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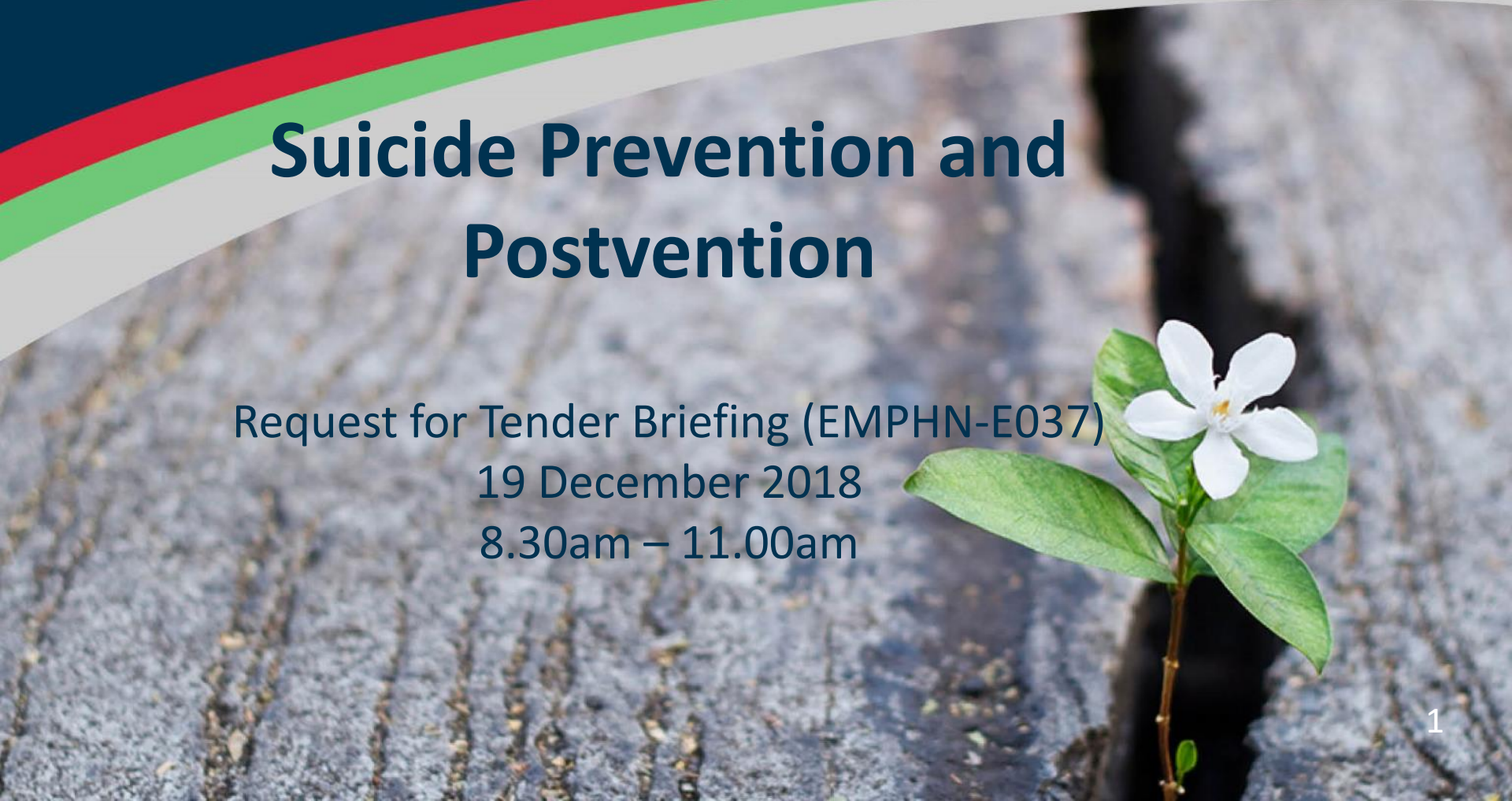
An Australian Government Initiative

Suicide Prevention and Postvention

Request for Tender Briefing (EMPHN-E037)

19 December 2018

8.30am – 11.00am



Welcome and Overview

Anne Lyon

Executive Director, Mental Health & AOD

We acknowledge the Wurundjeri people and other peoples of the Kulin nation as the traditional owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

Recognition of Lived Experience

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them.

