

REQUEST FOR OFFER

RFO NO. FCMU2013.14-009

Community managed mental health services and consumer participation in the community managed mental health sector.

Closing at 11.00 am AEST Monday 31 March 2014

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Part A – OVERVIEW

1. INTRODUCTION AND BACKGROUND

Context and policy environment

In February 2013, the State Government released the *Blueprint for better healthcare in Queensland*. This document sets the scene for structural and cultural improvements for the Queensland public health system. Specifically, it identifies a need to utilise better modes of service delivery and more intelligent use of resources.

The *Blueprint* focuses on four principal themes:

1. Health services focused on patients and people;
2. Empowering the community and our health workforce;
3. Providing Queenslanders with value in health services;
4. Investing, innovating and planning for the future.

In addition, *A Plan: Better Services for Queenslanders* which outlines ways in which the quality and quantity of services can be improved, including models that better use the skills, capacity and innovation of the private and 'not for profit' sectors.

The Department of Health is interested in alternative service delivery models including outsourcing, co-sourcing, public-private joint ventures and partnering with other government agencies, where it can offer better value for money in delivering quality services. This is consistent with the Government's focus on improved financial performance and improved access to frontline services.

The delivery of community managed mental health services is underpinned by the principles outlined in the *National Framework for Recovery-Oriented Mental Health Services* and the *National Mental Health Statement of Rights and Responsibilities*.

Please note that this RFO will reference the Department of Health, a reference to the Department of Health is a reference to the State of Queensland acting through Queensland Health.

Funding environment

There is a total of up to \$22 million (GST exclusive) per annum for the delivery of the community managed mental health services outlined in this document.

Offerors **MUST** familiarise themselves with the components and purchasing priorities outlined in Tables 1 and 2 of Part B – General Scope. Offerors may submit for one or more components.

- **Component One:** Offerors must submit for the service types as detailed in Table 1. Offerors may submit for one or more of the Service Types for:
 - one or more of the Target Populations; and
 - one or more of the identified geographical areas (within each Target Population). Offerors cannot apply for locations other than the geographical areas specified for each Target Population.
- **Component Two:** Offerors must submit for the service type and program as detailed in Table 2.

The funding available is based on existing funding streams, no new Department of Health funding is available through this RFO.

Objectives

The objectives of this Request for Offer are to source provider(s) to deliver services that:

- enable and provide opportunities for individuals with a psychiatric disability or severe mental illness to live a meaningful and contributing life.
- enable individuals to access the integrated support, care and treatment they require and reduce their need for acute services.
- provide positive experiences of support to individuals in the community, leading to good mental health and wellbeing.
- develop and implement consumer participation strategies across the Community Managed Mental Health Sector State-wide (*Component 2 only*)

2. INFORMATION REQUIRED WITH OFFERS

Details of the documentation required to meet mandatory and evaluation criteria is detailed below.

Indicative budget

Offerors are required to provide an indicative annual budget, clearly identifying funding to be allocated to each component of the proposed services, including estimates of funding required for salaries and operational expenses. A template is included at Part E – Offer Submission. Provide justification of expenses where it is not clear or requires further explanation. Note that line items are included for evaluation purposes only, and will not form part of any resultant service agreement.

The funding for this RFO is for the delivery of services and associated costs; the following are ineligible for funding:

- Capital Works or Construction;
- Purchasing of major equipment;
- Purchase of Motor Vehicles;
- Advocacy;
- Website updates;
- Medical research; and
- Overseas travel.

Referees

Offerors are to provide details of at least two (2) referees in Part E, who should include a current or previous stakeholder, and who can provide reliable information on:

- Recent, similar or comparable program service delivery;
- Engagement with local stakeholders;
- Links or networks with the target group; and
- Organisational capability to undertake such a project successfully.

It is highly desirable that at least one referee be a representative of a Queensland HHS mental health service organisation (Component One), or a representative of a recognised mental health consumer service (Component Two). If non-indigenous organisation/consortia are submitting an offer to provide services to Aboriginal and Torres Strait Islander people, there must be a referee from a Community Controlled Health Service.

3. EVALUATION

In evaluating Offers, regard will be given to the following criteria:

Mandatory Eligibility Criteria

Conditions for participation are the minimum mandatory conditions that Offerors must meet in order for their submission to be considered.

The Offeror must:

- be a Registered Company or Incorporated Association. Offerors shall provide the full business name and evidence of their legal status (e.g. certificate of incorporation or other) with the Offer.
- comply with the insurance requirements under the proposed Service Agreement.
- demonstrate your organisation's financial viability
- provide an indicative annual budget for each component of the Offer.
- meet quality assurance requirements
- comply with the requirements of this RFO including but not necessarily limited to the total maximum word limits

Evaluation Criteria**Component One: Community managed mental health services**

The detailed assessment for each criterion is provided in Part E.4.

Word limits for the Criteria are as follows:

If submitting for one Geographical location or target group - submissions over the 2,500 word limit will be deemed 'Non-conforming' and will not be read or evaluated for funding.

If submitting for more than one Geographical location or target group (including more than one HHS area), you may provide up to an **additional** 1,000 words addressing Criteria 1 and 2 for total additional locations or target groups, and ensure that the location or target group is clearly identified at the top of the **additional** pages. Submissions exceeding the 1,000 word limit for additional responses will be deemed 'Non-conforming' and will not be read or evaluated.

In evaluating Offers, regard will be given to the following criteria:

Criterion 1. Service delivery model (maximum 1000 words)

Criterion 2. Service engagement and linkage (maximum 500 words)

Criterion 3. Organisational Capability (maximum of 500 words)

Criterion 4. Service innovation and development (maximum of 500 words)

Component Two: Consumer participation in community managed mental health services

The detailed assessment for each criterion is provided in Part E.4.

Offers for this component should address the following criteria in a total maximum of 2,000 words.

Please note that Offers over the 2,000 word limit will be deemed 'Non-conforming' and will not be read or evaluated for funding.

In evaluating Offers, regard will be given to the following criteria:

Criterion 1. Service delivery model (maximum of 1000 words)

Criterion 2. Organisational Capability (maximum of 500 words)

Criterion 3. Service innovation and development (maximum of 500 words)

Please note, the criteria are not in any particular order and may not be given equal weightings.

Additional information will not be accepted and will not be evaluated by the panel as part of your Offer. It is important that all information that is essential to your Offer is submitted in your responses to the Evaluation Criteria detailed above.

Assessment of the Offers

Value for money is the primary principle of the Queensland Procurement Policy. In assessing the Offers, consideration will be given to the criteria above and then consideration of service delivery costs as outlined in Part E. Assessment will consider:

- the overall objective of the RFO and outcomes being sought;
- cost-related factors including up front price and whole of life costs;
- non-cost factors such as fitness for purpose, experience and performance history, innovation and adaptability, quality and service delivery model.

Part B – GENERAL SCOPE

There is a total budget of up to \$22 million per annum for Component One and Two.

