The Way Back Support Service Evaluation (re-issue)

Request for Proposal

**ISSUE DATE:** Friday, 6 March 2020

**CLOSING DATE:** Friday, 3 April 2020 at 5pm AEST

Please note that late responses will not be accepted

**EMAIL ADDRESS:** Proposals are to be lodged by email only to procurement@beyondblue.org.au
1.1 **Aim**

Beyond Blue is a national, independent, not-for-profit organisation providing programs, support services and working to increase awareness and understanding of depression, anxiety and suicide prevention in Australia and reduce associated stigma.

This Request for Proposal (RFP) is an invitation to Service Providers *(Service Providers)* to submit a proposal *(Proposal Response)* for the evaluation of The Way Back Support Service *(Project)*. An RFP for the national evaluation of The Way Back Support Service (TWBSS) was issued in August 2019 and then withdrawn in November 2019 due to a change of evaluation scope. This RFP document is a re-issue of that document and reflects the updated scope. Details of the services required are described in the proposal brief in Schedule One.

1.2 **Communications**

(a) The Service Provider must direct all enquiries in relation to this RFP, including any questions or requests for clarification, to Beyond Blue’s Procurement Manager, via email to procurement@beyondblue.org.au.

(b) Unauthorised communication with other Beyond Blue employees or other Service Providers may lead to disqualification of the Service Provider.

(c) The Service Provider must register an intent to submit on the RFP by emailing procurement@beyondblue.org.au by 5.00pm (AEST) Friday, 20 March 2020 to be eligible to submit a Proposal Submission. The sender of the email is assumed to be the key contact for communication during the procurement process. Recipients will receive a return email acknowledging intent has been registered. Upon registration, the Service Provider will receive a data dictionary for The Way Back Minimum Data Set and Service Delivery Model.

1.3 **Questions**

(a) Prior to the closing date of the RFP, all questions received from a Service Provider, and the subsequent answers to such questions, may be shared amongst all registered Service Providers as addendums to this RFP.

(b) Beyond Blue may refuse to answer any questions received after the deadline date 5.00pm (AEST), Wednesday, 25 March 2020 for submission of questions.
2 The RFP process

2.1 RFP process timetable

The expected timetable for this RFP process, subject to change at Beyond Blue discretion is:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
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<tbody>
<tr>
<td>RFP issued</td>
<td>Friday, 6 March 2020</td>
</tr>
<tr>
<td>Registration of intent to bid</td>
<td>Friday, 20 March 2020</td>
</tr>
<tr>
<td>Last date for Service Providers to submit enquiries and questions to Beyond Blue</td>
<td>Wednesday, 25 March 2020</td>
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<tr>
<td>Last date Beyond Blue may provide response to enquiries and questions</td>
<td>Friday, 27 March 2020</td>
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<tr>
<td>Closing date</td>
<td>5.00pm (AEST) Friday, 3 April 2020</td>
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<tr>
<td>Evaluation of proposals</td>
<td>Week commencing 6 April 2020</td>
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<tr>
<td>Shortlisted Service Providers notified</td>
<td>Week commencing 20 April 2020</td>
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<tr>
<td>Interview with shortlisted Service Providers</td>
<td>Week commencing 27 April 2020</td>
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<tr>
<td>Negotiations with preferred Service Provider, execution of contract</td>
<td>Week commencing 4 May 2020</td>
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<tr>
<td>Anticipated commencement of Project</td>
<td>Week commencing 11 May 2020</td>
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</table>
2.2 **Conduct of the RFP**

Beyond Blue reserves the right, in its absolute discretion, to:

(a) at any time during the RFP process, accept or reject any conforming or non-conforming Proposal Response;

(b) engage in discussions with any Service Provider for the purpose of clarifying the Proposal Response;

(c) at any time amend the timetable (including the closing date) or any other requirements of this RFP;

(d) at any time cease this RFP altogether, with or without awarding any contract to any Service Provider;

(e) select the Service Provider to provide all or only part of the services;

(f) refuse to accept a Proposal Response from any Service Provider;

(g) provide any further information that it considers relevant in relation to the RFP;

(h) issue a new RFP in the event it chooses not to proceed with this RFP for any reason; and

(i) at any time, amend the scope of the project brief outlined in Schedule One and reissue that part of the scope.

2.3 **Submission of Proposal Response**

In submitting a Proposal Response, the Service Provider acknowledges and agrees that:

(a) it accepts and will fully comply with the terms and conditions set out in this RFP;

(b) the Proposal Response will become the property of Beyond Blue at the time of lodgement and will be treated as commercial-in-confidence; and

(c) Beyond Blue and its advisors may use and copy the Proposal Response as required for the purposes of the RFP process including evaluating the Proposal Response, negotiating and preparing contract documents and audit requirements.

The Service Provider must lodge an electronic copy of its Proposal Response to procurement@beyondblue.org.au by 5.00pm (AEST) Friday, 3 April 2020, (if the document is smaller than 5MB) or otherwise on a USB drive delivered to: Procurement Manager, Beyond Blue, Level 2, 290 Burwood Road, Hawthorn VIC 3122. Hard copy Proposal Responses will not be accepted.

Service Providers are required to prepare the Proposal Response in a direct, concise and relevant manner. The Proposal Response should not exceed more than 30 pages (excluding Attachments).

Service Providers should address all Beyond Blue’s stated requirements and preferences but are encouraged to propose differing approaches within their Proposal Submission if they are able to demonstrate a clear rationale for doing so.

The Proposal Response constitutes an irrevocable offer by the Service Provider and must remain valid for acceptance for a period of 120 days from and inclusive of the closing date.

2.4 **Costs and expenses**

Beyond Blue will not be liable to any Service Provider for, and each Service Provider agrees that it must not claim against Beyond Blue, any costs or expenses incurred in connection with the preparation or submission of the Proposal Response. All such costs and expenses will be borne entirely and exclusively by the Service Provider, regardless of whether Beyond Blue executes a contract with any Service Provider, or otherwise alters, cancel or abandons this RFP process.

Beyond Blue is not liable for any loss, damage, claim, cost or expense incurred by the Service Provider or any other person if, for any reason, the Proposal Response or any other material or
communication relevant to this RFP is not received on time, is corrupted or altered or otherwise not received as sent, cannot be read or decrypted, or has its security or integrity compromised.

2.5 **Confidentiality**

All information included in this RFP is confidential and only for the Service Provider’s knowledge. No information included in this RFP or in discussions connected to it may be disclosed to any other party.

Each Service Provider must maintain the security and confidentiality of all information provided, or to be provided by Beyond Blue to the Service Provider in respect of this RFP.

2.6 **Partnerships and/or Consortia**

Due to the nature of this RFP, Service Providers may wish, and are permitted, to form partnerships and/or consortia to ensure they have the relevant multidisciplinary expertise required to undertake and deliver on the distinct components of the Project.

If this does occur, the Service Provider must indicate in their Proposal Response who the lead organisation will be (i.e. the main contact and contract holder), and the arrangements that will be put in place to manage partner providers and sub-contractors. It should be noted, Beyond Blue will only deal directly with the lead Service Provider. The lead Service Provider is responsible for contract deliverables, and for managing any sub-contractors.

Service Providers should disclose subcontracted collaborations in their Proposal Response and approval of sub-contractors is at the discretion of Beyond Blue.

Furthermore, in the selection process, Beyond Blue may recommend and introduce a subcontractor to a Service Provider for the best outcome of the Project. In any such arrangement, the lead organisation should be ready to commence the Project as per the timeline stated in section Schedule One 8.2

2.7 **Provision of information**

Service Providers should complete and submit the following attachments together with its Proposal Response:

(a) Attachment 1: Service Provider Response Form;

(b) Attachment 2: Corporate Profile;

(c) Attachment 3: Pricing; and

(d) Attachment 4: Insurance Policies.
3 Evaluation process

3.1 Evaluation of Proposal Responses

The information furnished by the Service Providers during the RFP process will be used to assess the Service Providers suitability to carry out the services required by Beyond Blue.

