that embraces cultural learning and tradition. Our programs are designed to help individuals connect with their heritage, reinforcing positive self-identity and self-esteem through culturally rich activities and teachings. This approach not only fosters a sense of belonging but also promotes emotional and spiritual well-being.

In summary, [ORGANIZATION] is dedicated to providing compassionate, comprehensive care that respects and uplifts each individual. With our extensive knowledge, qualified professionals, and culturally inclusive practices, we are well-equipped to meet the needs of diverse communities across Northern Canada. [ORGANIZATION]'s commitment to holistic, culturally aware care ensures that our clients receive the highest standard of support and guidance at every stage of their journey.

Indicate Category(s) of service provision:

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6(a)	Level 6(b)
Children	Y ✓	Y✓	Y✓	Y✓		Y✓	Y✓
Youth	Y✓	Y✓	Y✓	Y✓		Y✓	Y✓
Adult	Y✓	Y✓	Y✓	Y✓		Y✓	Y✓

Thank you for considering [ORGANIZATION] as a trusted partner in delivering specialized care services. We look forward to the opportunity to discuss our proposal further and demonstrate our dedication to making a positive impact in the lives of those we serve.

Sincerely,
[Your Name]
[Your Position]
[ORGANIZATION]

1.0 Corporate Identity and Profile

Legal Name: [ORGANIZATION]
Business Number: Alberta Corporation Number [redacted]
Address: [redacted], [redacted]
Telephone: [redacted] [redacted]
Date of Establishment and Structure: [ORGANIZATION] was established as a corporation on September 30, 2021.

Ownership and Leadership:
[ORGANIZATION] was co-founded by [redacted] and [redacted], both of whom bring extensive expertise in healthcare and management.

- [redacted] serves as Co-Director and holds a Master's degree in Nursing. With a broad background that includes roles as a bedside nurse, case manager, community/primary health nurse, occupational nurse practitioner, and family nurse practitioner, [redacted] has accumulated experience across diverse healthcare settings. Her work has notably included roles as a residential counselor in Ontario, providing specialized care to individuals with disabilities and complex needs, including both children and adults. Currently, she serves vulnerable populations in Edmonton, focusing on Opioid Use Disorder and mental health services, following her advanced training at the University of Alberta.
- [redacted] brings over eight years of leadership experience in recruiting healthcare professionals, child and youth care workers, transportation drivers, janitorial staff, and general laborers. He has successfully placed staff with respected organizations such as Capital Care, Seasons Retirement, Revera Living, Ubuntu (Boyle Street), and Unlimited Potentials. His experience spans numerous nursing and group care facilities in Edmonton and the surrounding areas.

Leadership Structure: No additional firm leadership roles are currently designated.

Workforce: [ORGANIZATION] employs 30 active staff members, all of whom are fully engaged in serving the specific client base relevant to this RFP.

Service Philosophy and Approach:
[ORGANIZATION] is dedicated to providing adaptable and holistic programs tailored to support children, teenagers, adults, and families facing various challenges. Recognizing both the provincial and local service gaps in support for individuals with disabilities, [ORGANIZATION] is committed to culturally attuned, medically oriented group and transitional housing solutions. Acknowledging the geographic and cultural barriers often faced, the agency emphasizes a client-centered approach that is trauma-informed, empowering, and growth-focused to encourage independence.

[ORGANIZATION] takes pride in developing programs that are inclusive, particularly for Inuit and Indigenous populations, ensuring that culturally specific support is readily available. The organization addresses the shortage of services for youths transitioning into adulthood, fostering continuity in community and familial connections. Programs are designed to meet the unique needs of individuals, ensuring they receive the highest standard of care.

Program Flexibility and Expansion:
With a well-established history of serving individuals with complex health needs, [ORGANIZATION] is well-positioned to expand program offerings in response to new RFP requirements. The organization currently collaborates with a range of entities, including DFNAs, Alberta and Saskatchewan Children's Family Services, and various private companies.

Healing (Service/Care) Planning and Care Plan Development:
[ORGANIZATION] is committed to comprehensive, individualized Healing Plans crafted in collaboration with the individual, their guardians, and other key participants such as family members and Indigenous or

cultural resource persons. Each Care Plan is developed and signed within 45 days of admission and reviewed quarterly to ensure alignment with the individual's needs and goals until discharge. The Care Plan serves as a complementary component to any concurrent planning by the referral authority.

Care Plan Components:

All Individual Program Plans are structured to include:

- A rationale for program involvement and continuity
- Clearly defined issues, objectives, and goals
- Identification of individual strengths and development areas
- Specified program services and activities aligned with objectives
- Expected responses from the individual to services and strategies
- Success indicators to measure progress towards goals
- Comprehensive exit and transition planning
- Community integration strategies
- Additional planning components, such as Safety Plans and Behavioral Influence Strategies
- A timeline for quarterly review and potential adjustments
- Reinforcement of rights to the individuals and their guardians

Business Registration and Licensing: Refer to Appendix C for [ORGANIZATION]'s Alberta business registration and an application for the Nunavut Business Identification Number (NIN) dated February 15, 2024.

Insurance and Workers' Compensation Coverage: Refer to Appendix B for an overview of [ORGANIZATION] [ORGANIZATION]'s liability insurance coverage, and Appendix D for details on Workers' Compensation Board (WCB) coverage.

2.0 Contractor/Project Team – Qualifications, Knowledge & Skills

[ORGANIZATION] is committed to supporting the emotional, physical, medical, and psychological well-being of children, adolescents, young adults, and, where possible, their families. We recognize the importance of a comprehensive approach that promotes growth, resilience, and skills for long-term success. Our programs are driven by a trauma-informed, client-centred approach, staffed by qualified professionals dedicated to fostering development and equipping clients with the tools they need to thrive. The program will prioritize Inuit employment and work collaboratively with essential local contractors, including an Elder from Nunavut, to provide culturally supportive care.

Our multimodal approach is designed to address each individual's unique needs and challenges, facilitating skill acquisition and personal growth. This approach prepares youth for a variety of transitions, whether they are moving into long-term care, requiring interim care for family support, or transitioning back to their communities. With a medically focused methodology and a team of experts, we ensure specific health requirements are addressed as needed. Additionally, we provide in-home family support services to alleviate child protection concerns and promote safety for children and youth by working closely with parents and caregivers.

Leadership and Community Collaboration

[ORGANIZATION] is overseen by a Nurse Practitioner, ensuring that the medical, physical, mental, and social needs of each client are met, thereby maintaining a high standard of care. We actively collaborate with community organizations to enhance the resources and quality of care provided. For example, the Bent Arrow Traditional Healing Society supports our cultural programs with social and human services. Our facilities are strategically located near schools, parks, recreational areas, libraries, and other community resources, promoting an inclusive and accessible environment.

For programs involving medically fragile clients, our facilities are approximately a 15-minute drive from the Stollery Children's Hospital in Edmonton. Additionally, we have an in-house team that includes a prescribing pharmacist, medical doctor, pediatricians, optometrist, dentist, allied art therapists, mental health therapists, interpreters, and a psychologist who direct-bills NIHB. This team approach ensures seamless support and effective coordination of care. We also offer access to a comprehensive range of assessments, including occupational therapy, speech and language therapy, psychiatric and psychological evaluations, and various risk assessments to support our clients' healing and development.

