

Adelaide PHN headspace Adelaide Centre and headspace Youth Early Psychosis Prevention Program (hYEPP)

Request for Tender - Guidelines

CLOSING DATE AND TIME:
12 midday ACDT Fri 9 November 2018

All applications must be lodged through the Adelaide PHN
eTender portal www.tenderlink.com/adelaidephn

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An Australian Government Initiative

Contents

1 Purpose.....	4
2 Background.....	4
2.1 headspace Centres.....	4
2.2 Adelaide headspace Youth Early Psychosis Program (hYEPP)	5
2.3 Lead Agencies.....	5
2.4 Adelaide PHN	6
2.5 headspace National Youth Mental Health Foundation (hN).....	7
3 Model and Framework Overview	7
3.1 headspace Centres.....	7
3.2 headspace Model Integrity Framework (hMIF)	9
3.3 hYEPP and the EPPIC model	9
4 Service Specifications	11
4.1 Alignment to Policy and Standards	12
4.2 Location, hours of operation and service fees.....	12
4.3 Integration and Partnerships.....	13
4.4 Clinical Governance.....	14
4.5 Workforce	15
4.6 Project Administration.....	15
4.7 Integration and Coordination with Adelaide PHN Commissioned PMCHS Providers, headspace Centres and Adelaide hYEPP.....	16
4.8 MasterCare.....	16
4.9 Central Referral and Clinical Decision and Monitoring Units	16
4.10 Specialised PMHCS and Alcohol and Other Drug Treatment.....	17
Services.....	17
4.11 Youth with Complex Needs.....	17
4.12 headspace National Requirements	18
4.13 Transition Arrangements / Plan.....	18
5 Key Timelines.....	19
6 Applications.....	20
6.1 Eligibility to apply	20
6.2 Submitting Applications.....	20
6.3 Queries and Updates.....	20
6.4 Revising Applications.....	20
6.5 Late Applications	21
6.6 Administrative Support for Submitting Applications	21

6.7 Acknowledgement of Applications	21
6.8 Confidentiality of Applications	21
6.9 Notification of Outcomes to Applicants.....	21
6.10 Opportunities for Feedback.....	21
7 Assessment	21
7.1 Compliance.....	21
7.2 Evaluation of Applications.....	22
7.3 Contracting, Reporting and Evaluation Requirements.....	22
9 Budget.....	22
9.1 Funding Exclusions.....	23
10 Additional requirements and acknowledgements.....	23
11 Attachments	24
12 Key Definitions	24
13 Youth Mental Health in South Australia	25

1 Purpose

Adelaide Primary Health Network (Adelaide PHN) has issued a Request for Tender (RFT) from organisation(s) interested in becoming the Lead Agency for headspace Adelaide Centre and the headspace Youth Early Psychosis Program (hYEPP) in Adelaide.

The purpose of this document (and accompanying attachments) is to outline important information about the service specifications and operational details of the existing services to be transferred to the new Lead Agency, and the application process, to allow potential applicants to understand the requirements of the RFT and expectations and responsibilities of the successful applicant.

2 Background

Following the Australian Government's announcement regarding reforms to Australia's primary mental health care services in November 2015, relationships between the Adelaide PHN, headspace National Youth Mental Health Foundation (hN) and headspace Centres have changed. Key points related to these changes and relevant to this RFT include:

- Adelaide PHN to take contractual responsibility over existing headspace lead agencies and maintain the operation of headspace Centres and hYEPP components in line with the existing headspace and hYEPP models of care and funding levels;
- hN to move towards a supportive role for headspace Centres and hYEPP components, with a focus on workforce training, quality accreditation and data monitoring on behalf of the PHNs.

The Australian Government Department of Health recently requested Adelaide PHN to approach the market and transition to a new Lead Agency for headspace Adelaide and hYEPP by 30 June 2019.

The current Lead Agency for headspace Adelaide and hYEPP is headspace Services Limited (hSL), a wholly owned subsidiary, and the operational arm of hN.

For more information on the Australian Government's announcements and reforms, please refer to:

- <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-reviewresponse>
- http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools

The following information provides high-level descriptions of the role, purpose and function of the headspace Centres, Lead Agencies, Adelaide PHN, hN and the Adelaide hYEPP.

Summary data of youth mental health needs is provided in section 13 – Youth Mental Health in South Australia.

2.1 headspace Centres

headspace Centres were established in 2006 and formed the major component of the activities, strategies and other youth mental health services led by the headspace National Youth Mental Health Foundation. headspace Centres aim to improve mental health

outcomes for young people aged 12-25 years with, or at risk of, mild to moderate mental illness.

headspace Centres are located across metropolitan, regional and rural areas of Australia, delivering access and linkages to health and wellbeing services covering mental health, physical health, work and study support and alcohol and other drug services.

Currently the Adelaide PHN region has four headspace centres in operation under three lead agencies:

- headspace Edinburgh North (Sonder)
- headspace Port Adelaide (Centacare)
- headspace Onkaparinga (Sonder)
- headspace Adelaide (hSL)

headspace Centres are underpinned by a local consortium/partnership model, which seeks to draw together existing local service capacity as well as creating additional capacity.

2.2 Adelaide headspace Youth Early Psychosis Program (hYEPP)

hYEPP centres were established by the Australian Government in 2013 to launch a model of treatment and care for early psychosis, based on the Early Psychosis Prevention and Intervention Centre (EPPIC) model, developed by Orygen (The National Centre of Excellence in Youth Mental Health). hYEPP operationalises the EPPIC model on a headspace primary care platform (within a headspace Centre) and is targeted to young people aged 12-25, who are at Ultra High Risk (UHR) of psychosis or experiencing First Episode Psychosis (FEP).

Adelaide hYEPP was launched in early 2016 and is co-located in the headspace Adelaide Centre. hYEPP delivers specialist assessment, treatment and care with young people at risk of, or who have experienced, a first episode of psychosis.

Adelaide hYEPP has been established to provide services across the Adelaide metropolitan area including the area covered by headspace Adelaide.

