

**Department of Human Services**  
**Establishment and Operation of the**  
**Koori Youth Alcohol and Drug Healing Service**

**Advertised submission**

**Submission Due Date:** 18/08/05 [2.00pm]

**Submissions to:** Raelene Lesniowska - Senior Policy Officer  
Alcohol, Tobacco & Koori Drug Policy Unit  
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Department of Human Services

In a sealed envelope marked:

"CONFIDENTIAL

Submission:

Provision of Koori Youth Alcohol  
and Drug Healing Service"

***Posted or hand delivered to:***

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## Part A: Background and Overview

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### 1. Purpose of this Document

This document has been prepared to assist prospective service providers in the preparation and lodgement of submissions for the establishment and operation of the residential Koori Youth Alcohol and Drug Healing Service (Healing Service).

A Call for Submissions for provision of the Healing Service was originally advertised in December 2004. However, this process did not result in the appointment of a preferred service provider and the process was closed.

This brief has been revised to reflect the new process whereby the Department of Human Services (DHS) is seeking a partnership with a suitably qualified and experienced service provider, to undertake the services described in this brief, and in accordance with the Service Framework provided at Attachment 1.

Applicants who responded to the previous Advertised Submissions Process are welcome to re-apply for the provision of the Healing Service in response to this revised process.

### 2. Projected Timelines

Key dates for this proposal are indicated below. These dates are advised as a guide to projected timelines only. DHS reserves the right to vary key dates where necessary.

Call for submissions advertised	The Age Newspaper – 09/07/05 Herald Sun, Koori Mail and Indigenous Times – 13/07/05
Briefing session for potential applicants	20/07/05
Submissions close	18/08/05, 2:00pm
Shortlisting completed by	26/08/05
Interviews conducted by (as required)	02/09/05
All applicants advised of outcome by	16/09/05
Establish interim service by	16/03/06
Occupy permanent service by	25/05/07
Service review by	09/03/09

### 3. Terms Used to Describe Indigenous People and Services

The term Koori has been used in the title of the Healing Service to reflect that this is a Victorian based service for Indigenous young people throughout the state. The term Koori is also commonly used throughout DHS, in relation to Indigenous initiatives, projects and services. For example, the 'Koori Alcohol and Drug Strategy' 'Koori Community Alcohol and Drug Resource Centres' and 'Koori Alcohol and Drug Workers'. However, the Healing Service will be inclusive of all Aboriginal and Torres Strait Islander young people throughout Victoria/Australia, irrespective of their individual cultural practices, spiritual beliefs and geographical origin.

In keeping with the Victorian context of the Healing Service, the term Koori has also been predominantly used throughout this brief in reference to Indigenous people and services in Victoria. However, this term is not intended to exclude

those Aboriginal and Torres Strait Islander people from other parts of Australia. Equally, the use of the terms Aboriginal and Indigenous in this brief is intended to be inclusive of Aboriginal and Torres Strait Islander people throughout Australia.

#### **4. Victorian Service Context**

##### **4.1 Department of Human Services (DHS)**

DHS is responsible for funding a wide range of services to diverse client groups across Victoria. The Department's principal function is to ensure the delivery of a range of health, housing and community services. Our mission statement is:

To enhance and protect the health and well being of all Victorians, emphasising vulnerable groups and those most in need.

The implementation of the Healing Service will be managed by the Drugs Policy and Services Branch. This Branch is responsible for the development and implementation of drugs policy and protocols across DHS. The Branch is also responsible for developing, funding and delivering a range of treatment, prevention and educational services as well as workforce initiatives. The Branch works closely with partners in local, state and federal government, as well as the alcohol and drug sector to deliver services.

##### **4.2 Alcohol and Drug Service System**

Victoria has a comprehensive drug treatment service system consisting historically of twelve key service types, each with clearly articulated key service requirements. The service types which are available for both young people and adults are: Youth Outreach, Counselling Consultancy and Continuing Care, Residential Withdrawal, Home-Based Withdrawal, Outpatient Withdrawal, Rural Withdrawal, Residential Rehabilitation, Supported Accommodation, Peer Support, Specialist Methadone, Koori Community Alcohol and Drug Workers and Koori Community Alcohol and Drug Resource Services.

In addition to the twelve service types, a number of specialist statewide services are also funded, such as the: Turning Point Alcohol and Drug Centre Inc.; Youth Substance Abuse Service (YSAS); Community Advice and Treatment Service (COATS).

Within the service framework are a number of services funded specifically for young people. The youth drug treatment services system consists of youth outreach with flexible funding pools, youth counselling consultancy and continuing care, youth residential and home-based withdrawal, youth supported accommodation, youth residential drug rehabilitation, and youth peer support services.

Victoria also funds a range of Indigenous specific services for those individuals with drug and alcohol problems. These include Koori Drug and Alcohol Resource Centres, Koori Drug and Alcohol Workers and Koori Court Drug and Alcohol Clinicians.

The delivery of the Healing Service will occur within the context of the Victorian Drug and Alcohol Service System, the Koori Alcohol and Drug Plan and the broader Indigenous and non-Indigenous health and other relevant service systems for young people. This will ensure that high quality services, linked with other relevant services and supports, are provided to the target group.

#### **4.3 Access to Alcohol and Drug Services (by Indigenous and non-Indigenous Clients).<sup>1</sup>**

##### ***Overall Access***

- While Indigenous people only make up about 0.5% of the Victorian population<sup>2</sup>, 7.1% (1,965) of all clients (26,633) accessing DHS funded alcohol and drug treatment services in 2003/04 self identified as being from Aboriginal and/or Torres Strait Islander background.

##### ***Access by Gender***

- Of all clients accessing DHS funded alcohol and drug treatment services in 2003/04, 64% were male and 36% were female. Of the Aboriginal and/or Torres Strait Islander clients, 61% were male and 39% female.

### **5. Background to the Koori Youth Alcohol and Drug Healing Service (Healing Service)**

#### **5.1 Rationale**

The need for a Koori specific residential rehabilitation service for young people with drug and alcohol problems has been repeatedly identified by the Koori community and Government departments for a number of years. Most recently this need has been highlighted in a number of Government reports and documents on Koori youth since 2000, including three different Drugs and Crime Prevention inquiries into Inhalants, Public Drunkenness and Amphetamines.

The data provided regarding access to drug and alcohol services at item 4.3 above further validates the need for this service, as does the knowledge that 57% of Indigenous Victorians are under 25 years old, compared to 34% of the total population.<sup>3</sup>

#### **5.2 Context**

In September 2001 the Victorian Government announced that \$1 million would be allocated over two years for the development of a Koori Alcohol and Drug Strategy. To develop the strategy, the Koori Drug Strategy Advisory Committee (KDSAC) was established. The committee is made up of representatives from the Koori community, peak and local Indigenous organisations and relevant Government departments.

In 2002, based on needs identified by the Koori community, the Government funded a range of projects proposed by the KDSAC. The first phase of the Koori Alcohol and Drug Strategy involved the development of the Koori Alcohol and Drug Plan 2003-2004 (provided at Attachment 2). One of these initiatives included the development of a Koori Youth Residential Rehabilitation Service, based on a spiritual healing model.

In response to calls from the Koori community and the KDSAC for a Koori Youth Alcohol and Drug Healing Service, the Victorian Government in November 2002, made a commitment to fund the provision of this service.

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<sup>1</sup> Based on DHS Alcohol and Drug Information System (ADIS) data 2003/04.