Position Qualifications

[ORGANIZATION] is committed to hiring highly skilled personnel through a blended staffing model that includes medical professionals (Registered Nurses and Licensed Practical Nurses) and support staff with relevant qualifications or experience in Human Services. Our hiring practices align with Alberta Residential Licensing Facilities Act regulations and Canadian Accreditation Council (CAC) standards to maintain excellence in care.

All new hires must meet the following requirements:

- A detailed resume demonstrating qualifications relevant to the role.
- Verified qualifications or competency-based hiring rationale.
- Minimum of two reference checks or a signed declaration confirming completed reference checks.
- Emergency contact information.
- Vaccinations for Hepatitis A, B, and C, annual TB testing, and other required immunizations.

- A current criminal record check with a vulnerable sector check (conducted within six months before hire) showing a clear record or appropriate documentation for any exceptions. Annual renewals are required.
- A current and clear Children's Services Intervention Check (conducted within six months before hire), renewed every three years or as mandated by the Nunavut government.
- Documentation of completed training or a schedule for required additional training.
- Active registration with professional regulatory bodies (as applicable).
- A valid driver's license, driver's abstract (not older than six months before hire), current insurance, and vehicle registration if transporting clients in a personal vehicle, ensuring liability coverage as approved by the Government of Nunavut.

Employee Training Requirements

Our comprehensive training framework is designed to equip staff with the necessary competencies to deliver individualized client care. Training requirements are as follows:

- **Within three months of start date:**
  - First Aid (renewable every three years) – certified instructor.
  - Medication Administration (renewable every three years) – certified instructor.
  - Food Handling and Storage training / online study course.
  - Trauma-Informed Approach with Crisis Mitigation training.
- **Within six months of start date:**
  - Suicide Intervention (renewable every three years) – certified instructor.
  - Self-Harm Awareness (renewable every three years).
  - Non-Violent Crisis Intervention (renewable every three years) – certified instructor.
  - Quality Improvement and Outcomes training (renewable every three years, if applicable).
  - Abuse Response Protocol (renewable annually) – certified instructor.
- **Within nine months of start date:**
  - Indigenous Awareness Training (6 hours initially, with 6 hours of ongoing annual learning).
  - Diversity and Cross-Cultural Training (3 hours initially, with 3 hours of ongoing annual learning).

Position	Responsibilities
Director/ Nurse Practitioner (Family All Ages)	The Director is accountable for the organization and responsible for all facets of the operation of [ORGANIZATION] The Director delegates and coordinates various activities involved with the agency's operations, including the development, maintenance, and coordination of professional relationships with the community, funders, and other stakeholders. The Director is responsible for collaborating with contractors like human resources, accountants, pharmacists, policy makers, medical clinics etc., while maintaining responsibility for the specific operations of each program. The Director is responsible for the direct supervision of the Team Leader and the LPN or RN, the indirect supervision of front-line staff including Child & Youth Care Workers, Health Care Aides, Family Support Worker, Community Support Worker, and the Cultural Resource Person. This position is accountable to the Advisory Panel. [ORGANIZATION] current Director is a Family Practice Nurse Practitioner; so, she has a master's in nursing degree, which makes our program exceptional.
Manager (Team	The TL/SW is a member of the interdisciplinary team that oversees the day-

Leader-TL)/Social Worker (SW)	to-day program operations of [ORGANIZATION] The TL/SW directly supports children, youth, adults, and front-line staff and assists in the direction and support of program philosophies. The TL/SW provides supervision and evaluation to front line staff members. The TL/SW is accountable to the Director of [ORGANIZATION]
Registered Nurse/Licensed Practical Nurse	The RN and LPN are a member of the interdisciplinary team which assesses, plans, implements and evaluates medical plans for a given client and oversees the client's medical health. Employees with this designation perform front-line medical work in the program and carry the responsibility for the oversight of health and medical needs of the clients. The RN/LPN must demonstrate high personal competence in the formation and maintenance of caring, therapeutic relationships and in the provision of medical services (within their scope of practice). The RN/LPN are accountable to the Director of Care.
Child and Youth Care Worker	The Child and Youth Care Worker is a member of the interdisciplinary team which assesses, plans, implements and evaluates treatment plans for a given client. Employees with this designation perform front-line work in the program and carry the responsibility for the daily care, treatment, nurturance, supervision, health, and discipline of the clients. The role is extensive and carries with it responsibilities in the counseling, teaching, and training areas, as well as recording and reporting. The Child and Youth Care Worker must demonstrate high personal competence in the formation and maintenance of caring, therapeutic relationships. The Child and Youth Care Worker is accountable to the Team Leader, the LPN/RN and/or the Director.
Health Care Aide	The Health Care Aide is a member of the interdisciplinary team which assesses, plans, implements and evaluates treatment plans for a given client. Employees with this designation perform front-line work in the program and carry the responsibility for providing essential and important daily living support to residents. The role is extensive and carries with it responsibilities in assistance with bathing, grooming, dressing, toileting, and other personal hygiene activities; as well as helping with feeding, mobility and exercise as needed. Additional training is provided as needed. The Health Care Aide must demonstrate high personal competence in the formation and maintenance of caring, therapeutic relationships. The Health Care Aide is accountable to the Team Leader, the LPN/RN and/or The Director.
Cultural Resource Person	The Cultural Resource Person is recognized by his/her community as an individual who respects the cultural values, beliefs and practices of the Indigenous family and community. In practice, this translates to, "in all instances involving Indigenous clients, where the family and client agree, a Cultural Resource Person will be involved in the development, implementation, and review of the Agency service plan to ensure that the service plan is consistent with and supports the needs of the client". The Cultural Resource Person is accountable to the Director and/or TL/SW and may be fulfilled by members of the staff team if those members are of representative of an Indigenous heritage.
Community Support Worker	The Community Support Worker is a member of the interdisciplinary team which assesses, plans, implements and evaluates treatment plans for a given client. Employees with this designation perform frontline workers in the program and carry the responsibility for the daily care, treatment, nurturance, supervision, health, and discipline of the clients. The role is extensive and carries with it responsibilities in the counseling, teaching, and training areas, as well as recording and reporting. The Community Support Worker must demonstrate high personal competence in the formation and maintenance of caring, therapeutic relationships. The Community Support Worker is

	accountable to the Team Leader, RN/LPN and/or the Director.
Mental Health Support Worker	They are responsible for facilitating life skills training that includes teaching of self-care, home management, community management and social leisure skills. Assisting clients in gaining necessary knowledge of available services within the community, how to access services independently, and how to advocate for self. They also assist client in gaining the skills necessary to successfully acquire appropriate living accommodations, helping to navigate a variety of environments such as home, grocery stores, banks, etc.