2.3 Lead Agencies

All headspace Centres (and hYEPP components) are operated by Lead Agencies whom receive funding. The Lead Agency is responsible for the clinical, operational and financial oversight of the service including ensuring contractual requirements are met as well as coordinating the local consortium.

Together with consortium partners, key stakeholders, mental health/alcohol and other drug services, health services and the Adelaide PHN, Lead Agencies are required to lead the integration, coordination and delivery of services and programs to young people in need of such services.

Adelaide PHN, hSL and hN will work closely with the new Lead Agency to develop an agreed transition and implementation plan for headspace Adelaide Centre and hYEPP.

2.4 Adelaide PHN

Established in 2015 by the Australian Government Department of Health, Adelaide PHN is one of 31 Primary Health Networks (PHNs) operating Australia-wide and one of two PHNs in South Australia.

Adelaide PHN is committed to improving the efficiency, effectiveness and coordination of primary health care services across the Adelaide metropolitan region. Spanning the region from Sellicks Hill to Angle Vale and between the foothills and the sea, the Adelaide PHN region encompasses a community of some 1.2 million people.

Adelaide PHN is responsible for commissioning services to best address local needs. Guided by community, clinical and stakeholder input, Adelaide PHN has a clear goal of improving health outcomes for the community.

Commissioning of Primary Mental Health Care Services (PMHCS)

In November 2015, the Australian Government announced bold reforms to primary mental health care services in Australia, including the move towards a stepped-care model of service delivery, to be implemented between 2016 and 2019. As a result of these reforms, Primary Health Networks were provided with a flexible-funding pool to commission primary mental health care services under the guidance of six priority areas of focus (see: http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools).

The Adelaide PHN undertook extensive community and stakeholder consultation in response to these announcements and commissioned a range of mental health care services, commencing delivery in July 2016. Key features of commissioned PMHCS include:

- One point of entry to PMHCS via PMHCS Central Referral, providing a same day allocation service;
- One dedicated phone number via the Mental Health Enquiry Line;
- One client management system, facilitating warm referrals between services and seamless sharing of treatment and care information where appropriate;
- Two large regional providers of psychological therapeutic services across the stepped-care continuum (mild, moderate through to chronic/complex), including suicide prevention services and Clinical Decision and Monitoring Units (helping people and referrers with linkages, assessment and care planning);
- Nine organisations delivering specialist services, including treatment and care for children and Aboriginal and Torres Strait Islander people;
- A suite of clinical and community based suicide prevention services.

For more information on our commissioned providers, services and the reforms, please refer to the Adelaide PHN website, <http://adelaidephn.com.au/what-we-do/development-and-commissioning/>.

Adelaide PHN is committed to a PMHCS system that provides a stepped-care approach to service delivery, across a continuum of integrated, targeted and coordinated services for all ages and populations, particularly those that experience barriers to care.

Meeting mental health needs through headspace Centres and hYEPP

Adelaide PHN is responsible for commissioning 4 headspace Centres (headspace Primary Platforms) and one hYEPP.

The headspace Primary Platforms currently service more than 3000 young people annually, providing nearly 12,000 occasions of service. Adelaide PHN also supports 6 Enhancement Initiatives through the 4 centres which deliver additional services to young people in need.

The Adelaide hYEPP has continued to expand and work toward implementing all core components of the EPPIC model. Since 2015, more than 400 young people have accessed the Adelaide hYEPP, with around 200 young people currently using the service.

2.5 headspace National Youth Mental Health Foundation (hN)

headspace National Youth Mental Health Foundation (hN) has historically been responsible for the design and contracting of all activities, strategies, service delivery components (including headspace Centres) and other youth mental health services such as eheadspace and headspace School Support (hSS) under the Australian Government-funded Youth Mental Health Initiative.

Following the reforms announced by the Australian Government in November 2015, Primary Health Networks have been directed to take contractual responsibility for lead agencies to operate headspace Centres and hYEPP components, in line with the relevant existing models of care and funding levels established by hN.

Following these changes, hN has been directed by the Australian Government to support Primary Health Networks and headspace Centres with:

- Developing certification and a quality framework that reflects appropriate standards for provision of mental health services by lead agencies at headspace Centres (i.e. the headspace Model Integrity Framework, hMiF);
- Collecting and disseminating activity and performance monitoring data across the headspace network;
- Supporting and leading [ehheadspace](#) and [headspace School Support](#) projects (both these services are operated by hN separately to individual headspace Centres and hYEPP components);
- Training for staff working in headspace Centres in relation to clinical and non-clinical aspects of working with young people with mental health needs;
- Developing national community awareness and stigma reduction campaigns that complement regional marketing; and
- Coordination and engagement of the headspace Youth National Reference Group.

3 Model and Framework Overview

headspace Centres and hYEPP operate under standard service models that are then adapted to the local context to best meet the needs of young people in the areas they are operating. The following summarises key elements of these standard models and frameworks and is intended to provide further guidance to implementing the service specifications contained in section **Error! Reference source not found..**

3.1 headspace Centres

headspace Centres aim to improve mental health outcomes for young people aged 12-25 years with, or at risk of, mild to moderate mental illness, through short term, early intervention counselling and support. Centres provide support across four core streams, including mental

health, physical and sexual health, drug and alcohol services, and vocational education services.

headspace Centres have a number of approaches and strategies to reduce the burden of disease in young people caused by mental health disorders and related substance use. These are driven at both a national level through a variety of initiatives and campaigns and through headspace Centre activities aligned with local population needs and service gaps.

These approaches and strategies include:

- The establishment of evidence-based interventions for different stages and types of mental illness/substance use;
- Community awareness initiatives with the aim to increase early help;
- Workforce education and training with the aim of increasing help seeking behaviour in young people; and
- Early diagnosis/treatment and reforms to service systems to promote access to evidence-based interventions in primary care, in partnership with specialist providers.