<sup>2</sup> Indigenous census population, ABS.

<sup>3</sup> Australian Bureau of Statistics, 2001.

### **5.3 Funding**

To establish the physical location of the facility, the Victorian Government is providing \$1.5 million for capital development costs of the Healing Service. Further, the Victorian Government has received \$1 million capital funding from the Alcohol Education and Rehabilitation Fund to go towards the facility. Additionally, the Indigenous Land Corporation (ILC) has offered support to acquire or supply land suitable for the Healing Service.

The Victorian Government will also provide a grant for the establishment of the Healing Service within an interim facility as well as recurrent funding of approximately \$1 million per annum for the ongoing operation of the service.

## **6. Development of the Service Framework**

### **6.1 Koori Youth Alcohol and Drug Healing Service Advisory Groups**

A number of advisory groups have been formed to assist in developing the Healing Service. These include:

#### ***6.1.1 Koori Youth Alcohol and Drug Healing Service Steering Group***

In May 2004, DHS formed the Koori Youth Alcohol and Drug Healing Service Steering Group to assist in the development of the Healing Service. The Steering Group is made up of representatives from the following organisations:

- Aboriginal Affairs Victoria (AAV)
- Aboriginal Hostels Ltd (AHL)
- Aboriginal and Torres Strait Islander Commission (ATSIC)
- Department of Human Services (DHS)
- Department of Justice (DOJ)
- Maya Living Free Healing Centre
- Ngwala Willumbong Cooperative
- Office for Aboriginal and Torres Strait Islander Health (OATSIH) and Population Health Division (Aust. Govt. Dept. of Health and Ageing)
- Regional Aboriginal Justice Advisory Committee, Melbourne
- Rumbalara Aboriginal Cooperative
- Victorian Aboriginal Child Care Agency (VACCA)
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Victorian Aboriginal Community Services Association Ltd (VACSAL)
- Victorian Aboriginal Education Association Incorporated (VAEAI)
- Victorian Aboriginal Health Service (VAHS)
- Victorian Aboriginal Youth Sport and Recreation (VAYSAR)
- Victorian Indigenous Youth Advisory Council (VIYAC)
- Worawa Aboriginal College
- Youth Substance Abuse Service (YSAS)

The terms of reference of the steering group include informing and supporting the following processes via provision of expert advice, guidance and assistance:

- Development of a Service Framework;
- Appointment of a service provider; and
- Establishment and ongoing operation and review of the interim and permanent Healing Service.

### **6.1.2 Capital Working Group**

A Capital Working Group has been formed from representatives of the Steering Group. The function of the Capital Working Group is to guide the capital processes of the Healing Service such as the building of the actual Healing Service facility.

### **6.1.3 Spiritual Healing Advisory Committee**

To ensure that Koori culture and a spiritual healing approach are adequately considered and appropriately incorporated into the service model, a Spiritual Healing Advisory Committee will be formed, to guide the service provider in their service development and ongoing service provision. This committee will comprise Koori representatives with appropriate knowledge and experience to provide advice and expertise regarding Koori cultural and spiritual healing practices and perspectives.

## **6.2 Research and Community Consultation**

Given the unique nature of the proposed Healing Service, in March 2004 DHS commissioned a Koori consultant to undertake a literature review and extensive Koori community consultations to determine recommended service model elements and characteristics and to develop a Service Framework. In total, over 140 representatives from the Koori community across Victoria were consulted via a series of group meetings offered in 6 different DHS regions and numerous individual discussions. Participants were employed or involved in various areas of Indigenous affairs including, substance abuse, juvenile justice, family violence, child protection, community development and youth programs, with strong representation from males, females and young people (approximately 30% of those consulted).

The findings of the literature review and community consultations were reported back to the Steering Group and were developed over a series of meetings into a draft report with service recommendations and rationale. The draft report was further refined following additional feedback from the Koori community during a statewide forum convened in September 2004. The Steering Group subsequently endorsed this report as the Service Framework for the Healing Service, a copy of which is attached to this brief. (See Attachment One)

## **6.3 Service Framework**

The intent of the attached Service Framework is to provide guidelines for the successful service provider to develop a detailed service model and plan, both prior to and during ongoing service delivery, in consultation and partnership with the Steering Group, the Spiritual Healing Advisory Committee and the Koori community.

***As advised in the Submission Template in Part E of this brief, applicants should read the attached Service Framework and refer to it in order to prepare their submission.***

## **7. Healing Service Objectives**

### **7.1 Purpose**

To provide a residential Koori Youth Alcohol and Drug Healing Service for young Koori people with substance abuse problems that:

- Provides a range of culturally appropriate interventions within a spiritual healing framework;
- Helps Koori youth recover from substance abuse;
- Assists and provides ongoing support to Koori youth to reintegrate into community living; and
- Ensures or promotes lasting change.

### **7.2 Outcomes**

It is expected that the Healing Service will achieve the following outcomes:

- Behaviour change among the young Koori participants, such that substance abuse is minimised or eliminated;
- Participants assisted to recover from substance abuse and to re-connect with the Koori community and broader society, supported by activities, mentors and services that respond to their vocational and holistic health needs;
- Underlying factors that lead to substance use in the first instance (including individual, family, community and society issues) will be addressed;
- Development of a stand-alone Koori organisation capable of operating the Healing Service autonomously after four years.
- The service will be an extension of and integrate with the existing alcohol and drug treatment service system in Victoria, including strong links with other Koori services and programs;
- Research will be undertaken and expertise developed regarding alcohol and drug related Koori youth issues, within a learning organisation philosophy; and
- The program will be of national significance in informing Koori youth drug and alcohol responses and treatments, with evaluations regarding best practice models disseminated locally, nationally and internationally as appropriate.

## **8. Healing Service Scope**

### **8.1 Partnership Requirement**

The Healing Service will be the first of its kind in Australia and demands a unique and challenging set of diverse service requirements. To meet these requirements, DHS is seeking a suitably qualified and experienced generalist alcohol and drug treatment service provider in partnership with one or more Koori organisations to establish and operate the Healing Service over an initial four-year period.

The four year partnership will focus on developing the skills and expertise of the partnering Koori organisation(s) with a view to facilitating a phased transition to autonomous operation of the Healing Service by the Koori organisation(s) by the end of the four years. The capacity of the Koori organisation(s) to make the transition to autonomous operation of the service will be reviewed three years after the commencement of the partnership. The Department of Human Services acknowledges the importance of the Koori Community having ownership over

Koori programs and this principle underlies the plan for transition to autonomous operation of the Healing Service by the Koori organisation(s).

## 8.2 Partnership Experience

While there may be some cross over and overlap in the specific experience and skills that each organisation brings to the partnership, successful partners will need to demonstrate the following:

### ***Generalist Alcohol and Drug Treatment Service***

- Proven experience in the provision of alcohol and drug treatment services.
- Experience in the management and operation of residential drug and alcohol services.
- Experience in managing and operating multi-site programs across geographic distances.
- Experience and capacity to work with Indigenous organisations and link and work with a range of support services across the state.
- Knowledge of and preferably experience in delivering alcohol and drug services to young people.
- Capacity to provide leadership and training to the Koori organisation(s) through training, development and mentoring activities.