We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

Today…..

- Background and context
- Theoretical models and purpose
- Services to be procured and intended outcomes
- Service specifications: In scope and out of scope
- Referral and intake
- Operational conditions
- Workforce
- RFT timelines and submission process
- Evaluation criteria & pricing schedule
- Q & A
- Networking opportunity

Some Important Context and Figures

The loss of life to suicide is a universal problem that places substantial burden on the nation, individuals, families, and communities; in terms of emotional trauma as well as economic and productivity losses (Office of the Surgeon General (US), 2012).

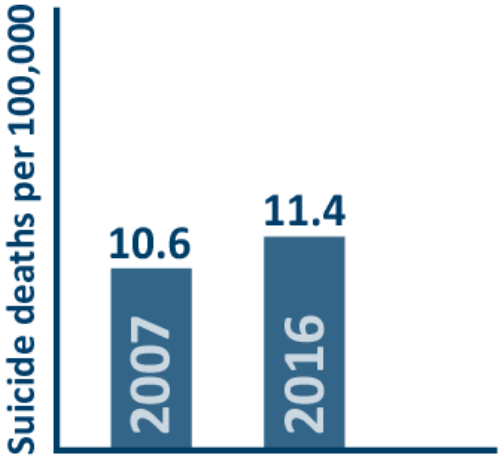
In 2017, 3,128 people died from intentional self-harm in Australia, rising 9.1% from 2,866 in 2016 (ABS, 2018). Figure 1 shows specific 2016 Australian suicide data for males, females and LGBTIQ groups.

Suicide remains the leading cause of death for Australians aged

15 to 44

2,866

No. of people that died from intentional self-harm in 2016



For every suicide death it is estimated that

25 individuals attempt suicide

Deaths from intentional self-harm are three times higher in males than females

LGBTIQ

LGBTIQ people aged

16-27

are **five times** more likely to attempt suicide.

50-54 years

Highest suicide rate by age for females in 2016

30-34 years

Highest suicide rate by age for males in 2016

National Policy Context

Australia became one of the first nations to take a nationally coordinated approach to suicide prevention with the development of the **National Youth Suicide Prevention Strategy (NYSPS).**

In 2000, the NYSPS was replaced by the **National Suicide Prevention Strategy (NSPS)**, with an expanded focus on suicide prevention activities across the life span and specific at-risk groups.

National Policy Context

Following this, the National Mental Health Commission (NMHC) set out recommendations to implement a systems-based approach in its 2014 report ***Contributing lives, thriving communities: review of mental health programs and services.***

The report outlined a number of key issues relevant to suicide and a number of recommended responses.

National Policy Context

As part of its response to the NMHC review of mental health programs, in 2015 the Commonwealth announced a renewed approach to suicide prevention through establishment of a new **National Suicide Prevention Strategy**.

Key components of the Strategy are:

- "a systems-based regional approach to suicide prevention led by Primary Health Networks (PHNs) in partnership with Local Hospital Networks, states and territories, and other local organisations with funding available through a flexible funding pool;

- national leadership and support activity, including whole of population activity and crisis support services;

National Policy Context

- re-focused efforts to prevent suicide in Aboriginal and Torres Strait Islander communities, taking into account the recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Strategy; and

- joint commitment by the Australian Government and states and territories, including in the context of the Fifth National Mental Health Plan, to prevent suicide and ensure that people who have self-harmed or attempted suicide are given effective follow-up support”

Victorian Policy Context

In 2016, the Victorian Government introduced the Victorian Suicide Prevention Framework 2016-2025.

