PARTNERS IN RECOVERY GOLD COAST

GOLD COAST PRIMARY HEALTH NETWORK

PARTNERS IN RECOVERY

PROGRAM EVALUATION

TERMS OF REFERENCE

DEADLINE FOR SUBMISSION OF APPLICATIONS

5.00 PM MONDAY 10\textsuperscript{th} AUGUST 2015
GENERAL INFORMATION

In 2013 Gold Coast Partners in Recovery received funding from the Australian Government Department of Health for the Partners in Recovery (PIR): Coordinated Support and Flexible Funding for People with Severe and Persistent Mental Illness with Complex Needs initiative. PIR was developed to facilitate better coordination of and more streamlined access to the clinical and other service and support needs of people experiencing severe and persistent mental illness with complex needs.

The Partners in Recovery Gold Coast initiative has been operational for approximately 2 years. The remaining 12 months of the initiative will have a focus on consolidating work, identifying projects for sustainability and winding down the facilitation work with individuals. To ensure that the remaining time for the initiative is focused and effective, it is critical to understand the strengths and weaknesses of the model, how/where/why outcomes for individuals engaged in PIR are being achieved and areas that require improvement to achieve lasting systems change. This information will be drawn on to inform the tender process to the Commonwealth to continue this work for the 2016/17 period.

1. PROGRAM EVALUATION

Gold Coast PHN invites Expressions of Interest from your organisation to conduct an evaluation for the Partners in Recovery Gold Coast initiative. The main purpose of the evaluation is to determine whether the Gold Coast Partners in Recovery initiative has been successful in achieving the stated objectives.

It is anticipated that the evaluation will also identify significant program outcomes, key success factors, areas that require improvement and how the outcomes to date might be sustained by PIR and its partners.

The evaluation process will include interviews with key stakeholders, review of literature, data analysis and a workshop discussion with PIR staff. More specific questions to support the evaluation include:

<table>
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<tr>
<th>Inputs</th>
<th>Was the PIR model implemented as originally intended? Was it accepted by staff/key stakeholders?</th>
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<tbody>
<tr>
<td>Process</td>
<td>Was the model used for the PIR Gold Coast initiative effective in enabling success? Were the targets groups reached? Was there adequate provision of care? Was care effectively coordinated Were staff adequately skilled to deliver the care?</td>
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<td>Outcomes</td>
<td>What are the key outcomes compared to the objectives of the program? Was the service accessible with good uptake? Were clients and staff satisfied with the service? Were the service objectives met? Are outcomes attributed to PIR or are there other influencing factors? What are the health impacts? Did the program have any unintended consequences, positive or negative? What impact has the program had for key stakeholders? What are the lessons learned for GCPHN and PIR Consortia?</td>
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<td>Costs</td>
<td>Is there appropriate use of resources such as budget and staff time? Does the value or benefit of achieving PIR’s goals and objectives exceed the cost of producing them? (i.e. cost benefit ratio)</td>
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2. EXPECTED EVALUATION OUTCOMES

- An assessment of the PIR Gold Coast model of operation (i.e. consortia model, including governance and management structure) and the effectiveness of this in enabling success and achieving outcomes.
- An assessment of the outcomes of the PIR Gold Coast initiative against stated objectives and priorities identified by the Department of Health.
- Clearly identified learnings and recommendations for sustaining the outcomes of the program with a focus on the sustainability of systems change within the sector.

3. TIMING

It is anticipated that the consultancy will commence from 17th August and conclude by 30th November 2015.

4. RESPONSIBILITIES OF FUNDING RECIPIENTS

Applicants must be willing to:

- Enter into a Service Agreement with GCPHN
- Provide the specified services in the agreed timeline
- Provide program reports on progress by the due dates, including any data relating to Key Performance Indicators
- Where required, provide financial reports by the due dates in the required format. Audited financial reports may be a requirement.
- Appropriately acknowledge the financial support of GCPHN and the Commonwealth Government
- Maintain the required insurance for the term of the funding agreement

5. SUBMISSION OF EXPRESSION OF INTEREST

Using the EOI Application Form please submit application to pirfunding@gcphn.com.au.