### ***Koori Organisation(s)***

- Proven experience in running Indigenous services and programs.
- Knowledge of and experience in delivering initiatives in reference to Koori culture.
- Knowledge of and preferably experience in the provision of alcohol and drug services and/or youth services.
- Capacity to link and work with other Koori communities and organisations across the State.
- Ability to link and work with non-Indigenous agencies.
- Capacity to undertake the governance, human resource, reporting, contractual and fiscal functions of a service of this size, in the future.
- Capacity to commit to the development of skills and expertise through participation in formal and informal training activities and accreditation procedures.

## 8.3 Partnership Roles

Applicants will need to clearly outline the specific partnership arrangements that will be in place, including roles, functions and management responsibilities.

Given the above experience requirements, DHS envisages that the generalist service will:

- Be the contract manager of the Healing Service and assume initial responsibility for operational management and reporting;
- Develop relevant policies and procedures;
- In partnership with the Koori organisation(s), develop and implement residential alcohol and drug rehabilitation and youth specific aspects of the program model;
- In partnership with the Koori organisation(s), undertake the recruitment and training of staff with emphasis on the development of an Indigenous workforce;
- Manage and supervise staff; and
- Act as a mentoring and capacity building organisation for the partnering Koori organisation(s).

It is envisaged that the Koori organisation(s) will:

- Forge links and develop effective working relations with Indigenous networks and organisations across the state;
- Develop and implement the referral, intake, assessment and exit model;
- Develop and implement the cultural and spiritual healing aspect of the program model;
- In partnership with the generalist service, develop and implement residential alcohol and drug rehabilitation and youth specific aspects of the program model;
- In partnership with the generalist service, assist with the recruitment and training of staff and the development of an Indigenous workforce;
- Participate in relevant training and development activities in regard to the partnership roles undertaken by the generalist service; and
- Provide Koori specific advice and feedback to the generalist service regarding the partnership roles they undertake.

It is envisaged that shared roles will include:

- Providing an appropriate governance structure that ensures the service is accountable to the Koori Community and reflects community input at all levels in the development of the project.
- Preparing and implementing a transition plan regarding the ongoing management and operational arrangements for the Healing Service.
- Participating in a service review after three years of the partnership.

While there is room for flexibility in how the partnering roles are set up, the partnership will need to demonstrate a commitment to increasing the capacity of the Koori partnering organisation(s) to undertake the ongoing operation of the Healing Service. As part of this process, DHS anticipates a gradual diminishing and possibly eventual withdrawal of the role of the generalist service provider as a formal partner and a corresponding increase and eventual autonomous role of the Koori organisation, by the end of the four-year partnership. This will need to be reflected in a transition plan developed by the partnership, for implementation over the four years. This plan should be signed by the generalist and Koori organization(s) and submitted to DHS as part of the Funding and Service Agreement.

The capacity of the Koori organisation(s) to undertake the ongoing operation of the Healing Service will be determined via a review after three years of the partnership.

#### 8.4 Healing Service Timeline

During the four year partnership, the anticipated timeline for establishing and providing the Healing Service is as follows:

Year 1		Year 2			Year 3		Year 4	
Transition to autonomous Koori Service Provider								
Ongoing internal review and adaptation of service plan/program								
Initial service plan development							Independent Service Review	
Establish Interim Service	Interim Service Provision	Interim Service Provision	Interim Service Provision	Interim Service Provision	Occupy Permanent Service *	Permanent Service Provision	Permanent Service Provision	Permanent Service Provision
0-6 Months	6-12 Months	12-18 Months	18-24 Months		24-30 Months	30-36 Months	36-42 Months	42-48 Months

\* This timeframe is subject to construction of a permanent facility

#### 8.5 Healing Service Review

Arrangements for the ongoing management and provision of the Healing Service will be determined by an independent review conducted after three years of the partnership, to monitor achievements against the transition plan.

Broadly, the review will include assessment of the following criteria:

- Proven capacity to undertake the governance, human resource, reporting, contractual and fiscal functions of the Healing Service; and
- Proven capacity to undertake the ongoing service development, implementation and evaluation requirements specified in this Brief.

The generalist and Koori organisation(s) will be consulted regarding the timelines and criteria of the review.

#### 8.6 Service Deliverables

In developing and delivering the Healing Service, the successful partnership will be required to:

1. Develop a detailed service model and plan for the Healing Service in accordance with the specifications of this brief.
2. Establish the operation of a 6-bed interim Healing Service within a six-month time frame. Requirements during this period will include:
  - Site location and tenancy;
  - Minor capital works;
  - Equipment purchase (for interim and permanent Healing Service);
  - Staff recruitment and induction;
  - Establishment of referral, assessment, entry and exit processes across the State to ensure maximum access to all eligible Koori youth;
  - Development of relevant policies, procedures and practices;
  - Articulation of the service model, plan and daily program requirements; and

- Other tasks and arrangements necessary to enable the timely commencement of service provision from the interim Healing Service.
3. Establish excellent networks with Koori communities across the State.
  4. Continually develop, operate and evaluate the Healing Service within the 6-bed interim facility until the permanent facility is built and ready for occupation.
  5. Transfer the Healing Service operations and equipment from the 6-bed interim facility to the 12-bed permanent facility, when the permanent facility is ready for occupation.
  6. Continually develop, operate and evaluate the Healing Service from the 12-bed permanent facility, following occupation of the permanent facility.
  7. Develop and implement a transition plan for the development of skills and expertise of the partnering Koori organisation(s) and provide reports on this development.
  8. Participate in an independent service review after the third year of the partnership.

**Part B: Service Specifications**

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This section details the key service specifications, based on the recommendations in the attached Service Framework.

***Applicants will need to consider the content and information provided in this section when compiling a submission in response to this brief.***

**Specification 1: Service Model**

Submissions in response to this brief will need to outline a service model that is detailed, valid, innovative and flexible to respond to the specific, complex needs of Koori young people with alcohol and/or drug problems. The service model should incorporate the service model elements specified below.

**1.1 Philosophy and Underlying Principles**

The attached Service Framework outlines key features of the philosophy and principles for the service. These include:

- An approach consistent with a journey throughout which a holistic healing process will take place;
- Culture as treatment – whereby Koori cultural experiences, practices and spiritual connectedness facilitate the healing process;
- A drug free environment and service provision consistent with the principles of demand reduction and a broad harm minimisation framework;
- Client centred, individualised programs;
- Acknowledgement of and support by external factors (including families, community, mentors and peers);
- Continuity and continuum of care, throughout and across the entry, residential and exit phases of the service model;
- Aboriginal ownership;
- Flexibility and evaluation to accommodate individual client needs and program development;
- Youth focus; and
- Respect.

When considering the Service Model, submissions should articulate the philosophical principles underpinning their model.

**1.2 Client Group**

The Healing Service will be a state-wide service for Koori young males and females with alcohol and/or drug problems. The target age group for the Healing Service is 15-20 years. However, young people outside this age range may also be admitted to this service on a case-by-case basis where appropriate, as explained in the attached Service Framework.

Submissions will need to outline, how this client group will be worked with reflecting sensitivities to the diverse characteristics and needs of the client group.

### **1.3 Operating Hours and Duration of Client Involvement**

It is expected that the Healing Service will operate 24-hours a day, 365 days a year. The length of involvement of the young person in the program will be flexible to allow for completion of program goals, while managing the risk of institutionalisation. It is anticipated that this period will be between 6-12 months, with a 3-4 month residential stay, however this may change based on the experience of the service.

### **1.4 Service Model Phases**

The Healing Service should include an entry, residential and exit phase in accordance with the recommendations in the attached Service Framework and the specifications below. Submissions will need to articulate in detail the approach to meeting the following components.

