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Mental Health Shared Care Service

Request for Proposal - Guidelines

CLOSING DATE AND TIME: 12pm ACST Thursday 9 August 2018

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

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1. Purpose

Adelaide Primary Health Network (Adelaide PHN) has issued a Request for Proposal (RFP) from organisations interested in delivering the Mental Health Shared Care Service (MHSCS).

This document is designed to provide prospective applicants of the MHSCS with information on the service specifications and application process. **Prospective applicants should read these guidelines carefully before applying.**

This is NOT an application form. Applications may only be submitted through Tenderlink <https://www.tenderlink.com/adelaidephn/> using the MHSCS Invitation to Apply online process.

Please note, this document may only be used for the intended purpose and may not be copied or otherwise used without prior written permission from the Adelaide PHN.

1.1 Acknowledgement

The Adelaide PHN would like to acknowledge the Kaurna peoples who are the Traditional Custodians of the Adelaide Region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past, present and future.

1.2 Adelaide Primary Health Network

Adelaide PHN is one of 31 independent organisations nation-wide that are funded by the Australian Government to coordinate and improve primary health care services in their local areas.

The Australian Government's objectives for PHNs are that they will:

1. increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes; and
2. improve coordination of care to ensure patients receive the right care in the right place at the right time.

Adelaide PHN reaches from Sellicks Hill to Angle Vale and from the foothills to the sea. It encompasses a community of some 1.2 million people.

Adelaide PHN aims to improve health outcomes for the community by commissioning services to address local needs. The Adelaide PHN is guided by community, clinical and stakeholder input.

For more information, please visit the Adelaide PHN website at www.adelaidephn.com.au. The Adelaide PHN website includes publications, resources, maps, population health data, and needs assessments for the Adelaide Metropolitan area. The Adelaide PHN website also provides important links and updates of our commissioned primary mental health services and how these are integrated with the broader primary mental health sector.

2 Background

Overview

Adelaide PHN seeks independent or joint (consortium, partnership, joint venture) applications from suitably qualified and experienced organisations to deliver the Mental Health Shared Care Services Project (MHSCS Project).

Under the MHSCS Project, the successful applicant(s) will be required to provide clinical care planning, clinical care coordination and psychological therapy services for eligible individuals with severe and complex mental health and associated co-morbid difficulties, predominately residing in targeted Local Government Areas of the Outer Northern, Outer Southern and Western/Central areas of metropolitan Adelaide.

Services are to be provided within a stepped care model of service delivery (see Figure 1 below), with the successful applicant(s) working closely with a diverse range of primary, secondary and acute health care providers across the areas to facilitate effective step up and step down care based on individual need.

Mental health shared care services are currently provided through an existing program that is being redesigned and is now being re-commissioned by the Adelaide PHN. The successful applicant(s) may be required to support the transition of individuals accessing existing services to the new MHSCS arrangements.

Applicants can apply to deliver services in either the Outer Northern, Outer Southern or Western/Central area of metropolitan Adelaide only, or across two areas, or across all three areas.

The MHSCS Project will be funded via SA Health and the APHN for a three year period (with the possibility of extension), and the successful applicant(s) will be required to commence the MHSCS Project on 1 October 2018.

Identified need

The MHSCS Project will not be Adelaide metro-wide, but specifically target Adelaide metropolitan areas that are identified as having a higher prevalence of 'low prevalence disorders', with the added challenge of having a lower availability of resources to address this need. Adelaide PHN, through its health needs assessment process, has identified that the following Local Government Areas (LGAs) as requiring support (including the approximate distribution of need across the Adelaide PHN region) through the MHSCS Project:

- Outer Northern area (42%): Salisbury, Playford
- Outer Southern area (42%): Marion, Onkaparinga
- Western/Central area (16%): Port Adelaide Enfield, Adelaide

Primary Mental Health Care Reform

The Commonwealth Government tasked the National Mental Health Commission with conducting a national review of mental health programs and services.

As a result of this review in December 2015 the Australian Government announced reforms to primary mental health care in Australia, to be rolled out over a three-year period between

2016 and 2019. The reforms included a number of measures, several of which are to be implemented through Primary Health Networks (PHNs) including a stepped care model across the primary mental health sector.