- a brief capacity statement of your suitability, experience and availability to undertake the scope of services;
- a brief evaluation plan outlining the proposed approach for the consultancy and timelines; and
- an accompanying budget inclusive of a daily rate and anticipated administrative and travel costs (+GST)
- Contact details of two referees.

Applications must be submitted to GCPHN by 5.00pm Monday 10th August 2015. Applications must be submitted electronically to pirfunding@gcphn.com.au in PDF or Word format using the Application Form. Applications and any attachments must not exceed 5 MB in aggregate size.

The Contact Officer for this Expression of Interest is Libby Carr, Director, Strategy and Systems Improvement, Gold Coast Primary Health Network. Email: pirfunding@gcphn.com.au.
6. SELECTION PROCESS

A Selection Panel that includes GCPHN, Hospital and Health Service and/or NGO mental health service representatives will undertake an assessment process following receipt of all applications. The Selection Panel will assess applications to identify applicants that clearly demonstrate their capacity to undertake the work and produce an evaluation that will meet the objectives stated in Section 3.
PARTNERS IN RECOVERY BACKGROUND INFORMATION

1. PARTNERS IN RECOVERY

The 2011/12 Federal Budget provided funding over five years from 2011/12 to 2015/16 for the Partners in Recovery (PIR): Coordinated Support and Flexible Funding for People with Severe and Persistent Mental Illness with Complex Needs initiative. Administered through the Department of Health, PIR was developed to facilitate better coordination of and more streamlined access to the clinical and other service and support needs of people experiencing severe and persistent mental illness with complex needs. The design of PIR was intended to provide a new level of inter-agency collaboration to find new and better coordinated pathways to recovery to meet the full range of an individual’s needs.

The PIR initiative will focus on 24,000 people nationally who have a severe and persistent mental illness with complex support needs that require a response from multiple agencies. It is anticipated PIR clients will generally be in their mid-twenties and older, reflective of the typical development of severe and persistent mental illness.

PIR MODEL

The PIR model varies across regions depending on need and context, with the common feature of all models being the engagement of suitably placed and experienced non-government organisations to deliver PIR across Medicare Local geographic regions.

A PIR Organisation (PIRO), a Consortium that collectively implements PIR, includes the PIR Lead Agency and the PIR Consortium members/partners who have committed to the implementation model of PIR for their region. The PIR Organisation Lead Agency is the organisation that has a formal contractual relationship through a Funding Agreement with the Department of Health. GCPHN is the lead agency on the Gold Coast.

PIR Organisations work at the systems level and are the mechanism to drive collaboration between relevant sectors, and supports within the region to ensure the range of needs of people in the target group are met. Through system collaboration, PIR promotes collective ownership and encourages innovative solutions to ensure effective and timely access to the services and supports by the target group to sustain optimal health and wellbeing.

PIR Organisations must actively engage with the full range of human service providers in their Medicare Local geographic region as well as consumers and carers, to ensure that service delivery works for the target group within the region.

PIR Guiding Principles

The implementation of the PIR initiative is underpinned by the following guiding principles:

Recovery oriented and client focused: PIR operates under a recovery framework using a personalised approach tailored to address the specific support requirements of an individual and assisting them to maximise their capabilities through social and environmental opportunities.

Flexible in roll out: How PIR operates from one region to the next may look different, as a result of PIR Organisations tailoring their model to best meet the needs of the target group and existing service delivery systems in the region.
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**Complementary to existing service systems:** PIR Organisations will assist with, rather than complicate or duplicate, system navigation. PIR does not seek to fully address issues of service availability but focuses on multi-service integration and coordination to drive better outcomes for the most vulnerable clients.

**Able to better coordinate systems:** PIR is not intended to offer a new 'service' in the traditional sense. Rather, it assists in better coordinating existing services and supports. PIR provides a 'support facilitation' service focusing on building pathways and networks between the sectors, services and supports needed by the target group.

**Flexible funding**

PIR organisations have access to a limited amount of flexible funding which can be used to purchase services and appropriate supports when client needs are identified but are not immediately able to be met through normal channels. The flexible funding pool enables the PIR organisation to buy-in these services and supports, and is used to build system capacity for the benefits of PIR clients within the region, rather than divert responsibility from existing service providers.