Table 1: Component One: Purchasing priorities for community managed mental health services

Program Target Populations	Part A Geographical coverage	Eligible Service Types (Definitions Appendix 1)	Purchasing priorities
Individuals aged 18-64 years. <i>Where relevant, Offerors may include young people less than 18 years and demonstrate the rationale for inclusion of a younger age group in their Offer submission. No new funding is available for services targeted to young people under 18 years of age</i>	All Queensland Hospital and Health Services (HHS) areas. <i>A priority focus to rural and remote areas</i>	<ul style="list-style-type: none"> Group support activities Mutual support and self-help Personalised support – other Family and carer support 	<p>Services delivery models that:</p> <ul style="list-style-type: none"> are underpinned by the values and principles of a recovery-oriented framework of service provision, including (but not limited to): <ul style="list-style-type: none"> fostering hope; acknowledging the uniqueness of the individual; promoting an active sense of self including personal responsibility; fostering discovery of personal strengths and abilities; recognition and support of the individuals' personal resource base and natural networks; and attaining citizenship and community membership. are person-centred (responsive to and driven by the expressed rights of the person and are respectful of rights, dignity and confidentiality) and develops independence. include consumer perspectives and input in the development, implementation, monitoring, evaluation and review of the services. are flexible, coordinated, integrated and not duplicating other services. Services should actively engage the individual, collaborate and/or partner with local Care Coordination networks and other relevant stakeholders, to improve coordinated support for individuals and reduce their need for acute services. provide appropriate organisational governance and give assurance of the appropriate oversight of the expenditure of public health funding and demonstrate value for money.
Aboriginal and Torres Strait Islander people	<ul style="list-style-type: none"> Wujal Wujal Hopevale Yarrabah Cairns Brisbane Ipswich 		
People from culturally and linguistically diverse backgrounds	<ul style="list-style-type: none"> Townsville Brisbane 		
People who experience eating disorders	<ul style="list-style-type: none"> State-wide, A priority focus in the Brisbane Metropolitan area. 		
Families and Carers	State-wide model	<ul style="list-style-type: none"> Family and Carer Support 	
Consumers requiring self-help services	State-wide model	<ul style="list-style-type: none"> Mutual Support and Self-Help 	

Program Target Populations	Part A Geographical coverage	Eligible Service Types (Definitions Appendix 1)	Purchasing priorities
Boarding house and hostel clients <i>(Previous Resident Recovery Program)</i>	Brisbane. Areas with significant numbers of boarding houses/hostels.	<ul style="list-style-type: none"> • Personalised support – other • Group support activities 	<ul style="list-style-type: none"> • are committed to continual service improvement. • prioritise referrals from relevant Hospital and Health Services Mental Health Services. However, in line with the objectives of improving access to services, referrals will also come from a range of sources including Medicare Locals, General Practitioners, local care coordination mechanisms, other government departments and community sector organisations, and individuals who may self-refer or be referred by family or friends. • encourages a collaborative approach with individual HHSs within the HHS geographical area.
Tenants of social housing <i>(Previous RESOLVE Program)</i>	<ul style="list-style-type: none"> • Sunshine Coast HHS • Metro North HHS • Metro South HHS 	<ul style="list-style-type: none"> • Personalised support – other 	

SERVICE DELIVERY PRINCIPLES

The target population must be individuals who:

- are experiencing a severe and persistent mental illness with complex needs, or a severe mental illness that may be persistent or episodic in nature (*definitions are listed in Appendix 1*) and are receiving or require specialised mental health services.
- are resident in Queensland and meet the following residency criteria:
 - An Australian citizen; or
 - The holder of a visa that gives permanent residency rights; or
 - A New Zealand citizen who arrived in Australia prior to 26 February 2001.

Exclusions include individuals who do not live in the targeted area(s)

Table 2: Component Two: Purchasing priorities for consumer participation in the community managed mental health sector

Program	Geographical coverage	Eligible Service Types (Definitions Appendix 1)	Purchasing priorities
<p>Development of consumer participation across the community managed mental health sector.</p>	<p>State-wide</p>	<ul style="list-style-type: none"> • Service development and representation (Program Development) 	<p>The service provider will develop and implement consumer participation on a systemic level across multiple sites and deliver services that:</p> <ul style="list-style-type: none"> • meet the relevant requirements of recovery-oriented practice identified in Table 1. • implement programs, information, support and training to funded organisations to assist them to: <ul style="list-style-type: none"> - develop the capacity to actively involve consumers in planning, service delivery, evaluation and quality programs; - uphold the right of the consumer to have their needs and feedback taken into account in the planning, delivery and evaluation of services; and - provide training and support for consumers, carers and staff which maximise their representation and participation in services. • Provide staff development opportunities to peer workers employed in funded organisations.

Part C– GENERAL TERMS**1. PROCUREMENT STRATEGY**

The Department of Health is endeavouring to finalise the procurement process and execute agreement/s by 1 July 2014.

The Department of Health by this process may be requesting offers to supply services/goods for persons (eligible customers) other than the Department of Health, which will be apparent from the form of agreement attached to this RFO. In such a case, all warranties given by the Offeror (whether in this RFO or the agreement) to the Department of Health are also given to each and every eligible customer. Additionally, references in this document to the Department of Health shall where appropriate be read as a reference to the relevant eligible customer.

An information session to be held on 14 March 2014 will provide an opportunity for service providers to ask questions and seek clarity in relation to the Request for Offer.

2. EVALUATION OF OFFERS

In evaluating offers, the Department of Health will initially assess against the mandatory eligibility criteria listed at Part A and E.

Responses compliant with the mandatory eligibility criteria shall then be assessed against the additional evaluation criteria set out at Parts A and E. An evaluation panel will meet to assess eligible Offers against responses to the evaluation criteria and to make recommendations for funding. The panel may be comprised of representatives from the Department of Health, Hospital and Health Services, client representative and specialist members.

In assessing responses to this RFO, only the information supplied in response to the various sections of this RFO will be considered.

Non-Conforming Offers are those that fail to comply with all or any of the requirements of the Request for Offer such as mandatory eligibility criteria and word limits. The Department of Health may for any reason decline to consider any non-conforming Offers.

Obtaining the “Best Ultimate Value for the Department of Health”, after taking the Evaluation Criteria and the specified budget into account will be the main objective.

3. PROPOSED TIMING

The proposed timeline for procurement process is summarised in the table below:

Milestone	Date
RFO Information Session	14 March 2014
Closing date for offers	31 March 2014
Notification to successful and unsuccessful Offerors	5 May 2014
Commencement of contract negotiations	19 May 2014

4. ENQUIRIES

All enquiries in relation to this RFO document and process must be directed to the Department of Health Contact Officer.

Position Title: Manager

Unit/Department: Funding and Contract Management Unit

Email: FCMU_RFO@health.qld.gov.au

The Offeror may only rely on the advice, information or clarification provided in writing after the release of the RFO, by the Contact Officer.

If, after seeking clarification from the Contact Officer, the Offeror still has any doubt as to the meaning of any part of the RFO, the Offeror must include in its offer a statement identifying the uncertainty and stipulate the interpretation upon which the offer is based.

The Contact Officer will not respond to any request for information or clarification after the closing date.

5. OFFERORS TO INFORM THEMSELVES

It is the responsibility of Offerors to read and become familiar with the contents of this RFO document.

Offerors are deemed to have:

(a) examined the following documentation in this RFO:

- (i) Part A – Overview
- (ii) Part B - the General Scope
- (iii) Part C - the General Terms
- (iv) Part D - the Additional Information.
- (v) Part E – the offer submission documents.
- (vi) Part F – form of agreement including terms and conditions under which services/goods are to be supplied.

(b) examined further information relevant to the risks, contingencies and other circumstances having an effect on their offer which may be obtained by the making of reasonable enquiries.

(c) satisfied themselves as to the correctness and sufficiency of their offer.

The Department of Health does not warrant that any statement of law in these documents is correct. Offerors shall seek and act upon their own legal advice as to the manner and procedure upon which their offer may be submitted.

6. COST OF PREPARATION OF OFFERS

Offerors shall bear the whole of the costs of, and incidental to, the preparation and submission of their offer. This includes, but is not necessarily limited to, travel and attendance at any industry briefing/s and interview/s.

7. RESPONSIBILITY AND LIABILITY

Any party expending money, making commitments or incurring liabilities on the basis of responding to the RFO or in relation to any matter contained in this RFO, does so at its own risk and expense. The Department of Health excludes and disclaims all responsibility and liability in relation thereto.

8. CONFIDENTIALITY

The Offeror shall keep confidential any information which is not in the public domain and which is received from the Department of Health as a result of or in connection with or incidental to this RFO process.