The Commonwealth directive states:

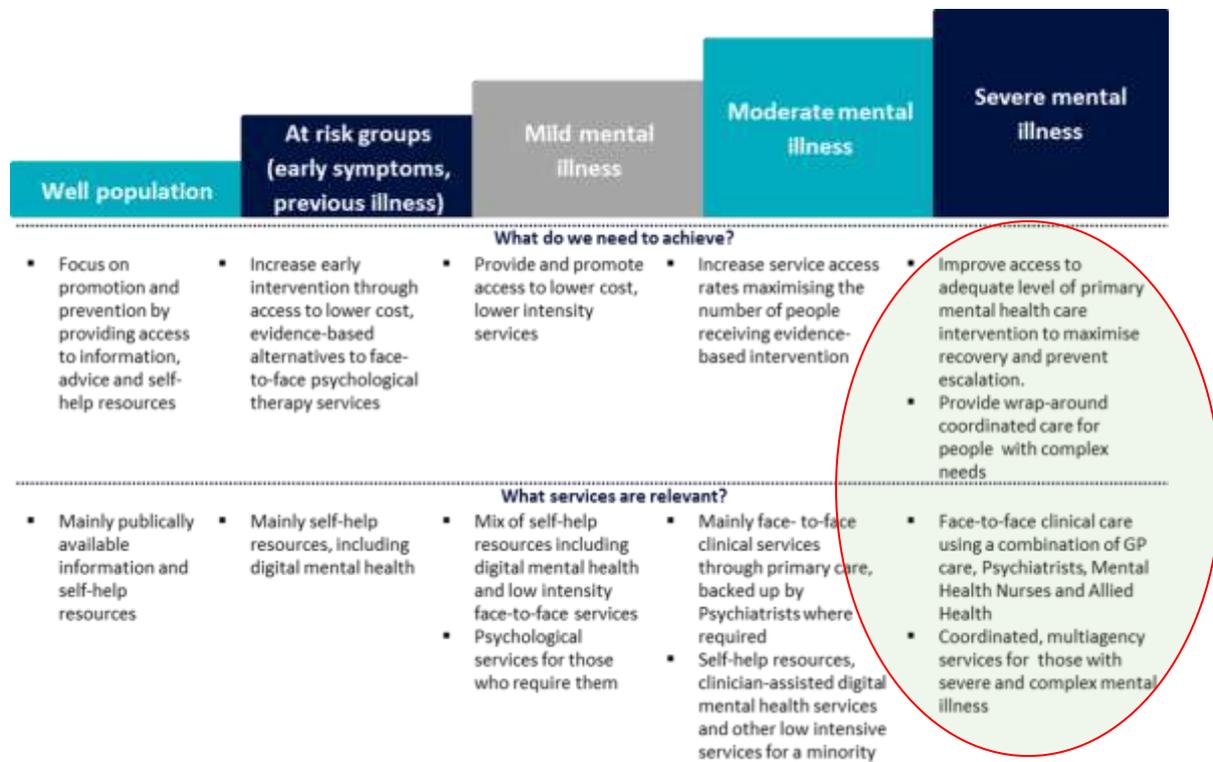
- Australia will move towards a stepped care model in stages over the next three years.
- Australians will receive varying levels of primary care interventions and support depending on their level of need as determined by a health professional, whether that be 'at risk', mild, moderate or severe/complex.

The stepped care approach enables better targeting and use of digital mental health services, Medicare and practice-based services, and pooled mental health and alcohol and other drug program funding to support greater emphasis on self-help, early intervention and a reduction in inefficiencies and over-medicalisation.

Figure 1 below depicts the stepped care model of primary mental health care service delivery. Within the stepped care model of service delivery, the MHSCS Project sits at the higher end of the model within the severe mental illness spectrum.

The MHSCS Project facilitates effective clinical cohesion within a continuum of mental health care services and plays an integral role in assisting individuals with complex mental health and associated co-morbid difficulties, engage in care pathways and networks with all relevant providers to enhance their physical and mental health outcomes.

Figure 1 – Australian Government Stepped Care Model



MHSCS Project Principles and Aims

The overarching objective of the MHSCS Project is to enhance the physical and mental health outcomes of individuals with complex mental health needs through the support of dedicated MHSCS clinicians based in the primary health care sector.

The Project will be guided by the following principles:

- Client and Carer Focus
- Continuity of care
- Least restrictive service provision
- Partnerships in care
- Safety and Quality
- Workforce Planning and Development

Further detail on the MHSCS Principles are provided in Attachment 1.

