Australian Government

Department of Social Services

Ageing and Service Improvement Programme

Severe Behaviour Response Teams Open Funding Round Summary

May 2015

Severe Behaviour Response Teams Selection type

This selection is an open competitive process.

Eligibility

To satisfy eligibility requirements, applicants to Severe Behaviour Response Teams (SBRTs) must fall into one of the following categories:

- Incorporated Associations (incorporated under State/Territory legislation, commonly have 'Association' or 'Incorporated' or 'Inc.' in their legal name)
- Incorporated Cooperatives (also incorporated under State/Territory legislation, commonly have 'Cooperative' in their legal name)
- Companies (incorporated under the *Corporations Act 2001* (may be a proprietary company (limited by shares or by guarantee) or a public company)
- Aboriginal Corporations (incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006)*
- Organisations established through a specific piece of Commonwealth or state/territory legislation (public benevolent institutions, churches, universities, unions etc.)
- Partnerships; Trustees on behalf of a Trust
- State or Territory Governments
- Local Governments

How much?

A total of up to $12.674 million is available in the 2015-16 financial year.

Closing Date and Time

Applications should be submitted by 2:00pm AEST, Wednesday, 15 July 2015.

Who to contact?

Please email your enquiries to: grants@dss.gov.au

Grant objectives

This grant activity will support the establishment of a mobile workforce of clinical experts who will provide timely and expert advice to residential aged care providers that request assistance with addressing the needs of people with very severe and extreme behavioural issues and Behavioural and Psychological Symptoms of Dementia (BPSD).

This is the first phase of SBRTs. The criteria may be modified for phase 2 from 1 July 2016 when the SBRTs and Dementia Behaviour Management Advisory Services programmes are integrated in light of the outcomes of the Analysis of Dementia Programmes. The SBRTs will be a nationally consistent operation, although applications for individual State or Territory

SBRTs will be considered. Applications from either single service providers or consortiums of providers will also be considered.

SBRTs will focus solely on aged care residents posing a significant risk to either themselves or others. Those likely to require SBRT intervention have very complex issues, are mobile, younger than most people with dementia, and highly unpredictable. They are generally aggressive and often sexually inappropriate and thus more challenging, placing themselves and others at risk.

SBRTs will act on referral from a Dementia Behaviour Management Advisory Service (DBMAS). DBMAS providers maintain a written assessment protocol which includes but is not limited to an assessment of immediate risk and a classification using a set of definitional attributes related to BPSD.[1] The relevant components are at Attachment A.

This classification system could be used to identify the aged care residents for referral to SBRTs i.e. who are exhibiting very severe and extreme behaviours within these BPSD attributes. The successful organisation will need to demonstrate how this referral mechanism from DBMAS to SBRT will operate.

SBRTs will be required to assess the causes of the behaviours, assist care staff until the immediate crisis is resolved, develop a care plan to address and deal with behaviours, then provide follow up assistance as needed. This may include the training and upskilling of staff to enable them to appropriately manage residents with extreme behaviours.

SBRTs will have a number of clear goals, specifically:

- identify the causes/triggers of the very severe and extreme behaviours being experienced by the resident;
- assist care staff to resolve the immediate crisis, providing continued on site support to the service and client until the issue is identified and resolved;
- provide follow up assistance as required;
- advise care staff on how to address episodic factors or environmental issues that may be triggering or exacerbating the resident's behaviour;
- advise care staff on dealing with longer term underlying causes of a resident's behaviour;
- assist staff in developing an immediate and longer term care plan for the resident;
- liaise with general practitioners or other relevant health professionals regarding long term care of the resident;
- provide hands on up-skilling and training of staff which includes the provision of relevant resources/tools in consultation with DBMAS and Dementia Training Study Centres (DTSC);
- if needed request that DBMAS provide the aged care home with appropriate training; and

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[1] Source: Dementia Behaviour Management Advisory Service, Guide to reporting and Data Dictionary March 21015.

- assist aged care homes to reintegrate residents with severe behaviours returning from acute care.

If a resident is displaying behaviours beyond the management of a residential aged care facility the SBRT may consider advising referral to an appropriate setting like a specialised residential facility, a psychogeriatric unit or acute care.

SBRTs will respond to aged care homes within 24-48 hours.

The exact make up of a team responding to a specific referral will be decided by the SBRT and be determined by the nature of the issue(s) needing to be addressed. This initial response will need to consist of either a face-to-face or telehealth/video-conferencing assessment of the resident by a clinician with relevant experience in dealing with very severe and extreme behavioural issues (for example: minimum registered nurse or clinical psychologist qualifications).

