



## **Request for Proposal:**

**Universal Aftercare**

**Submission Deadline: 6.00pm, 20 May 2025**

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## 1. Introduction

COORDINARE - the South Eastern NSW Primary Health Network (SENSW PHN), was established in July 2015. It is one of 31 PHNs established across Australia and one of 10 PHNs in NSW.

Our role is to improve the health and wellbeing of our community which is one of the largest rural and regional populations in NSW, with more than 648,000 people.

Our region stretches from Helensburgh in the north to the Victoria border in the south and inland to Cooma/Monaro, Queanbeyan, Yass and Goulburn.

Our three objectives and key priorities are:

- **Accessible care** – by improving access to services such as mental health, alcohol and other drugs, chronic conditions, after hours and urgent care, especially for priority groups.
- **Systemised care** – by strengthening linkages between primary care and the broader health system. We support general practice and commission coordination and navigation services that guide individuals through their health care journey.
- **An activated community** – by fostering health across the lifespan, addressing the social determinants of health, increasing prevention activities, and improving community resilience and social connectedness.

More information about COORDINARE can be found on our [website](#) and specifically [COORDINARE-Strategic-Directions-2024-2027](#).

## 2. Request for Proposal (RFP)

### a. Introduction

COORDINARE - SENSW PHN invites proposals from eligible and suitable organisations to deliver a *Universal Aftercare Program*. This program aims to increase access and reach of universal aftercare services in the region, improving outcomes for people after they have experienced a suicide attempt or suicidal crisis.

Funding for this initiative is provided to COORDINARE under the bilateral agreement between the Commonwealth and NSW Governments for Universal Aftercare services in New South Wales. The high-level objectives of this funding are to improve outcomes for people who have attempted suicide or are experiencing a suicidal crisis, improve care coordination and system integration, and improve experiences for consumers, carers and the workforce.

A total Budget of approximately **\$1,630,971.00 (GST exclusive)** is available for this initiative. Funded service will be delivered over the 24-month period of **1 July 2025 to 30 June 2027**.

### b. Issue background

Suicide prevention aftercare services are non-clinical services that provide rapid and assertive follow-up of people after they have experienced a suicide attempt or suicidal crisis. Aftercare is a service for people wanting support to address their drivers of suicidality and reduce their suicidal risk.

‘Universal aftercare’ is the provision of inclusive and responsive aftercare services to any person needing support, regardless of gender, age, sexuality, religion, ethnicity, disability and impairment and culture.

Universal aftercare aims to deliver improved outcomes for all people experiencing suicidal ideation, crisis or a recent attempt, with a focus on priority groups at increased risk of suicide.

The NSW Agency for Clinical Innovation has recently produced state-wide guidance on the delivery of Universal Aftercare services within NSW (see Attachment 1, NSW Agency for Clinical Innovation *Universal Aftercare Service Delivery Model*). This key document provides guidance on how to best structure and deliver

aftercare services to support the community, workforce, and priority populations, and how to improve sustainability through integration and governance mechanisms and strategies. This includes maintaining peer-led models of support, and ensuring appropriate support is provided to services and the workforce to maintain sustainability. Additionally, it highlights the need for face-to-face and flexible support to achieve best outcomes for consumers experiencing suicidal crisis.

Additional guidance is provided in the *Lived Experience Service Guidelines: Aftercare* prepared by Folk and Roses in the Ocean (see Attachment 2).

### c. Local snapshot

South Eastern NSW (SENSW) is a large and diverse region with a population of 648,806 people, over half of whom live in major cities, with the rest of the population living in inner and outer regional areas. There are over 33,180 Aboriginal people living in the region, representing 5.2% of the population (Attachment 5 - COORDINARE Population Health Profile).