More specifically, the MHSCS Project aims to:

- provide person centred evidence based clinical mental health services to support the needs of individuals with chronic and complex mental health needs who are best managed in the primary health care sector;
- provide support mechanisms for individuals with complex mental health needs, enabling maintenance of well-being, access to identified therapies and engagement with associated mental and physical health services;
- provide early intervention, coordinated clinical care, information and referral to reduce the occasions of relapse requiring acute intervention and consequently reduce demand for emergency and acute services;
- facilitate seamless communication, collaboration, transfer of care and referral pathways between general practice, government (both State and Commonwealth), non-government and other relevant mental health services;
- facilitate step up/ step down and post discharge activities with State Government Local Health Networks (LHN) mental health services;
- coordinate support between general practitioners, LHN and National Disability Insurance Scheme (NDIS) assessment and referral to match individuals to the service pathway that best meets their needs; and
- contribute to the provision of qualitative and quantitative data, including the MHSCS Minimum Data Set (MDS).

MHSCS Project Outcomes

The expected project outcomes for MHSCS include:

- People have access to appropriate mental health services at the right time and place
- People receive coordinated, culturally appropriate services from local health providers
- Improved availability and provision for early intervention, appropriate and coordinated care for the target group,
- Improved collaboration between services and eligible individuals for the benefit of the client,
- The capacity of primary health care services to support people with severe mental illness presentations within primary health care is improved,
- Health care providers have an integrated approach to mental health care and suicide prevention resulting in:

- Increased engagement between mental health service providers across the stepped care model,
- Improved linkages between mental health services across the stepped care model,
- Reduced demand for hospital emergency department and acute services through collaboration.

3 Service Specification

*Note: The service specifications provided below should be read in conjunction with the attached **MHSCS Principles document (Attachment 1)**.*

3.1 Activities

The successful applicant(s) will be required to deliver MHSCS Project in one or two, or three of the Outer Northern, Outer Southern, and Western/Central areas of metropolitan Adelaide.

In performing the MHSCS Project, the successful applicant(s) will be required to:

- Establish a comprehensive primary mental health care service to support individuals with complex mental health needs, consistent with a stepped care service delivery model and in accordance with the MHSC Principles (Attachment 1);
- Operate the service between the hours of 9am and 5pm, five days per week, excluding public holidays;
- Ensure the services are delivered from premises that are fit for purpose and appropriately located within the Outer Northern, Outer Southern or Western/Central areas in close proximity to public transport and other amenities, for ease of access by people using the service;
- Ensure the psychological therapy, clinical care planning and clinical care coordination services are delivered by suitably qualified and skilled clinicians experienced in assessing and treating people with severe mental health conditions, including:
 - Psychologists (registered and clinical psychologists)
 - Mental Health Nurses (including metabolic comorbidity support nurses where feasible)
 - Occupational Therapists (Mental Health Accredited); and/or
 - Social Workers (Mental Health Accredited).
- Assign a dedicated clinician to each person accessing the service that supports them throughout their MHSCS care pathway. Each MHSCS clinician will have a suitable caseload applicable to the complex cohort;
- Provide services in an appropriate setting and in line with the service delivery model appropriate to the person, this may include individual or group therapy sessions;
- Develop, implement and maintain clinical care pathways and associated follow up for people accessing the service support by clear procedural processes, including escalation and de-escalation pathways.

- Deliver services for people with complex mental health needs in accordance with the MHSCS eligibility requirements detailed in the MHSCS Principles document at Attachment 1;
- Facilitate linkages and referrals for psychosocial supports as required for people accessing the service;
- Provide appropriate clinical supervision, support and training to ensure staff effectively deliver high quality, safe and responsive clinical care for people accessing the service;
- Ensure an appropriate Service and Clinical Governance Framework is in place to support the effective delivery of high quality, safe and responsive clinical care for people accessing the service. This Framework will cover all aspects of quality, risk, accountability and evaluation including:
 - i. Critical incidents;
 - ii. Escalation pathways;
 - iii. Expertise and supervision of staff;
 - iv. Monitoring, coordination and review practices;
 - v. Providing evidence based practices;
 - vi. Continuous quality improvement and use of service standards;
 - vii. Client consent, information sharing and client record keeping;
 - viii. Staff safety (e.g. working alone and duress procedures);
 - ix. Mandatory reporting.
- Provide project management services, including project oversight and performance management to ensure effective delivery of the services as well as broader MHSCS Project requirements;
- Establish service linkages and formal partnerships with primary, secondary and acute mental health care and related services, including LHNs, general practitioners and other key providers to ensure effective delivery of the services and continuity of care for MHSCS clients;
- Support the transition of individuals accessing incumbent service(s) to the new MHSCS arrangements as required to enable smooth transition of clients and to minimise clinical client risk. This will include engagement with past service provider(s) through the transition period as required:
 - Noting transition of clients may occur over a three month period from commencement of new arrangements.
- Ensure services are delivered in accordance with the:
 - *National Standards for Mental Health Services 2010;*
 - *National Practice Standards for the Mental Health Workforce 2013;*
 - *National Framework for Recovery Oriented Mental Health Services 2013;*
 - *User Guide for Aboriginal and Torres Strait Islander Health (National Safety and Quality Health Service Standards); and*
 - *Other operational guidelines provided by Adelaide PHN as relevant for the MHSCS Project.*