#### **1.4.1 Entry Phase**

The entry phase should establish an efficient referral, uniform assessment and prompt access to the Healing Service for all Koori young people in Victoria. This should include:

- Established links with Koori, mental health, psychiatric and youth alcohol and drug services (including withdrawal services where appropriate).
- A state-wide system, policies and procedures for referral, including initial and ongoing involvement of community organisations and a prompt response for assessment and support.
- Consideration of the provision of pre-entry programs for clients awaiting entry to the residential component of the service.
- A uniform state-wide assessment approach and tools to assess clients' suitability for admission to the service.
- Provision of an orientation and induction program for all clients.
- Provision of support specific to the needs of clients who are parents of young children.

Decisions regarding admission may also need to take into account the age, stages of development and group dynamics of clients already within the service.

#### **1.4.2 Residential Phase**

The residential program should address presenting and underlying spiritual, psychological, physical, social and behavioural issues associated with substance abuse. As outlined in the Service Framework, core components of the residential phase should include:

- Individual culturally relevant healing and support plans to increase protective factors.
- A holistic range of group activities, core programs, cultural perspectives and other initiatives relevant to the needs of groups of clients.
- Consideration of opportunities for client income generation.
- External involvement and support of family, mentors and community elders.
- Linkages and partnerships with services and networks in the areas of alcohol and drug treatment, mental health, education, employment and recreation.

The model should outline a culturally appropriate intensive support and therapeutic healing program and interventions delivered on an individual or group basis as appropriate. The model should also outline how these will be achieved in line with the Service Framework.

Possible interventions might include:

- Activities based on Indigenous cultural heritage such as traditional healing celebrations and ceremonies.
- Behavioural treatment and relapse prevention including development of coping skills.
- Development of healthy pursuits such as recreational, sporting, musical, artistic and vocational activities.

Where appropriate, some program interventions may be provided off-site and/or via contractors or supported referral.

#### **1.4.3 Exit and After Care Phase**

One of the key challenges of effective exit planning and after care provision for clients will be to ensure that when young people exit the Healing Service, they are assisted to make a successful transition into a community living situation that can promote and further the gains experienced within the Healing Service. For some clients, this may include consideration of supported accommodation on exit. As outlined in the Service Framework, for all clients, the challenge will involve the provision of:

- An individualised approach to exit planning and after care upon entry into the program;
- Involvement of the community and designated staff in exit plan development and aftercare provision;
- Comprehensive after care, including service linkages and follow up support to help clients reconnect to positive community events, mentors, support services and ongoing activities; and
- Support to maintain and enhance protective factors developed during the residential phase of the Healing Service.

### **1.5 Ongoing Service Model Development, Implementation and Review**

The service model will be flexible to allow for its continued development and adaptation in order to best meet individual and collective client needs. To assist with the continued development, implementation and effectiveness of the Healing Service, the service model will include a strategy to facilitate ongoing community consultation and ownership of the program. There is also a range of formal support and advisory structures that the service provider will be expected to participate in to assist the implementation and effectiveness of the service, including:

- The Koori Youth Alcohol and Drug Healing Service Steering Group and the Koori Drug Strategy Advisory Committee which will require updates and progress reports on the development of the service;
- The Capital Working Group, which will guide the capital processes regarding the design and building of the permanent facility;
- A Spiritual Healing Advisory Committee, which will provide advice and assistance regarding the development of cultural and spiritual healing elements of the service;
- DHS processes and requirements regarding performance monitoring and auditing (where necessary), data reporting, support and assistance. (Further details of monitoring and reporting requirements are provided in Part C of this brief); and

- An independent review of the Healing Service separately commissioned by DHS and undertaken in consultation with the service provider.

## 1.6 Service Model Exclusions

Please note, the Healing Service will not include withdrawal services. This is because:

- There are currently 32 withdrawal beds in Victoria available to 12-21 year olds, which rarely operate at full capacity. Efforts are underway to improve access to these beds for Koori youth and there will be ongoing efforts to ensure links between the Healing Service and existing withdrawal services.
- Inclusion of withdrawal services would significantly increase operating costs, which would reduce funds available for the spiritual healing rehabilitation program.
- Not all young people attending the Healing Service will need withdrawal services. The Healing Service will take clients from all spectrums, including long-term substance users and those at risk of becoming long-term users. For some of these clients, the need for respite may be greater than the need for intensive rehabilitation.

## Specification 2: Staffing Requirements

The Victorian Government has committed to the Wur-cum barra Strategy which ensures that opportunities are made available for the employment and training of Indigenous Victorians within the Victorian Public Sector.

The goal of Wur-cum barra is to establish Indigenous Employment Plans in all Victorian Government departments and agencies. The plans involve the development of organisational and workplace level policies, practices and actions that focus on increasing Indigenous employment outcomes. Key result areas that should be addressed in the plans include:

- Capacity Building and Pathways;
- Recruitment;
- Induction and Retention;
- Career Development;
- Changing Workplace Culture; and
- Indigenous Community Organisation Sector.

It is expected that the service provider of the Healing Centre will also establish an Indigenous Employment Plan using the principles of Wur-cum barra as a guide. The Wur-cum barra strategy can be found at Attachment 5.

### 2.1 Staff Profile and competencies

The Healing Service will be staffed by a range of full-time, part-time and seasonal personnel, to be determined by the service provider within the operating budget. Employment of Indigenous persons to deliver the service model should be a high priority. Based on the experience of existing residential youth rehabilitation services, it is likely that staff will need to be employed or contracted to undertake the following roles:

- Management;
- Youth, community, social, welfare and outreach work and related disciplines;
- Planning, development and delivery of specialist and core programs i.e. Koori culture and spiritual healing; education; employment; vocation; sport; art, music, social and recreation opportunities;
- Administration; and

- Various other roles such as equipment, machinery, buildings and grounds maintenance; domestic roles; gardening, farming and land care; accounting/financial management.

The submission will need to clearly specify the skills, experience and roles that each partner will contribute to the establishment and provision of the Healing Service including:

- Experience and skills in psychosocial assessment, suicide risk assessment and mental health issues.
- Specialist skills in providing high quality, client and community focused alcohol and drug treatment and support services.
- Skills and experience with intensive individual support and case planning and management across the alcohol and drug sector as well as group work and program facilitation.
- Specialist knowledge and skills in developing and delivering cultural and spiritual healing components of activities, programs and services.
- Complementary skills in sport, recreation, employment and housing placement and educational achievement.
- Other experience and roles specified in Part A, items 8.2 and 8.3.

As recommended in the attached Service Framework, it is envisaged that staff will be rostered on over a 24-hour period.

As specific skills will be required for most positions, only staff fulfilling required qualifications and/or experience should be recruited. Pre-employment police checks should be undertaken in accordance with DHS guidelines.

## **2.2 Staff Training, Policies and Procedures**

### ***2.2.1 Ongoing Professional Development and Support***

As highlighted in the attached Service Framework, ongoing professional development and training will be a core aspect of staff management. The Healing Service will have policies to develop and maintain staff competencies via the availability of staff induction, training and skills development programs as required. In particular, formal and informal training for Koori workers should be outlined in the transition plan.

Provision should be made for education and training for new and experienced practitioners such that they may continue their learning beyond the skills and experience they brought to the position.