Proposal Responses will be assessed on the basis of best ‘value for money’ as a whole, through the application of the following evaluation criteria:

(a) The capability and capacity of the Service Provider to provide the services, in accordance with the requirements of the proposal brief in Schedule One.

(b) The extent to which the Service Provider has the relevant expertise and experience to conduct the Project as evidenced by any specified or key personnel and previous performance in a project of this nature. This includes experience/expertise in developmental evaluation as well as experience/expertise in evaluations of projects focused on suicide, suicidality and mental health.

(c) The extent to which the proposed methodology meets the requirements for the provision of the services to Beyond Blue and demonstrates a valid, innovative and effective approach, as evidenced by a detailed plan for conducting all aspects of the services to Beyond Blue.

(d) The extent to which the Service Provider demonstrates it has the readiness, infrastructure, resource capacity and management approach to provide the services required by Beyond Blue.

(e) The Service Provider’s pricing structure including any itemised budget, proposed payment schedules, as well as any proposed pricing model or any other pricing information provided.

(f) The extent to which the Service Provider promotes mental health in the workplace. For more information, refer to www.headsup.org.au.

(g) The extent to which the Service Provider contributes to reconciliation between Aboriginal and Torres Strait Islander people and non-Indigenous people, for example, a Reconciliation Action Plan (RAP). For more information, refer to www.beyondblue.org.au/about-us/procurement.

(h) The extent to which the Service Provider considers the ethical involvement of people with lived experience in the evaluation design, framework and all activities related to the evaluation, including how findings are shared and knowledge disseminated.

To assist with the consideration of the Proposal Response, Beyond Blue advises that:

(a) Proposal Responses may be screened for completeness.

(b) Proposal Responses should be concise, easy to understand and demonstrate real project related value.

(c) No advantage is gained for the visual “wow” factor of a Proposal Response.

(d) Service Providers should avoid responses such as “To be provided after award of contract” as there may not be an opportunity to do so.

(e) Shortlisted Service Providers may be invited to an interview or presentation with the Evaluation Panel to discuss the Proposal Response in greater detail.

(f) Service Providers should not underestimate the importance of a comprehensive quality (technical) submission. Beyond Blue is looking for clear evidence of the Service Provider’s knowledge and understanding of the services required. The Service Provider should
demonstrate its capability to complete the Project within time, on budget and to the technical standards required.

Beyond Blue is not bound to accept the lowest priced, or any other Proposal Response.

3.2 Independent enquiries

(a) Beyond Blue may make independent enquiries about any of the matters that may be relevant to the evaluation of any Proposal Responses (including past performance of the Service Provider) and may take this into consideration when evaluating the Proposal Responses.

(b) Beyond Blue reserves the right to contact a Service Provider’s referees, or any other person, directly and without notification.

4 Engagement of Service Provider

4.1 Formation of contract

This RFP does not represent a legally binding offer from Beyond Blue and is merely an invitation to Service Providers to submit a Proposal Response.

Despite submission of any Proposal Response, no Proposal Response will be deemed to have been accepted and no contract will arise between any Service Provider and Beyond Blue, until a written contract is executed between Beyond Blue and the successful Service Provider.

Any contract between Beyond Blue and the successful Service Provider will be in the form of the contract which will be provided upon registration of intent to submit.

All unsuccessful Service Providers will be notified once a contract is in place with the successful Service Provider.

4.2 Execution of contract

If Beyond Blue decides to proceed with the procurement of the services, Beyond Blue will issue a notice of acceptance to the successful Service Provider, followed by the execution of a contract.
ATTACHMENT 1 – SERVICE PROVIDER RESPONSE FORM

The Service Provider should complete and submit this Service Provider Response Form with its Proposal Response.

1 Service Provider name

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<th>Name of director(s) and company secretary</th>
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<th>If a partnership</th>
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3 Trust status

If the Service Provider is a trustee and is submitting a Proposal Response as trustee of the trust

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<th>Name of trust</th>
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4 Contact for liaison and notices

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5 Disclosure and Conflict of interest

The Service Provider confirms that there are no circumstances or relationships which constitute or may constitute a conflict or potential conflict of interest in relation to this RFP or the Service Provider’s obligations under any contract resulting from this RFP other than:

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The Service Provider undertakes to advise Beyond Blue in writing of any additional actual or potential conflicts of interest immediately after becoming aware of it.
6 Location of Premises

The Service Provider confirms that, if successful, the Service Provider will perform the services at the following address:


7 Confirmation

7.1 The Service Provider confirms:

(a) offers to supply the services described in the RFP are at the prices specified in the Proposal Response;
(b) the Proposal Response remains valid and open for acceptance by Beyond Blue for a period of 120 days from the closing date;
(c) it is not insolvent, bankrupt, in liquidation, or under administration or receivership;
(d) its capacity to enter into a contract and that there is no restriction under any relevant law to prevent it from providing a Proposal Response;
(e) it gives Beyond Blue consent to undertaking checks in accordance with this RFP; and
(f) there is no past, current, pending or finalised litigation against the Service Provider, or an explanation of any such litigation;

7.2 The Service Provider warrants that neither the Service Provider not any of its officers, employees, agents, and subcontractors has, in relation to the preparation, lodgement or assessment of the Proposal Response:

(a) improperly obtained confidential information;
(b) received improper assistance from employees or former employees of Beyond Blue;
(c) engaged in collusive, anti-competitive conduct, unlawful, unethical or other similar conduct with any other Service Provider or other person; or
(d) attempted to improperly influence an officer or employee of Beyond Blue, violate any applicable laws regarding the offering of inducements or approached any officer or employee of Beyond Blue (other than as permitted by this RFP).

7.3 The Service Provider notes that giving false or misleading or deceptive information is a serious offence and confirms that all information in its Proposal Response is true and correct in every material respect.
8 Signature on behalf of Service Provider
(Note: To be signed by the Service Provider personally, or if the Service Provider is not an individual, by someone authorised to sign on behalf of the Service Provider, e.g. managing director)

Signature
________________________________________________________________________

Name
________________________________________________________________________

Position
________________________________________________________________________

Signature of Witness
________________________________________________________________________

Name of witness
________________________________________________________________________

Address of witness
________________________________________________________________________

Date / / 2020
ATTACHMENT 2 – CORPORATE PROFILE

The Service Provider should provide a document including the information on the Service Provider’s capability and capacity as required by this Attachment 2.

If forming a partnership, the corporate profile should be completed for the lead Service Provider and consortium member organisations.

Information required:

(a) information on how the Service Provider promotes mental health in the workplace (refer to www.headsup.org.au for more information);

(b) information on how the Service Provider contributes to reconciliation between Aboriginal and Torres Strait Islander people and non-Indigenous people, for example, a Reconciliation Action Plan (RAP) (refer to www.beyondblue.org.au/about-us/procurement for more information);

(c) information on corporate and ownership structure, including information on related bodies corporate;

(d) brief description on how the Service Provider’s corporate values align to Beyond Blue corporate value (refer to https://www.beyondblue.org.au/about-us/who-we-are-and-what-we-do/our-people);

(e) if a company, names of all shareholders holding 10% or more of any issues share capital;

(f) name of ultimate holding entity (if applicable);

(g) details of its enterprise profile, including the size, location of sites and principal locations for the provision of the Service;

(h) copy of the Service Provider’s last audited annual financial statements;

(i) brief history, including year established;

(j) particulars of any petition, claim, action, judgement or decision which is likely to affect the Service Provider’s performance;

(k) contact details (email and telephone) for at least two referees for whom the Service Provider has provided similar services over the past three (3) years, including:

(i) purchaser, period and value; and

(ii) sample designs and case studies; and

(l) if the Service Provider is a lodging the Proposal Response for a consortium, its Proposal Response should:

(i) provide full details of that legal entity, the consortium members and any proposed subcontractors;

(ii) include the information sought in this RFP for each member of the consortium;

(iii) describe in detail the relationship between each member of the consortium and the structure proposed for the management of the consortium;

(iv) confirm that if a new entity is established to lead the consortium and contract with Beyond Blue, the consortium members will guarantee the performance of that new entity; and

(v) include such other information that Beyond Blue requires to undertake a risk assessment of the Proposal Response.
ATTACHMENT 3 – PRICING

The Service Provider should provide a document including the information on price as required by this Attachment 3.