Key elements of the headspace Centre model include:

- An appointed **Lead Agency** that oversees the centre and takes lead responsibility for the centre's activities, operation and services;
- A local partnership through a **consortium model arrangement** that is responsible for the delivery of mental health, drug and alcohol and primary care services as well as community-based providers of vocational assistance and training. Consortium members are encouraged to provide in-kind services through the headspace Centre under formalised arrangements with the Lead Agency. Consortia are advisory bodies and are separate to the governance (both clinical and corporate) functions related to the Centre;
- Cost-effective and **sustainable models of service delivery**, incorporating FTE staff employed directly, provided in-kind by consortia partners and/or funded through other streams. headspace Centres are encouraged to draw on funding streams such as the Medicare Benefits Schedule (MBS) items for General Practitioners, allied mental health professionals and psychiatrists introduced on 1 November 2006 under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative*;
- Provision of **accessible, youth-friendly services** which take in to account cost, privacy, appointment scheduling and physical environment. Centres and their activities are required to promote access and engagement targeted to young people;
- Comprehensive assessment and **short-to-medium term multidisciplinary intervention** which aims to progressively link the young person into appropriate longer-term care arrangements (if necessary) in a planned and coordinated manner;
- **Coordinated care**, which includes centralised case management, multi-disciplinary case discussions, group supervision, and the use of a common client management tool;
- Strategies for **promoting social recovery**, in addition to symptomatic recovery. This includes engaging providers to assist with identifying and accessing education, training and employment opportunities, establishment of accommodation options and identification of other opportunities for connection with their community;
- **Provision of support and training opportunities** for the specialist mental health and drug & alcohol workforce, General Practitioners and other primary care workers, school counsellors, youth workers and others;

- **Involvement of young people** and their families/carers in the development of service models and their ongoing review.

Expected outcomes for headspace Centres include:

- Improved mental health and wellbeing for young people with or at risk of experiencing mental health, physical and/or alcohol and drug issues
- Improved access to youth-friendly primary mental health services in accordance with the four core streams
- Improved coordination and integration of youth-friendly primary mental health care services for young people and relevant social services
- Improved mental health literacy for young people
- Increased participation of young people in the design, delivery and/or evaluation of low intensity mental health and related services.
- Increased community awareness and understanding of youth mental health issues.

3.2 headspace Model Integrity Framework (hMIF)

The hMIF is a framework developed by hN to describe the elements and service requirements associated with operationalising the headspace Centre model. hN certifies individual headspace Centres and their associated lead agencies against the hMIF.

The new Lead Agency for headspace Adelaide will be required to undertake the hMIF certification process in full, as pre-existing certification with another Lead Agency (e.g. hSL) will not be transferred.

The purpose of the certification is to assist individual centres and the network as a whole by:

- Identifying gaps and area for improvements;
- Identifying good practice;
- Identifying challenges to service delivery and the model; and
- Providing evidence to advocate on behalf of the network.

The certification is **NOT** a performance assessment.

The certification process is undertaken by hN and forms part of the **Trademarks Licensing Deed** (see Section **Error! Reference source not found.**). This obligation is separate to the contractual arrangements between the Adelaide PHN and the Lead Agency, and is wholly facilitated by hN.

Further information is contained in the documents titled:

- **headspace Model Integrity Framework (hMIF) Version 2 Aug 2017** (attached)
- **headspace (hMIF) Companion Guide - Version 2 Aug 2017** (attached)
- **headspace Clinical Governance Framework** (attached)

3.3 hYEPP and the EPPIC model

hYEPP provides early intervention, responsive, and recovery focused care for young people aged 12-25 years of age who are at high risk of or are experiencing a first episode of psychosis. The program is based on the Early Psychosis Prevention and Intervention Centre (EPPIC) model of care developed by Orygen, the National Centre of Excellence in Youth Mental Health.

The EPPIC model is a specialised model of care focused on Early Intervention in Psychosis, using an assertive case management approach, with a functional recovery focus. The model consists 16 core elements including:

- 1) Community education and awareness
- 2) Easy access to service
- 3) Home-based care and assessment
- 4) Access to streamed youth-friendly inpatient care
- 5) Access to youth-friendly sub-acute beds
- 6) Continuing care case management
- 7) Medical treatments
- 8) Psychological interventions
- 9) Functional recovery program
- 10) Mobile outreach
- 11) Group programs
- 12) Family programs and family peer support
- 13) Youth participation and peer support program
- 14) Partnerships
- 15) Workforce development
- 16) Ultra-high risk detection and care

Service options for delivering the EPPIC model include:

- Case management which may include home visits
- Support to families and carers
- Specialised treatments, including psychological therapy, medication and family work
- Psychosocial recovery options such as group programs, vocational and educational supports/services, youth and family participation
- Neuropsychological and occupational therapy interventions
- Referral and liaison with other community agencies (e.g. drug and alcohol, employment or youth services)

Source: [Orygen](#)

The workforce profile for delivering the EPPIC model may include:

- Consultant Psychiatrist(s)
- Psychiatric Trainee
- Clinical Psychologist
- Social Worker
- Occupational Therapist
- Psychiatric Nurse
- Vocational Consultant / Worker
- Teacher / Educational Consultant
- Family Worker
- Youth Participation Coordinator
- Youth Peer Support Worker
- Family Peer Support Worker

Expected outcomes of hYEPP include:

- Early detection of young people who are experiencing, or at risk of, a first episode of psychosis
- Reduction in duration of untreated psychosis to minimise impact of a first episode of psychosis on the normal developmental trajectory of the young person
- Early and effective intervention with young people at risk of a first episode of psychosis to prevent the onset of psychotic illness
- Responsive and seamless access to the service for young people (and their families/significant others) with early psychosis and first episode psychosis
- Young people experience symptomatic and functional recovery from a first episode of psychosis
- Effective and efficient targeting, identification and referral of clients to hYEPP, including through appropriate relationships and engagement between hYEPP and relevant stakeholders.

Each hYEPP is assessed for fidelity against the EPPIC model. Orygen certifies each hYEPP and their associated lead agency against implementation fidelity to the model. This is not a performance assessment.

