



REQUEST FOR PROPOSALS

(RFP-2026—DCAS 001)

Therapeutic Services for Black and Black Bi-Racial Children, Youth & Families

Issue Date	Submission Deadline	Contract Term	Population Served
April 30, 2026	May 29, 2026	1 year	Children, Youth and Families

Trauma-Informed, Healing-Centred & Culturally Affirming Mental Health & Well-being Supports

Providers with lived experience, an in-depth understanding of anti-Black racism (ABR), and a working understanding of the over-representation of Black and Black Bi-racial children, youth and their families in the child welfare system and other institutions are strongly encouraged to apply. This RFP prioritizes equity and representation at every level of service delivery.

STATEMENT OF INTENT

Durham Children's Aid Society (DCAS) is seeking qualified Black-led community-based providers — individuals, group practices, and/or community-based organizations — to deliver trauma-informed, healing-centred remedial supports (early prevention and intervention) to Black and Black bi-racial children (ages 4–12), youth (ages 13–24), and their families as a part of its Black, Black bi-racial wrap-around service model. The three service provision areas that are required by this RFP are:

- 1. Intimate Partner Violence (IPV)**
- 2. Engaging Black Fathers**
- 3. Parenting Capacity & Mental Health Support**

Applicants with expertise in one or more areas are encouraged to apply.

DCAS may select one or more providers under this RFP. Providers may be selected for one or more service areas based on qualifications, demonstrated competency, service capacity, and best overall value. DCAS is not obligated to award all service areas to one provider. **The RFP service catchment area is Durham Region. In verses out of region service accessibility (out of region distance from catchment area) may be weighted/considered.**

Services must be grounded in an understanding of anti-Black racism, the thematic impacts of child welfare involvement on Black and Black bi-racial families, racial identity development, and the protective power of Black cultural identity, community, and joy.

Depending on the type of remedial offering (e.g. psychotherapy, parenting and mental health support, etc.), practitioners/organizations are required to be certified by/registered with a reputable, recognized and trusted evidence-based remedial governing body/approach/organization and to be insured (e.g. a psychotherapist who is a member of the College of Registered Psychotherapists of Ontario (CRPO), etc.). Proposals should demonstrate how the therapeutic framework used by the provider is or has been critically adapted to centre anti-Black racism, racial affirmation, cultural safety, well-being, and community connection. Generic or non-affirming therapeutic practices will not be considered.

MANDATORY REQUIREMENTS — PASS/FAIL

Proposals must meet the following mandatory requirements to proceed to the rated evaluation stage. Mandatory requirements will be assessed on a pass/fail basis and will not be scored. DCAS may deem a proposal non-compliant and remove it from further consideration where one or more mandatory requirements are not met.

Proponents must provide:

1. A complete proposal submitted by the stated deadline.
2. Identification of the service area or service areas being proposed:
 - Intimate Partner Violence;
 - Engaging Black Fathers; and/or
 - Parenting Capacity and Mental Health Support.
3. Confirmation of the proponent's legal name, business structure, primary contact, and service location.
4. Confirmation of AODA compliance.
5. Proof of professional liability insurance.
6. Proof of applicable professional registration, licensure, certification, or regulatory standing where the proposed services are regulated or require professional qualifications.
7. Declaration of any actual, potential, or perceived conflict of interest.
8. Confirmation of ability to comply with applicable confidentiality, privacy, consent, recordkeeping, and information-sharing requirements.
9. Confirmation of whether the proponent is an Ontario business, Canadian business, or U.S. business, as applicable under DCAS procurement requirements and any applicable provincial procurement directives.
10. Confirmation that the proponent has reviewed and will comply with the terms and conditions of this RFP.

ASSESSMENT CRITERIA & SCORING SYSTEM

All selected proposals will be evaluated by members of the agency’s African Canadian Service Model— all members of the Black community. The panel will score each proposal using the criteria below. Maximum total score is 100 points.

Transformative (Score: 5): Profoundly exceeds expectations; model-level practice

Exceptional (Score: 4): Exceeds requirements with compelling, specific evidence

Adequate (Score: 3): Meets requirements; clear but not distinguished

Developing (Score: 2): Partially meets; notable gaps in understanding or practice

Insufficient (Score: 1): Does not meet; significant concerns about harm or fit

Disqualifying (Score: 0): Fails to address, or response indicates potential harm

THRESHOLD CRITERIA

DCAS may disqualify a proposal where the response receives a score of 0 on either of the following criteria:

- Anti-Black Racism Literacy; or
- Safety, Confidentiality and Non-Surveillance.

DCAS may also disqualify a proposal where the evaluation committee determines that the proposed approach presents a risk of racial, cultural and/or clinical harm, privacy breach, inappropriate surveillance, re-traumatization, or service delivery that is inconsistent with the purpose of this RFP.