- Provide the required infrastructure, administrative support, and support services (e.g. information communication, and technology) to enable the delivery of the MHSCS;
- Provide a culturally safe and sensitive environment to diverse populations accessing the services including but not limited to:
 - Aboriginal and Torres Strait Islander populations;
 - Culturally and Linguistically Diverse populations; and
 - LGBTQI populations.
- Undertake data collection and analysis, including the provision of qualitative and quantitative data, including the MDS;
- Work collaboratively with existing (past) providers of the services to facilitate smooth transitions for individuals accessing the service and supports; and
- Facilitate the transition and use of a client database through MasterCare (see section 4.2). This will include client database management, completion of an MDS and alignment to Adelaide PHN reporting requirements.

3.2 Project Delivery Areas

The MHSCS will be delivered to support targeted Local Government Areas (LGAs) of highest need based on our recent needs assessment findings, in accordance with the identified distribution of need across the Adelaide PHN region (see section 2). Adelaide PHN has grouped these LGAs into service area clusters (areas) as shown in the table below.

Applicants are invited to apply to deliver services in:

- one of the areas; **OR**
- two of the areas; **OR**
- all three areas.

Service delivery for an area must include service coverage for all the identified LGAs within each designated area.

Metropolitan Adelaide Area	Target LGAs
Outer Northern Area	<ul style="list-style-type: none"> • Salisbury • Playford
Outer Southern Area	<ul style="list-style-type: none"> • Marion • Onkaparinga
Western/Central Area	<ul style="list-style-type: none"> • Port Adelaide Enfield (Western) • Adelaide (Central)

Applicants must be clear which area(s) they will be applying to provide services to.

4 Additional Information

4.1 Eligibility to apply

This RFP has restricted eligibility as per the details below.

The successful applicant(s) will be required to staff and deliver the service from a metropolitan Adelaide location. Only organisations with a significant mental health service footprint in the Adelaide PHN region will be considered. This is to ensure the local service landscape is understood and the benefits of established service networks are realised.

Interstate providers without a significant local mental health service footprint in the Adelaide PHN region will not be eligible to respond to this RFP.

Local Health Networks will not be eligible to apply to provide the MHSCS.

Note also, it is an obligation of any respondent that is part of a joint application, such as a consortium, that applies separately (through a different legal entity) to advise the lead of that joint application.

4.2 MasterCare

MasterCare EMR is an electronic client management program specifically designed for mental health services that has been configured and embedded within all Adelaide PHN commissioned primary mental health care services. MasterCare EMR allows commissioned services to manage clients in one clinical management record concurrently. MasterCare EMR 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 successful applicant(s) for MHSCS will be expected to facilitate the transition to, and use of, the MasterCare EMR platform for all clients in the MHSCS.

4.3 Transition Arrangements

The new provider(s) is/are required to commence the service from 1 October 2018.

Individuals accessing primary mental health shared care supports through the existing (incumbent) provider(s) will transition to the new provider(s). The transition of clients may occur over a three month period from commencement of new arrangements. Transition of clients must be undertaken as soon as is practicable, but no later than 30 December 2018. Adelaide PHN, and the incumbent agencies will work with the successful applicant(s) to transition existing clients requiring ongoing supports to the new provider(s).

Applicants are advised that the transition between incumbent and new providers will include the transition of their existing clients and their associated records.

5 Key Timelines

The RFP will open on Thursday 19 July 2018 and will close at 12pm ACST Thursday 9 August 2018.

Applications will then be assessed with a preferred applicant(s) / provider identified by Monday 23 August 2018.

Contract negotiations and commencement of transition support to be finalised by Thursday 13 September 2018.

Implementation to commence from Monday 1 October 2018.

6 Applications

6.1 Submitting Applications

Applications may only be submitted via Tenderlink <https://www.tenderlink.com/adelaidephn> from Thursday 19 July 2018 to 12pm (ACST) Thursday 9 August 2018.