The framework seeks to halve Victoria's suicide rate by 2025 through five key objectives:

- Build resilience
- Support vulnerable people
- Care for the suicidal person
- Learn what works best
- Help local communities to prevent suicide

Place Based Suicide Prevention Trials

In line with the key policies the Victorian State Government and Victorian PHNs are collaborating to trial place-based approaches to suicide prevention across twelve locations.

There are two Place Based Suicide Prevention (PBSP) trials within the EMPHN catchment – City of Whittlesea and City of Maroondah.

Place Based Suicide Prevention Trials

The PBSP trial aims are:

- reduced rates of suicide
- reduced suicide attempts
- improved individual and community resilience and wellbeing
- improved systems to prevent suicide in an ongoing way

Place Based Suicide Prevention Trials

City of Whittlesea and City of Maroondah

Theoretical Models and Purpose

Rachel Hughes
Senior Program Officer,
Suicide Prevention

Theoretical Models

Two theoretical models have informed the service specifications for this RFT;

- The Integrated Wellbeing-Motivation-Action Model (Mendoza, Ozols, Donovan & Cross, 2018)

- The LifeSpan Model (Black Dog, 2017)

The use of these two models is based on an extensive review of relevant suicide prevention literature and evidence-based practice.

The Integrated Wellbeing-Motivation-Action Model

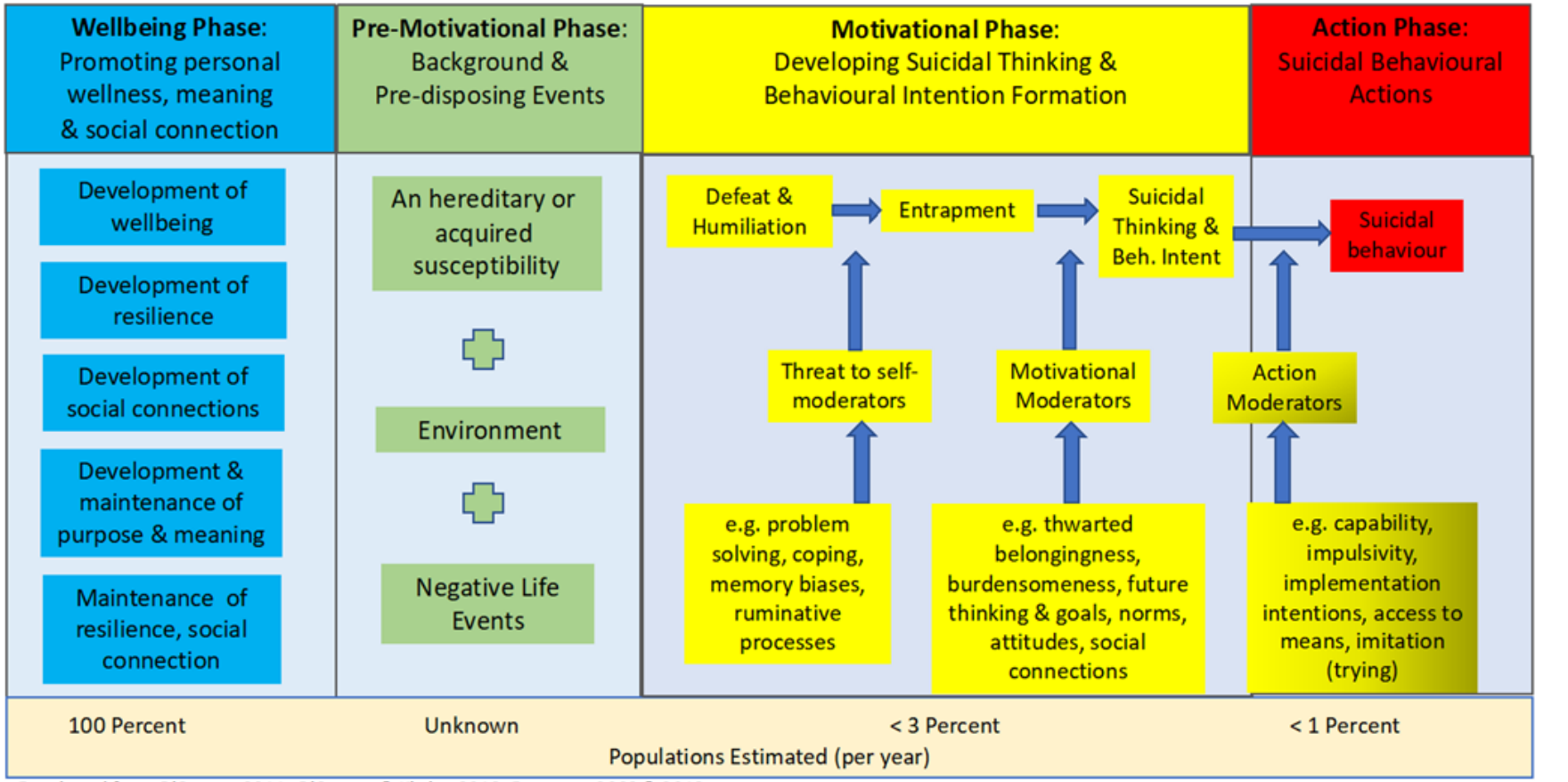
According to the IWMA model, it is important to develop services and interventions which target:

primary prevention - development of resilience, self-efficacy, meaning and purpose and social connectedness (the wellbeing phase)

secondary prevention - addressing the background or predisposing factors and predisposing negative events through eliminating or ameliorating their presence and/or impact (the pre-motivational phase)

early intervention – to respond to the emergence of suicidal thinking and behavioural intention formulation (the motivational phase)

crisis Intervention – to respond and intervene at the intention–behaviour gap (the action or volitional phases)



Developed from O'Connor 2011; O'Connor & Kirtley 2018; Donovan, 2009 & 2018

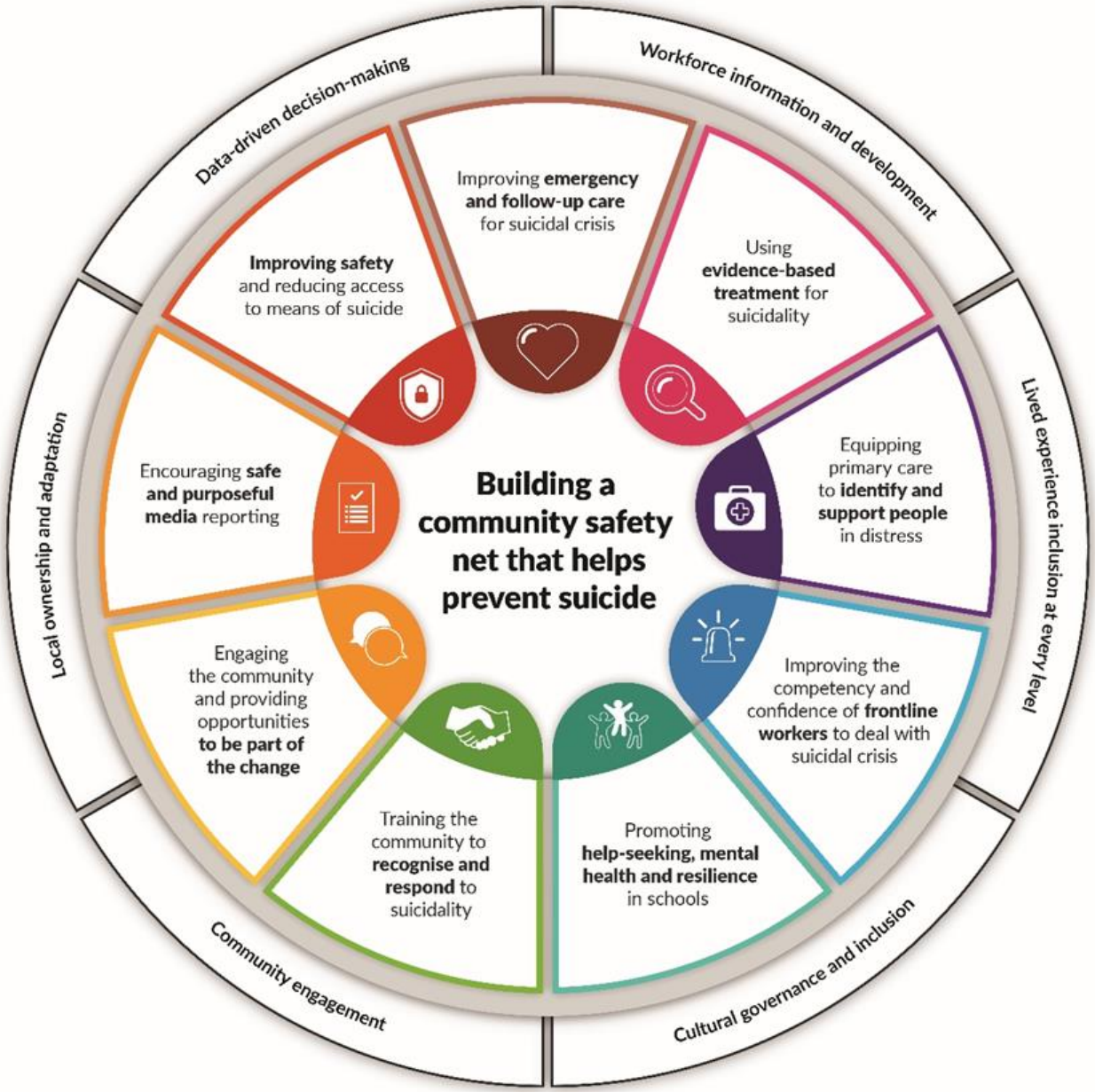
Integrated Wellbeing-Motivation-Action Model (Mendoza, Ozols, Donovan & Cross, 2018)

LifeSpan: an evidence-based, integrated approach to suicide prevention

Developed by the Black Dog Institute, the LifeSpan model:

- combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community

- aims to build a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing a suicide crisis



LifeSpan: an evidence-based, integrated approach to suicide prevention (Black Dog Institute, 2017)

Purpose

EMPHN's strategy is to consolidate current suicide prevention services and activities to implement a region wide approach to suicide prevention and postvention for the EMPHN catchment.

These services and activities will sit alongside EMPHN's Mental Health Stepped Care Model, and as such, it is a requirement that the tenderer's proposed suite of suicide prevention and postvention services and activities link with this model.