The clinician undertaking the initial assessment will need to be able to have clear and prompt access to further advice and hands on support and assistance from appropriate clinical experts such as geriatricians, psychogeriatricians, General Practitioner's, psychiatrists, pharmacists, nurse practitioners, environment assessors and allied health professionals if needed.

SBRTs are expected to conform to the professional codes of conduct and ensure that all relevant national, state or territory professional registration requirements are met.

Benchmarking Requirement

The Department of Social Services (DSS) seeks to benchmark the performance of the SBRTs programme in its initial year of operation. The benchmarking will be used to design an ongoing performance framework for the subsequent phase of the programme when SBRT's are integrated with the DBMAS. Funding recipients are required to assist the Department in the collection of data that will assist the development of benchmarks for future provision of services. Benchmarking data collected should include the following:

- Timeliness: assessing timeliness of key points in service provision including referral acceptance, commencement of service, development of care plan and completion of service;
- Quality of service: assessing quality of advice, quality of care plans, consistency of intervention, care staff satisfaction, complaints management;
- Cost effectiveness: understanding personnel and non-personnel inputs contributing to cost of service; and
- Management effectiveness: assessing effectiveness and compliance of grant management obligations including reporting and invoicing.

Applicants who are current providers of DBMAS or other Commonwealth or State/Territory funded services will need to demonstrate a clear operational separation for acquittal of grant funds and reporting.

Statement of Requirement

Selection Criteria

The selection criteria are weighted as follows:

- Criterion 1 – 25%
- Criterion 2 – 25%
- Criterion 3 – 20%
- Criterion 4 – 20%
- Criterion 5 – 10%

Each Criterion attribute will be scored on a rating scale of one to five, with a minimum score of three required for each attribute. Applications that do not achieve a score of 15 or above for Criterion 1 (5 attributes) and 21 or above for Criterion 2 (7 attributes) will not be further assessed.

Each criterion has a word limit of 3000 words.

The selection criteria are:

CRITERION 1 – Service Delivery Model

1. Provide a detailed description of the proposed service delivery model your organisation plans to implement that includes but is not limited to:
   a. the structure of a multidisciplinary and interdisciplinary model (including nursing, medical and allied health input), with access to specialist psycho geriatric staff with skills in behavioural management;
   b. details of specified personnel and mechanisms for sourcing specialist sub-contractors (if required), detailing relevant attributes commensurate with providing a high level of clinical and psychosocial support;
   c. a risk based, referral mechanism for DBMAS to SBRT to enable nationally consistent referrals, and which takes into account both client characteristics and risk factor factors. Upon agreement of this referral mechanism with the Department, the successful SBRT will need to work with DBMAS to ensure this referral mechanism is clearly documented and implemented to ensure only appropriate cases are referred to the SBRT;
   d. clear clinical governance arrangements regarding personal, medical and specialist care needs of clients;
   e. a clinical and bio psychosocial[2] care pathway for the service episode that includes actions, interventions and assessment activities.

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[2] A biopsychosocial model is the interaction between one's genetic makeup (biology), mental health and personality (psychology), and sociocultural environment (social) that contribute to health or illness. Source: Boundless. "The Biopsychosocial Model." Boundless, 03 Jul. 2014.

CRITERION 2 – Core Service Elements

2. Provide a detailed description of how your organisation will deliver the following Core Service Elements:
   a. delivery of a nationally consistent operation covering all Commonwealth residential aged care homes and flexible funded services;
   b. undertaking short term case management including assessments to ascertain causes of the behaviours, facilitating appropriate diagnostic interventions and assisting care staff in resolving the immediate crisis;
   c. undertaking longer term case management including assisting care staff to develop long term care plans;
   d. devising transition strategies between acute and residential care, that support the transition process without managing the logistics; and
   e. provision of information, hands on education, training and follow up assistance as needed;
   f. building and sustaining relationships with other relevant Commonwealth Programme providers such as DBMAS, DTSC and Primary Health Networks; and
   g. building and sustaining relationships with other relevant state and territory government organisations such as psychogeriatric units, as required.

CRITERION 3 – Organisational Experience

3. Provide evidence of your organisation's demonstrated skills and experience in a similar service delivery model which must include:
   a. achieving improved client outcomes;
   b. providing service delivery to special needs groups, including CALD, LGBTI and Indigenous Australians, as noted under section 2.4 of the *Ageing and Service Improvement Programme Guidelines, May 2015*;
   c. supporting existing provider and health systems, including transition processes; and
   d. maintaining linkages across the different disciplines and sectors for continuity and co-ordination of care.

CRITERION 4 – Infrastructure

4. Provide an overview of current and proposed infrastructure within your organisation that will enable the achievement of the desired outcomes of the project which must include:
   a. facilitating initial responses to referrals within 24-48 hours either by face to face or video conference contact, including for rural and remote clients; and
   b. strategies for ensuring access to remote and rural providers, accounting for the differences in capacity, access to technology and distance from services that may exist.