Significant work has been undertaken over the past decade to enhance responses to suicidal distress and increase prevention efforts across the SENSW community. Highlights include:

- Towards Zero Suicide initiatives of Safe Havens, Suicide Prevention Outreach Teams (SPOT) and Rural Counsellors now operate in targeted locations in both Illawarra Shoalhaven Local Health District and Southern NSW Local Health District (LHDs);
- Locally co-designed Grand Pacific Health *Next Steps* aftercare service has operated since 2019 and is currently funded until 30 June 2026. This peer-led clinical program has established referral pathways with LHDs and local mental health services, and provides support to consumers across SENSW;
- *Culture Care Connect* aftercare services operated by Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation and Katungul Aboriginal Corporation Regional Health and Community Services;
- Various mental health and suicide prevention providers offer clinical and/or non-clinical supports throughout the region;
- Local Suicide Prevention Collaboratives/Networks champion caring, connected, compassionate approaches to suicide prevention, value lived experience alongside traditional forms of evidence, and provide a space for community members and the suicide prevention workforce to build relationships and collaborate; and
- Strong commitment to the development of the peer workforce, guided by the [Framework for Mental Health Lived Experience \(Peer\) Work in South Eastern NSW](#), and with regular opportunities for the peer work network to connect, develop skills and access supports.

Rates of suicide and of intentional self-harm related hospitalisations are higher for SENSW than the overall NSW and Australian rates (Attachment 5 - COORDINARE Population Health Profile), indicating the broad need for greater access to supports for people experiencing suicidal crisis or attempt.

In assessing population needs and reach of existing suicide prevention supports, COORDINARE identified some parts of the region and population have a greater underserved need and would benefit from a targeted approach in aftercare. This provides the basis for the funding purpose and objectives (see [section 2d](#)).

Further information and data relating to the suicide prevention needs of the SENSW community can be found at:

- COORDINARE Population Health Profile (Attachment 5) and Needs Assessment (<https://www.coordinare.org.au/assets/Needs-Assessment.pdf>)
- AIHW Suicide & self-harm monitoring system (<https://www.aihw.gov.au/suicide-self-harm-monitoring>).

#### d. Funding purpose and objectives

COORDINARE is inviting applications from suitably qualified providers to deliver a Universal Aftercare\* service.

The Provider(s) will be required to provide access to universal aftercare for consumers across SENSW, enhancing availability of and choice in aftercare service for consumers (see [section 2c](#) for local snapshot of existing offerings).

The Provider(s) must develop a service delivery model and establish suitable referral pathways to enhance reach and access of aftercare for:

- adult men;
- Aboriginal and Torres Strait Islander people;
- individuals experiencing situational stressors associated with risk of suicide (e.g. relationship breakdown, financial distress, significant life transitions, unemployment, social isolation, etc.) who do not seek support from the health system.

In addition, the Provider(s) will be required to enhance access to face-to-face aftercare service in the underserved regional/rural local government areas (LGAs) of the Shoalhaven and Goulburn-Mulwaree.

The Provider(s) will be expected to collaborate with key organisations locally, including Illawarra Shoalhaven and Southern NSW Local Health Districts, other providers of aftercare services, suicide prevention supports, primary care providers, relevant situational stressor supports, and Suicide Prevention Collaborative/Networks to contribute to an integrated regional suicide prevention system.

\*This activity is co-funded by the Commonwealth and NSW government. Implementation of this activity must be undertaken in consultation with both the Commonwealth and State governments to ensure appropriate governance and commissioning arrangements are established.

#### e. Scope and specifications

##### *Location*

All funded activities must occur within and support the residents of the South Eastern NSW region. Provider must be available to support clients across the entire region, maximising consumer choice for modes of delivery, whilst balancing the need to enhance face-to-face access in the targeted Shoalhaven and Goulburn-Mulwaree LGAs.

##### *Service specifications*

COORDINARE is seeking a Provider(s) to deliver a non-clinical universal aftercare service aligned to guidelines found in the NSW Agency for Clinical Innovation *Universal Aftercare Service Delivery Model*. These guidelines address expectations for the effective, safe, inclusive, responsive and sustainable delivery of aftercare services, underpinned by the core principles of care that is person-centred and person-led, trauma informed, human rights based, and recovery orientated.