Introduction

(a) All prices must be quoted in Australian dollars on a GST exclusive basis with any GST component separately identified.

(b) The pricing model should be inclusive of all contingencies.

Fees and Costs

The Service Provider should provide an itemised budget and/or proposed pricing model detailing all fees, prices and charges related to each component of the services.

Payment to the successful Service Provider will be based on fees for milestones, and the budget should be broken down in separate chronological stages with the following items detailed separately:

(c) project personnel, including fee breakdown and project days;

(d) any items over $10,000;

(e) evaluation activities, i.e. focus groups;

(f) reimbursable expenses, such as travel and accommodation, participant incentives, etc.

and

(g) the peer enhancement evaluation including project days and reimbursable costs. This should be a separate budget category.

Please note: a fee range may be quoted provided an explanation is provided as to the rationale behind determining the minimum and maximum within the range.

A detailed budget will be required from the successful Service Provider with the project management plan (see 8.2 Service Delivery). The upper limit as agreed and included within the Service Agreement between the Service Provider and Beyond Blue will not be changed.

Service Providers are asked to include a 10% flexible fund to be used for additional evaluation activities as agreed with Beyond Blue. This will be for work initiated by Beyond Blue and agreed with the Service Provider, and will only be utilised with written email approval from Beyond Blue.
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<th>No.</th>
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<th>Fees and Costs ($) (ex GST)</th>
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In addition, Service Providers should also provide an hourly rate for the calculation of any additional requirements or variations.

**Payment terms**

Beyond Blue will agree on the final payment schedule with the preferred Service Provider, to be included in the Services Agreement. For the payment of all fees and costs in relation to the provision of the services on the understanding that all payments will be made by Beyond Blue upon completion of Service components, and within 30 days of receipt of a valid tax invoice.
**ATTACHMENT 4 – INSURANCE POLICIES**

The Service Provider must complete the following table:

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<td>Policy No.</td>
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<td>Insured Amount $</td>
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<td>Expiry Date</td>
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<td>Exclusions (if any)</td>
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<td>Insurer</td>
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<td>Policy No.</td>
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<td>Expiry Date</td>
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<td>Exclusions (if any)</td>
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SCHEDULE ONE – PROPOSAL BRIEF

1 Overview

1.1 Background Information

Suicide is a major public health concern in Australia with 3046 suicide deaths reported in 2018.\(^1\) Despite increased suicide prevention efforts, there has been no significant reduction in suicide rates over the past decade. Research recently released by the Australia Bureau of Statistics indicates that suicide prevention reaches beyond mental health and highlights the impact of societal, situational and personal risk factors. In addition to a previous history of self-harm, key psychosocial risk factors for suicide include disruption of family through separation and divorce; relationship problems; and issues relating to economic circumstances\(^2\).

In 2017, the Australian Government launched the 5th National Mental Health Plan as a combined Mental Health and Suicide Prevention Plan, which outlines a national approach to suicide prevention and commits to reducing the incidence of suicide through a range of initiatives including the provision of follow-up support for people who have attempted suicide\(^3\).

The transition from tertiary to community-based care is a crucial but often neglected step in caring for people experiencing suicidality. Providing assertive follow-up care and support in the community following a suicide attempt or crisis (also known as aftercare) has been identified as a promising suicide prevention strategy by connecting high-risk individuals with services and support networks to address risk factors and support safe living.\(^4\) There is evidence to indicate that interventions that focus on enhancing treatment and support for people who have attempted suicide can reduce the risk of repeated suicidal behaviour.\(^5\)

1.2 The Way Back Support Service

In 2014, Beyond Blue developed The Way Back Support Service (The Way Back) as a psychosocial service response to support people following a suicide attempt or experiencing suicidal crisis.

The Way Back is a non-clinical service that provides psychosocial support to people who have attempted suicide or experienced a suicidal crisis. The service provides person-focused and tailored support in community settings for a period of up to three months after discharge from hospital.

The service was designed with a focus on psychosocial support and is informed by research indicating that brief interventions providing follow-up, support and continuity of care have the potential to reduce the risk of repeat suicidal behaviours.\(^6\)

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People can be referred to The Way Back from participating Emergency Departments (EDs) and/or Community Mental Health Services. Under clinical supervision, trained Support Coordinators support people to access clinical and community services to address their individual needs and circumstances.

The objectives of The Way Back are to:

- improve access to high-quality aftercare to support at risk people to stay safe;
- build resilience and capacity of individuals to self-manage distress and improve wellbeing;
- improve links to clinical and community-based support services to meet individual needs and circumstances;
- strengthen connections to supportive networks (families, friends, peers and carers); and
- improve the capacity and capability of The Way Back workforce to support people at risk of suicide.

The above objectives are intended to contribute to the overarching, long-term goal of reducing risk of suicide (re)attempts for individuals who have experienced a suicidal crisis or made a previous suicide attempt.

In 2014, Beyond Blue trialled The Way Back in the Northern Territory (NT). The Way Back emerged in response to gaps in the system for people accessing services following a suicide attempt.

An independent evaluation of the NT trial indicated the service delivery model was appropriate and feasible for scaling and implementation in other jurisdictions.7

Beyond Blue commissioned an independent evaluation of The Way Back in the Hunter New England region of NSW. A consortium of Calvary Mater Hospital, the University of Newcastle, Hunter Primary Care and Everymind conducted the study.

This single-site evaluation found that people who had used the service following discharge from hospital after a suicide attempt reported improvements including:

- Psychological distress scores that dropped, on average, from severe to mild;
- Participants reported less concern about the “unmet needs” – or major life stresses – that contributed to their attempt, as well as fewer of those issues;
- Up to 97 percent of participants reported positive progress on their recovery plan.

Beyond Blue has made changes to The Way Back model based on feedback from the independent evaluation. Beyond Blue is undertaking further work to better support those accessing The Way Back service, including high-risk groups.

Guiding Principles of The Way Back Support Service:

The Way Back is underpinned by four guiding principles.

1. **Promotes strengths and resilience**: The objective of The Way Back is to support persons at risk of suicide to (re)connect with community-based services and supportive social and family networks that will provide long term positive support beyond the duration of the Service. For this reason, support provided through The Way Back must be strengths-based and empower its clients to seek, engage, connect and participate in community-based supports outside of the Service to build resilience and ensure a sustained reduction in risk of suicide.

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2. **Psychosocial and clinical needs are complementary:** The psychological distress associated with a suicide attempt or suicidal crisis undoubtedly requires therapeutic intervention from relevant clinical experts. This support however cannot be to the exclusion of considering and understanding the impact and implications of psychosocial issues on an individual’s mental health and risk of suicide. As such, support for persons following a suicide attempt or experiencing a suicidal crisis requires an integrated approach where psychosocial support and therapeutic support are seen as interdependent. The Way Back therefore aims to complement clinical care provided by mental health professionals by providing practical, everyday support that helps the person maintain safe, connected living.

3. **Support must be responsive to individual needs:** Each individual who has attempted suicide or is experiencing a suicidal crisis has a unique set of circumstances and complexity of issues, such as family, work, physical, psychological or financial circumstances among others. Supporting individuals following a distressing experience must be tailored to their individual needs, triggers, motivations, abilities and, most significantly, their strengths.

4. **Timely support is critical to managing risk:** Risk of suicide or escalation of suicidal crisis can be unpredictable. Providing individuals with support at times when they are most vulnerable is critical to ensuring that support is effective in achieving safety. Presenting at and/or being admitted to hospital following a suicide attempt or suicidal crisis is a time of heightened risk. Tailored support on discharge from hospital through The Way Back provides the opportunity to intervene with an individual to manage their risk, safety and vulnerability at this particularly acute time.

