

22 July 2010

**REQUEST FOR PROPOSAL FOR THE SUPPLY OF
ALCOHOL AND OTHER DRUG (AOD) RESOURCE CENTRE**

Canterbury District Health Board, a publicly owned Health and Disability Organisation, requests proposals for the supply of Goods and/or Services as described in this letter and attached documentation.

Structure of Request For Proposal

The request for proposal comprises the following documents:

- this letter;
- Conditions of Request for Proposal: These are the conditions that apply to the Request for Proposal process and are intended to have legal effect;
- Request for Proposal Submission Form. The form provided by us, which must be completed by every respondent. It includes:
 - Schedule One – CDHB requirements
 - Schedule Two – Specifications
 - Schedule Three – Service Proposal Form
 - Appendix 1 – Peer Support, Consumer Advocacy Service and Consumer Resource Specifications
 - Appendix 2 – AOD Community Support Service Specifications
 - Appendix 3 – AOD Resource Centre Information

Submitting your Proposal

You must comply with the Conditions of Request for Proposal.

Your Proposal must be enclosed in a sealed envelope, addressed and submitted as specified in the Conditions of Request for Proposal.

Your proposal is expected to include a description of all aspects of the planning, implementation and evaluation of the new service. **Please ensure you address all matters listed in schedule three. You may include any additional information you consider relevant.**

If you chose to include letters of endorsement, please ensure this does not result in conflicts of interest arising; eg a letter of endorsement from someone who is also submitting a proposal.

Closing Date of Proposals

The latest time for submitting Proposals is 12.00 noon on Friday 27 August 2010. At our sole discretion we may choose to accept or not to accept late Proposals. All Proposals must remain valid until 27 August 2010 and may not be withdrawn prior to that date once submitted.

Evaluation Criteria/ Weighting

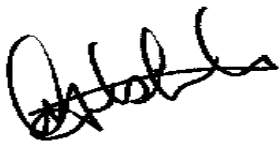
We will consider the following factors, amongst others, when evaluating any Proposal:

- value for money (including: quality, performance, purchase price, and level of service);
- ability to meet the requirements;
- ongoing resource consumption (including: staffing, consumables, maintenance and energy);
- Effectiveness;
- Equity;
- Acceptability;
- Accountability - demonstrate how services will be evaluated to measure effectiveness, performance and outcomes achieved to improve the health of consumers;
- Your understanding of and experience in the Canterbury health sector;
- Your proposed model of service delivery;
- Whanau Ora - impact on holistic health and wellbeing for the person and their family and whanau. This has particular significance for Maori but relevance for all cultures;
- Your ability to provide quality services that are responsive to service users and their Whanau;
- Your ability to work cooperatively and collaboratively with the CDHB and relevant stakeholders;
- Your proposed timeframe for delivery of the service;
- Your alignment with the Canterbury AOD Project and Health Services Planning;
- Your organisations credibility and financial viability.

Confidentiality

The information contained in this letter and the attached documents is confidential and must not be disclosed or distributed without our consent, except to the extent that it is already publicly available.

Yours faithfully
Canterbury District Health Board



Toni Gutschlag
Team Leader, Mental Health, OPH and HEHA

REQUEST FOR PROPOSAL SUBMISSION FORM

1 LEGAL EFFECT OF REQUEST FOR PROPOSAL

Neither our issue of the Request for Proposal (RFP) nor your response to it will create any obligations on us to enter into any contract with you or any third party. Our RFP is an invitation only and the submission of a Proposal will be regarded as an offer by you to provide the services described in the service specifications.

We reserve the right not to enter into any correspondence regarding our final decision or process we undertook to reach this decision.

2 REQUEST FOR PROPOSAL SUBMISSION FORM

Your Proposal must be submitted on the Request for Proposal Submission Form attached to these conditions, and must be correctly completed and signed by you (or by your duly authorised agent).

In our sole discretion we may reject or accept incomplete or non-conforming Proposals or any Proposal that is submitted after the Closing Date specified below.

However, any deviation from the Request for Proposal Submission Form must be clearly marked and a written explanation given for each deviation.

3 THE TREATY OF WAITANGI

An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. The NZPHD Act requires DHBs to take active steps to reduce health inequalities by improving health outcomes for Maori. In this role DHBs must establish and maintain DHB processes to enable Maori to participate in and contribute towards strategies for Maori health improvement. Potential providers would be required to demonstrate a similar commitment within their service.