9. COMMISSIONS, INCENTIVES, CONFLICTS OF INTEREST & COMPETITIVE NEUTRALITY

An Offeror and/or its representatives must not give or offer to the Department of Health or any officer or employee of the Department of Health, or to a parent, spouse, child or associate of an officer or employee, any inducement, gift or reward, which could in any way tend to influence the Department of Health's actions in relation to an offer.

If the Department of Health discovers at any time that an Offeror breaches this clause, the Department of Health may not consider that offer.

The Offeror warrants that to the best of its knowledge, as at the date of the offer neither the Offeror nor any of its officers or employees have, or are likely to have, any conflict of interest in any matters connected with the RFO process.

If a conflict of interest or risk of conflict of interest arises during the RFO process, the Offeror must immediately give written notice of the conflict of interest, or the risk of it to the Department of Health.

The Offeror shall indicate in the Offer Submission Form whether it or any of its key personnel nominated for the supply of the service/goods are former Queensland Public Sector or Public Service employees who are currently within the benefits period of a previously accepted Early Retirement Benefits Package or a Voluntary Early Retirement Package issued by an agency of the Queensland Government.

Where an offer is submitted by a government owned business, a local government or a Commonwealth, State or Territory agency or authority, the Offer must be priced to comply with the competitive neutrality requirements of the Offeror's jurisdiction.

10. ELECTRONIC FORMAT OF OFFER DOCUMENTS

Where a RFO is issued in electronic copy, the responsibility rests solely with the Offeror to confirm that the electronic copy has not been corrupted.

11. CONTENTS OF OFFER

Offers shall include all information requested in this RFO document.

Each Offeror must ensure that its offer complies with the terms and conditions contained within this RFO.

Each Offeror must respond to every requirement/question in the Offer Submission Form and submit these as part of their offer.

The Offeror must specify in the Offer Submission Form any proposed departures which will form part of its offer.

Any proposed departures which are not specified in the Offer Submission Form will not form part of the Offeror's offer and will not be considered by the Department of Health.

The word limit specified for each criterion in Part E.4 is the **maximum** response to be submitted

12. INSURANCES

In submitting its offer, the Offeror must provide acceptable evidence of the following insurances to cover its obligations under the Agreement which may come into existence consequent upon its offer and are to be maintained at the Offeror's expense:

- (a) Public liability insurance to the value of at least the amount specified in the Agreement.
- (b) Professional indemnity insurance to the value of at least the amount specified in the Agreement.
- (c) Other insurances as appropriate to the nature of the Agreement, such as volunteer insurance.
- (d) Workers Compensation Insurance (Workcover).
- (e) Offerors shall submit copies of these insurance covers with their offer.

If, at the time of submitting its Offer, the Offeror does not have the requested insurance cover or to the specified amount, the Offeror must indicate in its Offer its willingness to effect such insurances at its own expense and provide acceptable evidence before the Department of Health can finalise its evaluation of the Offer.

13. VALIDITY

Offers must remain valid and open until the first to occur of:

- (a) expiry of the minimum period of six months after the closing date of the RFO, unless otherwise agreed in writing between the Department of Health and the Offeror; or
- (b) the Department of Health advises the Offeror in writing that it has been unsuccessful.

14. OFFER CLOSING TIME

Offers shall be lodged no later than the offer closing time and date stated in this RFO document.

15. SUBMISSION OF OFFERS

An Offer must be submitted in a 'hard copy' format and every offer must be:

- (a) sealed in an appropriate package;
- (b) submitted in the format and number of copies specified;
- (c) endorsed on the front of the sealed package; and
- (d) directed to the Contact Officer at the specified address.

An Offeror may submit one or more offer/s in response to this RFO.

Offers must be submitted in accordance with section 47 of the Competition and Consumer Act 2010(Cth).

If submitting an Offer on behalf of a consortium or collaborative group of organisations, such Offer(s) shall only be submitted by the lead organisation on behalf of the group constituting the Offeror.

Any entity participating in a consortium or collaborative arrangement shall not be entitled to submit its own independent Offer for the same component and activities unless it can prove to the satisfaction of the Department of Health that sufficient measures have been taken to ensure the integrity of its individual Offer.

An entity that is part of a consortium or collaborative arrangement can submit an Offer for a component and activities of this RFO that are not included in the consortium or collaborative arrangement Offer submission.

The Offeror must ensure that their offer is received by the Department of Health before the closing time on the closing date.

Offers received after the closing time on the closing date may only be considered where the Department of Health is sure that the integrity of the competitive offer system will not be compromised. Offers received after this time may or may not be considered, at the entire discretion of the Department of Health.

Variations to an offer which are received after the offer closing time will constitute an offer by the Offeror to supply the services/goods on the terms of the RFO subject to any proposed departures submitted in the Offer Submission Form, and will be dealt with in accordance with the terms set out in this RFO.

Unless otherwise specified in this RFO, offers sent or transmitted to the Department of Health by email and/or facsimile may not be considered.

Unless otherwise specified in the RFO, the Department of Health may retain all documents and any samples (if applicable) submitted in response to the RFO.

Offerors should be aware that some Department of Health buildings are secure buildings. Persons delivering offers may be required to obtain a visitor's pass at a security desk and may then need to obtain a lift to the floor where the offer box may be located. Persons delivering offers should permit sufficient time after reaching the building to allow for any delays, to enable lodgement of the offers in the offer box prior to the closing date.

If submitting an offer by mail (where this is permitted under the terms of the RFO), Offerors need to be aware that all incoming mail addressed to the Department of Health is subject to a mail screening process for security purposes. To enable lodgement of the offer in the Offer Box prior to the offer closing time, Offerors will be required to have their offer posted in sufficient time (i.e. delivered to Australia Post Brisbane GPO at least the day before the date of closing). It is recommended that Offerors obtain some form of receipt of the date and time their offer is posted.

The Offeror should retain Parts A, B, C and D of the RFO for future reference. Do not return these pages with your Offer.

The form/s provided in Part E of this RFO document should be completed and returned as part of your offer. Offerors should comply with the page limits and font size/type (if any) for responses outlined at Part A.3.

16. INFORMATION PROVIDED

The name/s of the Successful Offeror's shall be subject to disclosure.

Subject to the terms in this RFO including but not limited to clause 23, no other information contained in an Offer shall be publicly disclosed.

17. STATUS OF OFFERS

By submitting an offer, Offerors acknowledge and agree that the following conditions apply to the assessment process leading either to shortlisting or rejection:

- (a) The Department of Health may reject any or all offers submitted.
- (b) The Department of Health may accept any part of an offer.
- (c) The Department of Health may reject any offer which does not comply with this RFO.
- (d) The decision to shortlist one or more of the Offerors, or not, rests with the Department of Health and no further correspondence will be entered into.
- (e) The Department of Health shall not be obliged to consider any or all offers.
- (f) The Department of Health reserves the right to accept a non-conforming offer, including an offer with departures, detailed in the Offer Submission Form, from the stated mandatory evaluation criteria (if any).
- (g) Where mandatory or weighted evaluation criteria are listed, the lists are not in any particular order and may not be given equal weighting in the assessment procedure.
- (h) The Department of Health may cancel, supplement or supersede the offer process at any time, whether before or after the offer closing time.
- (i) No Offeror shall be entitled to claim compensation or loss from the Department of Health for any matter arising out of this RFO process.
- (j) The conduct of this RFO process shall not give rise to any legal or equitable relations between the Department of Health and any Offeror.
- (k) The Department of Health shall not be bound by any oral advice given or information furnished in respect of this RFO process but may be bound by written advice or information furnished by The Department of Health.
- (l) Nothing in this RFO document or the fact of the Offeror's participation in any RFO process is, or should be relied upon as, a promise or representation by the Department of Health that any project with which this RFO is connected will subsequently proceed in any form or at all.
- (m) The Department of Health reserves the right to enter into post-offer negotiations with one or more Offerors.
- (n) Any post-offer negotiations will not constitute an acceptance or representation by the Department of Health to accept an offer.