Position	**Minimum Qualifications**
Director/ Nurse Practitioner (Family All Ages)	A combination of the completion of a Degree in Business Administration, Nursing, Education and/or other Human Services based education and minimum of five (5) years of experience in a leadership role.
Team Leader/Manager/ Social Worker	Human services degree or diploma (and/or competency-based equivalencies); three (3) years related front-line and/or supervisory experience
Registered Nurse/Licensed Practical Nurse	Registration as an LPN/RN in the province of Alberta; Diploma in Nursing; degree in nursing; minimum of one (1) year nursing experience.
Child and Youth Care Worker	Human services degree or diploma (and/or competency-based equivalencies); minimum of one (1) year nursing experience.
Health Care Aide	Graduate from a recognized Health Care Aide Program (and/or competency-based equivalencies); minimum of one (1) year of nursing experience.
Cultural Resource Person	They will be of Indigenous ancestry and aware of and respect the cultural values, beliefs, and practices of the clients, families, and communities they serve.
Community Support Worker	Human services degree or diploma (and/or competency-based equivalencies); one (1) year related front-line experience.
Mental Health Support Worker	Minimum of a two-year diploma or degree in a social service-related field. Minimum of one year of relevant experience working with adults living with mental health issues.

Quality Assurance and Continuous Service Improvement Process

[ORGANIZATION] is dedicated to fostering a quality-driven culture that encourages ongoing learning and continuous improvement in service planning, with a focus on achieving agency goals and objectives. The organization undertakes a comprehensive quality assurance process annually, aligned with the agency's year-end, to evaluate and enhance both internal and external service delivery outcomes. This process incorporates both quality management and quality improvement strategies to optimize client outcomes.

Objectives

- Empower employees to cultivate a quality-focused culture and identify areas for improvement, while also recognizing those who demonstrate excellence and exceed expectations.
- Offer internal and external training opportunities that support excellence in service delivery.
- Regularly review agency standards to define clear expectations around service delivery practices, outcomes, and priorities for continuous monitoring.
- Gather demographic data, including information relevant to culturally diverse clients, to guide service direction and necessary adaptations.
- Involve relevant individuals, including clients, family members, guardians, and cultural resources, in case planning to collect feedback and evaluate the quality of programming.
- Conduct internal audits of client files to verify compliance with Canadian Accreditation Council (CAC) standards and adjust program management as needed.
- Assess incident reports, significant events, and peacekeeping procedures to identify themes and make program adjustments where required.
- Monitor client outcomes through goals and needs assessments to ensure alignment with agency and regulatory standards.
- Review data quarterly and document any corrective actions, including specific, measurable goals and associated timelines.
- Compile and document a performance analysis, sharing insights with clients, staff, funding bodies, and community stakeholders.

Annual Performance Analysis

Conducted at the agency year-end, the annual performance analysis includes:

- Review of progress on the prior year's goals and objectives.
- Assessment of current year performance with the establishment of new goals and strategies.
- Comparison with policies and standards to evaluate the need for updates.
- Evaluation of program delivery against best practices, setting improvement goals where needed.

Monitoring and Evaluation Process

Evaluation

[ORGANIZATION] conducts both ongoing and formal annual evaluations to maintain high operational standards and assess service delivery effectiveness. The organization adheres to all regulatory standards, focusing on a thorough analysis of service quality that includes:

- Progress tracking on prior year recommendations.
- Consistent alignment with agency goals and objectives.
- Review of policies and procedures.
- Identification of potential areas for quality improvement.
- Priority setting for training to enhance program efficacy and efficiency.

Outcomes

Evaluation of outcomes considers the following elements:

- Continuous reviews of pre- and post-service plan assessments.
- Child admission and discharge interviews.
- Monthly nominal rolls and occupancy reports.
- Quarterly program and financial summaries.
- Feedback from residents, case managers, funders, and community stakeholders.

Findings from service quality and outcomes analysis will be carefully evaluated to inform program development, with attention to:

- Positive outcomes achieved by those served.
- Any adverse outcomes.
- Unintended positive or negative outcomes.
- Outcomes not meeting targeted objectives.

Implementation and Communication
The Advisory Panel and Director will review all evaluation data, implementing approved policy and procedural adjustments as needed. Any shifts in programming or agency direction will be communicated to all involved parties, including clients, staff, funders, and community members, ensuring transparency. Recommendations will include clear, measurable goals with timelines for review at least quarterly, and any identified priority areas for monitoring and improvement will be supported by necessary training and education.

Monitoring
[ORGANIZATION] has established a comprehensive data collection system aligned with its quality and service improvement policies. This system, which includes nominal rolls, pre- and post-service plan measures, incident reports, case conference data, client and family discharge interviews, financial analysis, and funder consultations, provides a robust foundation for monitoring and assessing outcomes. The collected data enables [ORGANIZATION] to evaluate areas of success and those needing growth, ensuring continued alignment with the organization's treatment model, values, and mission. [ORGANIZATION] is also committed to researching and integrating best practices to enhance service delivery for children, youth, and families continuously.

3.0: Related & Past Experience – Similar Projects

With over seven years of experience as a staffing and temporary nursing agency serving Edmonton and surrounding areas, [ORGANIZATION] has been a trusted provider of care solutions. For the past two years, we have also operated as a group home provider in Edmonton, specializing in the care of high-risk behavioural and medically fragile children and young adults, including those from infancy to 17 years, young adults aged 18-24, and individuals with developmental disabilities (PDD) into adulthood. [ORGANIZATION] currently operates four fully occupied homes in Edmonton, each designed to provide tailored programming as outlined below, with all locations consistently running at maximum capacity (4-5 residents per site).

[ORGANIZATION] Homes and Equivalency to GN Care Levels

Home No.	Description	Address	Current Capacity
#1	Medically Fragile Clients (Equivalent to Level 6a & b)	[redacted] Edmonton, AB	4/4
#2	Mixed Medically Fragile and Stabilized High-Risk Clients (Equivalent to Level 3-4)	#23, 450 McConachie Way NW, Edmonton, AB	5/5
#3	TAP/SIL Clients (Equivalent to Level 1-2)	15188 25 Street, Edmonton, AB	3/3
#4	Mixed Medically Fragile and Stabilized High-Risk Clients (Equivalent to Level 3-4)	14751 32 St NW, Edmonton, AB	5/5

Category Levels 1-4: High-Risk Behavioural and Medically Fragile Support

[ORGANIZATION] holds a contract with the Government of Saskatchewan's Children and Family Services, providing medical support to vulnerable children in Edmonton who require services at the Stollery Children's Hospital. Additionally, [ORGANIZATION] supports several high-risk youths referred by various Delegated First Nations Agencies (DFNAs). Many of these youth, initially requiring intensive support with 1:1 or 2:1 staffing ratios, have shown significant improvements within the program, allowing for a transition to 1:2 or 1:3 staffing due to the stability achieved through our services. Some of these youths have even been successfully reintegrated with their families due to the positive outcomes attained.

[ORGANIZATION] emphasizes thorough screening and assessment to ensure each placement is a good fit for the individual and the program, leading to efficient operations and outstanding results. Although [ORGANIZATION] currently supports a non-verbal individual with high behavioural needs, we do not yet operate a secure facility. In cases where secure accommodations are necessary, referrals are made to appropriate secured sites within Alberta. We prioritize de-escalation techniques as part of our safety protocols, with physical restraint employed only as a last resort.