CRITERION	WHAT REVIEWERS WILL LOOK FOR	WEIGHT	MAX PTS
CULTURAL GROUNDING Anti-Black racism literacy Depth of understanding of anti-Black racism, its structural origins, and its specific manifestations in child welfare, schools, and health systems.	Proposal clearly names anti-Black racism as a determinant of health and well-being. Demonstrates critical analysis — not just awareness — of how systems harm Black families. Avoids deficit framing. References specific frameworks (e.g., Afrocentricity, liberation psychology, racial battle fatigue theory). Shows evidence of ongoing learning beyond initial training.	20%	20
CULTURAL GROUNDING Afrocentric and culturally grounded practice Ability to integrate African, Caribbean, and diasporic cultural values, spirituality, and knowledge into therapeutic practice.	Describes specific ways practice honours Black cultural identity, community, and joy — not only trauma. Evidence of using Afrocentric, Ubuntu, or related frameworks. Demonstrates understanding of within-group diversity (e.g., African, Caribbean, Indigenous African, bi-racial identities). Does not apply Eurocentric frameworks uncritically.	15%	15
CLINICAL Racial trauma & healing-centred practice Competency in recognizing and treating racial trauma, intergenerational trauma, and systemic and structural-related harm using healing-centred approaches.	Names racial trauma explicitly as a clinical concern (not subsumed under generic PTSD). Familiar with healing-centred engagement (Ginwright), liberation-based healing, and somatic or expressive approaches suited to Black children and youth. Moves beyond symptom reduction to wellness, identity, and thriving. Demonstrates experience with child welfare-involved children and youth specifically and their families.	10%	10
CULTURAL GROUNDING Black identity affirmation	Integrates racial identity development models (e.g., Cross's Nigrescence, Sellers' MMRI). Actively affirms Black bi-racial	10%	10

Explicit commitment to supporting positive racial identity development and affirming Blackness across age groups and intersecting identities.	identities without tokenizing or erasing Blackness. Supports youth who hold multiple intersecting identities (2SLGBTQIA+, disability, immigration status). Spaces, materials, and language reflect Black lives and dignity.		
CLINICAL Clinical qualifications & child/youth experience Licensure, credentials, and direct clinical experience with children, youth, and families — particularly those with child welfare involvement.	Holds appropriate licensure and regulatory standing. Demonstrates meaningful clinical hours with Black children, youth, or families. Evidence of child welfare system familiarity. Includes credentials in play therapy, expressive arts, somatic approaches, or other developmentally responsive modalities.	10%	10
EQUITY & SAFETY Safety, confidentiality & non-surveillance Explicit commitment to client confidentiality, refusal of dual surveillance roles, and avoiding re-traumatization by the service system.	Clearly articulates confidentiality practices and limits. States that provider will not serve as an agent of monitoring or reporting beyond mandatory legal obligations. Describes how they navigate information-sharing with care-based institutions/staff in ways that protect client trust. Shows understanding of how surveillance harms therapeutic alliance with this population.	8%	8
EQUITY & SAFETY Family & community inclusion Ability to engage caregivers, chosen family, elders, and community members as partners in healing — not just collateral contacts.	Describes how family and community are integrated into the therapeutic model. Demonstrates understanding of non-nuclear and chosen family structures without pathologizing. Includes capacity for caregiver support and psychoeducation. Shows awareness of how child welfare involvement can fracture family trust and how services can help repair it.	7%	7
OPERATIONS Accessibility & capacity Service availability, geographic and digital access, flexible scheduling, language access, and capacity to serve child welfare-involved youth without barriers.	Offers flexible scheduling including evenings/weekends. Telehealth option with support for access barriers. Multilingual capacity or interpretation access. No waitlist practices that effectively exclude child welfare clients. Sliding scale or fully subsidized options available. Physical space is accessible and reflects Black community.	5%	5
OPERATIONS Outcomes, accountability & learning Commitment to measuring outcomes meaningful to clients, not just systems — including joy, safety, belonging, and identity as outcome domains.	Uses culturally appropriate outcome measures (or adapts standard tools critically). Includes client and family voice in evaluation. Demonstrates willingness to report on outcome data including disaggregated race-based data. Open to feedback, co-design with youth, and continuous improvement. Tracks retention and therapeutic alliance alongside clinical symptoms.	5%	5
EQUITY & SAFETY Lived experience & representation Provider's own positionality, lived experience of Blackness or child welfare, and organizational representation of Black leadership and staff.	Black-identified providers are strongly preferred. Organizations demonstrate meaningful Black leadership, governance, and staffing — not performative diversity.	5%	5
OPERATIONS/FINANCIALS Cost Reasonableness & Billing Model.	Fees will be evaluated for reasonableness, transparency, sustainability, and alignment with the proposed service model. The lowest fee will not necessarily receive the highest score, as DCAS will consider the overall value, quality, accessibility, and cultural appropriateness of the proposed services.	5%	5
TOTAL SCORE		100%	100