The Department of Health reserves the right to alter or amend any process, stated or implied within this RFO document, including the right to terminate the process at any time.

18. CLARIFICATION OF OFFER

The Department of Health may seek clarification of any offer after the closing date and before the completion of evaluation. If necessary, "clarification" for this purpose may include consultation and interviews.

All expenses incurred by an Offeror in undertaking clarifications shall be borne by the Offeror.

19. NO GUARANTEES

The Successful Offeror acknowledges and agrees that:

- (a) The Department of Health may at its entire discretion engage other persons to provide the services/goods;
- (b) Where the ultimate customer is not the Department of Health, the Department of Health is not obliged to fund any or a minimum number of services/goods from the Successful Offeror under the agreement; and
- (c) Although the ultimate customer may be obliged to purchase from a panel of successful Offerors, the Department of Health does not guarantee that any ultimate customer will utilise the services/goods under the agreement which may otherwise entitle the Successful Offeror to funds under the agreement.

The Department of Health may monitor the performance of the Successful Offeror on a periodic basis as specified by the Department of Health in the agreement until the completion date of the agreement, unless terminated sooner.

20. DEBRIEF

Unsuccessful Offerors may apply for feedback in writing. Responses in writing may be offered to assist Offerors to improve their position for future activity. Further debriefing in person may be offered if required. These sessions are not a forum for debating the evaluation process or the decision.

21. GOVERNING LAW

Any offer submitted in response to the RFO shall be governed by and constructed in accordance with the laws of Queensland and the Parties submit to the exclusive jurisdiction of the courts of Queensland and courts competent to hear appeals from those courts.

22. RIGHT TO INFORMATION AND DISCLOSURE

The *Right to Information Act 2009* (RTI Act) provides members of the public with a legally enforceable right to access documents held by Queensland Government agencies.

The RTI Act requires that documents be disclosed upon request, unless the documents are exempt or on balance, disclosure is contrary to the public interest.

Information released under the RTI Act is potentially subject to disclosure to third parties, via a disclosure log on the Department of Health's website, maintained under the RTI Act.

Information contained in an offer is potentially subject to disclosure to third parties.

If disclosure under the RTI Act, and/or general disclosure of its offer or part of it, would be of substantial concern to a Offeror, because it would disclose trade secrets, information of commercial value, the purpose or results of research or other information of a confidential nature, this should be indicated in the Offer Submission Form. The Department of Health cannot guarantee that any information provided by the Offeror, including information that is identified by the Offeror in the Offer Submission Form will be protected from disclosure under the RTI Act. However, that information will not be disclosed until the Offeror has been consulted in accordance with the RTI Act, and the review rights available to the Offeror under the RTI Act are exercised or waived.

Despite any other provision of this RFO process, the Department of Health is entitled to publish on the Department of Housing and Public Works' website: www.hpw.qld.gov.au under 'Supply and disposal/Tenders and contracts' or by any other means, the following details:

- (a) a description of the services/goods;
- (b) agreement commencement date or award date;
- (c) value of the agreement;
- (d) name and address of the Successful Offeror;
- (e) procurement method used; and
- (f) where the total value of the services/goods is \$10 million or more, The Department of Health is entitled to publish the following additional information:

- (i) RFO details;
- (ii) agreement overview; and
- (iii) reasons for non-disclosure of procurement results (if applicable).

Any proposed variation by the Offeror to this clause which take away or reduce the entitlements that would otherwise be provided to the Department of Health under this clause will be null and void.

For more information regarding the RTI Act, please contact the Administrative Law Team, The Department of Health as follows:

Telephone: (07) 3234 1735

Email: RTI-Privacy@health.qld.gov.au

23. COLLUSION

In submitting its offer, the Offeror warrants to the Department of Health that, except as expressly disclosed in their Offer Submission Form:

- (a) the offer was not prepared with any consultation, communication, contract, arrangement or understanding with any competitor (including any other Offeror) regarding:
 - (i) prices;
 - (ii) methods, factors or formulas used to calculate prices;
 - (iii) the intention or decision to submit or not to submit an offer;
 - (iv) the submission of an offer that is non-conforming;
 - (v) the quality, quantity, specification and particulars or delivery particulars of services/goods to which the RFO relates; or
 - (vi) the terms of its offer or a competitor's offer;
- (b) it has not (and will not during this RFO process):
 - (i) provided any benefit (including money) directly or indirectly to, or entered into any contract, arrangement or understanding to provide any benefit (including money) directly or indirectly to any competitor (including any other Offeror) relating in any way to the RFO;
 - (ii) received any such benefit directly or indirectly, or entered into any contract, arrangement or understanding to receive any such benefit directly or indirectly from any competitor (including any other Offeror) relating in any way to the RFO; or
 - (iii) consulted, communicated or entered into any contract, arrangement or understanding to provide any benefit (including money), whether directly or indirectly, to a trade, industry or other association (above the published standard price) relating in any way to the RFO;
- (c) the Offeror and all corporations and persons associated with the offer, including directors and senior management, are not and have never been subject to proceedings relating to anti-competitive conduct in Australia or overseas; and
- (d) any proceedings relating to anti-competitive conduct in Australia or overseas to which the Offeror and/or any corporation or person associated with the offer, including directors and senior management, have been subject requires full disclosure as a minimum in the Offer Submission Form:
 - (i) the names of the parties to the proceedings;
 - (ii) the case number;
 - (iii) the general nature of the proceedings; and
 - (iv) the outcome or current status of the proceedings.
- (e) The Department of Health reserves the right, at its entire discretion, to exclude the Offeror from this RFO process if the Offeror, or any corporation or person, including directors or senior managers associated with the offer, have ever contravened any anti-competitive laws in Australia (including the Competition and Consumer Act 2010 (Cth)) or equivalent laws overseas.

- (f) Furthermore, the Department of Health reserves the right, at its entire discretion, to exclude the Offeror from this RFO process if full disclosure of any or all contraventions of the anti-competitive provisions of the Competition and Consumer Act 2010 (Cth) or equivalent laws in Australia or overseas, has not been made within the Offer Submission Form, or as the contravention comes to light during this RFO process.
- (g) In submitting its offer, the Offeror acknowledges that if the Department of Health accepts the Offer the Department of Health will do so in reliance of the warranties above.

Part D– ADDITIONAL INFORMATION

THE DEPARTMENT OF HEALTH – HOSPITAL AND HEALTH SERVICES MAP



1. MAPPING OF SERVICE TYPES

Table 3 is to assist services that were formerly funded for service types from the Department of Communities, Child Safety and Disability Services Outputs Catalogue, based on the National Classification of Community Services (NCCS), to transition to the new service types based on the taxonomy of the proposed Mental Health Non-government Organisations Establishment Data Set Specifications (MH NGOE DSS).

Table 3: Mapping of new MH NGOE DSS and previous NCCS service type taxonomies

Previously purchased service types (NCCS Taxonomy)	Current service types eligible for funding (MH NGOE DSS Taxonomy)
Community education	The corresponding service type of <i>Health Promotion</i> is out of scope for this RFO
Community placement	Personalised Support – other
Community centre-based development and support	Group support activities
Counselling - other	Personalised Support - other
Counselling – other group	Group support activities
Counselling – other individual	Personalised Support - other
General service availability, information, advice and referral	Considered a core component of all service types – not specifically funded
Individual advocacy	Personalised Support - other
Job search skills development	The corresponding service type of <i>Education, employment and training</i> is out of scope for this RFO
Living skills development (individual)	Personalised support – other
Living skills development (group)	Group support activities
Mutual support and self-help	Mutual support and self-help
Needs assessment and case management of service plans	Personalised Support – other
Provision of training and training resources	The corresponding service type of <i>Education, employment and training</i> is out of scope for this RFO
Recreation / Leisure	Group support activities.
Social and personal development (individual)	Personalised Support – other
Social and personal development (group)	Group support activities.
Coordination/network development Social planning and policy development	Sector Development and Representation. (Program development - Consumer participation prioritised for this RFO.)