**Expansion of The Way Back Support Service**

In 2018, the Commonwealth Government announced a budget measure to expand The Way Back through Primary Health Networks (PHNs) in partnership with State and Territory Governments. Beyond Blue is managing the expansion and will provide PHNs with a royalty-free licence to implement The Way Back and sub-licence community-based service providers to deliver the service. In most cases, service providers will be non-profit organisations with a track record in delivering community-based psychosocial support services.

In January 2020, a further budget measure was announced by the Commonwealth Government expand The Way Back in 2020-2021, with these sites still to be determined.8

Beyond Blue’s role is to support PHNs and commissioned service providers to implement The Way Back service effectively and with fidelity to the service’s core components by:

- providing guidance and support to PHNs and Local Hospital Networks (LHNs);
- developing resources to support service implementation and evaluation;
- providing training for Support Coordinators to build workforce capability and capacity;
- providing a robust governance structure including a National Advisory Committee (NAC) to provide strategic oversight of the expansion, a Project Steering Committee to oversee project implementation and expert sub-committees including a Data Management and Evaluation Advisory Group (DMESC), a Clinical Risk Sub-Committee and Community Reference Group; and

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• commissioning an independent evaluation in collaboration with key stakeholders.

The Way Back is currently operating at nine sites in partnership with the following:

• Newcastle, Hunter New England and Central Coast PHN
• Wagga, Murrumbidgee PHN
• Tweed/Lismore/Grafton, North Coast PHN
• Geelong, Western Victoria (funded by the Victorian Government)
• Casey, South East Melbourne (funded by the Victorian Government)
• Redcliff, Brisbane North, PHN
• Darling Downs, West Moreton PHN
• Department of Veterans Affairs Brisbane (not included in this evaluation)
• Canberra, Capital Health PHN

Additional Way Back sites are expected to commence service delivery as outlined below:

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Tranche 1 2020</th>
<th>Tranche 2 2020</th>
<th>Site Category[1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>9</td>
<td>0</td>
<td>CAT 2 = 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CAT 3 = 7</td>
</tr>
<tr>
<td>NT</td>
<td>1</td>
<td>0</td>
<td>CAT 2 = 1</td>
</tr>
<tr>
<td>VIC</td>
<td>*9</td>
<td>0</td>
<td>CAT 1 = 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CAT 2 = 5</td>
</tr>
<tr>
<td>QLD</td>
<td>7</td>
<td>0</td>
<td>CAT 1 = 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CAT 2 = 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CAT 3 = 5</td>
</tr>
<tr>
<td>ACT</td>
<td>1</td>
<td>0</td>
<td>CAT 3 = 1</td>
</tr>
<tr>
<td>TAS</td>
<td>0</td>
<td>1</td>
<td>CAT 2 = 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CAT 3 = 1</td>
</tr>
<tr>
<td>SA</td>
<td>1</td>
<td>0</td>
<td>CAT 3 = 1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
<td><strong>1</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

[1] To determine projection of service demand and allocated funding, a calculation based on emergency department population estimates and death rates/100,000 by state metro/non-metro data (2013-17 average) was used to develop the categories and annual caseload targets. Please see table below for a breakdown of categories.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CATEGORY RATING</th>
<th>ANNUAL CASELOAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50-150</td>
<td>220</td>
</tr>
<tr>
<td>2</td>
<td>151-400</td>
<td>280</td>
</tr>
<tr>
<td>3</td>
<td>401+</td>
<td>350</td>
</tr>
</tbody>
</table>
All Way Back sites across Australia operate with the core elements of the service delivery model however, some sites have applied for adaptations based on identified local needs. A common adaptation is flexibility with referral pathways into the service e.g. a specific Aboriginal and Torres Strait Islander pathway was established in Newcastle to ensure greater reach to this high-risk population group. This is outside the standard hospital emergency department pathway but aligns with the community pathways route. The Service Provider will need to consider the various local adaptations when considering the composition of sites to focus on in the proposal response, such as; brief follow-up interventions; access to clinical treatments; diverse referral pathways; peer-support enhancements, including for LGBTQIA+ communities; ways to further support planned exits from the service; and additional psychological counselling services offered at some sites.

1.3 Existing evaluations

Four completed or currently underway evaluations (project documentation and reports) of The Way Back model and service will be provided to the successful Service Provider.

(a) NT

In 2014, The Way Back was trialed in NT in collaboration with Northern Territory Health, the Royal Darwin Hospital and Anglicare. An independent evaluation of the NT trial site indicated the service delivery model was appropriate and feasible to implement in other jurisdictions.


(b) NSW

In 2016, Beyond Blue commissioned a process, impact and effectiveness evaluation of The Way Back in Hunter New England. The evaluation is complete and the successful Service Provider will be provided with the final evaluation report.

(c) VIC

As part of the Victorian Suicide Prevention Framework 2016-2025, the Victorian Government funded the Hospital Outreach Post-Suicidal Engagement (HOPE) initiative to build on the Frameworks objective of providing care for a suicidal person. Under this initiative, several aftercare models are being trialled including The Way Back which is being delivered at nine locations. Of these sites, five are funded by the Victorian Department of Health and Human Services (DHHS) and will be evaluated as part of the evaluation of the HOPE Trial.

The Commonwealth is funding four Way Back sites in Victoria which will be included in this Project. The successful Service Provider will be required to work with DHHS and the HOPE evaluation team to streamline evaluation activities across these sites where possible. More information on the HOPE trial can be found at: https://www2.health.vic.gov.au/mental-health/prevention-and-promotion/suicide-prevention-in-victoria

(d) Commonwealth Department of Veterans Affairs (DVA)

In the 2017-2018 Commonwealth budget, DVA provided funding over three years to improve care and support to vulnerable veterans experiencing mental health concerns. The Mental Health Clinical Management Pilot will assess the benefits of providing an adapted version of The Way Back to ex-serving Australian Defence Force personnel in reducing suicidal behaviour. The Commonwealth Government has commissioned an independent evaluation of this pilot. The DVA sites are excluded from scope of this Project.

When available, findings from the DVA evaluation will be shared with the successful Service Provider and may inform recommendations at the national level. The final evaluation report for the DVA sites is due late 2020.
1.4 Evaluation Purpose

The purpose of the evaluation is to assess how The Way Back:

i) was implemented across different locations (sites),

ii) the extent to which The Way Back achieved its intended objectives and outcomes across a complex and dynamic implementation environment, and

iii) to help inform the further development of The Way Back.

The evaluation will also identify and evaluate emergent outcomes of The Way Back particularly elements of the model that have contributed to improved outcomes for clients, and what contextual factors influence these. As The Way Back is operating across a number of sites nationally, the evaluation will take an approach that is able to evaluate complex systems in order to better understand how, when and under what circumstances The Way Back works, for whom, and why. This will involve an evaluation approach that will incorporate feedback mechanisms to ensure continuous learning and iteration, and enough flexibility to be able to capture innovations within implementation.

Evaluation findings will inform future services, systems and policies related to suicide prevention activities and contribute to the evidence base in Australia and internationally. As such, a robust knowledge translation strategy will be an important aspect of this evaluation. This strategy will include a plan for disseminating learnings and recommendations at various levels, including implementation and policy levels.
2 The Services

2.1 Overview
Beyond Blue is seeking proposal responses from Service Providers to conduct a program evaluation of The Way Back. Service Providers are required to submit a proposal response which demonstrates an understanding of The Way Back, and outlines a pragmatic, feasible and high-quality methodology with sufficient flexibility for fulfilling the evaluation purpose and meeting the evaluation objectives.

The Service Provider must have previous experience in undertaking complex multi-modal and multi-sector evaluations of programs being scaled, preferably at the national level. The Service Provider should have experience in evaluation in suicide prevention or mental health fields, or have gained this experience as part of a team. The objectives of the evaluation are to:

- confirm and test the theory of change, further develop the program logic including indicators, and create a monitoring and evaluation plan for The Way Back
- help further develop and improve The Way Back
- test and validate data collection tools and processes and provide recommendations for quality improvement
- support the implementation of the service in complex and dynamic conditions, including local adaptation and innovation, by identifying and addressing implementation issues through rapid feedback cycles
- assist understanding of how, when and under what circumstances The Way Back works and who it works best for
- contribute to the evidence base to inform and improve future services, systems and policies related to suicide prevention in Australia and internationally.