This region wide approach must be flexible, efficient, and integrated with service delivery reflecting the needs of the local community.

Services and Activities for this RFT

In Scope Services and Activities

Definition of a service is a direct support postvention service

- individual counselling;
- group therapy;
- community debriefing and support response after a suicide; and
- non-clinical care coordination.

Definition of an activity

- a community activity that focuses on wellbeing, resilience, skills development and help seeking; or
- a range of targeted media communications; or
- capacity building training; or
- development of formal protocols and integrated care pathways.

In scope services and activities as specific to the IWMA model and Lifespan model are….

Wellbeing

Engaging the community and providing opportunities to be part of the change

- Wellbeing activities that focus on all or some of; wellbeing, resilience, social connections and meaning/purpose in life.
- Place Based: activities developed in partnership with sporting clubs and community groups.

Pre-motivational

Engaging the community and providing opportunities to be part of the change

- Programs and activities that target ‘at risk’ groups
- Media and communications to promote help seeking and reduce stigma

Motivational

Using evidence-based treatment for suicidality

Improving emergency and follow up care for suicidal crisis (e.g. chronic ideation or suicide attempt)

- Develop formal protocols and integrated care pathways with tertiary health, EMPHN commissioned providers including Mental Health Stepped Care Providers, and other primary and community health services for follow up after discharge from tertiary health services.