Category Level 6a-b: Specialized Care for Medically Fragile Clients

[ORGANIZATION] also provides specialized community care for a medically fragile child who has undergone a heart transplant, a case referred by Alberta Children's Services, North Region. This client receives continuous, 24-hour supervision by a dedicated team of two nursing staff to ensure safety and consistency in care. Regular hospital visits are conducted 2-3 times per week for ongoing treatment, and nursing staff provide medication administration at school each day as per physician directives. Our Nurse Practitioner performs weekly assessments, or more frequently as needed, on all medically fragile clients to ensure optimal care and coordinate with other healthcare providers.

[ORGANIZATION] has established a reputation in Edmonton for delivering comprehensive, high-quality care to clients with both behavioural and medical needs. Our program's success is supported by over seven years of experience in nursing staff placement, overseen by a Nurse Practitioner who brings a hands-on leadership approach to every level of care. [ORGANIZATION]'s active contracts with various DFNAs in Alberta underscore our commitment to delivering quality care across different levels, including residential services equivalent to Levels 1-4 and 6a-b. Our DFNA partners include the Kasohkowew

Child Wellness Society, North Peace Tribal Council, Western Cree Tribal Council Child, Youth, and Family Enhancement Agency, and Bigstone Cree Social Services Society.

Through our consistent quality of service, strong community partnerships, and dedicated team, [ORGANIZATION] [ORGANIZATION] aims to provide safe, effective, and culturally responsive care to clients across Edmonton and surrounding regions.

4.0: Project Methodology – Approach & Work Plan to Successful Completion

[ORGANIZATION] employs a robust project methodology designed to ensure the effective and successful implementation of its programs. This approach integrates two core practice models: the Client-Centred Approach and Trauma-Informed Practice. Together, these frameworks foster a respectful, inclusive environment where children, youth, adults, and their families are empowered to learn, grow, and apply new skills in meaningful ways.

Central to [ORGANIZATION]'s philosophy is the conviction that every individual, regardless of their abilities or circumstances, holds unique values, histories, and goals and deserves to be treated with inherent dignity and respect. The Client-Centred Approach, a foundational element of [ORGANIZATION] methodology, focuses on building a collaborative, interactive relationship among clients, care providers, the [ORGANIZATION] team, the extended support network, and the client's family.

Core Principles of [ORGANIZATION]'s Client-Centred Approach:

- **Dignity and Respect**: [ORGANIZATION] honours the individual values, beliefs, cultural backgrounds, and spiritual practices of all clients. The organization recognizes and respects each client's perspective and choices, making these central to service delivery.
- **Information Sharing**: Transparent, respectful communication is key to delivering effective care. [ORGANIZATION] prioritizes clear information exchange between clients, family members, care providers, and other team members to foster trust and mutual understanding among all stakeholders.
- **Participation**: [ORGANIZATION] encourages active involvement from clients and their families in daily living activities, service planning, and decision-making. This fosters a therapeutic, reciprocal relationship where clients feel supported and empowered in their choices.
- **Collaboration**: [ORGANIZATION] employs an inclusive approach, involving clients, families, stakeholders, and professionals across the organization in program development, evaluation, and ongoing care planning. Feedback from all participants is actively solicited and integrated into the service delivery model, ensuring continuous improvement and relevance.

Through its Client-Centred philosophy, [ORGANIZATION] demonstrates empathy in its care practices and honours the clients' rights to self-determination. Services are delivered in a holistic manner, treating clients as whole persons with inherent strengths, rather than focusing solely on their limitations. This approach values each individual's abilities and context, respecting their autonomy, acknowledging their wishes, and honouring their consent or dissent in care decisions.

Commitment to Quality and Accountability

[ORGANIZATION] is dedicated to maintaining high standards of accountability and transparency in service delivery. To reinforce this commitment, the organization adheres to rigorous reporting requirements and is accredited by the Canadian Accreditation Council of Human Services (CAC). This external accreditation reflects [ORGANIZATION]'s pledge to quality care, openness, and accountability to clients, stakeholders, and funders. All information generated through the CAC's accreditation process is available to funders upon request, underscoring [ORGANIZATION]'s dedication to upholding the highest standards in service excellence and client-centred care.

Program Goals, Outcomes, and Performance Measures

Program Goal	Desired Outcome	Performance Measures	Target
Client is Safe	Reduction in critical incidents related to high-risk behaviours	- Critical Incident Records - Critical Incident Analysis	90%
Client is Healthy	Access to necessary health services and adherence to healthy eating as per the Canada Food Guide or Indigenous Food Guide	- Appointment Tracking - Annual Quality Assurance Analysis - Accreditation Audit (renewable)	100%
Client is at Decreased Risk	All youth assessed for risk factors at intake; reduced exposure to risk	- Client Needs Assessment (intake and quarterly) - Service Plans (goal attainment)	90%
Client has Increased Self-Sufficiency and Independence	Improved personal skills related to initial needs and issues	- Client Needs Assessment (intake and quarterly) - Service Plans (goal attainment)	95%
Client is Connected to Persons, Culture, and Community	Enhanced social skills, peer relationships, and connection to community and significant persons	- Client Needs Assessment (intake and quarterly) - Service Plans (goal attainment) - Recreational / Cultural Access Schedule	90%
Client, Family, and Case Worker Feel Engaged in the Program	Supportive and therapeutic relationships with staff	- Client Satisfaction Survey - Stakeholder Satisfaction Survey	90%

Reporting Information and Agency Accountability

Report Name	Due Date	Recipient	Description of Content
Nominal Rolls	10th of each month	Contract Specialist	Lists each client in the program, including client ID and dates of service, in a format approved by the province.
Critical Incident Report	Within 24 hours	Caseworker, Contract Specialist	Details of the critical incident, including precipitating factors, actions taken, and outcomes.
Critical Incident Report Summary	Quarterly (June, September, December, March)	Contract Specialist	Provides a summary of all critical incidents for the quarter, highlighting trends and corrective actions implemented.
Service-Specific Reports			All records related to program delivery, service planning, and interventions for youth in the program.
- **Referral Review and Intervention Plan**	Within 10 days of admission	Caseworker, [ORGANIZATION] Team	Summary of referral needs and issues, including identified at-risk behaviours, specific goals, and intervention strategies.
- **Assessment and Healing (Service) Plan**	Within 15 days of admission	Caseworker	Overview of the first 15 days of service, covering observations and goals derived from the Client Needs Assessment (healing plan).
- **Progress Report and Service Plan**	Quarterly after initial assessment	Caseworker	Quarterly summary of service, including observations and goals from the Client

Review			Needs Assessment review and progress towards goal attainment.
Medical / Dental / Optical Reports	Within 14 days of the appointment (or sooner if urgent)	Caseworker	Summary of the client's medical, dental, or optical appointment, including pertinent details from the visit.