Further information is provided in the following documents and link:

- ***The EPPIC Model of Care*** (attached)
- ***EPPIC Model Briefing Pack*** (attached – not for further distribution)
- ***EPPIC Model & Service Implementation*** (attached – not for further distribution)
- ***Staffing requirements for the EPPIC Model*** (attached)
- ***Australian Clinical Guidelines for Early Psychosis*** (attached)
- [headspace Clinical Toolkit – Psychosis](#)

4 Service Specifications

Individual headspace Centres and hYEPP components are funded for various amounts according to the level of activity and need. Service specifications for headspace Centre Adelaide and Adelaide hYEPP funded by Adelaide PHN from 1 July 2019 will be contained in the standard Adelaide PHN Contractor Agreement. High level service specifications are provided below. Importantly, as mentioned above, headspace Centres and hYEPP components are based on nationally consistent models that are tailored to the local context. Applicants are required to review the model and framework documents, and the illustrative specifications in this section 4, as they contain details the successful applicant will be required to perform and deliver.

Terms and conditions of the standard ***Adelaide PHN Contractor Agreement*** aka ‘Main Body’ are available for download as part of the RFT documentation. Section **Error! Reference source not found.** of these guidelines outlines additional requirements and acknowledgements for applicants in relation to Adelaide PHN contracts.

Key elements of the Adelaide PHN funding agreement (for headspace Centres and hYEPP component) in the context of the PMHCS reforms (see section **Error! Reference source not f**

ound.) and future requirements are provided in sections **Error! Reference source not found.** through to **Error! Reference source not found.**.

4.1 Alignment to Policy and Standards

1. Ensure headspace Adelaide Centre services are delivered in accordance with the headspace Centre service model and hMIF.
2. Ensure hYEPP services are delivered in accordance with the EPPIC Model and its 16 core components, developed by Orygen.
3. Ensure headspace Adelaide Centre and hYEPP services are delivered in accordance with:
 - a stepped care approach consistent with the Australian Government's Mental Health Reform Agenda;
 - the *National Standards for Mental Health Services 2010*;
 - the *National Practice Standards for the Mental Health Workforce 2013*;
 - the *National Framework for Recovery Oriented Mental Health Services 2013*;
 - the *User Guide for Aboriginal and Torres Strait Islander Health* (National Safety and Quality Health Service Standards); and
 - the *Australian Clinical Guidelines for Early Psychosis* (attached)
 - the *Adelaide PHN Psychological Therapies Operational Guidelines*, as they apply (attached)
 - the *Australian Privacy Principles* established under the Privacy Act 1988 (Cth)
 - Quality and risk frameworks as directed by Adelaide PHN and hN requirements.

4.2 Location, hours of operation and service fees

1. Operate (co-location of headspace Centre and hYEPP) from primary premises at 173 Wakefield Street, Adelaide, SA; and outreach (secondary) locations including various primary health and related service provider locations, youth centres, schools and other community settings;
2. Operate the headspace Centre from Monday to Friday for the equivalent of 8 hours per day (40 hours per week), excluding public holidays, from:
 - 9:00 am to 5:00 pm Monday, Tuesday, Thursday and Friday; and
 - 9:00 am to 7:00 pm Wednesday.

Unless otherwise agreed between the Contractor and Adelaide PHN.

3. Operate hYEPP, as a minimum, as follows:
 - As the hYEPP Hub, develop and provide a 24-hour service response capability, with provision of service 24 hours a day, every day of the year.
 - Develop and provide an on-call / recall after hours service. This may include after hours response with other service elements including headspace and crisis response through the local Crisis Assessment and Treatment team or equivalent service under a service level agreement.

- Ensure clients have access to appropriate after hours services and other clinical programs including eheadspace and crisis response services.
 - Hours of operation of Continuing Care Teams (must operate minimum of Monday to Friday 8 hours per day, preferably with some early evening access on 1-2 evenings);
 - Hours of operation of Mobile Assessment & Treatment Team (must operate 14 hours per day Monday to Friday, and for 8 hours on Saturdays and Sundays, with capacity for after hours on-call)
 - Hours of operation of Functional Recovery Program Centre (must operate minimum of Monday to Friday 8 hours per day, preferably with some early evening access on 1-2 evenings);
 - Hours of operation for Standard headspace services (must operate minimum of Monday to Friday 8 hours per day, preferably with some early evening access on 1-2 evenings)
4. Ensure that young people presenting for headspace Centre and hYEPP services are provided services at no cost, including MBS related services.

4.3 Integration and Partnerships

1. Establish and maintain an appropriate headspace Consortium to provide strategic direction and resources to enhance the headspace Centre's and hYEPP's capacity and capability to meet the holistic needs of young people
2. Support the co-location of Consortium partners and provision of Consortium partner service delivery at headspace Centre locations
3. Operate hYEPP Adelaide as the hYEPP Hub (central component) of the hYEPP Cluster (where headspace Centres across the metropolitan Adelaide region make up the remainder of the hYEPP Cluster)
4. Establish and maintain linkages and formal partnerships to ensure the provision of coordinated, integrated services (including shared care arrangements) and continuity of care for young people presenting at the headspace Centre including, but not limited to:
 - general practitioners and allied health professionals;
 - psychologists, psychiatrists and other mental health and drug and alcohol service providers;
 - SA Health services, including emergency departments, Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services and Drug and Alcohol Services South Australia (DASSA);
 - youth employment, education and training providers;
 - youth homelessness, housing and social support service providers;
 - specialist youth support and advocacy services;
 - eheadspace; and
 - mental health literacy and awareness raising services, such as Mindmatters and headspace School Support programs.
5. Develop Service Level Agreements between hYEPP and headspace Centres in the Catchment Area to support the effectiveness of the hYEPP, which address:

- formalised referral pathways, screening processes, coordination of care, shared care and knowledge-sharing arrangements.
 - the process for the provision of services by the Mobile Assessment & Treatment Team;
 - access to Functional Recovery Program Team in the hYEPP Hub; and
 - the extent of assistance that will be provided by the hYEPP Hub to develop local protocols and collaborative work practices;
 - operational governance, being the system by which the hYEPP Hub and headspace Centres share responsibility and are held accountable for:
 - the quality of the care provided;
 - continuous performance improvement;
 - risk minimisation; and
 - fostering an environment of excellence,and which has young people and their families/supports as the primary service focus
 - co-location and resource sharing arrangements
 - Eheadspace.
6. Use reasonable endeavours to establish service level agreements with tertiary mental health services to provide services collaboratively for hYEPP Clients and those eligible for hYEPP services but who cannot be fully serviced due to funding or any other constraints.
7. Maintain a local Youth Reference Group (YRG) to contribute to the ongoing development and promotion of headspace Centre and hYEPP.