Examples of broad training areas relevant to the provision of the Healing Service include:

- Cultural and spiritual healing practices and other Koori specific issues;
- Youth work skills;
- Adolescent health;
- Residential alcohol and drug rehabilitation work; and
- Mentoring and capacity building regarding contractual and operational management, reporting and program development.

Training should reflect the National Competency Standards for Alcohol and Drug Workers and employ culturally appropriate adult learning principles.

Access to staff support services (including debriefing and counselling) should be provided on a preventative and needs basis.

A performance appraisal system should be in place for all employed Healing Service staff.

### **2.2.2 Management and Governance**

The Submission should outline the proposed management and governance structure and include the maintenance of active quality assurance programs that conform with the standards included in the Service Agreement.

Submissions should detail:

- Management and governance arrangements for the operation of the Healing Service.
- The extent to which the partnership roles and relations have already been formally established and strategies for strengthening and sustaining effective working relations throughout the life of the partnership.
- How the respective partner roles will change over the life of the partnership to facilitate an increased capacity for the Koori organisation to assume ongoing governance and management responsibility for the Healing Service.

Submissions should cover lines of management and accountability; reporting arrangements; financial and human resources policies; and other policies and procedures outlined in Specification 2.

### **2.2.3 Health and Safety**

Submissions should outline how the service provider will have in place an appropriate system to protect people under its care, and provide and maintain an environment that is safe, appropriate to the service type, and without health risks, as required by the Occupational Health and Safety Act.

The facilities should meet existing health and safety regulations and should be maintained on a regular basis. This should include maintenance of current emergency first aid certification, ensuring infectious disease policies and fire safety procedures are in place and ensuring all staff are trained in regard to appropriate practice and safeguards of health and safety.

### **2.2.4 Duty of Care**

Submissions should outline awareness and intention of policies on Duty of Care; clinical decisions; crisis and client management issues.

### **2.2.5 Incident Management**

The service provider is required to operate under the DHS incident management guidelines. This includes protocols for managing, responding to and reporting critical incidents, violence and/or sexual assault.

## **Specification 3: Physical Characteristics**

### **3.1 Location**

The Steering Group's preferred location for the interim and permanent Healing Service is anywhere within 1.5 hours travelling distance from the Melbourne General Post Office. However, as outlined in the attached Service Framework, the location has not yet been determined but will be decided following

assessment of proposed locations (which may include locations outside 1.5 hours travelling distance from Melbourne) against the following criteria:

- State-wide access for clients, families and communities;
- Strong local support, from the Indigenous and non-Indigenous community;
- Access to health, education and other relevant support services;
- Sufficient and culturally appropriate land space (particularly for the permanent service); and
- Capacity to provide an interim Healing Service within the same vicinity as the permanent service.

While the Indigenous Land Corporation have offered support to acquire or supply land suitable for the Healing Service, Agencies may include building and/or land offers as part of their Call for Submission application. In doing so, the submission would need to address the aspects outlined in Specification 3.

### **3.2 Operating Environment**

It is anticipated that the permanent (and where possible interim) Healing Service will:

- Comprise small, home-like domestic units grouped on-site, with the aim of providing a welcoming, non-institutional, homely environment that is quiet, calm, safe and where possible, private and in keeping with every day community life;
- Include: education, training, family and visitor facilities; communal spaces for food preparation, dining, leisure, recreation, sport, and social activities; secluded quiet areas; and accommodation (including 6 beds for the interim service and 12 beds for the permanent service);
- Provide separate male and female facilities;
- Provide short-term onsite accommodation for visiting Elders, with the capacity to trial a live-in arrangement for Elders;
- Cater for the access and special requirements of persons with disabilities; and
- Be respectful of the land and Koori culture.

It is anticipated that the land space available for the Healing Service will be between 6 and 14 acres (or approximately 2.4 – 5.7 hectares). It is estimated that 6 acres would accommodate the building and other physical requirements of the service, including native bush land and a large open space for agriculture, recreation and certain spiritual healing and cultural activities. This estimation should also include a body of water such as a dam, lake or creek. The suggested upper limit of 14 acres is based on the significant operational and financial implications of managing large residential properties. However, properties larger than this will be considered provided a viable strategy for effective land use, management and maintenance can be demonstrated.

Further details about the Healing Service operating environment are provided on pages 20-22 of the attached Service Framework.

## **Specification 4: The Service Provider**

### **4.1 Understanding of Requirements**

The successful partnership will need to show that they have:

- A detailed understanding of all elements of the Healing Service objectives, scope, specifications and the Service Framework.
- Critical consideration and understanding of Koori culture and spiritual healing processes and how these will be adequately reflected in the service model to meet the holistic healing needs of the young people engaged with the Healing Service.
- An understanding of the resource issues associated with developing and implementing the Healing Service and how to manage these, as evident from previous experience.

#### **4.2 Understanding of Broader Issues and Partnership Requirements**

The successful partnership will need to demonstrate that they have:

- Understanding of Koori community issues, and issues facing Koori young people, particularly in relation to the context of drug and alcohol use and misuse.
- Partnerships or links with Aboriginal peak bodies, community controlled organisations, workers, community groups, services, programs and projects.
- Partnerships or links with the current alcohol and drug treatment service system, (particularly services for youth and families).
- Partnerships or links with related services and service systems such as, youth, community and welfare sectors, acute and mental health services, education facilities, family services, housing support, vocation/employment services and recreation services for young people.

#### **4.3 Relevant Experience**

It is expected that the successful partnership will have the collective experience specified in Part A, item 8.2 of this brief.

**Part C: Conditions Applying To This Submissions Process**

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**1. General Conditions****1.1 Legal Entity**

A legal agreement can only be entered into by DHS with a service provider or individual with legal status established under:

- Associations Incorporation Act
- Co-operatives Act
- Corporations Law
- Health Services Act
- An Individual Act of Parliament
- Natural Person (a person at least 18 years of age, with a mental capacity to understand the agreement, not under any order or bankrupt)
- Trustee Act.

DHS prefers to deal with service providers which have an Australian Business Number (ABN).

**1.2 Consortia and Coalitions**

Where the service provider is a consortium, the submission must indicate which parts of the service each entity comprising the consortium is proposing to provide. The submission must also detail how the Lead Agency and Sub-contractor(s) would relate to each other to ensure full provision of the required service.

There are three legal and management options available to consortia in making a submission. Each of these types of arrangements is acceptable to DHS:

- incorporate as a single body;
- each member signs as part of a Non Incorporated Consortium; or
- subcontracting by the Lead Agency to other members of the Consortium

Further information about the different types of arrangements and alliances agencies can enter into to provide joint service provision is available in the Victorian Government DHS Service Agreement Information Kit for Agencies 2003-2006, which can be accessed by visiting the following website: [www.dhs.vic.gov.au/srvc\\_agmnt](http://www.dhs.vic.gov.au/srvc_agmnt)

**1.3 Form and Application of Agreement**

The successful service provider(s) will be required to enter into a standard DHS Service Agreement, a sample copy of which is supplied as Attachment 3. The agreement will be for an initial period of three years, with provision for annual reviews of funding and performance levels, in line with the Government funding cycle. The Service Agreement will reflect the conditions under which the provider will manage the Koori Youth Alcohol and Drug Healing Service on behalf of DHS.

**1.4 Service Quality**

The service provider will demonstrate a commitment to continuous improvement in providing high quality, value for money services, including compliance with:

- The General Key Service Requirements detailed in "Victoria's Alcohol and Drug Treatment Services" – Framework for Service Delivery (see Attachment 4).
- Key service requirements specific to the delivery of this service, as outlined in the Funding and Service Agreement with DHS.