It is important that clients access services available within the existing network of service providers, rather than build a reliance on the flexible funding. The flexible funding pool represents a proportion of the overall budget of each PIRO and must be allocated based on a strategy that identifies and responds to both the needs of the client population in the region and the strengths and limitations of the relevant service delivery system.

2. **GOLD COAST PARTNERS IN RECOVERY**

Gold Coast Partners in Recovery is a partnership model with Medicare Local as the lead agency alongside FSG Australia, Aftercare, Mental Illness Fellowship Queensland, Mental Health Association Queensland and Ozcare.

The model focuses on three tiers of **Coordination, Integration and Partnering:**

- The Individual – Facilitators employed to provide recovery oriented co-ordination of services to the individual. A flexible/ casual pool of Facilitators with expertise to deliver tailored coordination of services around the individuals specific needs.
- Sub Regional Coordination - Coordinators will ensure geographic partnering and collaboration. This place based model will increase access for individuals, and target improved coordination locally.
- Regional Partnerships – Program Manager at Gold Coast Medicare Local will ensure regional partnerships are enhanced, and that systems barriers and issues are addressed, improved and evaluated.

**Strategic Objectives**

The ultimate objective of the initiative is to improve the system response to, and outcomes for, people with severe and persistent mental illness who have complex needs. Gold Coast Partners in Recovery aims to achieve this by:

- Facilitating better coordination of clinical and other supports and services to deliver 'wrap around' care individually tailored to the person’s needs
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- Strengthening partnerships and building better links between various clinical and community support organisations responsible for delivering services to PIR target group
- Improving referral pathways that facilitate access to the range of services and supports needed by the PIR target group; and
- Promoting a community based recovery model to underpin all clinical and community support services delivered to people experiencing sever and persistent mental illness with complex needs.

Quality Practice
Six approaches were developed to ensure the objectives of the Gold Coast PIRO were achieved and that the relevant services and supports participate in PIR:

1. An underpinning partnership approach - around the individual, geographically and across the Gold Coast, a practical example would be in the joint development of ‘referral pathways’.
2. Assistance from sectors to recruit specific expertise to the Facilitator pool, eg culturally appropriate Facilitators. This is seen as an effective strategy to improve participation and support individuals from these sectors.
3. Specific partnering around training and capacity building - training for Facilitators being made available to others. Various groups and agencies have committed to providing training to the Facilitators in key strategic areas.
4. Involvement of key sectors on a PIR Advisory Group to identify areas where there may be difficulties and develop strategies to evaluate and improve these.
5. Regular forums with key stakeholders to provide updates on the PIR development, seek input on how the PIR is working and to improve networking and collaboration across the stakeholders.
6. Use of flexible funding where needed - especially to provide timely access to stretched services, or enable additional assistance while capacity within an agency is built up, for example.

Governance
As the PIR Organisation Lead Agency, Gold Coast Medicare Local (GCML) has the overarching responsibility for the implementation of PIR within the Medicare Local geographic region. GCML is responsible for ensuring that roles and responsibilities across all partnerships are clear and effectively managed to contribute to the achievement of PIR aims and objectives.

Although GCML has overarching responsibility for PIR, the partnership arrangement across the consortium reflects an approach to recognise the value and importance of each organisation’s contribution to the initiative through collaborative decision making processes and governance opportunities.

As the lead agency, GCML is also required to establish governance mechanisms which regularly bring together all partners and stakeholders in the PIR network to ensure collective responsibility, collaborative, strategic oversight and effective implementation of PIR in the region.

The Gold Coast PIR governance and management structure includes the following groups:
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- Sponsor Group – Executive leaders from each of the PIR Organisation member agencies who are responsible for providing strategic direction, program governance including budget, performance monitoring and reporting to the department.

- Advisory Group – Provides guidance and support to ensure the PIRO works towards excellence in quality implementation of the PIR program on the Gold Coast. Members experience covers those living with mental illness (consumer/carer), the health and hospital system, public housing, homelessness services, alcohol/drug sector and police/justice services.

- Operational Management Group – Led by the GCML Program Manager with responsibility for co-creating and refinement of the program model, identifying the best use of collective resources, monitoring program delivery quality and data collection and coordinate shared contribution to program outcomes.