4.4 Clinical Governance

1. Ensure the delivery of the headspace Centre and hYEPP is incorporated into the lead agency's existing Clinical Governance Framework, and is in accordance with Adelaide PHN clinical governance requirements, to ensure the effective delivery of high quality, safe and responsive clinical care. The clinical governance framework will detail structures, policies and procedures for the following elements:
- Clinical mental health expertise of staff / Board including lines of accountability;
 - Clinical intake and assessment practices (including tools);
 - Identifying and managing clinical risk and incidents;
 - Monitoring, coordination and review practices;
 - Providing evidence based practices;
 - Professional supervision of clinical staff;
 - Escalation Pathways to acute and tertiary services;
 - Continuous quality improvement and use of service standards;
 - Client consent, information sharing and client record keeping;
 - Staff safety (e.g. working alone and duress procedures);
 - Mandatory reporting.

The Adelaide PHN Service and Clinical Governance Framework is attached.

4.5 Workforce

headspace Centre:

1. Engage an appropriate mix of suitably credentialed, qualified and experienced staff to deliver the headspace Centre services and supports, including management, administrative, clinical and youth worker staff. This should include the equivalent of:
 - Centre Manager
 - Clinical Lead
 - Senior Clinician
 - Mental Health Clinician(s)
 - Youth & Community Engagement Leader
 - Administrative Support Officer.

hYEPP:

2. Engage an appropriate mix of suitably credentialed, qualified and experienced staff to deliver the hYEPP services and supports (based on the EPPIC model), including management, administrative, and clinical staff.
3. Deliver an integrated service comprised of:
 - a hYEPP Continuing Care Team;
 - a hYEPP Functional Recovery Program Team;
 - a hYEPP Mobile Assessment & Treatment Team; and
 - the Specified Personnel and a small senior management team.
4. Engage the following Specified Personnel to deliver hYEPP:
 - Hub Operations Director
 - Hub Lead Psychiatrist/Clinical Director
 - Team Leader
 - Consultant Psychiatrist(s)
 - Mobile Assessment & Treatment Team Clinical Lead
 - Continuing Care Team Clinical Lead.

Staffing requirements for the EPPIC model are attached.

4.6 Project Administration

1. For both headspace Adelaide Centre and hYEPP, develop Annual Work Plans for each financial year, demonstrating how the contractor will meet priorities set by Adelaide PHN
2. Deliver headspace Adelaide Centre and hYEPP in accordance with the approved Annual Work Plan(s), staffing profile and funding.

3. Ensure the allocation of funding Payments for headspace Adelaide Centre and hYEPP are in accordance with the following cost cap component requirements:
 - indirect support and operating costs, including program management, reception and administrative salary costs must not exceed **25%** of total Project funding Payments;
 - direct service and clinical salary costs must not be less than **67%** of total Project funding Payments; and
 - community engagement and education activities must not exceed **8%** of total Project funding Payments.

Unless otherwise agreed between the Contractor and Adelaide PHN.

4.7 Integration and Coordination with Adelaide PHN Commissioned PMCHS Providers, headspace Centres and Adelaide hYEPP

Adelaide PHN's approach to the reforms outlined in section **Error! Reference source not found**. have included headspace Centres and their activities as primary providers of youth primary mental health care services. The new Lead Agency of headspace Adelaide and hYEPP will be required to:

- i. Improve integration and coordination with existing Adelaide PHN commissioned PMHCS, other headspace centres and the Adelaide hYEPP across the region where appropriate; and
- ii. Develop approaches that ensure pathways for young people (and their families) are seamless, coordinated and integrated across the Adelaide PHN region (including with local health networks).

4.8 MasterCare

MasterCare electronic medical record (EMR) is an electronic client management program specifically designed for mental health services that has been configured and embedded within all Adelaide PHN commissioned PMHCS. MasterCare allows commissioned services to manage clients in one clinical management record concurrently. MasterCare improves the sharing of client information and clinical progress with each provider, whilst assisting with the warm referral of clients across services where appropriate.

With the assistance of Adelaide PHN (e.g. licenses and technical support) the new Lead Agency will be expected to facilitate the transition and use of the MasterCare platform for all clients at headspace Adelaide and hYEPP.

4.9 Central Referral and Clinical Decision and Monitoring Units

PMHCS Central Referral and Clinical Decision and Monitoring Units (CDMUs) provide referrers and individuals seeking services with assessment, support and assistance navigating and care-planning their mental health treatment and care. PMHCS Central Referral provides a single access point for all faxed mental health treatment plans and referrals. CDMUs are hosted by organisations that deliver psychological therapeutic services and other mental health services across two sub-regions:

- North and Centre/West Metropolitan Area (Sonder)
- South and Centre/East Metropolitan Area (Links to Wellbeing)

CDMUs are expected to link broadly with relevant primary, acute and tertiary health services along with Adelaide PHN commissioned PMHCS in the sub-regions they deliver services including headspace centres and Adelaide hYEPP.

These functions and services provided by Sonder and Links to Wellbeing provide an adjunct to the care delivered in a headspace Centre/hYEPP or an alternative to minimise waitlist times and ensure young people get the right care, in the right place and at the right time.

Further information about these and other services can be found on the Adelaide PHN website.

4.10 Specialised PMHCS and Alcohol and Other Drug Treatment Services

Adelaide PHN commissions nine specialised providers of mental health services across the region that target specific geographic areas, populations and/or treatment needs, and twelve alcohol and other drug treatment services across the region.

These services should be considered by a potential Lead Agency in formulating partnerships, linkages and coordination with Adelaide PHN commissioned services.