The service is expected to provide universal aftercare, with adaptations made aligned with the needs of the priority populations of adult men and Aboriginal and/or Torres Strait Islander People. Given the population profile of SENSW, the service delivery model must also be suitable for regional/rural communities.

As per the *Universal Aftercare Service Delivery Model*, the aftercare service should accept referrals for consumers aged 16 and older and consider accepting referrals for consumers as young as 14, if they have been assessed to have capacity for consent.

While the Provider(s) will be expected to receive referrals from a broad range of inbound pathways, they will be required to prioritise establishment of inbound referral pathways from local organisations or groups that provide non-health-based supports related to situational stressors associated with the risk of suicide, (e.g. social services, cultural services, other priority population support services). The service should also accept self-referrals and referrals from family, carer, friends and kin.

The Provider(s) must also demonstrate willingness to:

- Ensure co-production principles inform the service planning, design, delivery and evaluation.
- Partner with relevant local Aboriginal community managed organisations such as Aboriginal Community Controlled Organisations to ensure service provides culturally inclusive and responsive services to Aboriginal people (in alignment with the principles of the *Closing the Gap agreement*).
- Work with key partners and agencies, including COORDINARE - SENSW PHN and Illawarra Shoalhaven and Southern NSW Local Health Districts, and other regional aftercare providers, to enable strong system integration, enabling ease of access for consumers and referrers to the service and ease of transfer between services.
- Support the aftercare workforce in accordance with expectations in the *Framework for Mental Health Lived Experience (Peer) Work in South Eastern NSW* and the *NSW Agency for Clinical Innovation Universal Aftercare Service Delivery Model*.
- Promote the service to build and foster strong awareness with partners, referrers, carers and community.
- Participate in local service partnership and local governance arrangements and meetings, and local Suicide Prevention Collaboratives/Networks.
- Participate in National and state-wide evaluations of aftercare.
- Hold accreditation against the *Suicide Prevention Australia Standards for Quality Improvement* (<https://www.suicidepreventionaustralia.org.au/accreditation-program>) or be willing to obtain this accreditation within 12 months of the contract commencing.
- Meet requirements for the collection and use of de-identified patient outcomes and experience measures.

#### f. Who can apply?

Entities with a registered ABN are eligible to submit a response to this RFP. Proposals submitted in partnership with another provider or as a collective of providers will be considered.

Eligible organisations must have and provide evidence of compliance document as outline under [Section 7 Assessment Criteria](#).

Organisations currently receiving universal aftercare funding from COORDINARE are eligible to apply.

**Note: State government agencies are *ineligible* for direct funding under this initiative.**

#### g. Ineligible for funding

The following activities are **ineligible** for funding under this project:

- subsidise participation of existing clients/members
- programs for residents of aged care facilities
- activities which duplicate those funded programs that are primarily the responsibility of state and territory governments, or more appropriately funding through other program, such as dementia service, disability or psychosocial support services (unless otherwise agreed with the Department of Health and COORDINARE)
- purchase of vehicles
- depreciation of expenses
- activities already undertaken or expenses already incurred
- research costs

- Capital items.
- payments for professional services (i.e. where a payment is made for a medical service item listed in the Medicare Benefit Schedule)
- conference attendances
- board fees.

The above list is indicative and is not intended to be exhaustive.

Further detail on information to be included in proposals, and evaluation criteria, can be found [in sections 5. Developing and submitting your proposal](#) and [7. Assessment Criteria](#).

#### h. Evaluation and monitoring

The successful service provider will be required to work with COORDINARE to establish and agree on a data collection and reporting protocol which allows COORDINARE to assess the performance of the service against agreed measures in the following domains:

- improved health outcomes;
- better consumer experience;
- enhanced provider satisfaction; and
- increased value for money.