The evaluation methodology is to be determined by the successful Service Provider and finalised with input from Beyond Blue and other key stakeholders. It is expected that the evaluation framework will have sufficient flexibility to expand evaluation questions to reflect emerging findings throughout the evaluation, including on pilot activities and model enhancements in select locations.

2.2 Key Considerations
- The Service Provider must have experience developing theories of change, program logic and outcome hierarchies for large, complex programs. The Service Provider will be expected to work with Beyond Blue and key stakeholders to finalise, test and refine The Way Back theory of change and program logic, and assist The Way Back in ensuring continuous improvement in data collection tools and approaches through the life of the evaluation.
- The Service Provider must have experience in implementation science and/or conducting adaptive, realist, developmental or systems theory evaluations. This includes a demonstrated track record of incorporating appropriate feedback mechanisms and sense-making with a program team. The Service Provider will demonstrate how their approach and methodology will help to establish not only if The Way Back ‘worked’ or not, but why, including for whom and under what circumstances. The Service Provider should be able to demonstrate how they will improve the process of evaluation, and how their approach will ensure flexibility to capture emerging and unexpected results, including innovations within the implementation of The Way Back.
- The Service Provider must have experience producing a monitoring and evaluation framework and undertaking an evaluation that appropriately includes and benefits priority populations, particularly Aboriginal and Torres Strait Islander people, including
through the collection of relevant data in a way that is appropriate and culturally safe. The provider must also demonstrate how they would approach undertaking any sensitive additional data collection (i.e. beyond the established outcome measures administered by Service Providers) with clients accessing The Way Back, or members of client support networks such as peer workers, carers and family members.

- The Service Provider will have experience in conducting evaluations that have contributed to or influenced public or social policy. They will be able to articulate their intended approach to knowledge translation to ensure evaluation findings are shared with designated stakeholders within the lifespan of the program, as well as contributing to the evidence-base on suicide prevention.

- This evaluation will be conducted over 2.5 years (June 2020 – December 2022). While the evaluation will take a process evaluation approach, the Service Provider will identify key elements required for a summative evaluation to take place in the future, i.e. advice on data collection tools and maximising data integrity and quality. As The Way Back is still being rolled out nationally, there will be specific ‘enhancements’ and activities that will be selected for inclusion in the evaluation during the course of the program. Service Providers should ensure sufficient flexibility, is incorporated into their proposal response to allow for this.

- Given the number and diversity of sites across Australia, the evaluation framework developed by the Service Provider will need to identify which sites are to be included in the evaluation. This will involve identifying with Beyond Blue the right composition, including sites with ‘enhancements’ or adaptations to The Way Back model. Proposal Responses should outline a broad approach to this process, including key considerations in order to ensure maximum validity of evaluation findings.

2.3 Illustrative Evaluation Questions

The evaluation will be guided by the following key questions. Please note, this is not a definitive or exhaustive list, and Beyond Blue will work with the successful Service Provider to streamline and confirm key evaluation questions during the design of the evaluation framework, and throughout the evaluation as new evaluation questions emerge. It is expected that the evaluation will consider multiple perspectives, including The Way Back clients, support networks (i.e. families, peer, friends and carers of The Way Back clients) and organisations (i.e. The Way Back Service Providers, organisations referring people to the service and community-based organisations receiving referrals from the service).
### Table 1: Evaluation focus areas and illustrative key questions

<table>
<thead>
<tr>
<th>Focus areas</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Way Back model</td>
<td><strong>What can be learnt about The Way Back model and how it could be further developed and improved?</strong></td>
</tr>
<tr>
<td></td>
<td>• What do initial results reveal about progress towards service objectives?</td>
</tr>
<tr>
<td></td>
<td>o Have adaptations and enhancements to the model contributed to greater progress towards these objectives?</td>
</tr>
<tr>
<td></td>
<td>• What are the strengths and weaknesses of the model and how can weaknesses be improved?</td>
</tr>
<tr>
<td></td>
<td>• Is The Way Back model culturally safe for Aboriginal and Torres Strait Islander people?</td>
</tr>
<tr>
<td></td>
<td>• What is the perceived relevance, appropriateness and usefulness of The Way Back?</td>
</tr>
<tr>
<td></td>
<td>o How does this differ across stakeholders, including Aboriginal and Torres Strait Islander people, and why?</td>
</tr>
<tr>
<td></td>
<td>• How effective is The Way Back in considering, and where possible, addressing, some of the social determinants of mental ill-health and suicidality for clients?</td>
</tr>
<tr>
<td></td>
<td>• Which of The Way Back core components are most beneficial to clients? Why?</td>
</tr>
<tr>
<td>Enhancements to the model</td>
<td><strong>What model enhancements have contributed to greater outcomes for clients of The Way Back?</strong></td>
</tr>
<tr>
<td></td>
<td>• To what extent have model enhancements responded to addressing some of the social determinants of mental distress and suicidality?</td>
</tr>
<tr>
<td></td>
<td>• To what extent did peer support assist clients?</td>
</tr>
<tr>
<td></td>
<td>• How did peer support improve the knowledge and confidence of families, friends and carers to support individuals experiencing suicidality to live safely?</td>
</tr>
<tr>
<td></td>
<td>• How effectively did peer support supplement the work of Support Coordinators?</td>
</tr>
<tr>
<td></td>
<td>• What were some of the key requirements in effectively establishing and implementing peer support in The Way Back?</td>
</tr>
<tr>
<td>Implementation of the scaled model</td>
<td><strong>What can be learnt about the implementation of The Way Back model and how can this be applied to assist in quality improvement?</strong></td>
</tr>
<tr>
<td></td>
<td>• What are the enablers and barriers that impact on the successful implementation of The Way Back? Why?</td>
</tr>
<tr>
<td></td>
<td>• To what extent, and why, have the core elements of the model been identified and implemented?</td>
</tr>
<tr>
<td></td>
<td>• What is required from the following stakeholders in order to successfully implement TWBSS and why:</td>
</tr>
<tr>
<td></td>
<td>o Beyond Blue</td>
</tr>
<tr>
<td></td>
<td>o PHNs</td>
</tr>
<tr>
<td></td>
<td>o Hospitals</td>
</tr>
<tr>
<td>REQUEST FOR PROPOSAL</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
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<tr>
<td>© Beyond Blue Limited</td>
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<td></td>
</tr>
</tbody>
</table>

- Service delivery organisations
- Commonwealth and state governments

- To what extent did The Way Back reach and engage people as intended?
- How appropriate were outcome measures in understanding the experience of clients of The Way Back?
- What was the experience of support networks of people who accessed The Way Back?
- What are the barriers and enablers to long term implementation and why is this the case?

**Workforce Capability**

- To what extent did the training provided to The Way Back staff support them to deliver The Way Back service as intended?
- What was the experience of The Way Back staff in delivering the service?
- What was the experience of organisations referring people to The Way Back? What were the contextual factors which contributed to an effective referral pathway?
- How effective were Support Coordinators in recommending The Way Back clients to other supports and services relevant to their needs? How did this impact client outcomes?
- What were the optimal skills and capabilities for the Support Coordinator role?
- How effective was The Way Back training package in supporting Support Coordinators in their role?
- How culturally appropriate was The Way Back workforce for key populations, including Aboriginal and Torres Strait Islanders people?