These services may provide an adjunct to the care delivered in a headspace Centre and/or hYEPP, or provide an alternative to minimise waitlist times and ensure young people get the right care, in the right place and at the right time.

Further information about these and other services can be found here:

Primary Mental Health Care Services:

<http://adelaidephn.com.au/what-we-do/development-and-commissioning/mental-health-and-alcohol-and-other-drug-service-reform/>

Alcohol and other Drug Treatment Services:

<http://adelaidephn.com.au/what-we-do/development-and-commissioning/alcohol-and-otherdrug-treatment-services/>

4.11 Youth with Complex Needs

Recent changes to the Commonwealth Government's approach to PMHCS delivery has resulted in funding being made available for the provision of mental health care services for youth presenting with chronic and complex mental health needs (youth with complex needs). The Commonwealth Government has tasked PHNs with a number of objectives attached to this funding including:

- Support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of, mental illness (*including those with complex and chronic mental illness who are being managed in primary care*) and implementation of an equitable and integrated approach to primary mental health services for this population group; under-pinned by:

- A continuum of primary mental health services within a person-centred **stepped care approach**, making the best use of available workforce and technology, available within local regions to better match individual and local population need.

Youth with complex needs broadly describes young people that are:

- Aged 12 to 25 years
- Seeking or referred for treatment, support and/or assistance to manage a **chronic and complex mental health problem**
- Require a mix of specialties, approaches and/or interventions to meet their care needs.

Many of these young people have comorbid alcohol or other drug use problems, which must be addressed concurrently.

Adelaide PHN has recently commissioned the following services to support youth with complex needs:

- Integrated Practice Unit – Youth (South) Project – Sonder (co-located with headspace Onkaparinga)
- Integrated Practice Unit – Youth (North) Project – Sonder (co-located with headspace Edinburgh North)
- Integrated Practice Unit Youth Support Project – Centacare (co-located with headspace Port Adelaide)

The Adelaide PHN commissioned Integrated Practice Units provide primary mental health care services and supports for young people aged between 16-25 years experiencing or at risk of experiencing severe and/or complex mental illness in the metropolitan Adelaide region.

Adelaide PHN intends to work with Lead Agencies of headspace Centres, Adelaide hYEPP and Local Health Network(s) youth mental health services across the region to implement integrated services for youth with complex needs. Lead agencies of headspace Centres and hYEPP components are required to work alongside Adelaide PHN and other key stakeholders to implement these services.

4.12 headspace National Requirements

All lead agencies operating headspace Centres and hYEPP are required to sign a **Trademarks Licensing Deed** and comply with the **headspace Centres Brand Policy (attached)** in order to be able to operate a headspace Centre (and hYEPP component). These documents are available for download as part of the RFT documentation.

Additional requirements for Lead Agencies to be certified against the hN Model Integrity Framework are outlined in section **Error! Reference source not found.**

4.13 Transition Arrangements / Plan

Adelaide PHN, hN, hSL and Orygen will work with the successful applicant to plan and transition the existing service and operational arrangements to the new Lead Agency.

The new Lead Agency is expected to have fully commenced at 1 July 2019. The transition period will commence from January 2019.

Adelaide PHN supports the transfer of existing staff from the current to the new Lead Agency, however the new Lead Agency is under no obligation to do so. Applicants are advised that the current hYEPP workforce has a high level of the required skills and expertise, and a replacement workforce will be difficult to recruit.

Specific details of the transition plan and funding will be dependent on the requirements and details of the successful application.

Applicants are advised that the transition between lead agencies will include:

- i. **Employees** – Adelaide PHN will support the transition of the current staffing profile to new lead agency, where possible. Employees are currently covered under the Health Professional and Support Services Award 2010.
- ii. **Lease** – the existing lease arrangements at 173 Wakefield St, Adelaide 5000. Full funding for this lease is covered as part of the Adelaide PHN contractor agreement. The current lease terms and conditions will be provided, as appropriate, within the query period of this RFT and will be made available to all applicants via Tenderlink. Further information will be provided to the successful applicant during contract negotiations.
- iii. **Business Transfer Deed** – The new Lead Agency will be required to sign and comply with the Business Transfer Deed. Further details can be provided from hN.
- iv. **Legacy contracts** – The new Lead Agency will be supported with information relating to any existing contracts between the existing lead agency and other entities (e.g. sub-contracted private practitioners) that may impact on future service delivery and achievement of outcomes. Details of existing lease/contract arrangements will be provided, as appropriate, within the query period of this RFT and will be made available to all applicants via Tenderlink. Further information will be provided to the successful applicant during contract negotiations.

5 Key Timelines

The RFT will open on Wednesday 3 October 2018 and close approximately 5 weeks later at 12:00 midday ACDT Friday 9 November 2018.

Applications will be assessed in November with a preferred applicant / provider identified by 23 November 2018.

Contract negotiations to commence with the preferred applicant from 26 November 2018.

Transition to commence from January 2019.

Implementation of services through the new Lead Agency to commence from 1 July 2019.

6 Applications

6.1 Eligibility to apply

Applications for the provision of headspace Adelaide Centre and hYEPP are subject to eligibility criteria as follows:

- a) There will be ONE new Lead Agency commissioned to provide BOTH headspace Adelaide Centre and hYEPP Adelaide
- b) The new Lead Agency will have a significant local service delivery footprint in the Adelaide metropolitan region
- c) Single agencies, consortia, partnerships and other joint applicants are eligible to apply, and the Adelaide PHN does not have a preference
- d) Joint applications MUST specify the Lead Agency. The Lead Agency within a joint application MUST have a significant service footprint (as per b) above)
- e) Joint applications must:
 - i. provide details of all joint applicants,
 - ii. provide letter/s of commitment from all joint applicants, and
 - iii. demonstrate with evidence how a partnership/consortium model would provide benefits over and above a single agency model

NOTE: Applicants are advised that a partnership/consortia arrangement applying and proposing to be an Adelaide PHN commissioned service provider for headspace Adelaide Centre and hYEPP is different to the 'headspace consortium model' that will need to be established and implemented in accordance with the service specifications and hMIF. The headspace consortium model is an internal reference group without funding delegation. Further details of the headspace consortium model are available in the attached reference documents.