This service will require the upload of raw data (de-identified unit record data) to a secure site held by COORDINARE. Data collection is expected to align with:

- The Way Back Support Service Minimum Data Set (an extension of the Primary Mental Health Care Minimum Data Set);
- Consumer satisfaction measures (e.g. YES-PHN); and
- other requirements prescribed by COORDINARE or negotiated with provider.

The successful provider will be required to adhere to 100% compliance with all data submission and reporting requirements to COORDINARE at an agreed frequency and will participate in regular service monitoring, review and evaluation activities.

#### Key performance indicators

Key performance indicators (KPIs) will be included in the contract with the successful provider to enable performance monitoring against outputs and outcomes. All KPIs are underpinned by the Quintuple Aim and allow the service to be monitored against performance in the domains of access, efficiency, appropriateness and effectiveness. Final KPIs will be negotiated and agreed upon during the contracting phase with the successful provider, however indicative KPIs for this service or program are listed below:

No.	Performance Domain	Performance indicator
1	Access	Rate of regional population receiving services
2	Access	Diversity of referrals sources
3	Effectiveness	Completion rates for outcome measures in completed episodes
4	Effectiveness	Proportion of episodes of care showing improvements in outcomes
5	Appropriateness	Proportion of PHN commissioned services delivered to the regional Indigenous population where the services were culturally appropriate (target 100%).
6	Appropriateness	Proportion of eligible referred persons attempted to be contacted within one (1) business day of receipt of referral (target 100%).
7	Appropriateness	Proportion of safety plans developed by the first service contact (target 90%).
8	Appropriateness	Proportion of safety plans developed by the second service contact (target 100%)

9	Appropriateness	Proportion of support plans that are completed within 10 business days of consent to participate in the service (target 90%).
10	Appropriateness	Proportion of clients reporting a positive experience with the service
11	Efficiency	Cost per service contact/occasion of service/episode/client

### 3. Timeline

An indicative timeline is outlined below. COORDINARE reserves the right to modify these timeframes. Registered providers will be notified of key changes via TenderLink.

Activity	Date
Request for proposal released	30 April 2025
<a href="#">Industry briefing</a>	12:00-12:30 pm 06 May 2025
Closing date and time for RFP proposals (late applications will not be accepted)	6pm, 20 May 2025
Shortlisting of successful RFP proposals	May/June 2025
Clarification / negotiation with shortlisted providers	May/June 2025
Funding awarded	June 2025
Contracts commence	1 July 2025

### 4. Obtaining further information

After you have registered on the Tenderlink portal, you can also submit any questions anonymously via the online forum. Please note that any questions, answers, and points of clarification will be shared with all other providers participating in the RFP. Any identifying information about the organisation submitting the question will be removed.

#### *Industry briefing*

An information session will be held on 05 May 2025. This session will focus on the RFP process and guidelines. Session details:

<b>Date:</b>	06 May 2025
<b>Time:</b>	12:00 – 12:30 pm (AEST)
<b>RSVP:</b>	To register for the webinar please <b>RSVP</b> directly at link <a href="#">Industry Briefing: Universal Aftercare</a> <i>A meeting invite will be sent to you automatically after registration is completed.</i>
<b>Mode:</b>	Webinar (MS Teams)

After registering, you will receive a confirmation email containing information about joining the webinar. A recording of information session will be published on Tenderlink. A copy of the slides and any questions and answers will be posted on the TenderLink portal after the webinar.

### 5. Developing and submitting your proposal

Request for proposal proposals close **6:00pm (AEST) 20 May 2025**. Responses to this RFP should be submitted via <https://www.tenderlink.com/COORDINARE/>. You will need to register on the site before you can access the proposal portal. **Registration is free**. You will receive a time and date stamped confirmation after successful proposal submission.

Complete all sections of the RFP electronic form on TenderLink and include all relevant documentation.



