

# **E035 Tender Briefing Questions and Answers**

**For the provision of Mental Health Stepped Care  
Model – Inner East**

3 August 2018



**Questions from the floor:**



	Question	Responses
1.	<p>The tender asks for evidence-based services. Can you comment whether this applies to innovative services and platforms?</p>	<p>We are looking for evidence-based mental health interventions.</p> <p>We acknowledge that innovative models and intervention platforms may not necessarily have thoroughly established evidence bases at this time. However, the interventions being delivered should have a good evidence base, even though they may be delivered in a new and innovative way.</p> <p>In these instances, the tenderers may need to articulate that their proposed innovative model/service platform is evidence-informed.</p>
2.	<p>Do you have minimum guidelines around evidence-based eHealth services?</p> <p>Does EMPHN have a particular position regarding the use of other types of eHealth systems such as Skype, or concerns around security with video conferencing systems or those types of platforms?</p> <p>So, providers have to make sure that the security requirements and other standards are being met?</p>	<p>There is a significant amount of available evidence-based literature on the use of eHealth technologies.</p> <p>The onus is on the tenderer to demonstrate that they have addressed the minimum standards and requirements including relevant legislations, e.g. privacy and confidentiality, in their proposed e-Health platform or service.</p>
3.	<p>In light of the two intake systems, EMPHN's Referral and Access Team and the Mental Health Stepped Care provider's intake service, does this mean that tenderers need to allocate funds to their own intake service?</p> <p>Will both intake services use EMPHN's Client Information Management System (CIMS) – Fixus?</p> <p>So Fixus will be used for referrals, allocations and intake and MDS?</p>	<p>Yes, that is correct. We expect this to be reflected in the Workforce Plan and Pricing Schedule attachments of the tender</p> <p>We are currently reviewing the appropriate CIMS for Mental Health Stepped Care but in the meantime, current Mental Health Stepped Care providers for the north east and outer east, as well as the successful tenderer for the inner east are required to use Fixus as indicated in the presentation.</p> <p>Yes, Fixus is currently used for our Mental Health Stepped Care referral and intake processes including the recording of the Minimum Data Set (MDS).</p>
4.	<p>Can you please illustrate the client journey via the two intake processes? What is delivered by EMPHN's Referral and Access Team and what is expected from the Stepped Care provider's intake team?</p>	<p>The basic process is the same.</p> <p>From the EMPHN Referral and Access Team: EMPHN receives referral, the referral is assessed for basic eligibility criteria such as low income, level of risk etc. and re-referred to a more appropriate service if this is required.</p>

	Question	Responses
		<ul style="list-style-type: none"> <li>• If the client is not low income or is able to access other services, we would look at redirecting them to a more appropriate service.</li> <li>• If the person is high risk and needs the Psychiatric Triage/Crisis Assessment Team or tertiary intervention, we would help facilitate them to access these services.</li> <li>• If a referral (e.g. from a GP or other service provider) comes in via EMPHN’s Referral and Access Team in writing and meets all eligibility and risk requirements, EMPHN would only contact the person if information was missing or consent was missing. EMPHN would then process the referral straight through to the provider. This is to minimise the number of times a person has to tell their story. EMPHN Referral and Access would process appropriate referrals onto Fixus which then auto-generates an email to the case allocator of the Mental Health Stepped Care provider’s intake team. They then take over and organise an appointment, enter initial notes into Fixus and complete MDS.</li> <li>• If EMPHN’s Referral and Access team receives a phone call directly from a person seeking service (i.e. self-referral or provider) – EMPHN will try and direct that referral immediately, as a ‘warm transfer’ to the Mental Health Stepped Care provider, advising them we have someone who wants to refer, and asking the provider if they have the capacity to take this referral. If the provider’s intake staff cannot be reached immediately, then EMPHN will take the call and one of our clinicians will do the initial triage work with the consumer/referrer.</li> </ul> <p>We see the same pathway for a person who walks into a provider’s Mental Health Stepped Care service, in that that they make sure the person meets eligibility criteria, register them in the Fixus system, complete the initial MDS, book them in for an assessment.</p>
5.	Is there a preference between organisations that can address multiple Local Government Areas (LGAs) within inner east, vs. them targeting a single LGA?	This tender considers the Inner East as one of three sub-regions of EMPHN’s catchment, and as such, the numbers (e.g. indicative number of consumers) provided in the tender document are for the whole of Inner East catchment and not broken down into LGAs. This is quite different from what other PHNs have done.