CRITERION 5 – Analysis and Benchmarking

5. Provide a response to the Department's aforementioned benchmarking requirement which addresses the following components :

a. your organisation's proposed handling of the benchmarking data requirements;
b. your organisation's proposed approach to collection and analysis of the data;
c. your organisation's proposed Key Performance Indicators (KPI) to allow measurement of the above requirements; and
d. your organisation's proposed target measures of these KPI's.

Multicultural Access and Equity policy

Australia's *Multicultural Access and Equity Policy: Respecting diversity. Improving responsiveness* obliges Australian government agencies to ensure that cultural and linguistic diversity is not a barrier for people engaging with government and accessing services to which they are entitled, for example, by providing access to language services where appropriate. Grant applicants should consider whether services, projects, activities or events may require the use of professional translating or interpreting services in order to communicate with non-English speakers. If your Application Form states that a budget is required, costs for translating and interpreting services should be included in your application.

Assessment

The Assessment Team may be comprised of DSS officers and independent experts. Teams will undertake training to ensure consistent assessment for all applications received.

Independent experts will undertake an initial evaluation based on the achievement of the minimum criterion threshold outlined above under 'Selection Criteria'. Departmental policy officers will then review the shortlisted applications against the policy parameters.

A final assessment will be undertaken by the Assessment Team and a recommendation will be made to the delegate.

The Assessment Team will be bound by the APS Code of Conduct and the Department's Chief Executive Instructions.

Probity

The selection of funding recipients for the Activity must be fair, open and demonstrate the highest level of integrity, consistent with the public interest.

The following probity principles will be applied through all stages of the selection process.

a) fairness and impartiality
b) consistency, accountability and transparency of process
c) security and confidentiality of information
d) identification and resolution of conflicts of interest
e) compliance with legislative obligations and government policy.

These principles are intended to achieve an equitable, justifiable and sound process.

Adherence to the probity principles means that everyone involved with the selection process will act:

- impartially
- with integrity, including avoiding actual or perceived conflicts of interest.

A Probity Advisor may be appointed for the Activity. The role of the Probity Adviser is to assist DSS meet its probity obligations in relation to the Activity by ensuring that the selection processes are defensible and will withstand external and internal scrutiny.

The role of the Probity Adviser is to independently monitor procedural aspects of the selection process to ensure compliance with the relevant published Programme Guidelines and to advise DSS in relation to such matters. The Probity Adviser plays no part in the assessment of applications.

Programme Guidelines

The Programme Guidelines provide the key starting point for parties considering whether to participate in the activity and forms the basis for the business relationship between the Department and the funding recipient. Applicants are strongly advised to read the Programme Guidelines prior to completing an Application Form. The Programme Guideline Suite comprises of the following documents:

- Programme Guidelines
- Funding Round Summary
- Application Form
- DSS Comprehensive Grant Agreement Terms and Conditions
- Questions and Answers.

How to Apply

Applications must be lodged electronically, using the Application Form available at the DSS grants webpage which can be found here. Application forms must be completed and submitted via e-mail to selections@dss.gov.au and must be lodged by the closing date. Please quote **SBRT/2015-15** on all documents. Applications must not be submitted after the closing date.

DSS will acknowledge receipt of your application by email. Please email grants@dss.gov.au if you have not received acknowledgement within 48 hours of submitting your application.

Grant Agreement Information

The type of grant agreement you are asked to enter into will be influenced by the nature of the Activity, the assessed Activity risk level, the length of the Activity and the value of the Activity.

The grant agreement is a performance-based, legally enforceable agreement between the Commonwealth (represented by DSS) and the successful applicant that sets out the terms and conditions governing the funding to be provided.

Your executed grant agreement represents DSS and your entire agreement in relation to each grant provided within it and the relevant Activity and supersedes all prior representations, communications, agreements, statements and understandings, whether oral or in writing.

Questions and Answers (Q&As)

Questions can be submitted via email to: grants@dss.gov.au.

Details of Q&As facilities will be provided on the DSS website at the Activity Information page. Unless already answered in the documents that comprise the Application Pack, responses to emailed questions will be published on the [funding round page](#) within five working days of their receipt. DSS will only respond to requests for information that seek clarification of issues to allow applicants a better understanding of the requirements of the Application Form and Programme Guidelines.

DSS will not accept or respond to any applicant's questions, requests for information or correspondence about the status or progress of their application from the **8 July 2015** to the closure of the application period and during the assessment phase.