4 CLOSING DATE

Your Proposal must reach us at the address specified below by the Closing Date specified below. At our sole discretion we may or may not consider proposals that are received after the Closing Date.

5 INDICATIVE TIMETABLE

The planned process is as follows:

Task	Date
Application form available	22 July 2010
Applications close 12 Noon	27 August 2010
Applications evaluated by Canterbury DHB	1 September 2010 to 23 September 2010
Applicants notified of outcome of their applications	15 October 2010 (indicative)

If after the closing date any dates are changed, all Applicants will be notified.

6 SUBMISSION OF RESPONSE

7 hard copies of your response:

Business Assurance Office
Canterbury DHB
5th Floor, The Princess Margaret Hospital
Cashmere Road
CHRISTCHURCH 8025

REQUEST FOR PROPOSAL SUBMISSION FORM

Please note – one hard copy of the proposal MUST be unbound to allow photocopying.

The documents should be forwarded in a sealed envelope and clearly marked on the outside packaging with your name, address, and **RFP FOR THE SUPPLY OF AN AOD RESOURCE CENTRE.**

This is an RFP and not a tender. Your Proposal is not an offer capable of being converted into a contract and instead a separate written agreement needs to be negotiated and entered into by us and a Respondent before there will be a binding legal relationship between us and any Respondent.

7 SUBMISSION SUPPORTING INFORMATION

7.1 General Information

You should include all relevant information required to enable us to determine whether you will meet the CDHB Requirements set out in Schedule One to the Request for Proposed Submission Form.

7.2 Conflicts of interest

You must state any circumstances or relationships which constitute a conflict or potential conflict of interest in respect of this Proposal or your obligations under any contract if you are awarded a contract as a result of your Proposal.

7.3 Request for Further Information

We may request such further information as we consider necessary from or about you for the purpose of clarifying or evaluating your Proposal. If we request further information about you we are not obliged to request the same or any other information from or about any other party.

7.4 Presentation

We may invite Respondents to provide a presentation to us during the evaluation process to assist us further in making our decision.

8 OUR RIGHTS

We reserve the right at any time, before or after the Closing Date to:

- change any date in the process;
- change any rule or condition of this process by written notice;
- reject any or all of the Proposals in whole or in part;
- accept more than one Proposal;
- negotiate with any Respondent to the exclusion of other Respondents;
- consider each item specified in the Proposal as a separate Proposal;
- not pursue or enter into negotiations with the lowest priced, or any, proposal;
- re-advertise for proposals;
- suspend or withdraw the Request for Proposal; and
- not give any reason for the outcome of any evaluation of any Proposal or the cancellation of this RFP process.

9 QUESTIONS ABOUT THE REQUEST FOR PROPOSAL

Questions about the Request for Proposal will be accepted, in writing, until 96 hours before the Closing Date. We will assess the materiality of any question and respond at our discretion. At

REQUEST FOR PROPOSAL SUBMISSION FORM

our discretion may share the question and response with other Respondents if we deem it appropriate in the interests of fairness to all parties.

Address all questions to: Lisa Tumahai
Planning and Funding
Canterbury DHB
P O Box 1600
CHRISTCHURCH
Facsimile: 03 364 4150
E-mail: lisa.tumahai@cdhb.govt.nz

10 DIRECT CONTACT

No other direct contact is to be made with our management or personnel without explicit written authorisation by the person named in clause 9 of these conditions. Lobbying of any other personnel will be considered adversely by us, provided that if a person is named in these Conditions of Request for Proposal as a point of contact for a specific purpose, in which case they may be contacted but only in relation to the specified topic.

11 OUR LIABILITY FOR INFORMATION

We may provide estimates for the amount of Goods and/or Services we require. The estimates are a guide only and are not binding on us, and we will have no liability for the accuracy of those estimates or any other information supplied. Proposals are submitted in reliance on your own knowledge, skill and independent advice, and not in reliance on any representations made by CDHB.

12 LIABILITY AND COSTS

You are responsible for all costs of submitting your Proposal. We will not be responsible for, or pay, any expense incurred by you, whether in the preparation of your Proposal or our evaluation of it.

No legal or other obligation shall arise between you and us in relation to the conduct or outcome of the Proposal process. However, if for any reason we are found to be liable to any person, then our liability shall be limited to a maximum of \$5,000.00.