PROPOSAL SUBMISSION REQUIREMENTS Uses culturally appropriate outcome measures (or adapts standard tools critically). Includes client and family voice in evaluation. Demonstrates

- Cover letter (max 1 page) including provider's positionality statement in relation to Blackness, anti-Black racism, and child welfare
- Curriculum vitae or organizational profile including all credentials, licensure, and relevant training
- Statement of clinical philosophy (max 750 words) addressing: racial trauma, healing-centred practice, Afrocentric frameworks, and anti-oppressive approach to child welfare-involved families
- Description of specific therapeutic modalities and how they are adapted for Black children and youth (not generic descriptions)
- Description of how cultural safety and confidentiality are maintained in the context of child welfare involvement
- Sample intake or assessment approach that demonstrates cultural responsiveness (anonymized)
- Description of physical and/or virtual space with attention to cultural affirmation
- Proposed fee schedule, billing model, and accessibility accommodations
- The proposed fee schedule will be evaluated for reasonableness, transparency, sustainability, and alignment with the proposed service model. The lowest fee will not necessarily receive the highest score, as DCAS will consider the overall value, quality, accessibility, and cultural appropriateness of the proposed services.
- Evidence of anti-racism training and professional development (minimum 20 hrs in past 3 years specific to Black communities)
- Two professional references, with at least one from a Black community organization or Black-led service
- Proof of professional liability insurance

REVIEW PROCESS

Proposals will first be reviewed for compliance with the mandatory requirements. Proposals that meet the mandatory requirements will proceed to rated evaluation.

All selected proposals will be evaluated members of the agency's African Canadian Service Model. Proposals will be scored independently and then calibrated as a group. Shortlisted providers will be invited to a relational interview that explores their practice philosophy, response to challenging scenarios specific to this population, and readiness to work collaboratively within the agency's community-centred model.

CONTRACT REQUIREMENTS

The successful provider or providers will be required to enter into a written agreement or statement of work with DCAS before services begin.

The agreement may include, but is not limited to:

- Scope of services;
- Service area or service areas awarded;
- Contract term;
- Fees and billing model;
- Invoicing requirements;
- Insurance requirements;
- Privacy and confidentiality requirements;
- Reporting expectations;
- Recordkeeping obligations;
- Conflict of interest requirements;
- Termination and cancellation provisions;
- Compliance with applicable laws, professional standards, and DCAS requirements.

Services shall not begin until the agreement has been finalized and signed by the appropriate parties.

CONTACT & SUBMISSION

Proposals must be submitted by email to:

RFP coordinator: Supervisor, African Canadian Affirmation Engagement and Outcomes

Email: Talisa.Boland@durhamcas.ca

Subject Line: RFP-2026-DCAS-001 Black Affirming Services Proposal

Written/Email inquiries only.

Proposals should be submitted in PDF format where possible. The proposal should clearly identify the service area or service areas being proposed and must include all required documentation listed in this RFP.

Proponents are responsible for ensuring that their proposal is complete and received by the deadline. DCAS is not responsible for technical issues, delivery failures, file corruption, or other submission errors.

Applicants will not be compensated for preparing or submitting a proposal.

DCAS is committed to equity in procurement and actively works to remove barriers for Black-led and community-based providers. Black-identified providers, organizations with Black leadership, and providers with lived experience of child welfare are strongly encouraged to apply.

DCAS reserves the right to accept or reject any proposal, waive irregularities, and select the proposal(s) deemed most advantageous to the communities served. This RFP does not constitute a commitment to award a contract.

This RFP is built around several principles that make it distinct from a generic mental health/remedial procurement document:

WHAT MAKES THIS RFP DIFFERENT

The framing centres Blackness as a source of strength, identity, and resilience — not solely as a risk factor. It explicitly names anti-Black racism and systemic harms as clinical realities providers must understand, not just acknowledge performatively.

The scoring system uses a 0–5 scale (vs. the typical 0–4) with a "Transformative" ceiling, signaling that model-level, liberatory practice is the aspiration. Two criteria — anti-Black racism literacy and client safety/non-surveillance — function as threshold scores: a low mark on either disqualifies a proposal regardless of the total, because those failures cannot be offset by strong operations.

The 10 primary weighted criteria are organized across four domains — Cultural Grounding (45 pts), Clinical (25 pts), Equity & Safety (20 pts), and Operations (10 pts)—deliberately weighting cultural and equity dimensions higher than credentials and logistics, which reverses the priorities of most standard RFPs.

Other intentional design choices:

- Members of the review process consist of staff of African-descent who support the agency's Black and Black bi-racial services model
- Shortlisted interviews are called "relational interviews" to reflect the relational nature of this work
- Lived experience, positionality, and Black leadership are scored criteria