2. DEFINITIONS AND FURTHER INFORMATION

Definitions for many of the terms and concepts utilised within this document, including the definitions of severe and persistent mental illness, and service types will be found in the Appendix to this RFO.

The following links also provide relevant information:

- Blueprint for Better Healthcare in Queensland is available at: <http://www.health.qld.gov.au/blueprint/>
- The National Framework for Recovery-Oriented Mental Health Services is available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra>
- The National Mental Health Statement of Rights and Responsibilities [http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/8F44E16A905D0537CA257B330073084D/\\$File/rig_hts.pdf](http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/8F44E16A905D0537CA257B330073084D/$File/rig_hts.pdf)

Part E – OFFER SUBMISSION

OFFER FORM

To: The Manager
 Funding and Contract Management Unit
 Governance Branch
 The Department of Health

Enquiries to: FCMU_RFO@health.qld.gov.au

Offer Box – Offer No. FCMU2013.14-009
 Level 12, Forestry House
 160 Mary Street
 BRISBANE QLD 4000

Herewith I submit my Offer for OFFER NO. FCMU2013.14-009 Community managed mental health services and consumer participation in the community managed mental health sector closing at 11.00 am Monday 31 March 2014.

This Offer will not be opened publicly.

Each and every respect in which my Offer does not comply with the General Conditions or General Scope is detailed herein.

If my Offer is accepted in whole or part, I otherwise agree to supply strictly in accordance with the attached General Scope and General Terms which I have read and with which I am fully conversant.

Information Required	Details
Please specify the legal entity type of the Offeror:	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Company <input type="checkbox"/> Other – please specify
Please specify the registered name of the Offeror:	<<insert registered name of Offeror>>
State or Territory in which Business / Corporation / Individual is registered:	<<insert State or Territory>>
Name of Holding Company / Corporate Group (if applicable):	<<insert name of Holding Company or Corporate Group>>
Offeror’s Australian Company Number (ACN) (if applicable):	ACN: <<insert ACN>>
Offeror’s active Australian Business Number (ABN):	ABN: <<insert ABN>>
Offeror’s Postal Address:	<<insert Offeror’s postal address>>
Offeror’s Street Address (registered office address of the Offeror):	<<insert address>>
Offeror’s contact person:	
Name:	<<insert title of contact person>>
Title:	<<insert name of contact person>>

BUSINESS NAME:

Telephone number:	<<insert Offeror's phone number>>
Facsimile number:	<<insert Offeror's facsimile number>>
E-mail address:	<<insert Offeror's email address>>
Signature:	<<please sign here>>
Date:	<<please date here>>
<p>If the Offer is a joint Offer by partnership/consortium/collaboration please provide the following information for each member of the partnership/consortium/collaboration:</p> <p><<copy the following section for each organisation in the partnership/consortium/collaboration >></p> <p>* refer to note below regarding partnership/consortium/collaboration.</p>	
Please specify the registered name of the Offeror:	<<insert registered name of Offeror>>
State or Territory in which Business / Corporation / Individual is registered:	<<insert State or Territory>>
Name of Holding Company / Corporate Group (if applicable):	<<insert name of Holding Company or Corporate Group>>
Offeror's Australian Company Number (ACN) (if applicable):	ACN: <<insert ACN>>
Offeror's active Australian Business Number (ABN):	ABN: <<insert ABN>>
Name:	<<insert title of contact person>>
Title:	<<insert name of contact person>>
Telephone number:	<<insert Offeror's phone number>>
Facsimile number:	<<insert Offeror's facsimile number>>
E-mail address:	<<insert Offeror's email address>>
Signature:	<<please sign here>>
Date:	<<please date here>>

- Refer to clause 15 of Part C - General Terms:

Any entity participating in a partnership/consortium/collaboration arrangement shall not be entitled to submit its own independent Offer for the same component(s) and activities unless it can prove to the satisfaction of the Department of Health that sufficient measures have been taken to ensure the integrity of its individual Offer.

BUSINESS NAME:

Where appears below, double click on the appropriate to indicate your response.

Then click on "Checked" under Default Value, then click "OK" (for Microsoft Word only)

1. RFO COMPONENT(S) AND GEOGRAPHICAL COVERAGE THAT YOUR SUBMISSION IS ADDRESSING.

Tick the box(es) for each component and program that your submission is addressing.

Identify the geographic coverage, either by Hospital and Health Service (HHS) area or identified locations (where relevant to the Target Population), for which the Organisation is applying to provide the service(s).

<input type="checkbox"/> Component One: Community managed mental health services (Please tick)	
Target Population / Program	Geographic coverage
<input type="checkbox"/> Individuals aged 18-64 years	<input type="checkbox"/> Cairns and Hinterland HHS <input type="checkbox"/> Cape York, Torres Strait and Northern Peninsula HHS <input type="checkbox"/> Central Queensland HHS <input type="checkbox"/> Central West HHS <input type="checkbox"/> Darling Downs HHS <input type="checkbox"/> Gold Coast HHS <input type="checkbox"/> Mackay HHS <input type="checkbox"/> Metro North HHS <input type="checkbox"/> Metro South HHS <input type="checkbox"/> North West HHS <input type="checkbox"/> Sunshine Coast HHS <input type="checkbox"/> South West HHS <input type="checkbox"/> Townsville HHS <input type="checkbox"/> West Moreton HHS <input type="checkbox"/> Wide Bay HHS
<input type="checkbox"/> Aboriginal and Torres Strait Islander people	<input type="checkbox"/> Hopevale <input type="checkbox"/> Wujal Wujal <input type="checkbox"/> Yarrabah <input type="checkbox"/> Cairns <input type="checkbox"/> Brisbane <input type="checkbox"/> Ipswich
<input type="checkbox"/> People from culturally and linguistically diverse backgrounds	<input type="checkbox"/> Townsville <input type="checkbox"/> Brisbane
<input type="checkbox"/> People who experience eating disorders	<input type="checkbox"/> Brisbane Metropolitan area <input type="checkbox"/> State-wide
<input type="checkbox"/> Boarding house and hostel clients	<input type="checkbox"/> Brisbane area – see Part A Table 1
<input type="checkbox"/> Tenants of social housing	<input type="checkbox"/> Metro North HHS <input type="checkbox"/> Metro South HHS <input type="checkbox"/> Sunshine Coast HHS
<input type="checkbox"/> Family and carers support	<input type="checkbox"/> State-wide
<input type="checkbox"/> Mutual support and self-help	<input type="checkbox"/> State-wide
<input type="checkbox"/> Component Two – Consumer participation in the community managed mental health sector (Please tick)	
<input type="checkbox"/> Component Two – Consumer participation	<input type="checkbox"/> State-wide

BUSINESS NAME:

2. CONSORTIA AND COLLABORATIVE ARRANGEMENTS

- Tick this box and fill in the table below if your organisation is the lead agency for a consortium or other collaborative arrangement

In the space below, provide details of the proposed or existing governance arrangements for the consortium or collaborative arrangement (maximum 350 words).

Further information about how the consortium arrangement will benefit the delivery of services should be described under Evaluation Criterion: Organisational capability.

Please note that if you are submitting a collaborative proposal you are not entitled to submit an individual proposal, unless approved by the Department of Health in accordance with clause 15 of Part C General Terms.