6.2 Submitting Applications

Applications may only be submitted via Tenderlink <https://www.tenderlink.com/adelaidephn> using the online application form and process from Wednesday 3 October 2018 to 12:00 midday ACDT Friday 9 November 2018.

6.3 Queries and Updates

Queries about the RFT **must** be made through the Tenderlink Q&A Forum. Responses (deidentified) will be made available to all potential applicants via the Tenderlink Q&A Forum. The opportunity to submit queries through Tenderlink closes **seven days prior** to the closing date (Friday 2 November 2018).

Any updates to RFT documentation or additional information released once the RFT is open will be added to Tenderlink and all applicants who have downloaded the RFT will be notified by email of the additional information.

6.4 Revising Applications

Applicants may revise their applications submitted through Tenderlink at any time up to the closing date. Revisions of applications will not be accepted after the closing date.

6.5 Late Applications

Applications will not be accepted after the closing date.

6.6 Administrative Support for Submitting Applications

Applicants are encouraged to contact the Tenderlink Support services on **1800 233 533** with any questions relating to submitting applications in Tenderlink.

6.7 Acknowledgement of Applications

Each application lodged will be acknowledged via an automated email through Tenderlink.

6.8 Confidentiality of Applications

Each application is treated as confidential.

6.9 Notification of Outcomes to Applicants

All applicants will be advised in writing of the outcome of their application.

6.10 Opportunities for Feedback

Once a contract has been awarded all applicants will be formally advised of the outcome verbally and in writing. Unsuccessful applicants may request general feedback from Adelaide PHN on their application and characteristics of the successful proposal(s) via applications@adelaidephn.com.au. Applicants should include “*headspace Adelaide and hYEPP RFT Request for Feedback*” in the subject line.

7 Assessment

7.1 Compliance

Applications must be compliant with the following in order to be assessed:

- a) Applications must be **complete** and submitted through the relevant page and Tenderlink online application only <https://www.tenderlink.com/adelaidephn/>. Responses to questions provided in a format that is not the Tenderlink online application form will not be accepted.
- b) Applications must be received by the closing date/time
- c) Applications must be provided in English and typed
- d) Applications must adhere to word limits. If word limits are exceeded the application may be considered non-compliant and not assessed further or additional words will not be considered

7.2 Evaluation of Applications

Successful applicants will be selected through a competitive process. An application assessment panel will consider each submission against the requirements outlined in these guidelines and application form.

Adelaide PHN reserves the right to request additional and clarifying information from applicants (at no cost to Adelaide PHN) to further assess applications. Adelaide PHN is not bound to request additional information. The onus is on applicants to ensure their application is clear and complete.

Adelaide PHN reserves the right to work with preferred applicants to clarify and adjust applications and in some cases, request revised applications prior to a contract being awarded.

7.3 Contracting, Reporting and Evaluation Requirements

Contract negotiations are undertaken with the preferred applicant. Contract negotiations will include further detail and confirmation of staffing profiles, expected caseloads and budget in line with the models of care and health needs.

If negotiations are not successful within a reasonable timeframe, Adelaide PHN may choose to approach the next preferred applicant and re-commence contract negotiations.

The preferred applicant will only be permitted to engage in contract negotiations to amend sections of the standard **Adelaide PHN Contractor Agreement** aka Main Body (excludes schedules to the agreement) that they have pre-identified in their Tenderlink application.

Applicants are therefore required to consider the standard **Adelaide PHN Contractor Agreement** aka Main Body (available for download as part of the RFT documentation) before applying in order to be aware of their contractual obligations and identify any proposed amendments they seek to negotiate (see section 10 of these guidelines).

The successful applicant will report regularly to Adelaide PHN as per the requirements set out in the agreed contract. Contracted organisations will be required to report against agreed Key Performance Indicators (KPIs) contained in the contract and progress reports.

8 Reporting

Progress Reports, Financial Reports and a Final Report are part of the reporting obligations.

9 Budget

Initial implementation funding is available from 1 July 2019 until 30 June 2022 with a total annual budget of approximately:

headspace Centre Adelaide **\$884,714** (exc GST)

hYEPP Adelaide **\$7,087,454** (exc GST)

Note that the funds must be utilised in accordance with the headspace Centre model and hYEPP model. The budgets reflect the funding required to achieve expected outcomes and sustainable delivery of the service models in the metropolitan Adelaide region.

Lead agencies are expected to comply with the appropriate allocation of funding outlined in the service specifications (section 4) available as part of the RFT documentation on Tenderlink, and further details provided to the successful applicant through contract negotiations.

Should the Commonwealth extend the funding to Adelaide PHN for this program and not mandate a new tender process, Adelaide PHN will extend the contract period accordingly and the Lead Agency will not be required to re-tender for this funding.

Ongoing funding from Adelaide PHN is also dependent upon service delivery performance. Adelaide PHN works with providers throughout the course of each year, monitoring activity and performance via reporting, evaluation, and capacity building processes.

The new Lead Agency is expected to have fully commenced at 1 July 2019. The transition period will commence in the first half of 2019.

Specific details of the transition plan and funding will be dependent on the requirements and details of the successful application.

9.1 Funding Exclusions

Funding outlined in this RFT is not available for the following:

- To pay for work undertaken to develop your application
- Items of capital equipment
- Infrastructure and capital works
- Local, State or Federal Government organisations though these organisations may be members of the headspace consortium model (i.e. not the Lead Agency or joint applicant)

10 Additional requirements and acknowledgements

In the application form, applicants will be asked (if successful) to agree to the following:

- i. Prior to a formal contract being finalised between all the parties, a description of the project, amount of funding, and the identity of the applicants may be used in media releases and other publications, and be provided to organisations or individuals with a view to them contacting the applicants for further information;
- ii. Applicants may be required to produce proof of insurance cover held, registrations, and accreditation status;
- iii. Accept the terms and conditions outlined in the RFT documentation including attachments and the Policy 'Working with Vulnerable Persons for Contractors' (as supplied);

- iv. Applicants agree to and accept the terms and conditions of the standard **Adelaide PHN Contractor Agreement** (available for download as part of the RFT documentation) without modification; or Agrees and accepts the terms and conditions of the standard **Adelaide PHN Contractor Agreement** subject to good faith negotiation of proposed amendments (by the applicant) to the agreement outlined in the **Contract Negotiation Request Template** (available for download as part of the RFT documentation);
- v. Applicants acknowledge that the terms and conditions outlined in the **service specifications (Section 4)** are likely to remain unaltered except to include further specific activity and funding details relevant to headspace Centre Adelaide and hYEPP.