Residential Care Logic Model- Level 1([ORGANIZATION])

Component	Details
Goal	- Create a safe and supportive residential environment tailored for individuals with minor cognitive impairments and other health needs. - Provide structured support to foster independence, ensure successful tenancies, and promote overall health and well-being.
Objectives	- Establish culturally sensitive residences supporting independent living with minimal professional intervention. - Facilitate secure transitions into independent adulthood. - Connect clients with government assistance programs like AISH or PDD in Alberta. - Offer customized short-term or long-term support based on clients' ages. - Implement a care model that respects individuals' decision-making rights and ensures their safety.
Inputs	- Provide guidance, funding, training, and evaluation tools to support efficient service delivery. - Employ trained support staff and program administration, enhancing access to community and city resources. - Facilitate outreach, housing access, and stability support, ensuring all referred clients' needs are met comprehensively.
Activities	- Collaboration between [ORGANIZATION] Director of Care/Manager and caseworkers to review intake information and tailor services. - Outreach by [ORGANIZATION] Director to communities, schools, and businesses to introduce and support program objectives. - Prioritized engagement with clients and caseworkers to develop individualized care plans. - Foster professional relationships with external agencies to coordinate access to social, employment, and healthcare services. - Assess individual needs and provide advocacy for clients. - Link clients to income, housing, health, and addiction treatment services, with accompaniment to appointments as needed. - Conduct regular reports to contracting agencies, including monthly, quarterly, and incident-based updates. - Deliver residential services to individuals aged 16-19 and coordinate with external supports to ensure continuity of care. - Provide long-term residential support for clients with disabilities who require lifelong assistance. - Expand the program as needed, in partnership with external agencies when capacity limits arise. - Evaluate program effectiveness through data collection, accreditation, and participant feedback analysis.
Short-Term Outputs & Outcomes (3-6 months)	- Include clients with both low and moderate needs in the program. - Enhance access to social services for participants and their families. - Improve stability in housing options for clients. - Prevent homelessness for high-risk individuals, reducing street exposure. - Achieve successful tenancy for individuals housed within the program. - Provide direct services by [ORGANIZATION] staff. - Refer low- and moderate-need individuals to suitable external resources as required.
Medium- to Long-Term Outcomes	- Reduce discrimination and stereotypes associated with individuals requiring additional support for transitioning to adulthood. - Shorten homelessness duration, reducing reliance on shelter systems for clients. - Address broader health issues by linking clients to essential healthcare. - Achieve long-term stable housing, empowering individuals with cognitive impairments to sustain independent living. - Enable clients to achieve personal sustainability through enhanced self-advocacy and support system access.

Residential Care Logic Model- Level 2 & 3

Component	Details
Goal	- Provide trauma-informed group care for individuals of all ages requiring behavioural modification, developmental support, and addiction treatment. - Deliver 24/7 specialized care to aid in stabilization and sobriety within a secure, supportive, and comfortable environment.

Logic Model Structure

Program Elements	Objectives
Objectives	- Offer culturally sensitive, holistic residential environments with 24/7 professional support. - Ensure clients reside in a safe, consistent setting that effectively addresses their needs. - Facilitate connections to healthcare providers to address specific medical needs. - Implement a care model that enhances clients' Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). - Empower clients to retain their independence in a respectful, supportive manner.
Inputs	- Comprehensive support, including guidance, funding, training, and program evaluation tools. - Tailored facility modifications to meet specific client requirements, including mechanical aids as needed. - Skilled staff, program administration, and access to community resources. - Access to mental health, addiction, and paediatric/adult healthcare services.
Activities	- Review intake assessments with caseworkers to determine individual needs. - Outreach to communities, schools, and businesses to introduce and support program services. - Placement based on care level, supporting program goals and client sustainability. - Collaborate with clients and caseworkers to create individualized care plans. - Build partnerships with external agencies to provide coordinated access to essential services (social, employment, healthcare). - Evaluate individual needs and advocate for appropriate placement within the program. - Connect clients to health, social, and addiction support services as needed. - Accompany clients to appointments and provide assistance with ADLs and IADLs. - Conduct regular reporting as per contractual requirements. - Provide age-appropriate residential care for individuals with complex needs. - Expand capacity and collaboration with external agencies to support referrals as needed. - Assess program success through data collection, participant feedback, and accreditation-based analysis.
Short-Term Outputs & Outcomes (3-6 months)	- Enhanced access to professional support services for clients. - Improved social service access for clients and their families. - Increased access to stable, secure housing for clients. - Risk of homelessness reduced, with clients removed from unsafe environments. - Successful establishment of stable, safe housing within [ORGANIZATION] program - Direct services provided by [ORGANIZATION] with referrals for clients with low to moderate needs to appropriate external services.
Medium- to Long-Term Outcomes	- Reduction in stigma, discrimination, and stereotypes associated with individuals needing long-term support. - Positive societal impacts, including stable housing and strengthened support networks. - Addressed housing and health as key social determinants for at-risk youth. - Long-term housing stability and maintenance achieved for individuals with cognitive impairments.

Residential Care Logic Model- Level 4

Component	Details
Goal	- To deliver continuous, appropriate medical support for medically fragile adults (18+) in culturally sensitive, trauma-informed group care homes. - Provide safe, comfortable environments with 24-hour nursing care to ensure consistent, high-quality support for medically dependent clients.

Logic Model Structure

Program Elements	Objectives
Objectives	- Provide culturally sensitive, holistic care dwellings with 24-hour nursing support for group care. - Facilitate access to additional healthcare professionals to address specific medical needs. - Implement a care model to enhance clients' Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), considering their medical dependencies. - Encourage and safely support clients' independence, respecting their individual perspectives and needs.
Inputs	- Provision of guidance, funding, training, and program evaluation tools, with residences strategically located near hospitals to enable easy access to healthcare services. - Support from specialized staff, program administration, and strong connections with local community and city resources. - Comprehensive outreach, housing support, and stability services to address the needs of all referred individuals.
Activities	- Review intake assessments with caseworkers to evaluate individual client needs. - Conduct outreach to communities, parents, family members, and local businesses to introduce and support program services. - Collaborate with clients and caseworkers to create individualized care plans. - Assess service levels, strengths, and specific care requirements for each client. - Partner with healthcare professionals to enhance personalized medical care. - Accompany clients to both medical and non-medical appointments as necessary. - Advocate for clients to maintain consistency and quality of care. - Ensure regular reporting in alignment with contractual and policy requirements. - Provide residential services customized for adults aged 18 and older with medical needs. - Conduct evaluations of program effectiveness using database creation, participant feedback, and data analysis to meet accreditation and continuous improvement standards.
Short-Term Outputs & Outcomes (3-6 months)	- Improved access to specialized medical support services for medically fragile individuals and their families. - Enhanced access to stable, medically equipped residential settings for vulnerable adults. - Maintenance of safe housing for individuals in the [ORGANIZATION] program. - Direct delivery of medical services by [ORGANIZATION] with appropriate referrals for those needing specialized care.
Medium- to Long-Term Outcomes	- Strengthened support networks for medically fragile adults, promoting sustainable formal and informal supports. - Reduced dependency on shelter services among clients with medical conditions, positively impacting overall health. - Enhanced long-term housing stability for medically vulnerable adults. - Societal benefits, including reduced hospitalizations due to proactive, efficient medical and nursing care in the group home environment.

Residential Care Logic Model- Level 6a & 6b

Component	Details
Goal	- To provide continuous, specialized medical support for medically fragile children (ages 0-17) in culturally sensitive, trauma-informed group care settings. - Ensure a safe, comfortable environment with 24-hour nursing care, including a maximal 2:1 staff-to-client ratio to meet complex care needs.