6.2 Queries and Updates

Queries about the RFP must be made through the Tenderlink Q&A Forum. Responses (de-identified) will be made available to all potential applicants via the Tenderlink Q&A Forum. The opportunity to submit queries through Tenderlink closes seven (7) days prior to the closing date.

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

6.3 Conflicts of Interest

Applicants and their respective officers, employees, agents and advisers must not be in a position which may, or does, give rise to an actual, potential or perceived conflict of interest between the interests of Adelaide PHN and the interests of any other entity during the tender process.

Applicants must state in their application, any circumstances, arrangements, understandings or relationships which constitute, or may reasonably be considered to constitute, an actual or potential conflict of interest with the Applicant's obligations under this RFP or under any Contract which may be negotiated or executed between the successful applicant and Adelaide PHN.

This includes:

- Declaration of interest in more than one submission (i.e. proposed Project personnel is/are part of two or more applications which have been submitted by different legal entities).

Note also, as previously stated (in section 4.1) it is an obligation of any respondent that is part of a joint application, such as a consortium, that applies separately (through a different legal entity) to advise the lead of that joint application.

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 time.

6.5 Late Applications

Applications will not be accepted after the closing time.

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.

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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 verbal feedback from Adelaide PHN. Adelaide PHN will provide verbal feedback for unsuccessful applicants after the contract negotiation process with the preferred provider(s) is complete.

Unsuccessful applicants may request a debriefing via applications@adelaidephn.com.au. Applications should include “MHSCS RFP 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 online application process on Tenderlink - <https://www.tenderlink.com/adelaidephn/>.
- b) Applications must be received by the closing date/time.
- c) Applications must be provided in English.
- 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.
- e) Additional information provided as attachment(s) to an application must be kept to a minimum. **APHN is not obliged to consider any additional information in the form of attachments** to an application. Applications must therefore ‘stand-alone’ and meet the assessment requirements without additional attachments.

7.2 Evaluation of Applications

Successful applicant(s) 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 clarification information from applicants (at no cost to Adelaide PHN). However, Adelaide PHN is not bound to request additional information and the onus is on applicants to ensure their application is clear and complete.

Adelaide PHN reserves the right to work with preferred applicant(s) to clarify and fine-tune 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(s). If negotiations are not successful within a reasonable timeframe, Adelaide PHN may choose to approach the next preferred applicant(s) and re-commence contract negotiations.

The preferred applicant(s) will only be permitted to engage in contract negotiations to amend sections of the **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 (as supplied) before applying in order to be aware of their contractual obligations and identify any proposed amendments they seek to negotiate.

The successful applicant(s) 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 funding is available for a three year period expected to commence in October 2018. Indicative funding over the three years for all three areas (Outer Northern, Outer Southern, Western/Central) is **\$4,108,000** (exc GST) which is expected to cover services in the business hours period defined as 9am to 5pm five days per week (Monday to Friday) excluding public holidays.

Subject to ongoing funding to the APHN this contract may be extended accordingly without the need to re-tender, subject to the service provider continuing to achieve deliverables and performance outcomes.

Adelaide PHN works with providers throughout the course of each year, monitoring activity and performance via reporting, evaluation, and capacity building processes.

9.1 Funding Exclusions

Funding will not be available for the following:

- Existing services;
- Retrospectively for activities already undertaken or expenses already incurred;
- To pay for work undertaken to develop your proposal;
- Items of capital equipment; and
- Infrastructure and capital works.

Applications will not be accepted from Local Health Networks (see section 4.1).

10 Acknowledgements

In the application, 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 of the Adelaide PHN 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** (as supplied) 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 RFP documentation);
- v. Applicants will be expected to acknowledge that the terms and conditions outlined in the **Adelaide PHN Contractor Agreement** are likely to remain unaltered except to include specific activity and funding details relevant to the MHSCS in the specified service area.

11 Attachments

- Attachment 1 - Adelaide PHN MHSCS RFP Guidelines (PDF)
- Attachment 2 - Mental Health Shared Care Program Principles
- Attachment 3 - Adelaide PHN Contractor Agreement – (Main Body) (PDF)
- Attachment 4 - Contract Negotiation Request Template (MS Word Doc)
- Attachment 5 - Working with Vulnerable Persons for Contractors policy (PDF)
- Attachment 6 - Budget Template (MS Excel)
- Attachment 7 - Adelaide PHN Branding and Acknowledgement of Funding Requirements (PDF)