Attachment A - Primary behavioural and psychological symptom of dementia

Identifying and definitional attributes

Short name:	Primary behavioural and psychological symptom of dementia
METeOR identifier:	417594
Registration status:	No registration status
Definition:	The symptom of disturbed perception, thought content, mood or behaviour that was found to be chiefly responsible for occasioning a service episode, as represented by a code.
Context:	Behavioural and Psychological Symptoms of Dementia (BPSDs) create problems for the individual, the community and the healthcare system. They are associated with lowered functional abilities and poorer prognosis, an increased burden on caregivers and nursing-home staff, higher costs of care and earlier institutionalisation. Hospitalised patients with BPSD are more difficult to discharge, because of the difficulty of placing them elsewhere.
	Brodaty H, Draper BM and Low LF (2003) Behavioural and psychological symptoms of dementia: a seven tiered model of service delivery. MJA. Vol. 178, pp.231-234.
Data Element Concept:	Person—behavioural and psychological symptoms of Dementia

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
1	Physical aggression
2	Verbal aggression
3	Agitation
4	Wandering
5	Resisting care
6	Noisy vocalisation
7	Nocturnal disturbance
8	Lack of insight and poor judgement
9	Sexual behaviour

10	Intrusive behaviour
11	Depression
12	Anxiety
13	Withdrawn
14	Misidentification
15	Psychosis
16	Delirium
17	Hallucinations
18	Delusions
19	Other

Collection and usage attributes

Guide for use:

Code 1 Physical aggression
A physical act of hostility.
Includes:
Violence
Hitting
Biting
Spitting
Grabbing
Pushing
Throwing things

Code 2 Verbal aggression
A verbal act of hostility.
Includes:
Cursing/swearing
Abusing

Code 3 Agitation
Excessive motor activity associated with a feeling of inner tension. The activity is usually non-productive and repetitious.
Includes:
Pacing
Performing repetitive mannerisms
Fidgeting
Wringing of the hands
Pulling of clothes
Inability to sit still
Restlessness

Code 4 Wandering

Meandering, aimless or repetitive locomotion that exposes the person to harm. Frequently incongruent with boundaries, limits or obstacles.
Includes:
Attempting to leave facility

Code 5 Resisting care
Includes:
Physically resisting care
Verbally resisting care
Resisting activities of daily living

Code 6 Noisy vocalisation
Includes:
Screaming
Repetitive questioning
Making strange noises
Calling out
Crying
Complaining

Code 7 Nocturnal disturbance
Includes:
Sleeplessness
Disturbed circadian rhythm

Code 8 Lack of insight and poor judgement
Includes:
Behaviours which expose a client to physical or
    psychological harm

Code 9 Sexual behaviour
Includes:
Physical and verbal advances
Disinhibition

Code 10 Intrusive behaviour
Behaviour which is unbidden or without welcome or violates one's privacy.
Includes:
Shadowing

Code 11 Depression
A mental disorder that presents with depressed mood, loss

of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration.

Code 12 Anxiety

The apprehensive anticipation of future danger or misfortune accompanied by a feeling of dysphoria or somatic symptoms of tension. The focus of anticipated danger may be internal or external.

Code 13 Withdrawn

A pathological retreat from interpersonal contact and social involvement.

Code 14 Misidentification

Failure to identify correctly persons or objects known to the subject.

Code 15 Psychosis

Gross impairment in reality as evidenced by delusions, hallucinations, marked incoherent speech or disorganised or agitated behaviour.

Code 16 Delirium

An aetiologically nonspecific organic cerebral syndrome characterised by concurrent disturbances of consciousness and attention, perception, thinking, memory, psychomotor behaviour, emotion and the sleep-wake schedule. The duration is variable and the degree of severity ranges from mild to very severe.

Code 17 Hallucinations

A sensory perception with no external stimulus.

Code 18 Delusions

A false belief that is firmly maintained in spite of incontrovertible and obvious proof or evidence to the contrary.

Data element attributes

Collection and usage attributes

Guide for use:	Only code the symptom that was the most significant and necessitated the greatest response from the service provider.
Collection methods:	The primary symptom should be selected by the DBMAS

service provider.

Information collected about behavioural and psychological symptoms of dementia should based on interviews or reports from carers, sourced from notes in the client's records or by observation.

Comments: Various BPSDs occur at different phases of illness. Research has indicated that these symptoms either:

appear to occur increasingly as the disorder progresses or,

may occur more commonly during specific periods in the disorder.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare - Dementia Behaviour Management Advisory Services Advisory Committee

Reference documents: Final Report: Dementia Outcomes Measurement Suite Project recommends that the guidelines provided by the International Psychogeriatric Association (IPA) are to be used for the definitions.

Relational attributes

Implementation in Data Set Specifications: Dementia Behaviour Management Advisory Services Data Set Specifications

No registration status