Logic Model Structure

Program Elements	Objectives
Objectives	- Establish culturally based, safe residential environments with 24-hour group care and up to a 2:1 nursing support ratio. - Facilitate access to healthcare professionals for comprehensive medical care tailored to individual needs. - Implement a care model to enhance Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) for clients with medical dependencies. - Support and actively engage family members as necessary to promote client well-being. - Promote safe independence, respecting individual client perspectives and unique needs.
Inputs	- Provision of guidance, funding, training, and program evaluation tools, with convenient access to nearby hospitals for seamless medical support. - Support from specialized care staff, administrative resources, and connections to local community services. - Comprehensive outreach, housing support, and stability services for all referred clients.
Activities	- Collaborate with caseworkers to review intake assessments and evaluate individual client needs. - Conduct outreach to communities, families, and local stakeholders to promote awareness and support for the program. - Work with clients and caseworkers to develop individualized care plans. - Evaluate individual service levels, strengths, and specific care needs for each client. - Engage healthcare professionals to enhance and personalize care for each child. - Accompany clients to both medical and non-medical appointments as needed. - Advocate for consistent and reliable care to ensure client needs are met. - Maintain regular reporting in line with contractual and policy requirements. - Provide residential services tailored to the needs of children aged 0-17. - Assess program success and adherence to standards through data collection, participant feedback, and accreditation-based evaluations.
Short-Term Outputs & Outcomes (3-6 months)	- Improved access to specialized medical services and family support for medically fragile children. - Enhanced access to safe, stable residential settings for clients. - Successful maintenance of stable housing through the [ORGANIZATION] program. - Direct provision of medical care by [ORGANIZATION] nurses, with referrals to external specialists as needed.
Medium- to Long-Term Outcomes	- Strengthened sustainability of both formal and informal support networks for medically fragile children. - Reduction in shelter use among medically dependent clients, enhancing overall well-being. - Improved long-term housing stability for medically fragile individuals. - Broader societal benefits, including reduced hospitalizations due to effective, proactive medical and nursing care in residential settings.

6.0 Project Schedule & Critical Milestones

Timeline	Milestones	Description of Activities
Month 1-3 *(May 1 - July 31)*	**Initial Planning and Setup**	• Establish [ORGANIZATION]'s mission, vision, and values. • Develop organizational structure and management hierarchy. • Obtain necessary licences for interprovincial placements and operational permits. • Set up adult homes with a capacity of 3 beds within the timeframe allowed by Alberta provincial laws. • Recruit key personnel, including program managers, counsellors, and administrative staff. • Identify funding sources and establish a preliminary budget.
Month 4-6 *(August 1 - October 31, 2024)*	**Facility Setup and Program Development**	• Secure a facility that meets the requirements for service provision. • Prepare the physical environment to accommodate children, youth, and adults. • Develop detailed program plans tailored to the specific needs of each demographic. • Forge partnerships with community organizations and service providers to enhance resource availability.
Month 7-9 *(November 1 - January 31, 2025)*	**Staff Training and Service Launch**	• Train staff in [ORGANIZATION]'s mission, policies, and trauma-informed care methodologies. • Finalize the program offerings and service delivery models. • Execute outreach and marketing initiatives to increase awareness of [ORGANIZATION]'s services. • Start accepting referrals and admissions for clients across all age groups needing support.
Month 10-12 *(February 1 - April 30, 2025)*	**Program Implementation and Evaluation**	• Launch full services for children, youth, and adults, including individual and group counselling, skill-building workshops, and recreational activities. • Monitor client progress and collect feedback to assess program effectiveness. • Adjust program offerings based on evaluation results and identified client needs.
Month 13-18 *(May 1 - October 31, 2025)*	**Expansion and Outreach**	• Investigate opportunities to expand services to reach a larger client base. • Strengthen partnerships with schools, healthcare providers, and community organizations to enhance outreach. • Host community events and workshops to promote mental health and well-being. • Develop outreach strategies targeting marginalized and underserved populations.
Month 19-24 *(November 1 - April 30, 2026)*	**Accreditation and Sustainability**	• Pursue accreditation from relevant bodies to affirm [ORGANIZATION]'s commitment to high-quality standards. • Develop a sustainability plan for long-term operations and growth, including diversified funding sources. • Conduct regular performance evaluations and strategic planning sessions to ensure continued success and community impact. • Celebrate milestones with staff, clients, and stakeholders to foster a sense of pride and community within the organization.

APPENDIX A

Key Personnel Credentials:

Key Personnel Name:	[redacted]
Position within Organization	**Director of Care**
Resource Category (senior, intermediate or junior)	**Senior**
Roles & Responsibilities within Organization	The director drives the organization toward its strategic goals while assuring compliance with legal and ethical guidelines. The director has a fiduciary duty to act in the business's best interests while protecting stakeholders' well-being. Financial oversight, risk mitigation, and stakeholder involvement are all critical components of my responsibilities, necessitating close monitoring and proactive management. The director of care promotes cooperation, decision-making, and a culture of accountability and transparency. Also, contribute to succession planning activities, which ensures executive leadership continuity and organizational vision.

Indicate the level and type of education/training relative to the ***Lots / Service Categories*** under this RFP:

	Year Obtained
Accreditations: • **Canadian Accreditation Council (CAC)** •	**2023**
Graduate of: • **University of Alberta, MN, Family Practice (All Ages) Nurse Practitioner.** • **York University- Hon. BScN, RN.**	**2020** **2011**
Certification for: • **Opioid Agonist Treatment (OAT); ASIST Training; Trauma Informed Care; Harm Reduction training; Indigenous Canada training.** • **Indigenous Awareness training.**	**All current, 2023.**

The Contractor agrees that all personnel entering schools, health centres, daycare centres and any such facility with a vulnerable sector population will obtain and submit to the GN, within fourteen (14) days of issuance of an Advice to Successful Bidder letter, a Criminal and Vulnerable Sector Record clearance. No person will be permitted to enter such a facility without having provided satisfactory clearance prior to commencing any work. It can take a number of days to obtain record checks. Bidders need to take the necessary steps to comply with the criminal record check and vulnerable sector check requirements. The GN will not be responsible for the bidder's failure to allow sufficient time to obtain the necessary checks.

Indicate skills developed relative to the ***Lots / Service Categories*** under this RFP:

- **Active Nurse Practitioner in good standing with professional bodies; First Aid and CPR**
- **Level C; NVCI; Suicide Prevention Training.**
- **Food Handler certificate; Opioid Awareness & Community-based Naloxone Training.**
- **Diversity/Cross Culture; crisis De-escalation training.**

[redacted]
450 McConachie Way.
Edmonton, Alberta. [redacted]
Tel : [redacted] ; **Email**: [redacted]

Family Nurse Practitioner experienced in leadership role, primary care, foster/group care, opioid clinic, medical surgical, Hormone therapy, mental health, post-op orthopedic care, palliative, long term care, acute care, case management, Occupational Health and Safety Nurse Practitioner, and clinical nurse educator.

HIGHLIGHTS OF SKILLS:

- Proven ability to run a smooth, efficient operation; self-motivated.
- Able to provide culturally sensitive care and patient centered care. Ability to learn new tasks quickly. Strong health assessment and clinical skills.
- Good communication, advocacy, and interpersonal skills**.** Demonstrates patience, understanding, and respect when working with disadvantaged and challenging clients.
- Independently, consulting with clients, provide differential diagnosis, treatment plans, and teachings for medical conditions as needed.
- Contributes to the development of learning resources and initiates health education and other activities to assist, promote, and support clients. Liaison with other community agencies.