<table>
<thead>
<tr>
<th>Context</th>
<th>What are the barriers, enablers and other factors that impact on the following and why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Client engagement</td>
</tr>
<tr>
<td>b.</td>
<td>Participation in the service</td>
</tr>
<tr>
<td>c.</td>
<td>Service experience</td>
</tr>
<tr>
<td>d.</td>
<td>Self-reported outcomes</td>
</tr>
</tbody>
</table>

- How and to what extent do surrounding relevant services—particularly evidence-based clinical services—influence the outcomes for The Way Back clients?
- How and to what extent do the following contexts or client characteristics influence the take-up of the service, individual outcomes achieved, and service experience?
  - Sex and gender identification
  - Age
  - LGBTIQ Identity
  - Cultural identity
  - Previous experience of a suicide attempt
  - Nature of service
  - Duration of service engagement
  - Frequency and mode of contact
<table>
<thead>
<tr>
<th>i. Therapeutic alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ How do contextual macro factors such as The Royal Commission, Productivity Commission, the National Mental Health Commission, including the role of the Suicide Prevention Adviser to the Prime Minister; coverage of other clinical and psychosocial services; local/regional disaster and emergencies, and economic shifts influence program effectiveness and outcomes?</td>
</tr>
<tr>
<td>▪ How do state-wide governance and funding structures influence implementation at the jurisdictional level, including data linkage issues?</td>
</tr>
<tr>
<td>▪ What reforms are required to address some of the structural impediments to effective aftercare services?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emerging outcomes and client experience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To what extent are clients experiencing an expected improvement in self-reported outcomes?</strong></td>
</tr>
<tr>
<td>▪ To what extent and in what ways is The Way Back identifying and meeting the needs of clients?</td>
</tr>
<tr>
<td>▪ To what extent and in what ways has The Way Back influenced the behaviour of clients, including their capacity to identify their concerns/problems and improve their coping skills?</td>
</tr>
<tr>
<td>▪ To what extent are The Way Back clients engaged in parallel clinical care, and how does this influence client outcomes?</td>
</tr>
<tr>
<td>▪ What was the experience of clients accessing other services as recommended by their Support Coordinator?</td>
</tr>
<tr>
<td>▪ What does service utilisation tell us about the influence of The Way Back on client decision-making?</td>
</tr>
<tr>
<td>▪ What was the experience for people who engaged with The Way Back service?</td>
</tr>
<tr>
<td>a. Was there any variability with model enhancements and pilot activities?</td>
</tr>
<tr>
<td>▪ What was the experience/outcome of clients who declined to engage with The Way Back? Is there similar experience of disengagement based on demographics?</td>
</tr>
<tr>
<td>▪ Were there any unexpected outcomes – both positive or negative?</td>
</tr>
</tbody>
</table>

(a) **Data sources**

Given the complex nature of the service, Beyond Blue expects a multi-modal, mixed-methods evaluation capable of assessing The Way Back and its implementation from multiple perspectives and capturing data from a variety of primary sources. The Service Provider is expected to utilise the already established quantitative data sources (outlined below in Table 2) as well as developing additional tools to generate data for analysis (as required).

Within the Proposal Response, Service Providers must outline their approach to collecting, collating and analysing the quantitative and qualitative data required to address the evaluation questions. Service Providers are encouraged to propose innovative approaches to data collection, linkage and analysis as appropriate to the evaluation and outline a recommended approach in the proposal response. The Service Provider will be responsible for obtaining all necessary ethics approvals across The Way Back sites and should outline their approach and expected timeframes for doing so in the proposal response, as well as including these costs in their budget.
(a1) Quantitative sources

The following will be the main sources of quantitative information that will be provided to the successful Service Provider pending ethics approval:

**Table 2: Quantitative Data Sources**

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Mental Health Care Minimum Data Set (PMHC MDS)</td>
<td>All Way Back sites are required to collect the Primary Mental Health Care Minimum Data Set (PMHC MDS), which was designed to capture data on PHN-funded mental health services delivered to individual clients. The collection includes items of provider organisations; referrer data; client sociodemographic data; service type and outcome information. For more information on the PMHC MDS visit <a href="https://pmhc-mds.com/">https://pmhc-mds.com/</a>  The successful Service Provider will have access to deidentified data for Way Back clients pending ethics approval and compliance with Commonwealth data and privacy requirements.</td>
</tr>
<tr>
<td>The Way Back extension to the PMHC MDS</td>
<td>An extension to the PMHC MDS has been developed to collect additional data specific to The Way Back across implementing sites, including (but not limited to) fields seeking consent for deidentified data to be used in the evaluation, for the client to be contacted by evaluators, LGBTIQA status, and previous suicide attempt. An overview of The Way Back extension will be available upon registration of intent.</td>
</tr>
<tr>
<td>Supplementary Data</td>
<td>The supplementary data collection includes additional information that is not collected through the PHMC MDS or The Way Back PMHC extension, including referral criteria. These data elements will be collected quarterly through a site-specific quarterly report and provided to the evaluation team. Decisions about how this data is collected and recorded at the service is at the discretion of PHNs and Way Back sites.</td>
</tr>
<tr>
<td>Client outcomes</td>
<td>Routine collection of client outcome measures is required in the PMHC MDS using the Kessler Psychological Distress Scale (K10 Plus). Additional outcome measures have been selected for The Way Back to reflect the objectives of the service and will be used to assess service impact including the:  - Suicidal Ideation Attributes Scale (SIDAS)  - WHO – Five Wellbeing Index (WHO-5) Further information on these measures can be found in the service delivery model which will be provided upon registration of intent.</td>
</tr>
<tr>
<td>Monitoring reports (quarterly)</td>
<td>The Way Back services providers are required to provide quarterly reports to Beyond Blue for service monitoring and quality improvement purposes. The quarterly reports include additional information not collected through the PMHC MDS and Way Back extension. Within the Proposal Response, the Service Provider should outline their approach to evaluating quality improvement processes.</td>
</tr>
</tbody>
</table>

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(a2) Qualitative data sources

In the Proposal Response, Service Providers must outline their approach to designing, implementing and analysing qualitative data to provide an-depth, qualitative description of the experience and outcomes for people involved in The Way Back including clients, their support networks, Way Back staff, health professionals referring into the service and community-based service provider who receive referrals from The Way Back.

The qualitative data must provide a detailed narrative on outcomes (intended and unintended), barriers and enablers to implementation, learnings across sites, opportunities for improvement, and insight into why people might not use The Way Back or may disengage from the service unexpectedly. It should include description and analysis of how client demographics, including age, sex, sexual identity, and cultural identity, affect client engagement and participation in the service, and recommendations for improving engagement with members of these demographics.

The Service Provider will be invited to attend a number of forums, as agreed with Beyond Blue, that will assist in generating data for the evaluation and guiding the evaluation. These may include but are not limited to:

- Quarterly PHN Governance Meetings
- Quarterly Data Management and Evaluation Sub-Committee (Beyond Blue advisory committee for The Way Back)
- Quarterly PHN Community of Practice (concept awaiting approval)
- Quarterly Service Provider Community of Practice (concept awaiting approval)
- Monthly the Way Back internal operations meeting
- Quarterly HOPE Trials Evaluation steering committee

(b) Trial of a Peer Support Model

It is widely acknowledged that lived experience leadership and the development of projects through a co-design process can improve system design and change, can lead to increases in the quality of care and services provided to people living with mental illness, can increase the acceptance of and reduce the stigma experienced by people with mental illness, produce materials and resources that are more engaging and reflective of the needs of people with mental illness, and enables services and projects to be more responsive to specific population groups (eg. culturally and linguistically diverse communities, LGBTI communities).

The Way Back will be trialling a 12-14 month peer support enhancement in one existing Way Back site located in NSW from July 2020. It is anticipated up to 275 clients may be supported with peer support workers, depending on client intake numbers and configuration and capability of the peer workforce. The co-design of the enhancement will be undertaken in April 2020 by the service provider subcontracted by the PHN, Beyond Blue and led by Roses in the Ocean.

The objectives of The Way Back Support Service Peer Enhancement trial are to:

- Provide community-based peer support to The Way Back clients and support them to build self-resilience and capacity to seek help and live safely.
- Improve recovery outcomes for clients through strengthening connections to carers, family, community and community-based services, including peer support networks.
- Improve client uptake and engagement with The Way Back and community-based support services.

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- Improve the **knowledge and confidence of families/friends and carers** to support individuals experiencing suicidality to live safely.
- Improve **links to community-based peer and family support services**/networks for clients and their families/carers.
- Improve the **capacity of The Way Back** to provide tailored and timely support to clients and their families/carers.