### **1.5 Episode of Care (EOC) Structure**

DHS funds drug treatment service providers to provide EOCs to clients, where EOCs are defined as: "a completed course of treatment undertaken by a client under the care of an alcohol and drug worker which achieves significant agreed treatment goals".

The EOC targets determined will be dependent on the negotiated and approved service model for the Healing Service.

### **1.6 Research**

Organisations are required to guarantee access to all consenting clients for approved research, as long as that research has fulfilled all the relevant research and ethics committees' requirements.

### **1.7 Payments**

Service providers must have the capacity to accept electronic funds transfer as a facility for payments. A payment schedule will be negotiated with the successful service provider. DHS will make payments according to the satisfactory delivery of outputs or achievement of key stages.

The successful service providers may be required to authorise the Department to issue a Recipient Created Tax Invoice (RCTI) in respect of any part of the services

### **1.8 Application of Funds**

The application of funds received for the provision of the Healing Service must be separately identified in the organisation's financial records and directed solely to the provision or enhancement of services for the target group of young people, as specified in this brief and the Service Framework.

If the service provider is a public sector organisation, carryover of unexpected moneys up to three per cent of the total operating budget into the following year may be negotiated with DHS, provided that surplus funds will be expended on the Healing Service.

### **1.9 Performance Monitoring**

Monitoring of service performance will be undertaken through liaison with the successful service provider. Service requirements will be monitored through the collation of performance indicators and supported by an analysis of issues impacting on the performance achieved. The Department will work with funded agencies to develop performance monitoring in the areas of financial accountability, governance, service deliverables, quality and evaluation.

Continued funding for the advertised service will be subject to the outcome of a review, which will include compliance with the program and financial accountability, Conditions of Funding, monitoring, reporting and evaluation arrangements and satisfactory performance against agreed measures and targets, all of which be set out in the Service Agreement established from this Advertised Submission Process. An example Service Agreement is provided as Attachment 3. Further information about monitoring and reporting requirements is also available in the Victorian Government DHS Service Agreement Information Kit for Agencies 2003-2006 at the website: [www.dhs.vic.gov.au/srvc\\_agmnt](http://www.dhs.vic.gov.au/srvc_agmnt)

### **1.10 Performance Auditing**

Applicants should note that DHS may authorise an audit of a service provider:

- If the financial returns of the service provider indicate concern about the nature of expenditure of funds provided by the Department.
- To establish or investigate the financial viability of the service provider where funds provided by the Department comprise a significant proportion of the organisation's total budget.
- To establish whether the grant of funds has been applied for the purposes for which it was made and whether the money has been applied economically, efficiently and effectively.

### **1.11 Data Reporting Requirements**

The service provider will be required to provide information on a quarterly basis through the Alcohol and Drug Information System (ADIS) or approved equivalent. ADIS has been developed to collect client sociodemographic and treatment episode data, which is submitted to DHS on a quarterly basis. The collection of alcohol and drug treatment data is necessary for the purpose of service monitoring and planning and to meet the requirements of the National Minimum Data Set for Alcohol and Other Drug Treatment Services.

Reports on the achievement of performance measures and targets, other than those reported through ADIS, are to be provided on a quarterly and annual basis, and, if otherwise specified, as defined in the Service Agreement established from this Advertised Submission Process.

### **1.12 Statement of Departures**

Service providers must state in their submissions that they have not proposed any changes ("departures") from any Part of this brief and the conditions of the standard DHS Service Agreement (example attached) or, where they are proposing departures from any Part of this brief, they should submit details with their submission.

By making a submission in response to this document, service providers are deemed to have accepted these conditions.

## **2. Reservations**

### **2.1 Withdrawal From Process**

DHS may withdraw from the submissions process described in this document for any reason, prior to signing any agreement with any service provider for the delivery of the services described in this document.

### **2.2 Lowest Cost Submission**

In the case of fixed price submissions, the lowest cost submission, or any submission, will not necessarily be accepted.

### **2.3 Negotiation**

DHS may elect to negotiate with short-listed service providers after the nominated closing date for submissions.

### **2.4 Part Offers**

DHS may accept submissions in relation to part of the scope of activity described in this brief, or appoint one, more than one or no service provider on the basis of the submissions received.

### **3. Conflicts of Interest**

#### **3.1 Declaration**

Service providers must declare to DHS any matter or issue which is, may be perceived to be or may lead to a conflict of interest regarding their submission or participation in the provision of the services described. Where applicable, service providers must also describe a strategy designed to avoid any conflict of interest.

### **4. Confidentiality**

#### **4.1 Ownership of Submissions**

All submissions and any accompanying documents become the property of DHS.

#### **4.2 Ownership of Information**

Ownership of all information, reports or data provided by DHS to service providers resides in the State of Victoria. The service provider shall not, without written approval of the Secretary to DHS, use the information or reports other than in the development of the submission or the performance of the assignment. This information, in whatever form provided by DHS or converted by the service provider, must be destroyed in a secure fashion following advice of the outcome of the submission process or at completion of the assignment.

### **5. Disclosure**

#### **5.1 Presumption to Full Disclosure**

The Victorian Government has a strong presumption in favour of disclosing agreements and, in determining whether any clauses should be confidential, specific Freedom of Information (FOI) principles (including a public interest test) will apply. The Government cannot pre-empt the workings of the FOI Act or constrain the Auditor General's powers to secure and publish documents as appropriate.

#### **5.2 Disclosure of Submission and Agreement Details**

Subject to this clause and the Conditions of Agreement, all documents provided by the service provider will be held in confidence so far as the law permits. Notwithstanding any copyright or other intellectual property right that may subsist in any documents, by making a submission the service provider licenses DHS to reproduce the whole or any portion of the submission documents for the purposes of evaluation

In making its submission, the service provider accepts the Department may publish (on the internet or otherwise) the name of the successful or recommended service provider(s) and the value of the successful agreement(s), together with the provisions of the agreement generally.

#### **5.3 Non-Disclosure of Agreement Provisions**

Non-disclosure of agreement provisions must be justified under the principles for exemption within Section 34(1) of the *Freedom of Information Act 1982*, providing that information acquired by an agency or a Minister from a business, commercial or financial undertaking is exempt under the Act if the information relates to trade secrets or other matters of a business, commercial or financial nature and the disclosure would be likely to expose the undertaking unreasonably

to disadvantage. The Department will consider these arguments in the evaluation and negotiations with service providers.

**6 Lobbying**

Service providers are reminded that they should not attempt to exert influence on the outcome of the assessment process by lobbying, directly or indirectly, DHS staff or Members of Parliament.

**Part D: Submission Process**

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**1. Submission Format**

All submissions must be developed using the Submission Template in Part E. Submissions should directly address each item in the submission template and include a table of contents, page numbers and a list of appendices, which should be indexed for easy reference.

The template is also available in Word for Windows format via email by contacting: Raelene Lesniowska, Senior Policy Officer DHS, via telephone: (03) 9637 4838 or email: raelene.lesniowska@dhs.vic.gov.au

**2. Evaluation Criteria**

Submissions will be evaluated against the criteria indicated below to determine the applicant's capacity to effectively develop and operate the Healing Service in accordance with the objectives, scope and specifications outlined in this brief and the attached Service Framework.