11 Attachments

- A. **headspace Model Integrity Framework (hMIF) Version 2 Aug 2017**
- B. **headspace (hMIF) Companion Guide Version 2 August 2017**
- C. **headspace Clinical Governance Framework (2014)**
- D. **The EPPIC Model of Care graphic (Orygen, 2018)**
- E. **EPPIC Model Briefing Pack (2012) (NOT FOR DISTRIBUTION)**
- F. **EPPIC Model & Service Implementation (2013) (NOT FOR DISTRIBUTION)**
- G. **Staffing Requirements for the EPPIC Model**
- H. **Australian Clinical Guidelines for Early Psychosis 2nd Ed 2016**
- I. **Adelaide PHN Psychological Therapies Operational Guidelines**
- J. **Adelaide PHN Service and Clinical Governance Framework**
- K. **headspace Centres Brand Policy**
- L. Standard **Adelaide PHN Contractor Agreement** aka 'Main Body'
- M. **Adelaide PHN Contract Negotiation Request Template**
- N. **Adelaide PHN Branding and Acknowledgement of Funding Requirements**
- O. **Adelaide PHN Working with Vulnerable Persons for Contractors Policy**

Addendum: RFT Information Session Q and A

12 Key Definitions

Adelaide Primary Health Network (Adelaide PHN) established by the Commonwealth Government Department of Health, Adelaide PHN is one of 31 PHNs established across Australia to oversee the efficiency and effectiveness of primary health services across Adelaide, ensuring people get the right care, in the right place at the right time.

headspace National Youth Mental Health Foundation (hN)

the headspace National Youth Mental Health Foundation Ltd. hN oversee the operation of the headspace Centres and other funded programs for youth across Australia.

headspace Services Limited (hSL)

is the operational arm of hN and is currently the Lead Agency for headspace Adelaide, and Adelaide headspace Youth Early Psychosis Program (hYEPP).

headspace Centre

a centre delivering a variety of clinical and non-clinical youth (12-25 years) focused services in a physical locality operated by a 'Lead Agency'. headspace Centres focus on delivering early intervention mental health services to young people that are evidence-based and appropriate to the needs of the population in which they are located. There are approximately 100 headspace Centres across Australia.

headspace Youth Early Psychosis Program (hYEPP)

a program initiated by the Australian Government to provide evidence-based early intervention for young people aged 12-25 years at risk of and/or experiencing psychosis. The program is based on the Early Psychosis Prevention and Intervention Centre (EPPIC) Model developed by Orygen - The National Centre of Excellence in Youth Mental Health (Orygen).

Lead Agency

one organisation (working in a consortia) that oversees the clinical, operational, financial and contractual requirements of the headspace centres and/or the hYEPP.

13 Youth Mental Health in South Australia

2007 data

(source: AIHW/ABS):

- Around a quarter of all young people aged 16 -24 years had a mental disorder (approximately 26% or 671,000 young people)
- Young people were more likely to have Anxiety disorders (15%) and Substance Use disorders (13%) than Affective disorders (6%)
- Young women were more likely than young men to have had a mental disorder in the previous year (374,800 or 30% compared with 296,300 or 23% respectively).

2016 data

(source: Public Health Information Development Unit (PHIDU). An atlas of mental health conditions in South Australia: population patterns of prevalence, risk factors, service use and treatment. Adelaide: PHIDU, 2016):

Mental health hospital admissions:

- birth to 14 year age group, 'Other disorders' make up over 50% of the diagnoses for admissions. This category is composed mostly of developmental disorders.
- 15 to 19 years, substance-related disorders, mood disorders and anxiety-related disorders each comprise around one quarter of the diagnoses. The diagnosis of schizophrenia makes up around 8% of admissions for this age group.
- 20 to 24 years, substance-related disorders, schizophrenia, anxiety-related, and mood disorders are in roughly equal proportions.

Rate of clients of CAMHS visits per 100,000 population aged 0 to 19 years:

- substantially lower in Greater Adelaide (1,604) than in Regional South Australia (3,643).

- For Greater Adelaide, the highest rates in Mount Barker (4,167); in Christie Downs/ Hackham West - Huntfield Heights (3,897) in the outer south; and in Elizabeth/ Smithfield - Elizabeth North (3,593) in the outer north.
- For Regional South Australia, the highest rate was recorded for children and young people in the APY Lands (29,232 per 100,000). => approximately one in three children living in the APY Lands was a client of CAMHS in the 2012/13 to 2013/14 period.

(source: Discussion Paper: Mental Health, Substance Use And Young People In South Australia - A Health Outcomes International / SYC Discussion Paper; Authors: Dr Samantha Battams (HOI), Liz O'connell (SYC), Students From The SYC Youth Leadership Impact Project Group):

- The Young Minds Matter Survey (Lawrence 2015) showed that 14% of young people aged 12-17 years had experienced a mental health disorder in the preceding 12 months.
- The 2016 Mission Australia Youth Mental Health Report 2012-2016, reporting on a five year annual youth mental health survey (with responses ranging from 14,635 to 21,172 per annum), found that just under a quarter (22.8%) of young people aged 15 to 19 reported the symptoms of probable serious mental illness (measured by psychological distress, or the Kessler 6 scale), up from 18.7 per cent five years ago.
- Anxiety and depression are the most prevalent mental health conditions in young people, along with attention deficit hyperactivity disorder (ADHD)