Given the limited timeframe of the trial, the evaluation of the peer enhancement is expected to take a formative approach, assessing the value-add of the peer model to the broader program and its scalability. The successful Service Provider should outline their proposed approach to evaluating this pilot, including a separate budget category for this activity in the range of **$50,000-$70,000**, excluding GST, and this budget should include all costs related to this activity, including the need for specific data collection activities.

The evaluation of this activity will be due two months after the completion of the trial (anticipated report due date of August 2021). It will form an annex to the final evaluation report as well as informing the broader evaluation in consideration of service enhancements.

(c) **Commonwealth data access requirements**

Before the successful Service Provider can access any data collected via the PMHC MDS and The Way Back extension from clients who have offered consent for their data to be used, they must:

- gain Human Research Ethics Committee (HREC) approval and data custodian approval where relevant to access datasets for evaluation purposes; and
- satisfy all Commonwealth data and privacy requirements, including demonstrating how they comply with the Privacy Act, Australian Privacy Principles, and the ‘five safes’ for the secure management of data, and meet the requirements of the Department of Health’s data access policies.

Within the Proposal Response, Service Providers must demonstrate their ability to meet requirements outlined above.

The following link to information on the Five Safes Framework should assist in meeting all requirements for access to data:

https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1160.0Main%20Features4Aug%202017#FIVESAFES

3 **Privacy Impact Assessment**

Within the Proposal Response, the Service Provider must demonstrate their ability to undertake a Privacy Impact Assessment (PIA) in accordance with the Information Privacy Principles (IPPs) in the Privacy and Data Protection Act 2014 (PDP Act) to identify the impact the Project might have on the privacy of individuals, and set out recommendations for managing, minimising or eliminating that impact. Given the sensitivity of the data, the PIA must review the current consent processes and wording in place for The Way Back and make recommendations if required.
Challenges to the suicide prevention programs

Measuring outcomes

As noted in the Department of Health’s report “Development and Implementation of an Evaluation Framework for Suicide Prevention Activities”\(^\text{10}\) there are significant challenges related to the evaluation of suicide prevention programs, which are well recognised in the sector. These include:

- Although an important public health issue, suicide is a statistically rare event which has implications on achieving the statistical power required to identify patterns or draw conclusions about reductions in the suicide rate as the result of suicide prevention programs.
- Small client cohorts and the short-term nature of services can limit the statistical power of studies making it difficult to establish the effect of services.
- Challenges in the quality, granularity and timeliness of suicide data, as well consistency of data collection across jurisdictions.
- Limited availability and accessibility to linked data sets required to assess the impact of suicide prevention programs.
- Difficulty in collecting completed client outcome measures during service engagement, including difficulty in getting matched ‘pairs’ from individual clients in order to determine improvement during service engagement.
- Complex data collection systems at service provider/PHN level, including different internal systems and sometimes manual collection – impacting MDS, Way Back Extension and supplementary data integrity and timeliness.
- Self-selection of clients willing to participate in evaluation activities, introducing bias into results.

The Way Back model is ‘in development’ and welcomes local adaptation, including through learning. The outcomes, therefore, are in development and thus require a flexible developmental evaluation approach.

The successful Service Provider will be expected to consider some of the structural impediments to effectively evaluating complex programs such as The Way Back, including:

- Challenges to accessing quality, linked data across multiple jurisdictions and datasets, and how this impacts evaluation of national suicide prevention programs such as The Way Back. This should include consideration of relevant policy recommendations for government for policy reform.
- To what extent complex, national suicide prevention programs like The Way Back require policy reform to be more effective, including improved coordination across State, Territory and Commonwealth governments and other focus areas for reform.

Attribution and assessing the impact of other suicide prevention activities

The Way Back services are being implemented in an environment in which other mental health, suicide prevention and/or related services are operating, including PHN, State and Territory and Commonwealth programs. PHNs contracted to implement The Way Back may also be involved in delivering suicide prevention services funded through National Suicide Prevention Trial (Commonwealth) and HOPE Suicide Prevention Trial (Victoria) and other relevant mental health or suicide prevention services.

In the Proposal Response, the Service Provider must outline their approach to identifying other suicide prevention interventions being delivered in areas where The Way Back services are located, the outcomes of these interventions, and how they might intersect with and influence the implementation and associated outcomes of The Way Back. The potential impact of other interventions will need to be taken into consideration when developing the evaluation approach, both at a macro level and at an aggregate client level (i.e. where Way Back clients are accessing clinical and other services, and where there are a lack of other services that may be impacting client outcomes).

5 Intellectual Property

Beyond Blue will be vested with exclusive ownership of all intellectual property created in relation to the Project.

It is always Beyond Blue’s intention to use the evidence to build knowledge. The successful Service Provider is encouraged, with the prior written approval of Beyond Blue, to publish and present evaluation processes and findings as a way of contributing to the evidence base of suicide prevention. Beyond Blue may choose to be involved in such publications including the development of publication agendas, co-authoring of articles and presentations, and decisions on the timing and location of publication/presentation.

For further details about intellectual property, refer to Schedule Two (received upon registration of intent).

6 Policy and Practice Knowledge Translation Strategy

The Service Provider will work with Beyond Blue to develop and implement a Policy and Practice Knowledge Translation Strategy to advise key stakeholders on the findings and learnings from the evaluation to inform future practice and policy decisions. This will include dissemination of findings and subsequent recommendations as agreed with Beyond Blue, including a peer-reviewed publication plan.

7 Governance

Beyond Blue has established a Data Management and Evaluation Advisory Sub-Committee (DMESC) to provide expert advice and guidance on the evaluation to ensure it meets Beyond Blue’s objectives and the needs of the funding agencies, maintains appropriate and robust data collection and analysis approaches and tools, and the successful translation of findings into improved practice. DMESC members have expertise in suicide prevention and mental health, health information management, evaluation, research and knowledge translation. The DMESC includes a consumer representative with lived experience.

The role of the DMESC is to provide advice on the evaluation design, implementation, data collection strategies and review draft reports. The DMESC reports to the National Advisory Committee (NAC) which provides oversight of the implementation of The Way Back.

The Service Provider is required to report to the DMESC on a quarterly basis on evaluation progress and key milestones, as well as comply with all governance arrangements as requested by Beyond Blue.

Beyond Blue’s Evaluation Adviser, reporting to the Head of Research and Evaluation and in consultation with the Head of Suicide Prevention, will be responsible for leading the relationship between Beyond Blue and the Service Provider.
8 Ethics

The successful Service Provider will be responsible for obtaining formal ethics approval from a Human Research Ethics Committee (HREC) and coordinating all ethics approval processes including, jurisdictional or site-specific approvals as required. The approach to ethics including indicative timelines must be outlined in the proposal response.

The Service Provider must consider the potential complexities associated with securing ethics approval and incorporate these considerations into their proposal response including their proposal budget.

9 Proposal Response

Service Providers are to submit a Proposal Response which demonstrates their understanding of the work required and addresses the following:

a) Approach to project management:
   i) an outline of their proposed approach to managing the Project;
   ii) information on their ability to meet the timeline or milestones nominated by Beyond Blue for these services, or if these cannot be met, the proposed timelines for provision of these services; and
   iii) details of their existing network and relationships with relevant stakeholders.

b) Key personnel including qualifications, skills, experience:
   An outline of the capability and capacity of individual members of the project team including:
   i) Demonstrated capacity and expertise of the project team identified to deliver on the services and of key personnel. Beyond Blue will look favourably on multi-disciplinary project teams that are composed of a range of personnel with expertise in suicide prevention and/or mental health, evaluation and research, knowledge translation and lived experience perspectives;
   ii) Details of how the various project team members and organisations will interact, including effective coordination and management; and
   iii) Provide a brief biography or CV for each member of the project team.

c) in working across complex, related data sets;

d) Data collation and analysis of quantitative and qualitative data sources;

e) Experience in identifying data quality issues and providing recommendations for improvement;

f) Analysis and reporting;

g) Ethics considerations;

h) Demonstrate capacity to meet Commonwealth privacy and data security requirements;

i) Demonstrate ability to complete a Privacy Impact Assessment;

j) Timelines; and

k) Previous experience in this type of project.
9.1 Service Requirements

The Service Provider must ensure that all components necessary to deliver the services are provided. Services include, but are not limited to, providing the following:

- Collaborate with Beyond Blue and DMESC and other The Way Back forums as agreed with Beyond Blue;
- Review background information provided by Beyond Blue;
- Provide a detailed project plan outlining key activities, a risk matrix, timelines and budget;
- Facilitate an evaluation planning workshop with key stakeholders to confirm the theory of change, program logic and key evaluation questions to inform the evaluation framework;
- Develop a comprehensive evaluation framework outlining the evaluation approach, strategies for data collection, analysis and reporting, as well as ethics considerations;
- Identify and collate quantitative and qualitative data sources by which the evaluation questions will be answered;
- Undertake a Privacy Impact Assessment in accordance Information Privacy Principles (IPPs) in the Privacy and Data Protection Act 2014 (PDP Act Vic 2014)\[^{11}\];
- Comply with Commonwealth data and security requirements in order to access the PMHC MDS;
- Develop quantitative and qualitative data collection tools in consultation with stakeholders, and provide recommendations for data quality improvement;
- Provide feedback on data integrity, including systems issues, on a regular basis;
- Obtain ethics approval from a Human Research Ethics Committee (HREC) and/or other jurisdictional or site-specific approvals required;
- Develop a Knowledge Translation Strategy to disseminate key learnings and findings to stakeholders including a proposed publications agenda including peer-reviewed literature;
- Attend fortnightly progress updates for the duration of the project (via telephone), highlighting emerging findings, including risks, in a format agreed with Beyond Blue;
- Provide written progress reports as agreed in advance with Beyond Blue
- Provide progress updates to the DMESC at quarterly meetings (in-person or via telephone);
- Participation at relevant The Way Back forums as agreed with Beyond Blue;
- Conduct a detailed analysis of data collected to identify key findings and recommendations;
- Provide a draft interim report outlining the evaluation approach, progress to date and interim evaluation report by 31 August 2021;
- Facilitate stakeholder workshops in a format and frequency as agreed with Beyond Blue to review key findings and proposed recommendations;
- Provide a draft final report including key findings and recommendations to be set out in the structure outlined below by 11 October 2022;
- Provide a final report including key findings, conclusions and recommendations by 30 November 2022; and

- Engagement and management of sub-contracts (if applicable).

9.2 Service Delivery

It is anticipated that the services will be completed as follows. Payment milestones to be agreed with the Service Provider.

<table>
<thead>
<tr>
<th>MILESTONES</th>
<th>DUE DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kick-off meeting with Beyond Blue</td>
<td>Week commencing 18 May 2020</td>
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<tr>
<td>Meeting and presentation to the Data Management and Evaluation Sub-Committee (DMESC)</td>
<td>Tuesday, 26 May 2020</td>
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<tr>
<td>Draft Project Plan (including further detailed budget and risk management plan) submitted to Beyond Blue</td>
<td>Week commencing 1 June 2020</td>
</tr>
<tr>
<td>Evaluation Planning Workshop (workshop 1) with key stakeholders to finalise program logic and draft evaluation framework</td>
<td>Week commencing 8 June 2020</td>
</tr>
<tr>
<td>Draft evaluation framework and review of data collection tools submitted to Beyond Blue for review</td>
<td>Week commencing 22 June 2020</td>
</tr>
<tr>
<td>Ethics approval processes</td>
<td></td>
</tr>
<tr>
<td>Progress Report 1 - Preliminary data analysis (including identifying data issues, testing of additional data collection tools)</td>
<td>September 2020</td>
</tr>
<tr>
<td>Facilitation of stakeholder workshop 2</td>
<td>November 2020</td>
</tr>
<tr>
<td>Progress Report 2</td>
<td>February 2021</td>
</tr>
<tr>
<td>Facilitation of stakeholder workshop 3</td>
<td>May 2021</td>
</tr>
<tr>
<td>Interim evaluation report (Report 3)</td>
<td>30 August 2021</td>
</tr>
<tr>
<td>Facilitation of stakeholder workshop 4</td>
<td>September 2021</td>
</tr>
<tr>
<td>Progress Report 4</td>
<td>December 2021</td>
</tr>
<tr>
<td>Facilitation of workshop 5</td>
<td>February 2022</td>
</tr>
<tr>
<td>Progress report 5</td>
<td>May 2022</td>
</tr>
<tr>
<td>Facilitation of workshop 6</td>
<td>June 2022</td>
</tr>
<tr>
<td>Draft final report submitted to Beyond Blue for review</td>
<td>11 October 2022</td>
</tr>
<tr>
<td>Final report submitted to Beyond Blue and presentation of key recommendations.</td>
<td>30 November 2022</td>
</tr>
</tbody>
</table>

Following a developmental evaluation approach, Beyond Blue expects to have frequent engagement throughout the evaluation.

Report templates to be discussed and agreed in advance with Beyond Blue.

Stakeholder workshops to be determined between the provider and Beyond Blue (i.e. attendance, purpose and outputs). It is expected that these workshops will assist the Service Provider in carrying out the evaluation, as well as sharing emergent findings with stakeholders.

*Date dependent on finalisation of peer enhancement trial*
9.3 **Budget**

The Service Provider is invited to provide a market competitive and value-for-money budget (ex GST) to complete this piece of work. The budget range for this evaluation is $700,000-$900,000 excluding GST using the Attachment 3 – Pricing template.

Service Providers are requested to ensure flexibility within their budget to allow for evaluation activities for emerging areas of focus, i.e. site enhancements or pilot activities, as agreed between the provider and Beyond Blue. Service Providers should also include a 10% flexible fund that will be utilised on an as-needs basis following additional work initiated by Beyond Blue and agreed with the Service Provider in writing. A Terms of Reference (ToR) for the flexible fund will be issued with the Services Agreement.

9.4 **Reporting Requirements**

The Service Provider will be required to provide the following reports:

(a) **Project Management Plan**

The Service Provider is expected to provide a Project Management Plan including key milestones dates, project management approach, detailed budget, and risk matrix.

(b) **Evaluation framework:**

The Service Provider is expected to provide an Evaluation Framework in June 2020 (date to be agreed with Beyond Blue) and must include the following

(i) Theory of change and multi-site program logic with key indicators
(ii) methodology and approach
(iii) data collection tools
(iv) draft knowledge translation strategy

(c) **Fortnightly Verbal Progress Reports**

The Service Provider is expected to provide fortnightly progress updates to Beyond Blue. The content and style of the update will be agreed with Beyond Blue's Evaluation and Research Adviser.

(d) **Progress Reports**

Progress Reports to be provided as agreed with Beyond Blue (see 8.2. Service Delivery) and must include the following:

(i) Update on evaluation activities, including any identified issues or risks
(ii) Update on data quality
(iii) Any updates to data collection approaches
(iv) High-level process evaluation findings, including any recommendations.

(e) **Interim Evaluation Report**

The Interim Report is to be provided on 31 August 2021 and must include the following:

(i) an overview of the evaluation approach methodology;
(ii) analysis of evaluation approach and data issues, and recommendations for quality improvement where relevant; and
(iii) an overview of interim process evaluation results and key learnings to date, including key recommendations and identification of any risks and opportunities for adaptation.
(f) Final Report

The Final Report is to be provided on 11 November 2022 and must include the following:

i) an Executive Summary;

ii) background to the evaluation including suicide in Australia;

iii) summary of the literature including best practice in aftercare;

iv) a description of The Way Back, including core components of the model and key adaptations;

v) the aims and objectives of the evaluation;

vi) approach taken/methodology;

vii) results of the qualitative and quantitative analysis

viii) summary of key findings from the evaluation;

ix) conclusions and recommendations for program design, practice and policy.

The final format of interim and final reports will be agreed in advance with Beyond Blue.

9.5 Any Other Matters 500 word limit.

Please detail any matters which have not been covered in previous sections, which the Service Provider believes need to be taken into consideration when their Proposal Response is being evaluated, e.g. any areas of non-conformity with the RFP, any value-add services.