13 RETURN OF DOCUMENTATION

We will not return any of your Proposal documentation to you. However, upon receiving a written request from you, we will ensure that all copies of your response (other than one main copy) are destroyed upon completion of the Proposal process.

14 CONFIDENTIALITY

All information in your RFP will be treated in the strictest confidence and will not be disclosed to third parties unless we are so obliged to by law.

The information contained in the RFP is provided for the sole purpose of allowing you to submit your information to the Canterbury DHB. The information contained in this RFP is not to be used for any other purpose or revealed to any other person or parties not directly involved in the submission of your information.

15 COPYRIGHT

This document is subject to our copyright. Unless required by law, no part of this document may be used, reproduced or transmitted in any form or by any means electronic or mechanical including photocopying and recording, for any purpose without our express written permission.

16 ASSUMPTIONS

You will indicate, where possible, any assumptions that you have made about our needs in the formulation of your response to this Request for Proposal.

REQUEST FOR PROPOSAL SUBMISSION FORM

17 EVALUATION OF RESPONSES

A panel of our staff will evaluate all responses. In addition to the matters set out in our attached covering letter, we will consider the following factors, amongst others, when evaluating your response: proposed solution(s) for our requirements; any specific health sector knowledge; experience of key staff; management reporting; organisation size; local support; third party references and financial strength. It is anticipated this process will commence within one month after the Closing Date.

The basis on which the Proposals will be evaluated, and the weight to be given to the criteria and other matters that we consider, are to be determined by us in our sole discretion and will include those matters set out under the heading "Evaluation Criteria" in the attached letter.

Following that evaluation process, we may negotiate with the Respondent(s) of one or more preferred Proposals. Negotiations will proceed based on the CDHB's standard terms and conditions, which are available on request from the CDHB.

CDHB may negotiate and enter into an agreement with a preferred Respondent on whatever special terms, in addition to CDHB's standard terms and conditions, as CDHB considers appropriate.

CDHB may terminate those negotiations at any time.

CDHB will not be under any binding legal or other obligations to you unless and until an executed written agreement has been entered into by CDHB and the Respondent in respect of the subject matter of the Proposal.

18 NOTIFICATION OF OUTCOME

No correspondence in any form from the applicant is to be entered into with the CDHB during the evaluation process, unless required the CDHB in clause 7.3.

Successful respondents will be notified in writing. Unsuccessful respondents will be notified in writing that their response has been unsuccessful. Applicants will only be advised at the date in clause 5 (if unaltered).

REQUEST FOR PROPOSAL SUBMISSION FORM

1	FOR SUPPLY OF	ALCOHOL and OTHER DRUG (AOD) RESOURCE CENTRE
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2	RESPONSE SUBMISSION ADDRESS	Name: AOD RESOURCE CENTRE Business Assurance Office Canterbury DHB 5 th Floor, The Princess Margaret Hospital Cashmere Road CHRISTCHURCH 8025 NB: If hand delivering please ask hospital staff at main reception for assistance accessing level 5.	Phone: 03 364 4150 Fax: 03 364 4165 E-mail: lisa.tumahai@cdhb.govt.nz
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3	CLOSING TIME & DATE	12 noon, Friday 27 August 2010
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4	RESPONDENT		
5	RESPONDENT'S CONTACT PERSON	Name: Title: Address:	Phone: Fax:
6	RESPONDENT'S GST REGISTRATION NUMBER:		

7	PROFILE OF RESPONDENT (Attach information if insufficient space)		
(a)	Legal Status	Limited Liability Company?	YES/NO Other? (Specify)
(b)	Size	Number of Personnel: Locations:	
(c)	Details of Owners/ Controllers	Owners: Directors Names:	
(d)	Experience in Area:	Experience: Major Customers: (Any references must be relevant, fit for purpose and dated)	
(e)	Insurance	Types of Cover held and \$ Cover: Insurers Name(s): Expiry Date(s) of Cover: Premiums paid up to:	

8	SUBMISSION SUPPORTING INFORMATION	Provide information as detailed in CDHB Requirements
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REQUEST FOR PROPOSAL SUBMISSION FORM

9	Joint Proposals (If this is a joint proposal please outline in your application the nature of the relationship between the parties ie. What is the proposed formal relationship, is there a lead provider?)	Is this a joint proposal? <input type="checkbox"/> <input type="checkbox"/> Yes No If yes, please name al the organisations involved.
	Name of organisation(s)	1) 2) 3)
NOTE : If this is a joint proposal this form must be completed by each organisation involved and submitted with the application		

SIGNED for and on behalf of the Respondent	
By:
Name:
Position:
Date:

SCHEDULE ONE: CDHB REQUIREMENTS

1 INTRODUCTION

The Canterbury District Health Board (CDHB) invites applications, from appropriately skilled and qualified organisations for the provision an Alcohol and Other Drug (AOD) Resource Centre.