Training the community to recognise and respond to suicidality

- Community capacity building and training which may include:
    - the identification of suicide risk
    - how to ask a person if they are feeling suicidal
    - referral options for those ‘at risk’.

Equipping primary care to identify and support people in distress

- Workforce development on identifying and managing suicide risk. One target group must be general practice.

Volition/Action

Improving emergency and follow up care for suicidal crisis.

- Direct support postvention services which includes;
  - psychological interventions
  - support groups and
  - non-clinical care coordination
  - individual and group work
  - linkages to other relevant support groups and services.
- Community response and debriefing after a death by suicide.
  - For example, professional supports provided to a football club or school.

Out of Scope

- not evidence-informed
- duplicate other existing services such as the EMPHN Mental Health Stepped Care Model, National Disability Insurance Scheme (NDIS), Medicare Benefits Schedule (MBS) and Australian and Victorian Government services
- provide services that would be more appropriately delivered within an acute or hospital setting or by state specialised mental health services
- solely focused on providing broader social support services that are the responsibility of another sector such as housing, disability, or non-health sector
- capital and infrastructure resources
- for debt repayments or to off-set deficits in other program areas
- associated with clinical trials, research, and travel or conference attendance

Referral and Access

Emma Newton
Manager, System Redesign & Service Transition, MH & AOD

Services to be Procured

- **Indicative funding**: $880,000 for 15 months (1 May 2019-31 July 2020)
  - City of Whittlesea: $338,000
  - City of Maroondah: $202,000
  - Rest of catchment: $340,000
- **Location**
  - Place-Based trials; City of Whittlesea and City of Maroondah
  - Range of locations within the geographical boundaries of the EMPHN catchment
- **Access**
  - Service locations to provide ease of access within catchment
  - Flexible models to increase out of hours access
  - Cultural and language access
  - Work with existing services and models e.g. EMPHN Stepped Care

Services to be Procured

Referral, Intake and Assessment

- The Provider/s must operate a Referral and Intake function
- Referrals may come from any source: Police, Coroner's Court, GPs, health practitioners, carers, schools, social services, self-referral, etc.
- Can be made via EMPHN's Referral and Access Team, Mental Health Stepped Care providers, or directly with Suicide Prevention and Postvention provider/s

Eligibility

- Consumers must live or work/study in the EMPHN catchment

Services to be Procured

Assessment for clinical services

- Develop clinically robust and evidenced based assessment processes

Assessment for activities

- Processes to determine the appropriateness of activities, e.g. postvention support provided to sporting club, with consideration of age of participants
- Processes to assess suitability of participants to attend events and training
- Processes to assess trainers and/or facilitators

Role of EMPHN Referral & Access Team

The service provider/s will develop strong connection and liaison with the EMPHN Referral and Access Team.

The EMPHN Referral and Access Team will provide three functions:

1. Provide one of the access points.
2. Assist with service navigation/referral to appropriate services.
3. Monitor intake assessment and processes.

Operational Conditions

- Complement current system
- Do not duplicate services e.g. QRSPS
- Linkages with
  - primary and tertiary health
  - clinical and non-clinical supports
  - EMPHN Mental Health Stepped Care providers
  - Other suicide prevention initiatives and services
- Cross-sectorial integration in partnership with EMPHN
- Consumer transitions must be considered
- Evidence informed, person-centred and recovery focussed

Workforce

The Services are based on a multidisciplinary approach requiring a mix of non-clinical and clinical workforce.

For the direct support postvention services, some of the workforce must be registered mental health clinicians (e.g. psychologists, social workers, occupational therapists or mental health nurses).