BUSINESS NAME:

3. MANDATORY ELIGIBILITY CRITERIA

- 3.1 Offer documentation
 - 3.1.1 One (1) original and five (5) copies of the Offer document (Part D – Offer Submission)
 - 3.1.2 One (1) electronic copy of the Offer on CD in Microsoft Word.
 - 3.1.3 One (1) copy of the supporting documentation
- 3.2 Supporting documentation
 - 3.2.1 Evidence of Goods and Services Tax (GST) status and registration date.
 - 3.2.2 Evidence of the organisation's legal status e.g. Certificate of Incorporation or equivalent.
 - 3.2.3 Evidence of the organisation's principal office bearers and/or accountable officers, including names and position titles.
 - 3.2.4 Certificate of Public Liability Insurance – up to the value prescribed in the Service Agreement arising from any one event.
 - 3.2.5 Certificate of Indemnity Insurance – up to the value prescribed in the Service Agreement arising from any one event.
 - 3.2.6 Evidence of other Insurances as appropriate to the service model such as Volunteer insurance and professional indemnity insurance.
 - 3.2.7 Evidence of Workers Compensation Insurance (Workcover).
 - 3.2.8 Audited financial statements for the last two financial years, including:
 - i. Profit and loss statements
 - ii. Balance sheets
 - iii. Cash flow statements
 - iv. Current cash at bank.

BUSINESS NAME:

3.2.9 Indicative annual budget outlining the financial resources requested. Note that budget costs must be listed exclusive of GST. Also note that specific line items are not included and are at the discretion of the Offeror and will not form part of any resultant Agreement.

Please complete the following table for each component in the Offer submission:

Budget Items	Annual Budget (Excl. GST)	% of Total budget
Labour - Direct		
(Salaries, wages and on-costs (including training) – direct staff)		
Total Direct Costs		
Non-Labour – Indirect		
<ul style="list-style-type: none"> • Management and administration costs (non-direct staff e.g. team leaders, supervisors, administration, managers of direct staff) • Operating costs (includes program and vehicle costs) • Corporate costs (e.g. corporate management, finance, IT, HR, payroll, corporate lease costs, quality management) • Equipment (e.g. telephonic infrastructure) • Other direct costs to the provider (please specify) 		
Total Indirect Costs		
TOTAL		

3.2.10 In relation to Component One indicative annual costs and annual client service hours and clients by service type and geographical location are to be provided in the tables below. Please note that budget costs must be listed exclusive of GST.

An hour is defined as the time spent with clients, service users or the community on behalf of clients; or the time spent undertaking tasks on behalf of clients. Activities that cannot be counted as an hour include team meetings, non-client/service provision related travel, attending staff training, receiving supervision, supervising staff or other administrative tasks.

Group hours are to be recorded as the number of hours per group session multiplied by the number of sessions per annum.

BUSINESS NAME:

Table A: Target Population: Individuals aged 18-64 years

Geographic Location		Service Types							Total Budget (\$)
		Group support activities		Mutual support and self help		Personalised support-other		Family and Carer support	
Hospital and Health Service Area	Annual Hours (Est*)	Annual Clients (Est*)	Annual Hours (Est*)	Annual Clients (Est*)	Annual Hours (Est*)	Annual Clients (Est*)	Annual Hours (Est*)	Annual Clients (Est*)	
Cairns and Hinterland									
Cape York, Torres Strait & Northern Peninsula Area									
Central Queensland									
Central West									
Darling Downs									
West Moreton									
Gold Coast									
Mackay									
Metro North									
Metro South									
North West									
Sunshine Coast									
South West									
Townsville									
Wide Bay									

*Estimated

Table B: Target Population: Aboriginal and Torres Strait Islander people

Geographical Location		Service Types							Total Budget (\$)
		Group support activities		Mutual support and self help		Personalised support-other		Family and Carer support	
	Annual Hours (Est*)	Annual Clients (Est*)	Annual Hours (Est*)	Annual Clients (Est*)	Annual Hours (Est*)	Annual Clients (Est*)	Annual Hours (Est*)	Annual Clients (Est*)	
Wujal Wujal									
Hopevale									
Central Queensland									
Central West									
Darling Downs									

*Estimated

BUSINESS NAME:

Table C: Target Population: People from culturally and linguistically diverse backgrounds

Service Types									
Geographical Location	Group support activities		Mutual support and self help		Personalised support-other		Family and Carer support		Total Budget (\$)
	Annual Hours (Est*)	Annual Clients (Est*)	Annual Hours (Est*)	Annual Clients (Est*)	Annual Hours (Est)	Annual Clients (Est*)	Annual Hours (Est*)	Annual Clients (Est*)	
Townsville									
Brisbane									

*Estimated

Table D: Target Population: People who experience eating disorders

Service Types									
Geographical Location	Group support activities		Mutual support and self help		Personalised support-other		Family and Carer support		Total Budget (\$)
	Annual Hours (Est)	Annual Clients (Est)	Annual Hours (Est)	Annual Clients (Est)	Annual Hours (Est)	Annual Clients (Est)	Annual Hours (Est)	Annual Clients (Est)	
State-wide									
Brisbane Metropolitan area									

*Estimated

Table E: Target Population: Family and carer support State-wide

Service Types			
Geographical Location	Family and Carer support		Total Budget (\$)
	Annual hours (Est*)	Annual clients (Est*)	
State-wide (with priority focus in the Brisbane Metropolitan area)			

*Estimated

Table F: Target Population: Consumers requiring self-help services (State-wide service)

Service Types			
Geographical Location	Mutual support and self help		Total Budget (\$)
	Annual hours (Est*)	Annual clients (Est*)	
State-wide			

BUSINESS NAME:

*Estimated

Table G: Target Population: Boarding house and hostel clients

Geographic Location	Service Types				Total Budget (\$)
	Group support activities		Personalised support-other		
	Annual hours (Est*)	Annual Clients (Est*)	Annual hours (Est*)	Annual clients (Est*)	
Brisbane Metropolitan - Areas with significant numbers of boarding houses/hostels					

*Estimated

Table H: Target Population: Tenants of social housing

Geographical Location	Service Type		Total Budget (\$)
	Personalised support-other		
	Annual hours (Est*)	Annual clients (Est*)	
Sunshine Coast HHS			
Metro North HHS			
Metro South HHS			

*Estimated

BUSINESS NAME:

3.2.11 Details of two (2) referees who can provide reliable information on recent, similar or comparable program service delivery including engagement with relevant stakeholders, links or networks with the target group(s) and organisational capability to undertake the services successfully. It is highly desirable that at least one referee be a representative of a Queensland HHS mental health service organisation (Component One), or a representative of a recognised mental health consumer service (Component Two). If non-indigenous organisation/consortia are submitting an offer to provide services to Aboriginal and Torres Strait Islander people, there must be a referee from a Community Controlled Health Service.

Name:
Position title:
Name & Address of Organisation:
Telephone No:
Email address:

Name:
Position title:
Name & Address of Organisation:
Telephone No:
Email address:

3.2.12 Details of any petition, claim, action, judgement or decision against the Organisation:

3.2.13 Are there any proposed Departures/Variations/Additions which form part of the Offer?

Yes No

If yes, as indicated in clause 11 of Part C, please specify each and every respect of the proposed Departures/Variations/Additions.

<<maximum of 350 words>>

3.2.14 Complete and submit the attached Quality System Schedule.

BUSINESS NAME:

4. RESPONSE TO EVALUATION CRITERIA

COMPONENT ONE – Community Managed Mental Health Services

- All relevant criteria must be addressed
- Responses must be Arial Size 11 font.
- Word limits for the Criteria are as follows:
 - If submitting for one Geographical location or target group - submissions over the 2,500 word limit will be deemed 'Non-conforming' and will not be read or evaluated for funding.
 - If submitting for more than one Geographical location or target group (including more than one HHS area), you may provide up to an **additional** 1,000 words addressing Criteria 1 and 2 for total additional locations or target groups, and ensure that the location or target group is clearly identified at the top of the **additional** pages. Submissions exceeding the 1,000 word limit for additional responses will be deemed 'Non-conforming' and will not be read or evaluated.