EDUCATION:

University of Alberta
MN-Family/all ages Nurse Practitioner [redacted]

Seneca College/York University, School of Nursing
Bachelor of Science in Nursing Degree with honors [redacted]

WORK EXPERIENCE:

Primary Care NP-Private Practice
Executive Care Services **Oct. 2021-present**

- Currently working as a part-time contractor family NP at various medical clinic and group homes in Edmonton and its vicinity. Specialized in BHRT and Opioid Agonist Treatment (OAT).
- Performing physical examination for all ages, including women pap smear, IUD insertion, and other contraceptive methods as required.
- Collaborates with clients, physicians, and other allied health members of the team to develop appropriate, client-centered, individualized care plans.

Primary Care NP Opioid Led-Clinic
Primary Care Network (Edmonton Oliver) **May 2021-Mar. 2022**

- Worked as a full-time family NP at the Primary Care Network in the inner city of Edmonton, practicing full scope.
- Performed physical examination for all ages, including women pap smear, IUD insertion, and other contraceptive methods as required.
- Independently, consulting with clients, provide differential diagnosis, treatment plans, and teachings for medical conditions as needed. Prescribed OAT for clients as per guidelines
- Independently order and interprets appropriate screening, diagnostic, and laboratory tests.

Primary Care NP
Indigenous Services Canada **Dec. 2020- Mar. 2023**

- Worked as a Casual primary care NP in Northern Alberta on the reserves.
- Assess clients based on their chief complaints then make treatment recommendations.
- Delivering an immunization program in accordance with Community Health Service (CHS) Immunization Policy and Procedures. Prepares clients medication as per order; also, performs phlebotomist role. Frequently participates in emergencies situations as they arise.

Program Innovation and Integration NP

Alberta Health Service, Edmonton, AB. **Oct. 2020-May 2021**

- Worked as a full-time family NP at the Cancer screening of Alberta, practicing full scope.
- Travelled to various Northern Alberta to assess, diagnose, treat, and refer care to other specialists as needed.
- Independently, consulting with clients, provide differential diagnosis, treatment plans, and teachings for medical conditions as needed.
- Independently order and interprets appropriate screening, diagnostic, and laboratory tests.
- Performing physical examination for all ages, including women pap smear, bimanual and digital rectal exams as needed.

Supportive Living Case Manager **Jan. 2012- Jan. 2021**

Plaza 124 Edmonton

- Worked in a supportive living setting as a full-time RN- case manager.
- Made ethical decisions based on client's needs; maintains work commitments under stress.
- Advocating support for clients in pursuit of recovery and rehabilitation goals
- Keeps track of clients' incident report on site; Admit and discharge clients as per care need.
- Attends and organize meetings with other healthcare professionals pertaining to clients' improvement when needed. Develops wound care protocols; provides health teaching to clients as needed. Assess clients' medical condition and refer them to the appropriate healthcare professional.

Clinical Nurse Educator **Jan. 2018-Aug. 2018**

Miller Crossing Care Center

- Worked as a part-time RN- clinical nurse educator (CNE)
- Participated in the planning, organisation, implementation, and evaluation of education for nursing staff including orientation, compulsory and continuing education, and clinical development.
- Identified appropriate learning opportunities and develop training materials according to site policy as needed.
- Collaborated with management to promote standards of clinical, educational and evidence informed practice.
- Acts as an expert to staffs regarding nursing issues; audited staffs' performance regularly as per site policy

Acute care unit/Rural Nursing

Westlock Healthcare Hospital [redacted]

- Worked as a full-time rural RN on the acute care unit, orthopaedic post-op surgical unit, and SCU. Provided accurate care for clients and planned effective client discharge as per order.
- Practised according to the nursing scope of practice and hospital policies and procedures.
- Executed proper nursing judgment as a charge nurse when necessary.
- Advocated support for clients in pursuit of recovery and rehabilitation goals

PUBLICATIONS:

"A Scoping Review of Nurse Practitioner Role in Immigrants Health"

The Journal for Nurse Practitioners 2020

TRAINING & CERTIFICATES:

Non-violent Crisis intervention Training	**2023**
First Aide and CPR level C	**2023**
ASIST Training	**2023**
Mandatory Foster/Group Care Core Courses (All Levels)	**2023**
Trauma informed course	**2023**
Suicide/Self Harm Training	**2023**
Diversity & Awareness	**2022**
Stronger Together: Learning Through Indigenous Perspectives	**2021**
Methadone, Kadian, Suboxone and Sublocade (OAT) training	**2021**
Indigenous Canada Course	**2022**