	Question	Responses
	<p>Related to this question, is there a breakdown of expected consumer numbers and expected budget for different LGAs?</p> <p>Is the expectation that the successful tenderer will service the entire Inner East catchment?</p> <p>Are organisations expected to do their own publicity and marketing to generate their own consumers?</p> <p>For partnering organisations, is it essential that they have a history of working in the Inner East?</p>	<p>The expectation is for the successful tenderer/s to provide the Mental Health Stepped Care Model (all the suite of services in the model) to the whole of the Inner East part of the catchment, either on their own if they are capable to provide the entire suite of services, or in partnership with other organisations.</p> <p>For instance, our Mental Health Stepped Care north-east provider, Banyule Community Health, delivers the service in partnership with other organisations.</p> <p>Publicity and marketing is a joint approach. The successful tenderer is expected to undertake promotional activities including developing marketing materials. There is however, a contractual obligation to work collaboratively with the EMPHN Communications and Marketing team to ensure all materials and media products are reviewed by this team.</p> <p>The Mental Health Stepped Care provider is expected to develop integrated care pathways, and develop collaborative relationships with GPs and other service providers in order to generate referrals</p> <p>For tenderers entering into partnership arrangements it is not a requirement for these organisations to be pre-existing in the Inner East region.</p> <p>If the Tenderer is intending to partner, sub-contract or engage other Third Parties in the provision of any of the Services, completion of Part E - Attachment 1 (Partnering, sub-contracting and other Third Party Arrangements form) is required. Page 4 in this document under the heading 'References' require the Tenderer to provide details of two (2) referees where similar services have been provided recently by the partner, third party and/or subcontractor organisation.</p>
6.	<p>In terms of outcome measures, acknowledging that chronic mental health conditions undergo remissions and exacerbations, are you looking for an outcome around the capacity to be able to hold that person as they move up and down the steps or clinical stages?</p>	<p>We intend to work together with the Mental Health Stepped Care providers in monitoring or tracking clients as they step up and step down in the model.</p> <p>Ultimately, consumer outcomes, in terms of improvement in their mental health and physical health, and their experience of the service is important. The evaluation of the stepping up and stepping down aspect will be included in our Mental Health Stepped Care Model evaluation. The Tender has a range of Key Performance indicators (KPIs) in the RFT that address the various areas of the consumer journey.</p>

	Question	Responses
7.	<p>In terms of demand management, what are the expectations from the successful provider/s as opposed to what EMPHN can and will do in this area?</p>	<p>As with the two previous phases of the Mental Health Stepped Care Model, the successful provider/s for this tender needs to demonstrate that they can manage and have strategies in place to manage waitlist or service demands. This is of particular importance in the early phase of the program as a significant number clients transition into the model whilst the new provider is setting up the service. EMPHN expects the successful provider to have a number of strategies in place to address demand throughout the life of the program.</p> <p>Establishing good relationships with other organisations that can provide alternative, complementary or supplementary services are very important as part of demand management.</p> <p>The provision of comprehensive assessment of clients to determine their needs and link them in with other services is also related to demand management. We recognise that the Mental Health Stepped Care model cannot directly provide all the support services that a client may need, e.g. housing. However, there will be times when the client only needs short term counselling and care coordination, the latter can be effectively delivered if strong interagency relationships have been established.</p>
8.	<p>In terms of publicity, will the successful provider be allowed to advertise their services using social media?</p> <p>We have found that the greatest barrier clients face in accessing online services is the lack of knowledge that there these services are available. Therefore, it would be good if the successful providers can advertise and let people know through social media that this type of service is available.</p>	<p>There is an expectation that the successful provider/s will have a collaborative relationship with EMPHN's Communications and Marketing team. This team has vast expertise in the effective use of social media. This team will review any communications and marketing strategies and materials developed by the provider/s.</p>
9.	<p>Are successful provider/s expected to go through another tender process again after 6 months?</p>	<p>As mentioned in the presentation, the program is only funded for 6 months at this stage whilst PHNs await information from the Commonwealth about future funding arrangements.</p> <p>As long as the Mental Health Stepped Care providers are doing well, and we have no major concerns about their performance, the contracts of the Mental Health Stepped Care providers will likely be extended for a longer period.</p>

	Question	Responses
10.	Are the client target numbers listed in the tender annual targets rather than 6-month targets?	Yes, the indicative number of consumers listed on page 28 of Part B- Service Requirements document reflect annual targets.
11.	Do you have available data you can share from the North East and Outer East providers in terms of throughput, dropouts, and recovery rates?	<p>It is still quite early in the Mental Health Stepped Care implementation for us to obtain significant data on KPIs. Mental Health Stepped Care North-East have been in operation for 7 months, whilst Outer East for only a month. The north-east had a referral spike at the start, which then tapered to a more consistent level.</p> <p>The number of consumers listed in the tender document are indicative only, based on the National Mental Health Planning Framework. They provide information on the mental health needs in a given population classified according to mild, moderate severe mental illness.</p> <p>As the Mental Health Stepped Care services mature, we expect to gain a deeper understanding of service demand and population health needs and work in partnership with the Mental Health Stepped Care providers to address these issues.</p>
12.	Is it a reasonable assumption to double the 6-month expenditures to annualise the budget?	Yes, that is a reasonable assumption; however, we expect that the Pricing Schedule for the current tender to have proposed expenditures for 6 months rather than 12 months.