Respondents should outline a proposed approach aligned to the scope and specifications and address all of the assessment criteria outlined in this document at **Section 7. Assessment Criteria**. Please ensure you read each assessment criterion carefully and answer each component and section of the proposal form by considering all information provided. Respondents should also refer to the conditions and assessment criteria described in this RFP.

Documents can be attached which are directly relevant to your response. Please avoid attaching large documents as only the first five (5) pages will be read by the Evaluation Panel. If the documents are large, please specify the relevant page number(s)/section(s) to your response. The attachment area is only reserved for diagrams or additional resources that may add to your overall submission. The attachment areas are not to be used to upload your submission in a word document.

If you do not wish to upload a file in a mandatory section, please upload a blank letterhead document with 'NA' typed to indicate you do not wish to provide a response (or it is not relevant to you). This will ensure that you can continue moving through the application. There is an upload limit of 2GB per attachment and/or 5 pages per attachment.

File formats accepted: word, excel, pdf and jpg files are all acceptable formats.

Please see the TenderLink guide provided for more information (**Attachment 4**).

**Proposals will be accepted that:**

- Are received on or before **6:00pm Friday 20 May 2025** through COORDINARE's TenderLink portal <https://www.tenderlink.com/coordinate>
- Meet the conditions as outlined in this RFP
- Provide all compliance requirements as outlined in [Section 7. Assessment criteria](#)
  - Include a minimum of two (2) professional referees;
  - Copies of compliance documents;
  - Risk management plan for the establishment of the service;
  - Provide most recent audited financial statements.
  - Declare any known conflicts of interest.

## 6. Respondent questions

All questions about the RFP process or content can be submitted anonymously via the online forum following registration on TenderLink at <https://www.tenderlink.com/COORDINARE/>. Please note that any questions, answers and points of clarification will be shared with all other providers participating in the RFP. Any identifying information about the organisation submitting the question will be removed.

## 7. Assessment criteria

All items listed in the table below must be addressed as part of the Application.

Required Response	Weightings
<b>1. Service Delivery Model (1500 max word limit)</b>	
Outline your proposed service delivery model, including how it aligns with the NSW Agency for Clinical Innovation <i>Universal Aftercare Service Delivery Model</i> and the Folk & Roses in the Ocean <i>Lived Experience Service Guidelines: Aftercare</i> , and addresses: <ul style="list-style-type: none"> <li>• Entry to program, care provision, and transition from the program</li> </ul>	35%

<ul style="list-style-type: none"> <li>• How the service will operate in the region, providing access to consumers across SENSW and maximising consumer choice for modes of delivery, whilst balancing the need to enhance face-to-face access in the targeted Shoalhaven and Goulburn-Mulwaree LGAs</li> <li>• How the service will work collaboratively with a variety of care providers/services and consumers' family, friends, carers and kin, and facilitate access to clinical supports, where required</li> <li>• Timeframes for implementation and estimated capacity of the service over 3 stages of development; (1) establishment; (2) embedding; and (3) full implementation (operation)</li> <li>• Evidence of capacity to collect and provide de-identified, unit record program data as specified in <a href="#">Section 2h</a>.</li> </ul>	
<b>2. Enhanced engagement with priority groups (1000 max word limit)</b>	
<p>Please provide an outline and or/evidence the following:</p> <ul style="list-style-type: none"> <li>• How co-production principles inform the planning, design, delivery and evaluation of the proposed aftercare service</li> <li>• How you will ensure access to, and the delivery of, culturally safe and responsive services for Aboriginal and/or Torres Strait Islander people and for adult men</li> <li>• Your strategy to establish and support inbound referral pathways from local organisations or groups that provide non-health-based supports related to situational stressors associated with the risk of suicide, (e.g. social services, cultural services, other priority population support services)</li> <li>• How your organisation shows presence in the SENSW region and specifically in the local communities of the Shoalhaven and Goulburn-Mulwaree LGAs, including current partnership arrangements with local agencies and understanding of the local context.</li> </ul>	25%
<b>3. Governance, leadership and ability to implement (500 max word limit)</b>	
<p>Please provide an outline and or/evidence the following:</p> <ul style="list-style-type: none"> <li>• Consideration of operational and technical capacity, capability and experience to implement the service</li> <li>• Implementation processes reflect evidence and local context, while also engaging local community and partners</li> <li>• Ability to mobilise and implement the specifics of the service within a short time frame, including mobilisation of any existing workforce while recruitment is underway</li> <li>• Governance arrangements including embedding relevant lived and living experience and consumer voice, and providing robust operational and clinical governance</li> <li>• System for reporting complaints, compliments and identifying practices that need quality improvement</li> <li>• Risk management policy and procedures are in place including pathways for escalation of care, when required</li> </ul>	15%