All criteria must be met. If they are not met, the submission may be rejected without further consideration unless it is clearly indicated to be an alternative proposal, and documentation is provided that supports its validity in achieving the requirements of this service.

**Criterion 1:** Demonstrated knowledge, understanding, qualifications and experience relevant to the provision of a culturally appropriate Koori Youth Alcohol and Drug Healing Service.

**Criterion 2:** Demonstrated ability to ensure state-wide access to the Healing Service by Koori young people, communities and organisations.

**Criterion 3:** Demonstrated ability to develop and implement a valid, innovative service model in accordance with the stated objectives, scope, specifications and timelines of the Healing Service.

**Criterion 4:** Demonstrated skills and abilities to run innovative and effective education, employment, health and recreational programs to the client group.

**Criterion 5:** Demonstrated ability to develop a partnership and service team with appropriate governance, management, roles, qualifications, experience and competencies and to comply with relevant regulations and guidelines.

**Criterion 6:** Demonstrated ability to develop and implement a staged transition plan to facilitate autonomous capacity of the Koori partnering organisation(s) to operate the Healing Service.

**Criterion 7:** Demonstrated ability to create a physical operating environment that will offer positive experiences and outcomes for all clients, visitors and staff.

**Criterion 8:** Ability to demonstrate satisfactory financial capability and viability.

**Note:**

1. The proposals will be assessed against the evaluation criteria on a value for money basis. While proposals must be within budget limits, price is not scored.

2. To further assess financial capability and viability, DHS will commission an independent organisation to undertake a corporate and financial risk appraisal of all short-listed applicants. This process will be facilitated via direct telephone contact with applicants. The ensuing appraisal will involve an interview with the financial director of applicant organisations and will require information such as recent financial statements, records of current and past operations and credit referees.

### 3. Evaluation Process and Scoring

An initial evaluation may be used to short-list submissions.

Following short-listing, one or more service providers may be approached to meet with the evaluation panel to provide clarification or further information.

All service providers will be advised in writing of the final outcome of the submissions process, including the identity of the successful service provider(s).

Submissions will be initially scored against the following scale:

<b>Evaluation</b>	<b>Score</b>
Exceeds criterion	4
Partly exceeds criterion	3
Fully meets criterion	2
Partially meets criterion	1
Fails to meet criterion	0

## 4. Further Information

### 4.1 Briefing on Koori Youth Alcohol and Drug Healing Service

A briefing session will be held for agencies interested in applying to provide the Healing Service. This session will be held on Wednesday 20th July 2005, 12:00pm – 2:00pm, Conference Room, Level 14, 120 Spencer Street, Melbourne. RSVP to: Raelene Lesniowska, Alcohol, Tobacco and Koori Drug Policy Unit on 03 9637 4838.

Service providers may also call Raelene Lesniowska on 9637 4838 to clarify the submission process.

Verbal explanations or instructions given to service providers prior to the acceptance of any submission shall not bind DHS.

### 4.2 Additional Information Required by DHS

Should DHS require information additional to that contained in a submission, written information and/or interviews may be requested at no cost to DHS during the submission evaluation period.

**The name and telephone number of an officer or employee of the service provider capable of clarifying technical and commercial aspects of the submission must be provided.**

## 5 Lodgement of Submissions

Submissions must be enclosed in a sealed envelope and clearly addressed as follows:

CONFIDENTIAL

Submission : Provision of Koori Youth Alcohol and Drug Healing Service

Raelene Lesniowska

Senior Policy Officer

Alcohol, Tobacco and Koori Drug Policy Unit

Rural & Regional Health & Aged Care Services

Department of Human Services

Reception desk

Level 18, 120 Spencer Street

MELBOURNE, VIC 3000

**Submissions may be posted or hand delivered and must arrive at the above address by the closing date and time of: 18/08/05, 2:00pm.**

Facsimiled, e-mailed or electronic submissions **will not** be accepted.

**An original and 5 copies of the entire submission must be submitted.** All submissions must be in English. Submissions will be opened after the closing time for submissions and notification of receipt will be forwarded to each service provider.

**Part E: Submission Template**

1. **Title:** *Please insert the title of your submission.*

2. **Service Provider Details**

**Service provider**

Name of Service Provider												
Status												
ACN												
Registration for GST	Yes:								No:			
Australian Business Number (ABN)*												
Place of Incorporation												
Postal Address												
Principal Office in Vic												
Contact Person												
Position/Title												
Telephone Number					Facsimile No							
E-mail Address												

\*OR: indicate and attach evidence that the supply is not assessable for income tax purposes.

**Sub-Contractor #1**

Name												
Address												
Tasks/aspects/scope of work to be undertaken												

**[Repeat as Required]**

**3. Knowledge, Understanding, Qualifications and Experience**

*(Evaluation Criterion 1: Demonstrated knowledge, understanding, qualifications and experience relevant to the provision of a culturally appropriate Koori Youth Alcohol and Drug Healing Service.)*

**Knowledge and Understanding**

- Describe how the partnership members and organisations collectively meet the specified experience and how this experience will be applied to the specified roles in establishing and providing the Healing Service. (Refer to Part A, Item 8.2: and Part B, Item 2.1).

**Individual Qualifications**

- Provide the following details regarding all staff currently employed by the applicant organisations who will be involved in the establishment and/or provision of the Healing Service.

Name	
Organisation	
Title/office Held	
Qualifications	
Current EFT, role/functions and range of services currently delivered	
Years of operation in this capacity	
Other relevant experience	
Proposed EFT and role/functions in establishing/providing the Healing Service	

**[Repeat as Required]**

**Organisational Experience**

In relation to current and previous provision of services provide:

- An overview of relevant programs and services (eg: target group, aims, method, content);
- A breakdown of consumer numbers and service catchment area; and
- Substantiation of the efficiency and effectiveness of each program/service.

**4. State-wide Access**

*(Evaluation Criterion 2: Demonstrated ability to ensure state-wide access to the Healing Service by Koori young people, communities and organisations.)*

Describe existing and proposed strategies and service links that will facilitate state-wide access to the Healing Service including:

- Referral;
- Assessment;
- Client and family transport to and from the Healing Service;
- Supporting visits to and from clients' families; and
- Links with a range of services, community members and activities that can assist post-residential re-integration and continued healing.

## 5. Service Model

*(Evaluation Criterion 3: Demonstrated ability to develop and implement a valid, innovative service model in accordance with the stated objectives, scope, specifications and timelines of the Healing Service.)*

**Healing Service Objectives** (refer to Part A, Item 7).

- Outline how the healing service objectives will be met.

### Stages and Deliverables

- Applicants should submit a detailed project plan (refer to Part A, Item 8.6). Within the project plan, applicants should specifically address deliverable number 1, which asks for a detailed service model (refer to Part B, Specification 1: Service Model).
- The plan should also demonstrate how the deliverables will be achieved within the specified timeline (refer to Part A, Items 8.4 and 8.5).

Applicants should also refer to the Service Framework (Final Report by SED Consulting).

## 6. Education, Employment, Health and Recreation Programs

*(Evaluation Criterion 4: Demonstrated skills and abilities to run innovative and effective education, employment, health and recreational programs to the client group.)*

- Please describe your experience, skills and ability to run innovative and effective education, employment, health and recreation programs.
- This section should also describe established or planned links and partnerships with other organisations or individuals that will provide these types of services for the Healing Service.