REFERENCES AVAILABLE UPON REQUEST

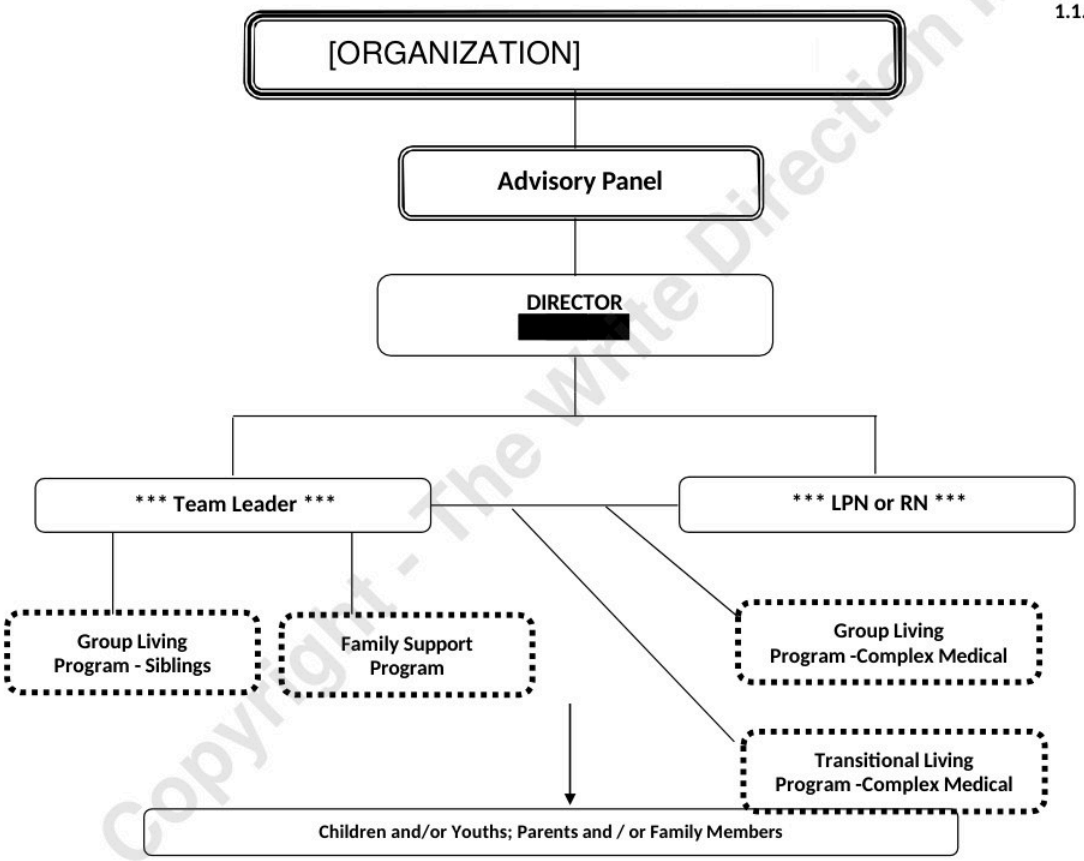
APPENDIX B

ORGANIZATIONAL STRUCTURE

C.1

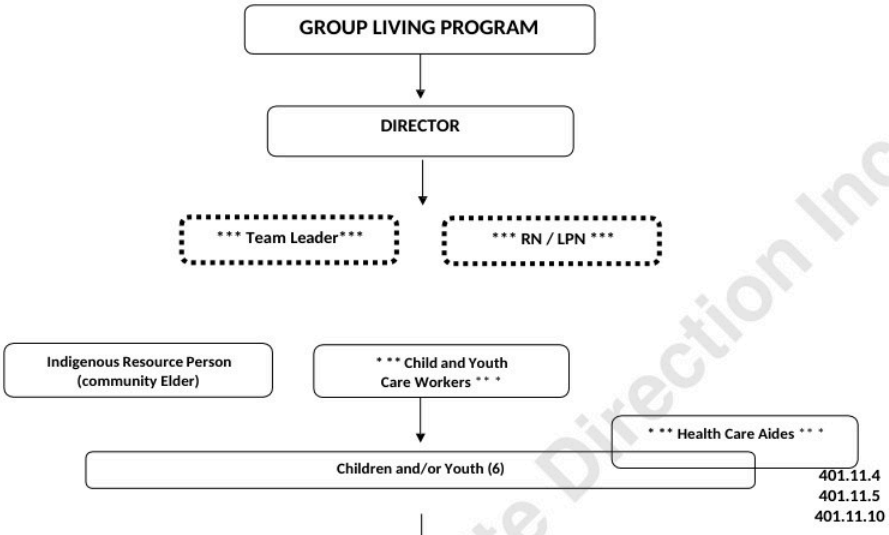
CAC Standard

1.1.3



PROGRAM(s) STRUCTURE
C.2a

CAC Standard 1.1.7

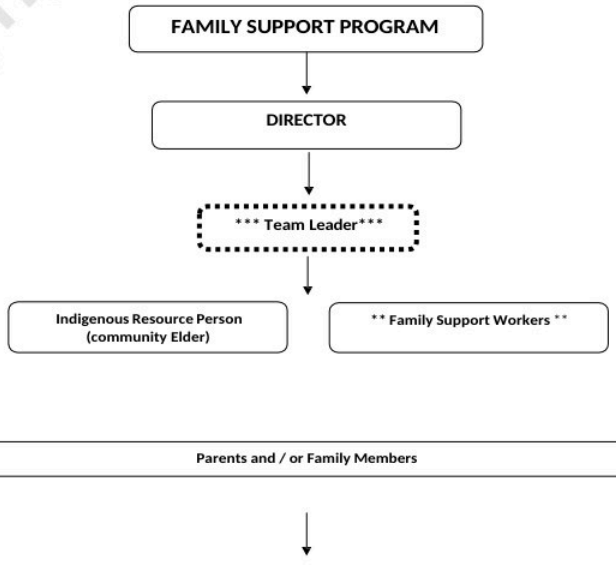


401.11.4
401.11.5
401.11.10

*** maintained at a 1:12 Supervisor (Director or Team Leader) to Child & Youth Care Worker compliment ***
** maintained at a 1:4 (staff to client) ratio 24 hours per day provision to increase during peak periods **
*maintained at a 1:6 (staff to client) ratio overnight –asleep / awake *

PROGRAM(s) STRUCTURE
C.2b

CAC Standard 1.1.7



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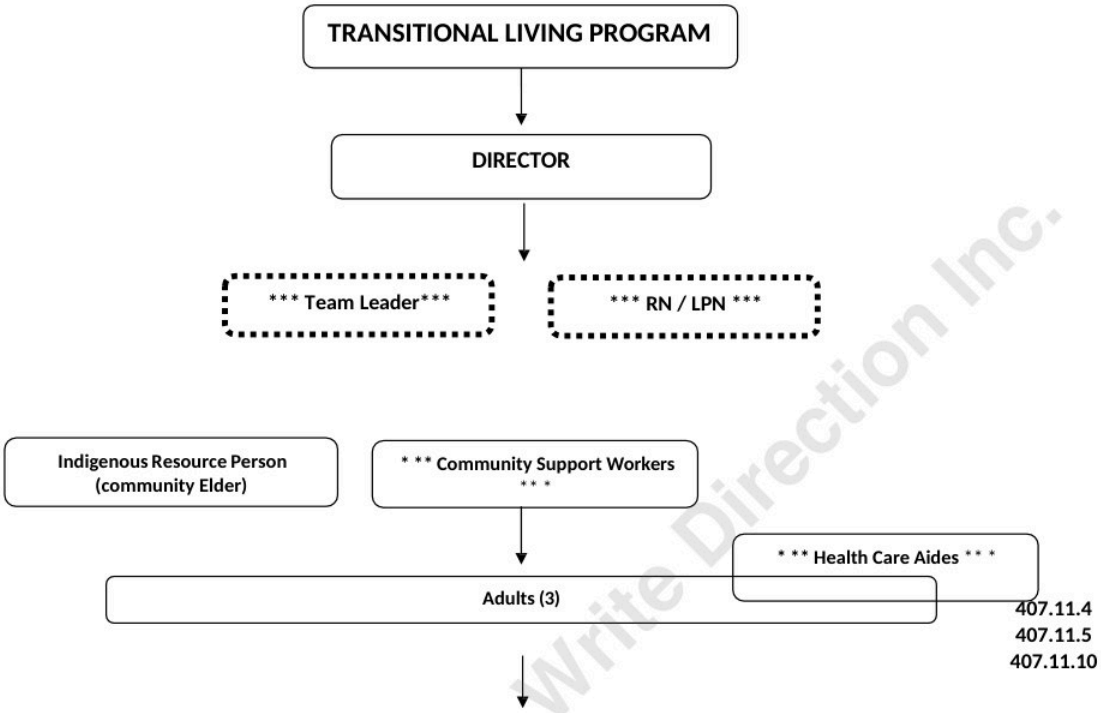
*** maintained at a 1:12 Supervisor (Director or Team Led
** maintained at a 1:6

PROGRAM(s) STRUCTURE

C.2c

CAC Standard

1.1.7



407.11.4
407.11.5
407.11.10

*** maintained at a 1:12 Supervisor (Director or Team Leader) to Community Support Worker compliment ***
** maintained at a 1:3 (staff to client) ratio 24 hours per day provision to increase during peak periods **
*maintained at a 1:3 (staff to client) ratio overnight – awake *

Note to Readers

Thank you for exploring this sample of our work. To keep our online showcase concise, we have provided only a selection from this piece.

Should you be interested in viewing the complete work or explore more of our portfolio, please don't hesitate to reach out. We're more than happy to provide additional samples upon request.

Thank you,
The Write Direction Team