<ul style="list-style-type: none"> <li>Commitment to drive improvements in value for money, health outcomes and consumer satisfaction.</li> </ul>	
<b>4. Workforce (500 max word limit)</b>	
Please outline how the service workforce will be structured, developed and supported, and reflect the diverse needs of the communities they serve, including addressing requirements in the NSW Agency for Clinical Innovation <i>Universal Aftercare Service Delivery Model</i> and the <i>Framework for Mental Health Lived Experience (Peer) Work in South Eastern NSW</i> .	15%
<b>5. Budget and Risk Management</b>	
<p>The amount of funding available for service is <b>\$1,630,971</b> ex GST with expectation the service operates for 24 months to 30 June 2027.</p> <ul style="list-style-type: none"> <li>Please provide an indicative budget (on the budget template – <b>Attachment 3</b>) for the financial years 2025/26 and 2026/27 that includes an estimated cost of the service and represents value for investment. The budget must include allocation for the 3 stages of development; (1) establishment; (2) embedding; and (3) full implementation (operation). The budget and administration costs must be reasonable and reflect market norms.</li> <li>Please provide a risk assessment of the initiative with details on how your organisation will mitigate any identified risk.</li> </ul> <p><i>Value for Money</i>  <i>Price is not the sole determining factor in assessing Value for Money. A comparative analysis of relevant financial and non-financial costs and benefits of alternative solutions throughout the procurement will inform a Value for Money assessment. Factors to consider include, but are not limited to:</i></p> <ol style="list-style-type: none"> <li><i>fitness for purpose;</i></li> <li><i>potential supplier's experience and performance history;</i></li> <li><i>flexibility, including innovation and adaptability; and</i></li> <li><i>whole of life costs.</i></li> </ol>	10%
Total scored criteria	100%

<b>Compliance requirements</b>	
<p>1. Provide copies of your current accreditation certificate(s) from your professional body or willingness to obtain.</p> <p><i>The accreditation certificate must demonstrate the respondent's eligibility to work in their chosen field. Additionally, respondents should address whether the Request for Proposal (RFP) subject matter requires specific accreditation to work with the intended target population or type of program. All aftercare services should be safe, of high quality and effective in their care. Universal Aftercare services should be accredited or working towards accreditation. This may include but not limited to:</i></p> <ul style="list-style-type: none"> <li><i>Suicide Prevention Australia Standards for Quality Improvement.</i></li> <li><i>National Safety and Quality Health Service Standards</i></li> </ul>	Compliance