## 7. Partnership and Service Team (Refer to Part A, Items 8.1 and 8.3)

*(Evaluation Criterion 5: Demonstrated ability to develop a partnership and service team with appropriate governance, management, roles, qualifications, experience and competencies and to comply with relevant regulations and guidelines.)*

### Partnership

Please address the partnership requirements and roles, including:

- To what extent has the partnership already been formally developed?
- Clearly specify and explain the roles of the partnering organisations.
- How will the partnership roles change over time to accommodate an increasing capacity of the Koori organisation to assume responsibility for provision of the Healing Service?

### Service Team

- Proposed governance and management structure
- Describe your approach to developing an appropriate service team. (Refer to Specification 2, Part V), including:

Proposed staff profile, including:

- Equivalent full time workloads and rostering arrangements such as hours per day, days per week, shift and call out arrangements of proposed positions;
- Anticipated staff roles, responsibilities, qualifications and competencies;
- Involvement of sessional staff, Elders, mentors and volunteers; and
- Infrastructure support.

- Professional development and support, including articulation of capacity building strategies for the Koori organisation; and
- Development of financial, human resource and other policies and procedures.

**8. Transition Plan**

*(Criterion 6: Demonstrated ability to develop and implement a staged transition plan to facilitate autonomous capacity of the Koori partnering organisation(s) to operate the Healing Service).*

- Please provide a draft staged transition plan that encompasses training and development of the Koori organisation(s) to a point where they have stand alone capacity to operate the Healing Service (refer to Item 8, Part A)

**9. Physical Operating Environment**

*(Evaluation Criterion 7: Demonstrated ability to create a physical operating environment that will offer positive experiences and outcomes for all clients, visitors and staff.*

- Applicants should demonstrate their understanding of the operating environment specified at Item 3.2, in Part B of this brief, as well as in the Service Framework (Final Report by SED Consulting).
- The submission should specify whether or not land or buildings are being offered or a particular location recommended. If so, specify how this property will meet the criteria outlined in Items 3.1-3.2, Part B. Please also specify whether or not your submission is conditional on the acceptance of this property offer or recommendation. If open to alternative locations, state where these are.
- Submissions including building offers should also describe how the building meets or could meet relevant building standards, as well as providing the details indicated in the table below.

Address of service delivery venue	
Ownership of service delivery venue	
Description of service delivery venue	
Current use of service delivery venue	

**10. Financial Capability and Viability**

*(Evaluation Criterion 8: Ability to demonstrate satisfactory financial capability and viability.)*

***Current financial standing***

All applicants must provide sufficient supporting documentation to demonstrate satisfactory financial capability and viability.

- Documentation should include an audited financial statement and annual report from the most recent financial period (or relevant equivalent, if not a corporate body) and a business or corporate plan covering the current period. This is in addition to the

information that will be required of all short-listed applicants as part of the independent financial assessment (mentioned in Part D, Item 2).

- All prices quoted should be competitive and commensurate with the key activities and outputs required.

***Price Validity Period***

Quoted prices must be fixed for at least 90 days from the closing date for submissions.

Indicate the validity period of the submitted price in this section:

Prices quoted remain valid from the closing date for submissions until:	
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**Itemised Budget (Including GST)**

<b>Healing Service provision</b> <i>*Insert, edit or mark additional items as not applicable (N/A) where appropriate.</i>			<b>Cost (\$)</b> 0-6 mths interim service <u>establishment</u> period	<b>Cost (\$)</b> Full year <u>interim</u> service provision	<b>Cost (\$)</b> Full year <u>Permanent</u> Service Provision (Year 1)
Staff recruitment costs					
Program Manager	Rate: (No GST)	Days/Hrs/ Shifts (am/pm/ day/callout):			
Program Staff (Eg: Social/Welfare Workers. Insert more rows according to staff profile)	Rate: (No GST)	Days/Hrs/ Shifts (am/pm/ day/callout):			
Medical Staff (Eg: Medical Officer, Psychologist, Nurse. Insert more rows according to staff profile)	Rate: (No GST)	Days/Hrs/ Shifts (am/pm/ day/callout):			
Admin. Officer	Rate: (No GST)	Days/Hrs/ Shifts (am/pm/ day/callout):			
Domestic Staff (Eg: Cook/Cleaner/Handyperson. Insert more rows according to staff profile)	Rate: (No GST)	Days/Hrs/ Shifts (am/pm/ day/callout):			
Salary on costs (No GST) Eg: superannuation, long service leave, leave loading, Workcover.					
Staff training					
Fire Audit				N/A	
Minor capital works					
Equipment					
Vehicles					
Medical supplies/costs					
Groceries			N/A		
Recreational activities			N/A		
Utilities					
Administration					
Repairs and maintenance					
Centrelink/client payments ( <i>income</i> )*			N/A		
Clean up/exit/transition costs			N/A		N/A
Other					
<b>Subtotals</b>					
<b>Total</b>					

**11. References**

All service providers are required to provide referees.

**Referee #1**

Company Name	
Postal Address	
Street Address	
Contact Person	
Position/Title	
Telephone Number	
Facsimile Number	
Nature of work performed	

**Referee #2**

Company Name	
Postal Address	
Street Address	
Contact Person	
Position/Title	
Telephone Number	
Facsimile Number	
Nature of work performed	

**(Repeat as required)**

**12. Disclosure of Submission and Agreement Information**

Part C provides for disclosure of agreement information. If you withhold the disclosure of specific information, you must detail how its release will expose trade secrets or expose your service provider unreasonably to disadvantage. The Department will consider these arguments during the evaluation process and in negotiation with service providers.

Non-disclosure of agreement provisions must be justified under the principles for exemption within Section 34(1) of the *Freedom of Information Act 1982*, providing that information acquired by an agency or a Minister from a business, commercial or financial undertaking is exempt under the Act if the information relates to trade secrets or other matters of a business, commercial or financial nature and the disclosure would be likely to expose the undertaking unreasonably to disadvantage.

**12.1 Trade secrets**

In considering whether specific information should be categorised as a trade secret, service providers should assess:

- The extent to which it is known outside of your business
- The extent to which it is known by the persons engaged in your business
- Any measures taken to guard its secrecy
- Its value to your business and to any competitors
- The amount of money and effort invested in developing the information
- The ease or difficulty with which others may acquire or develop this information

<b>Trade Secrets</b> not to be Disclosed:

**12.2 Unreasonable disadvantage**

In determining whether disclosure of specific information will expose your business unreasonably to disadvantage, you should consider section 34(2) of the FOI Act. Broadly, you should consider whether:

- The information is generally available to competitors
- It could be disclosed without causing substantial harm to the competitive position of the business

<b>Unreasonable Disadvantage</b> disclosure would cause

**12.3 Acceptance Of Terms and Conditions**

Service providers must indicate their understanding and acceptance of each Part of this brief, including the standard DHS Service Agreement (example attached), by signing in the table below. Where service providers are proposing departures from any Part of this brief, they must attach a tabulated Statement of Departures with an explanation of why that Part is not accepted.

**12.4 Acceptance of Conditions**

<b>Document Part</b>	<b>Acceptance</b>	<b>Non-Acceptance (attach tabulated Statement of Departures)</b>
Part A: Background and Overview		
Part B: Service Specifications		
Part C: Conditions Applying to this Submissions Process		
Part D: Submission Process		

**12.5 Endorsement**

Signature of Authorised Officer for <b>Service provider</b>	
Name of Authorised Officer (Print)	
Title/Office Held	
Date	