Intended Outcomes

- Consumer (individual) outcomes and experience
- Community outcomes
- Organisational/workforce outcomes
- System change

Timelines & RFT Submission Process

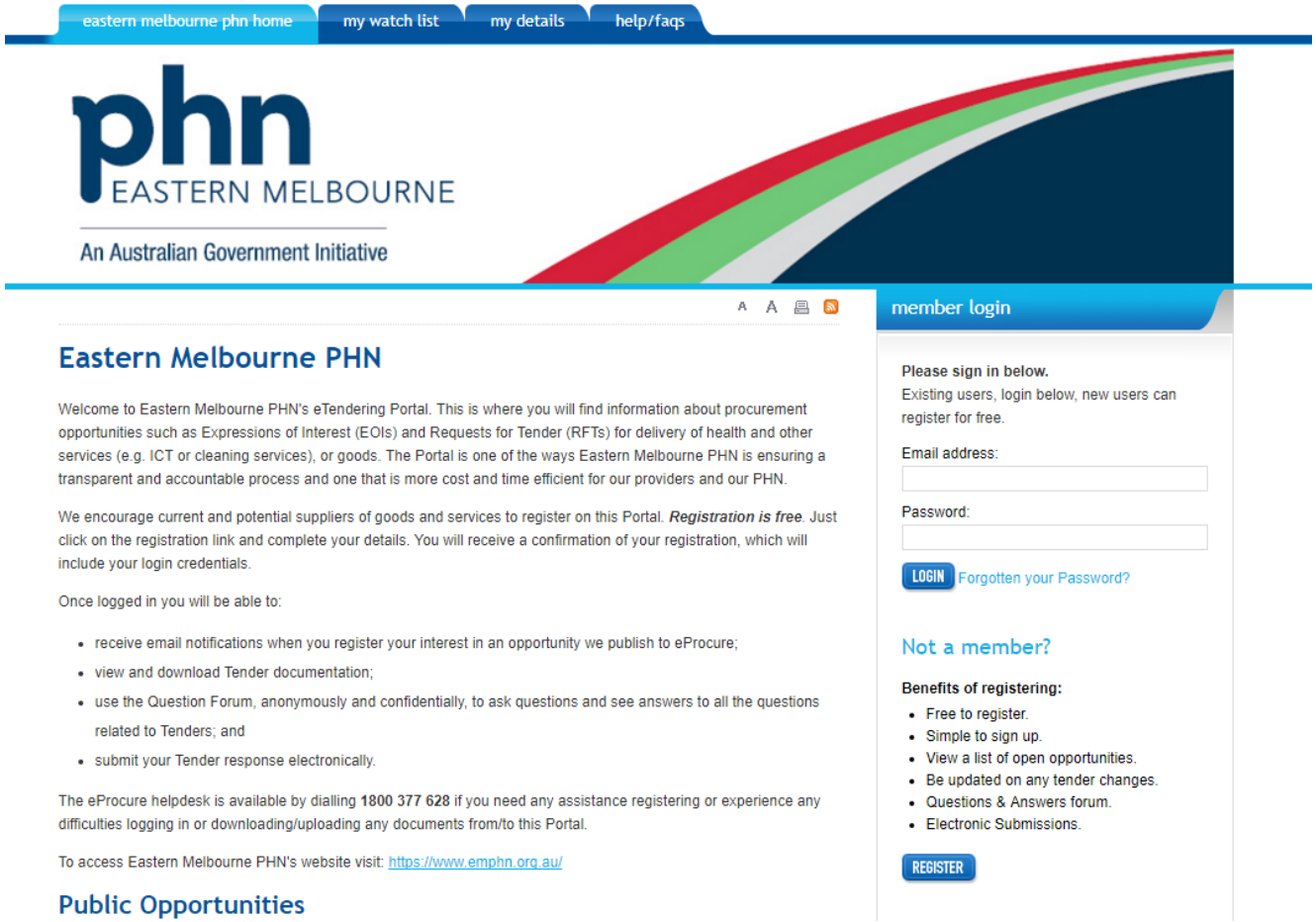
Craig Russouw
Mental Health & AOD Manager