Criterion 1 – Service delivery model (Maximum 1,000 words)

Please address the points below in your response:

- Identify the evidence base of the need for delivery of services to the identified target group and geographical locations;
- Description of the proposed service delivery model, including evidence-based rationale. This should also identify:
 - Staffing models including proposed qualifications, skills and experience of personnel. Where applicable, detail strategies which will be used to recruit appropriately qualified staff;
 - Specific geographical coverage where services are to be provided within the HHS(s); and
 - Hours of direct service delivery per annum and numbers of clients.
- Service planning including implementation phases, key milestones and associated timelines; and
- Identify how the organisation will ensure quality and accountability for the proposed services.

Criterion 2 - Service engagement and linkage (Maximum 500 words)

Please address the points below in your response:

- Demonstrated linkages including partnerships, consortia and collaborative arrangements with local services including Hospital and Health Services and other key service providers to improve management and support for clients and reduce the need for acute care, Please give examples of existing partnerships, collaborations and networks, and the outcomes achieved;
- Principles and practices that underpin consumer participation in the service context; and
- Capacity to implement practices/strategies that facilitate consumer and family participation and decision-making at the individual, service and whole-of-organisation levels.

Criterion 3 – Organisational capability (Maximum 500 words)

Please address the points below in your response:

- Strong and effective organisational governance arrangements;
- Ability to operate and maintain programs supporting the client group;
- Service governance;
- Demonstrated experience in meeting reporting requirements; and
- An effective risk management framework.

BUSINESS NAME:

Criterion 4 - Service innovation and development (Maximum 500 words)

Please address the points below in your response:

- Identify any potential key performance indicators (output and outcome based) that you believe will demonstrate achievement of outcomes of the service delivery model identified in Criteria 1.
- Effective processes to collect and analyse service data and program outcomes to enable ongoing review of effectiveness as a basis for continuous improvement and innovation.
- Identify how your service delivery model demonstrates an innovative approach to meeting service delivery requirements.
- Identify how your service would transition to a new service type or target group (if applicable) and/or demonstrate flexibility as service models evolve.

BUSINESS NAME:

COMPONENT TWO – Consumer participation in the Community Managed Mental Health Sector

- All relevant criteria must be addressed
- Responses must be Arial Size 11 font.
- Submissions over the 2,000 word limit will be deemed 'Non-conforming' and will not be read or evaluated for funding.

Criterion 1 – Service delivery model (Maximum 1,000 words)

Please address the points below in your response:

- Demonstrated recent experience in engaging services to develop and implement consumer participation on a systemic level across multiple sites;
- Demonstrated contribution to developing and implementing tools and information to assist organisations to implement consumer participation;
- Networks and partnerships established with consumers and experience in fostering consumer involvement in mental health systemic issues; and
- Benefits that have flowed to service users from the associated consumer participation initiatives.

Criterion 2 – Organisational capability (Maximum 500 words)

Please address the points below in your response:

- Strong and effective organisational governance arrangements;
- Ability to operate and maintain programs supporting the clients group;
- Service governance;
- Demonstrated experience in meeting reporting requirements; and
- An effective risk management framework.

Criterion 3 - Service innovation and development (Maximum 500 words)

Please address the points below in your response:

- Identify any potential key performance indicators (output and outcome based) that you believe will demonstrate achievement of outcomes of the service delivery model identified in Criteria 1.
- Effective processes to collect and analyse service data and program outcomes to enable ongoing review of effectiveness as a basis for continuous improvement and innovation.
- Identify how your service delivery model demonstrates an innovative approach to meeting service delivery requirements.
- Identify how your service would transition to a new service type or target group (if applicable) and/or demonstrate flexibility as service models evolve.

BUSINESS NAME:

QUALITY SYSTEM SCHEDULE

Where appears below, double click on the appropriate to indicate your response.

Then click on “Checked” under Default Value, then click “OK” (for Microsoft Word only)

Part 1 – Quality Assurance Contact Details

Name and Contact Officer:	
Position Title of Contact Officer:	
Telephone No:	
Fax No:	

Part 2 – For entities with a current accredited Quality Assurance System

Certification Details: Please check the appropriate box NB: Attach copy of Certificate including capability statement	<input type="checkbox"/> 2 nd Party Certification	<input type="checkbox"/> 3 rd Party Certification
	Certification No:	<<insert>>
	Issuing Certification Body	<<insert>>
	Date Certification Issued:	<<insert>>
	Next External Audit Date:	<<insert>>

Part 3 – For Suppliers wishing to Offer but who do not have an accredited Quality Assurance System

What is the status of your Quality Assurance System?	<input type="checkbox"/> Quality Assurance System documented and operational to the point that an audit would result in your obtaining certification which meets the Quality Assurance requirements of this Offer.	
	<input type="checkbox"/> Currently implementing a Quality Assurance System which meets the Quality Assurance requirement of this Offer.	
	<input type="checkbox"/> Prepared to implement a Quality Assurance System which meets the Quality Assurance requirements of this Offer.	
Please detail how a Quality Assurance System or an equivalent standard approved by Department of Health will be in place by 1 July 2014 in a maximum of 500 words	<<insert details in no more than 500 words>>	
Do you have a Quality Assurance Certification Body commissioned to carry out the audit of your Quality Assurance System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Certification Body:	<<insert>>

BUSINESS NAME:

Part F – AGREEMENT

The Agreement is for a period of 3 years from 1 July 2014.

The successful Offeror will need to provide regular performance reports which will be negotiated under the Agreement. This will include identification of service statistics (such as client numbers and number of hours delivered) and establishment data (such as staffing, expenditure) that will be required to be collected and reported to the Department of Health.

The terms and conditions that the parties will contract on will be the Queensland Government's Social Services Agreement. A copy of the Agreement is included as an attachment to this RFO.

Please note this is a draft only and subject to change prior to final execution.

Any contract that may be entered into where the Successful Offeror is a consortium or other collaborative style arrangement will hold all such parties jointly and severally liable and may require modification to the terms set out above.

The Successful Offeror and the Department of Health will be required to execute an agreement prior to the services commencing.

CHECK LIST

- Have you enclosed documentary evidence of mandatory appropriate insurances?
- Have you enclosed documentary evidence of your incorporation/corporation status?
- Have you enclosed copies of financial statements relevant to your application?
- Have you enclosed the completed Offer Submission Form – Part E?
- Have you included all responses to the Evaluation Criteria, Budget and Outputs in your Offer Submission Form?
- Have you enclosed the completed Quality System Schedule in Part E?
- Have you enclosed the contact details of **two** referees?

APPENDIX

1. DEFINITIONS OF TERMS – MENTAL ILLNESS

For the purposes of this RFO, the definitions of severe mental illness are detailed below. The populations mentioned (i.e. severe and episodic mental illness (SEMI), severe and persistent mental illness (SPMI) and SPMI with complex multi-agency needs) require mental health community support services in varying degrees.

Severe and persistent mental illness with complex needs

A proportion of individuals with SPMI have complex multi-agency needs, reside predominantly in the community and require extensive ongoing coordinated community care. These individuals are usually described as having psychosis, a high risk of relapse and hospitalisation, functional difficulties requiring intensive ongoing support, have diminished social and family support networks, and rely extensively on multiple health and community support services.

Severe and persistent mental illness (SPMI)

Another serious subgroup are individuals who have SPMI, which includes a wide spectrum of psychotic and other severely disabling psychiatric conditions that impact considerably on level of functioning in daily living, with an inability to cope with the ordinary demands of life. These disorders are severe in degree and persistent in duration.

However, many individuals with SPMI do not require intensive coordinated care in the community as their support needs are met by either family members or other supportive networks, or as part of long term hospital or residential care.

Severe and episodic mental illness

The subgroup of individuals who have SEMI require short, intense support while their symptoms are at an acute stage, however usually fully recover to normal functioning between episodes. For example, episodes of major depression in which symptoms are intense but duration relatively short could be classified as severe and episodic mental illness (e.g. postnatal depression).