This is a new service that is anticipated as being an integral part of the Canterbury AOD System. The service will be a central point for the AOD system, with the ability to respond to consumers, families and the wider community. This will require strong relationships with other AOD providers, mental health providers, primary care, corrections, WINZ, CYF and others.

The service will incorporate a number of key functions (see additional information), some of which are being provided by other organisations currently. There will initially be a small team employed, with expansion as other functions (eg peer support) transition across. Other AOD and related organisations are expected to also be involved in service delivery.

Further expansion is anticipated as the implementation of the AOD Project progresses; eg the development of a mobile team.

2 PURPOSE OF THE RFP

The purpose of this RFP is to find suitably qualified provider/s to establish an AOD Resource Centre.

The Resource Centre is the first priority of the AOD Project implementation plan and is lessential for the development of an integrated AOD system for Canterbury consumers, family/whanau and the wider community.

3 PROPOSAL

The service provision Canterbury DHB is seeking is outlined in the additional information.

Service specifications for various parts of the service are included in schedule two – these are intended as a guide only and should not restrict innovation.

You are required to submit a proposal for an AOD Resource Centre if you wish to be considered for this RFP. Your proposal must align with the guidelines and also align with the key strategic areas identified in the Canterbury AOD Project and Health Services Planning.

4 PRICE

Your proposal must include a full budget for the services you propose.

5 WORFORCE DEVELOPMENT

Your proposal must include a full description of how you intend to recruit and develop an appropriate workforce for delivering the full range of anticipated services, including those that will transition to the Resource Centre, such as peer support.

Sample job descriptions would be a useful means of providing information.

SCHEDULE TWO: SPECIFICATIONS

Peer Support, Consumer Advocacy Service and Consumer Resource Specifications are attached as Appendix 1. AOD Community Services are attached as Appendix 2

Please note that these specifications are as a guideline only, and not intended to limit innovative approaches.

SCHEDULE THREE: SERVICE PROPOSAL FORM

Please ensure you complete the following:

1. Please indicate the pricing schedule you would expect for these services:

PU (if known)	Service Description	Volumes	Price (excl GST)

Please describe the service you are proposing including:

1. Philosophy underpinning service delivery.
2. Objectives.
3. Accountability mechanisms (eg advisory board etc).
4. Access (eg hours of operation, location, target group/s etc).
5. Process for responding to the range of possible people presenting (eg requesting information, wanting help, family member, distressed, intoxicated, complex, urgent/non-urgent, referrers etc).
6. Interventions and support options provided.
7. Interface with other agencies/sectors (health and other), including AOD providers, CDHB and primary care.

SCHEDULE THREE: SERVICE PROPOSAL FORM

8. Record keeping systems, including CDHB reporting and PRIMHD.
9. Clinical review process.
10. Workforce – roles and responsibilities, recruitment, ongoing training/development.
11. Transitioning services currently provided elsewhere.
12. Timeline with likely commencement date.
13. Full budget breakdown.
14. Targets/Expected outcomes.
15. Evaluation mechanisms.
16. Your organisations audit history, certification and/accreditation status (voluntary and non-voluntary).
17. Your quality plan with quality improvement processes.

SCHEDULE THREE: SERVICE PROPOSAL FORM

18. **Your existing risk management plan and processes.**

19. **Risks involved with new service and mitigation strategies.**

20. **Consumer and Family Participation:**
 - a. **How you have involved consumers and families in the development of this proposal.**

 - b. **How you anticipate involving consumers and families in the ongoing planning, delivering and evaluation.**

21. **Services that reduce significant inequalities in the health and independence of New Zealanders are given higher priority**

22. **You must demonstrate responsiveness to improving Maori health outcomes and the reduction of Maori health inequalities and to enable Maori to participate in and contribute towards strategies for Maori health improvement;**