RFT Indicative Timelines

Key Activities	Dates
Release of RFT	14 December 2018
Vendor/health service provider information briefing	19 December 2018
Closing date for online Pre-qualification to participate in tender	**4pm** AEDST 14 January 2019
Closing date for questions	**4pm** AEDST 27 January 2019
RFT closing date	**4pm** AEDST 30 January 2019
Tenderer interviews	Late February 2019
Site visits (if required)	To be scheduled if required
Contract negotiations	Early April 2019
Announcement of outcome	Late April 2019
Service delivery commencement	1 May 2019

Registration

Register via EMPHN's eProcure online portal https://www.eprocure.com.au/emphn/



Prequalification Requirements

Must complete Part E Response Schedule E1 – Pre-qualification eligibility criteria form.

Pre-qualification Attachments:

- Part E - Attachment 1 Partnering, sub-contracting and other Third Party Arrangements (IF REQUIRED)
- Part E - Attachment 2 Tenderers Legal Proceedings (IF REQUIRED)
- Part E - Attachment 3 Tenderers Referees template (MANDATORY)
- Part E - Attachment 4 Contract Departure template
- (IF REQUIRED)

You cannot proceed to view the specifications or complete a response against the weighted criteria without first completing Response Schedule E1 – Pre-qualification

Prequalification

Prequalification usually assessed within 24 hours of submission.

Eastern Melbourne PHN will be closed from Monday 24th December to Tuesday 1st January.

Any prequalifications submitted during this period will be assessed on Wednesday 2nd January (indicative).

Tender Documents

Part A: Conditions of Tendering (to be read in conjunction with Part C)

Part B: Service Requirements

Part C: Reference Schedule (to be read in conjunction with Part A)

Part D: Proposed Contract terms and Conditions

Part E: Response Schedule (to be completed online in eProcure)

Part E: Response Schedule Attachments (uploaded with your online response)

Weighted Evaluation Criteria Attachments:

Tender Documents

- Part E - Attachment 1 Partnering, Sub-contracting and Other Third Party Arrangements (IF REQUIRED)
- Part E - Attachment 2 Tenderers Legal Proceedings (IF REQUIRED)
- Part E - Attachment 3 Tenderers Referees Template (MANDATORY)
- Part E - Attachment 4 Contract Departure Template (IF REQUIRED)
- Weighted Evaluation Criteria Attachments:
- Part E - Attachment 5 - EMPHN Budget Template (MANDATORY)
- Part E - Attachment 6 - Risk Table Template (MANDATORY)
- Part E – Attachment 7 - Workforce Plan (MANDATORY)

Appendix

Part B – Geographical Boundaries for Suicide Prevention & Postvention Services

Evaluation Criteria

Criteria Number	Criteria category	Weighting
1	Service model and structure	35%
2	Organisational capability and capacity	20%
3	Consumer and carer participation	10%
4	Quality systems, risk management and performance management	15%
5	Suitability of budget and value for money	20%

Pricing

Submissions should provide budget and pricing.

- Including fixed and variable costs:
  - workforce costs – specifying position, level, location, direct employed or sub contracted;
  - non-staffing costs including operation and administration costs. Administration costs should not exceed 10% of total budget.
- Tendered prices shall include all charges necessary and incidental to the proper delivery of the Services. All items must be priced separately where applicable and indicated if fixed or variable.
- EMPHN Budget Template and the Workforce Plan Part E- Attachment 5.

List of Questions & Answers

- Please submit any questions in the ‘questions’ tab of the tender on EMPHN’s eProcure
- Questions and answers related to the RFT, will be published on the eProcure portal and on the EMPHN website.
- Frequently asked questions on Suicide Prevention and Postvention will be published on the EMPHN website

Questions & Answers