2. FUNDED SERVICE TYPES

The service types are based on the taxonomy within the proposed Mental Health Non-government Organisations Establishment Data Set Specifications (MH NGOE DSS). Alignment to this collection will:

- support consistency of data collection;
- enable the development of baseline measures of mental health community services; and
- facilitate future development and investment within the sector.

It is anticipated that the data collection will be mandated for all funding bodies in the future.

The tables in this document will assist organisations that were previously funded for service types based on the National Classification of Community Services (NCCS), and listed in the Department of Community Services, Child Safety and Disability Services Outputs Catalogue, to transition to the new service types.

Not all of the previous NCCS service types are in scope for this RFO. Some organisations will need to re-align their service delivery to meet the new service types.

Proposed service models for the delivery of community managed mental health programs (Component One) may include **one** or **more** of the following service types (to be clearly identified in the submission).

- Group Support Activities;
- Mutual Support and Self-Help;
- Personalised Support – Other;

- Family and Carer Support.

The service type for **Component Two** is:

- Sector representation and development. For the purposes of this RFO, the component for the consumer participation initiative is sector development.

Below are detailed definitions of service types. The proposed MH NGOE DSS is a national classification across both Commonwealth and State funded programs, and service models listed within these definitions are **examples** that may assist currently funded organisations to transition to the new service types. These examples should not be read as endorsements of those models for funding.

Table 1: Definition of group support activities

<p>GROUP SUPPORT ACTIVITIES include services that aim to improve the quality of life and psychosocial functioning of mental health consumers, through the provision of group-based social, recreational or prevocational activities. In contrast to services in the <i>Mutual support and self-help</i> service type, <i>Group support activities</i> are led by a member of the community managed organisation.</p>		
Distinguishing features:	Some examples are:	Exclusions:
<ul style="list-style-type: none"> • Delivered to groups of consumers simultaneously. • Primarily engage consumers in one or more social, recreational, prevocational or physical activities. • Centre-based and/or conducted in community environments. • Led by an NGO employee or representative. 	<ul style="list-style-type: none"> • Structured and unstructured community day programs, drop in centres and clubhouse group activities. • Leisure and recreation activities. • Psycho-educational programs delivered to consumers. 	<ul style="list-style-type: none"> • Self-help and mutual support activities delivered on a group basis – these are reported under Mutual Support and Self Help. • Group-based programs focused on assisting clients gain employment, education or vocational training – these are <u>out of scope</u> for this RFO.

Table 2: Definition of mutual support and self-help services

<p>MUTUAL SUPPORT AND SELF-HELP includes services that provide information and peer support to people with a lived experience of mental illness. People meet to discuss shared experiences, coping strategies and to provide information and referrals. Self-help groups are usually formed by peers who have come together for mutual support and to accomplish a specific purpose.</p>		
Distinguishing features:	Some examples are:	Exclusions:
<ul style="list-style-type: none"> • Group-based services. • Comprising individuals with common experience and interest. • Led by one or more consumer peers. • Provided on a face-to-face basis. 	<ul style="list-style-type: none"> • Self-help groups. • Warm lines. 	<ul style="list-style-type: none"> • Services that, while delivered by peers, are better categorised in other service types, e.g. personalised support services provided by peer workers. • Services where the group facilitator is not a peer (these services will be reported under other service types e.g. Personalised support or Group support activities). • Mutual support and self-help activities provided for and/or by carers and/or families of people with mental illness – these are reported under Family and Carer Support. • Online, population-based self-help programs.

Table 3: Definition of personalised support services

<p>PERSONALISED SUPPORT SERVICES are flexible services tailored to a mental health consumer's individual and changing needs. They include a range of one-on-one activities provided by a support worker directly to mental health consumers in their homes or local communities.</p> <p><i>Personalised support - other</i> includes services that provide personalised psychosocial support that is <u>independent</u> of housing arrangements (e.g. provision of social housing or privately negotiated housing) at the point of entry into the program. Personalised support linked to housing (for example the Housing and Support Program) <u>are not</u> included in this RFO as a service type.</p>		
Distinguishing features:	Some examples are:	Exclusions:
<ul style="list-style-type: none"> Primarily delivered on a one-on-one, face-to-face basis. Primarily delivered in the consumer's home or own environment. Provision of personalised support is initiated independently of any housing arrangements. Services are tailored to the needs of the individual consumer. May be of varying intensity (e.g., high, medium, low). 	<ul style="list-style-type: none"> Outreach support. In-situ individually tailored support. 	<ul style="list-style-type: none"> Provision of personalised support that is coordinated with provision of social housing or privately negotiated housing at the point of entry into the program. Personalised support services provided to individuals that are targeted only at improving the person's participation in employment, education or vocational training.

Table 4: Definition of family and carer support

<p>FAMILY AND CARER SUPPORT includes services that provide families and carers of people living with a mental illness support, information, education and skill development opportunities to fulfil their caring role, while maintaining their own health and wellbeing. These services may be provided in the context of early intervention or ongoing support.</p>		
Distinguishing features:	Some examples are:	Exclusions:
<ul style="list-style-type: none"> Explicitly targeted at carers and families (does not include family/carer liaison activity that is part of provision of support services to consumers). Includes all services focused on family and carer support except staffed residential respite services. Therefore, this includes services that, if they were not targeted at families and carers, would be reported in other service types. 	<ul style="list-style-type: none"> Family and carer programs. Family-focused early intervention services. After hours carers support lines. 	<ul style="list-style-type: none"> Residential respite services (are reported under staffed residential services and are not included in this RFO process).

Table 5: Definition of sector development and representation

SECTOR DEVELOPMENT AND REPRESENTATION services engage with a wide variety of issues regarding sustainability and development of the mental health sector. This includes information dissemination, representation of the sector, policy analysis, program development and sector capacity building. For the purposes of this RFO, activity to be funded under this service type is limited to program development and sector capacity building around consumer participation in community managed services.		
Distinguishing features:	Some examples are:	Exclusions:
<ul style="list-style-type: none"> • Short, medium and long-term initiatives. • Initiatives are intended to benefit the mental health sector, rather than an individual organisation. • Services are not provided to individual clients but are targeted at developing and/or representing client service delivery organisations operating in the community-managed mental health sector. 	<ul style="list-style-type: none"> • Workforce and sector development. 	<ul style="list-style-type: none"> • Individual/systems advocacy. • Direct mental health service delivery.

3. MAPPING FROM PREVIOUS AND NEW SERVICE TYPES

The table below is to assist services that were formerly funded for service types from the Department of Communities, Child Safety and Disability Services Outputs Catalogue, based on the National Classification of Community Services (NCCS), to transition to the new service types defined above. This table is repeated in Part D of the RFO document.

Table 6: Mapping of new MH NGOE DSS and previous NCCS service type taxonomies

Previously purchased service types (NCCS Taxonomy)	Current service types eligible for funding (MH NGOE DSS Taxonomy)
Community education	The corresponding service type of <i>Health Promotion</i> is out of scope for this RFO
Community placement	Personalised Support – other
Community centre-based development and support	Group support activities
Counselling - other	Personalised Support - other
Counselling – other group	Group support activities
Counselling – other individual	Personalised Support - other
General service availability, information, advice and referral	Considered core component of all service types – not specifically funded
Individual advocacy	Personalised Support - other
Job search skills development	The corresponding service type of <i>Education, employment and training</i> is out of scope for this RFO
Living skills development (individual)	Personalised support – other
Living skills development (group)	Group support activities
Mutual support and self-help	Mutual support and self-help
Needs assessment and case management of service plans	Personalised Support – other
Provision of training and training resources	The corresponding service type of <i>Education, employment and training</i> is out of scope for this RFO
Recreation / Leisure	Group support activities
Social and personal development (individual)	Personalised Support – other
Social and personal development (group)	Group support activities
Coordination/network development Social planning and policy development	Sector Development and Representation (Program development - consumer participation prioritised for this RFO.)