<ul style="list-style-type: none"> <li>• <i>Australian Safety and Quality Framework for Health Care</i></li> </ul> <p><i>If accreditation certificate(s) is not available, please specify reasons.</i></p>	
<p>2. Provide copies of required insurance</p> <ul style="list-style-type: none"> <li>• Public liability insurance \$20 million per claim and in the aggregate of all claims</li> <li>• Professional indemnity insurance \$10 million per claim and in the aggregate of all claims</li> <li>• Copy of your workers compensation insurance policy</li> <li>• Cyber Security insurance - not less than \$1 million in the aggregate of all claims (optional).</li> </ul>	Compliance
<p>3. Provide the most recent financial audited statements (financial year 2023 - 24)</p>	Compliance
<p>4. Include at a minimum two (2) professional referees</p> <p><i>Required if:</i></p> <ul style="list-style-type: none"> <li>• Have not received funding from COORDINARE previously.; or</li> <li>• Organisations have previously received less than \$500,000 funding from COORDINARE (currently or previously).</li> </ul>	Compliance
<p>5. Aboriginal and Torres Strait Islander Impact Statement, Aboriginal and Torres Strait Islander Health Strategy or a Reconciliation Action Plan</p>	Compliance
<p>6. Provide a detailed risk management plan for the establishment/execution/implementation of the service including mitigation strategies</p>	Compliance

## 8. Evaluation of proposals

Respondents are assessed via a competitive process. An evaluation panel will consider each submission against the Assessment Criteria and other relevant information available to COORDINARE. COORDINARE may request additional information from respondents. COORDINARE may also work with shortlisted respondents to clarify submissions, including to request revised proposals, prior to awarding a contract.

Where multiple proposals are deemed suitable for funding, consideration for maximising service reach across the region will form part of the evaluation process. COORDINARE is subject to:

- consultation with the Commonwealth and NSW Ministry of Health on the selection process for the location of this new service. Final location is subject to agreement, in writing, between COORDINARE, the Commonwealth, and the NSW Ministry of Health (on behalf of the NSW Government).
- joint approval from the Commonwealth and NSW Ministry of Health, implement other improvements to aftercare services that align with the Suicide Prevention and Response priorities of the National Agreement. For example, meeting the needs of identified priority population groups, increasing accessibility, developing services and programs in collaboration with people with lived experience, improving quality, building workforce competency, and addressing gaps, fragmentation, duplication and inefficiencies.

Please refer to Conditions of the Request for proposal for more information.

## 9. Contracting arrangements

The successful respondent will be required to enter a Contract for Services and Schedule of service with COORDINARE for the period from **1 July 2025 to 30 June 2027** for operation of the service. The final terms of the service agreement and associated schedule are subject to negotiation.

Successful respondent is required to implement Aftercare Services that align closely with the principles in:

- **Attachment 1 - NSW Agency for Clinical Innovation *Universal Aftercare Service Delivery Model*** and
- **Attachment 2 - Folk & Roses in the Ocean *Lived Experience Service Guidelines: Aftercare***

These principles are guidelines only. The principles can be used to support the design and operation of Aftercare services. COORDINARE will commission the model of service they consider most appropriate for SENSW communities and local implementation.

Contracted respondent will be required to provide progress reports on agreed milestones. The format and framework for progress reports may take account of the size, costs, complexity and relative risks of the project being undertaken.

## 10. Interpretation

Definition of key terms:

Term	Meaning
<b>COORDINARE</b>	The South Eastern New South Wales Primary Health Network and the organisation responsible for the RFP and the RFP process
<b>Closing time</b>	The time specified by which RFP responses must be received
<b>Proposal / RFP response/s</b>	A document/s lodged by a Respondent in response to this RFP containing a response to provide Goods or Services sought through this RFP process. Response to this RFP must be made via Tenderlink unless approved in writing by COORDINARE
<b>Respondent</b>	An entity that submits a response to this RFP
<b>RFP Process</b>	The process commenced by the issuing of this RFP and concluding upon formal announcement by SENSW PHN of the selection of a preferred respondent(s) or upon the earlier termination of the RFP process
<b>Request for proposal (RFP)</b>	This document and any other documents designated by SENSW PHN

Acronyms used in this document.

Acronym	Full form
ABN	Australian Business Number
PHN	Primary Health Network
NSW	New South Wales
SE NSW	South Eastern NSW
SPOT	Suicide Prevention Outreach Teams
KPIs	Key performance indicators

## 11. Conditions of this Request for Proposal

ABN/Taxation requirements	COORDINARE will only deal with Respondents who have an Australian Business Number (ABN).
Acceptance	Non complying proposals may be rejected. COORDINARE may not accept the lowest priced proposal and may not accept any proposal.
Additional information	COORDINARE reserves the right to request additional information from respondents. If additional information is required by COORDINARE when, written information and/or interviews may be requested to obtain such information. Respondents are required to provide additional information at no cost to COORDINARE. COORDINARE may also provide additional information or clarification.
Assessment	COORDINARE reserves the right to engage a third party to carry out assessments of a Respondent's financial, technical, planning and other resource capability. COORDINARE is entitled to consider all information known to COORDINARE in relation to a respondent and their submissions when assessing submissions.
Conflicts of interest	Respondents must declare to COORDINARE any matter or issue which is or may be perceived to be or may lead to a conflict of interest regarding their proposal or participation in the RFP process, or in the event their proposal is successful.
Expenses	All expenses and costs incurred by a Respondent in connection with this RFP including (without limitation) preparing and lodging a proposal, providing COORDINARE with further information, attending interviews and participating in any subsequent negotiations, are the sole responsibility of the Respondent.
Explanations	Verbal explanations or instructions given prior to a contract being executed do not bind COORDINARE.
General	Respondents should familiarise themselves with this document and the separate online Proposal Form and ensure that their proposals comply with the requirements set out in these documents. Respondents are deemed to have examined statutory requirements and satisfied themselves that they are not participating in any anti-competitive, collusive, deceptive or misleading practices in structuring and submitting the proposal.
Legal entity	COORDINARE will only enter into a contract with an organisation or individual with established legal status (e.g. under Corporations Law, Health Services Act, Trustee Act), or a natural person at least 18 years of age with mental capacity to understand the agreement.
Lobbying	Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying COORDINARE staff, directly or indirectly, will be grounds for disqualification of the proposal from further consideration.
Ownership	All proposals become the property of COORDINARE once lodged. COORDINARE may copy, or otherwise deal with all or any part of a proposal for the purpose of conducting evaluation of proposals.
Negotiation	COORDINARE reserves the right to negotiate with short-listed Respondents after the RFP closing time and allow any Respondent to alter its proposal. Contract negotiations are strictly confidential and not to be disclosed to third parties.
No contract	Nothing in this RFP should be construed to give rise to any contractual obligations or rights, express or implied, by the issue of this RFP or the lodgement of a proposal in response to it. No contract will be created unless and until a formal written contract is executed between COORDINARE and a Respondent. Respondents will not be considered approved until a final service agreement is in place.
Notification of Probity Breach	Should any supplier feel that it has been unfairly excluded from responding or unfairly disadvantaged by the process, the supplier is invited to write to the Director of Commissioning at <a href="mailto:commissioning@coordinate.org.au">commissioning@coordinate.org.au</a>
Part applications	COORDINARE reserves the right to accept applications in relation to some and not all of the scope of activity described, or contract with one, more than one or no Respondent on the basis of the proposals received.

Process	COORDINARE reserves the right to withdraw from, or alter, the RFP process described in this document for whatever reason, prior to the signing of any agreement/contract with any party.
Relevant information	COORDINARE reserves the right to consider any information in its possession which it consider may be relevant to a decision to enter into a contract with a successful provider.

## 12. References

### List of documents

	RFP Guideline – Universal Aftercare
Attachment 1	NSW Agency for Clinical Innovation <i>Universal Aftercare Service Delivery Model</i>
Attachment 2	Folk and Roses in the Ocean - Lived Experience Service Guidelines: Aftercare
Attachment 3	Budget template
Attachment 4	COORDINARE Tenderlink User Guide for Supplier Responses
Attachment 5	COORDINARE Population Health Profile SENSW (March 2025)
Addendum/s	Industry Briefing recording and Q&As - TBA