

Provision of Mental Health Stepped Care Services Outer East

Request For Tender Briefing (EMPHN-E050)

15 January 2020

Meeting Room 4, REALM Ringwood

phn
EASTERN MELBOURNE


An Australian Government Initiative



Welcome and overview

Rachel Pritchard

Manager, Mental Health & AOD



Eastern Melbourne PHN acknowledges the Wurundjeri people and other people of the Kulin Nations on whose unceded lands our work in the community takes place. EMPHN respectfully acknowledges their Ancestors and Elders past, present and emerging.



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.

Summary

1. Components of the Mental Health Stepped Care Model
2. Role of the Referral and Access Team
3. RFT Timelines & submission process
4. Evaluation criteria & Pricing schedule
5. Q&A
6. Networking opportunity



Request for Tender Provision of Mental Health Stepped Care Services

Anne Lyon

Executive Director, Mental Health & AOD

EMPHN's Mental Health Stepped Care Model

A continuum of primary mental health services:

- Utilising a **person-centred stepped care approach**
- **Evidence informed**
- **Recovery-orientated**
- Delivering a **range of service types**
- Making the **best use of the available workforce and technology within the local regions**
- To **better match** with individual and local population need.

Mental Health Stepped Care Model

- Whole of model approach
- Available for people of all ages who reside or work in EMPHN catchment and are not able to afford or access similar services
- Reducing programmatic silos and service overlaps
- Better use of the health dollar
- Supports clinicians to work at the top of the scope of their practice
- Multi-disciplinary team approach, including new workforces, such as peer workers, and new and innovative platforms such as eHealth and apps
- If tenderers are only able to deliver some aspects of the model, they are encouraged to enter into partnership with other agencies.

Intended Outcomes

- 1. Health outcomes for consumers:** improved quality of life, improved consumer pathway
- 2. Consumer experience:** satisfaction and improvement in wellbeing, integrated care
- 3. Practitioner experience:** capability, feedback (satisfaction)
- 4. System efficiency:** demand management, access, response times, sustainability, referrals from stakeholder/sector groups, integrated care

EMPHN has engaged a consulting agency in partnership with a university to undertake an evaluation of the Mental Health Stepped Care Model

Workforce

- Peer workers
- Community health workers
- Credentialed mental health clinicians
- Dual diagnosis workers


In Scope Services


- Utilisation of evidence based eHealth technology
- Low intensity evidence based counselling services
- Evidence based psychological interventions: one-on-one and group format
- Quick response suicide prevention services
- Care coordination/support facilitation with no clinical or other support role
- Clinical care coordination services delivered by credentialed mental health clinicians
- Dual diagnosis services delivered by appropriately trained workers.

Out of Scope Services

- Not supported by an empirical evidence-base
- Duplicate other existing services such as the 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
- Are solely focused on providing broader social support services
- Are capital and infrastructure resources
- Are for debt repayments or to off-set deficits in other program areas
- Are associated with clinical trials, research and travel, or conference attendance.

Key features of the model

 Comprehensive assessment with services matched to needs utilising a **clinical staging approach** with a **mix of treatment modalities** defined through assessment – monitored and reviewed

 **Multi-disciplinary team** – including a range of credentialed mental health clinicians

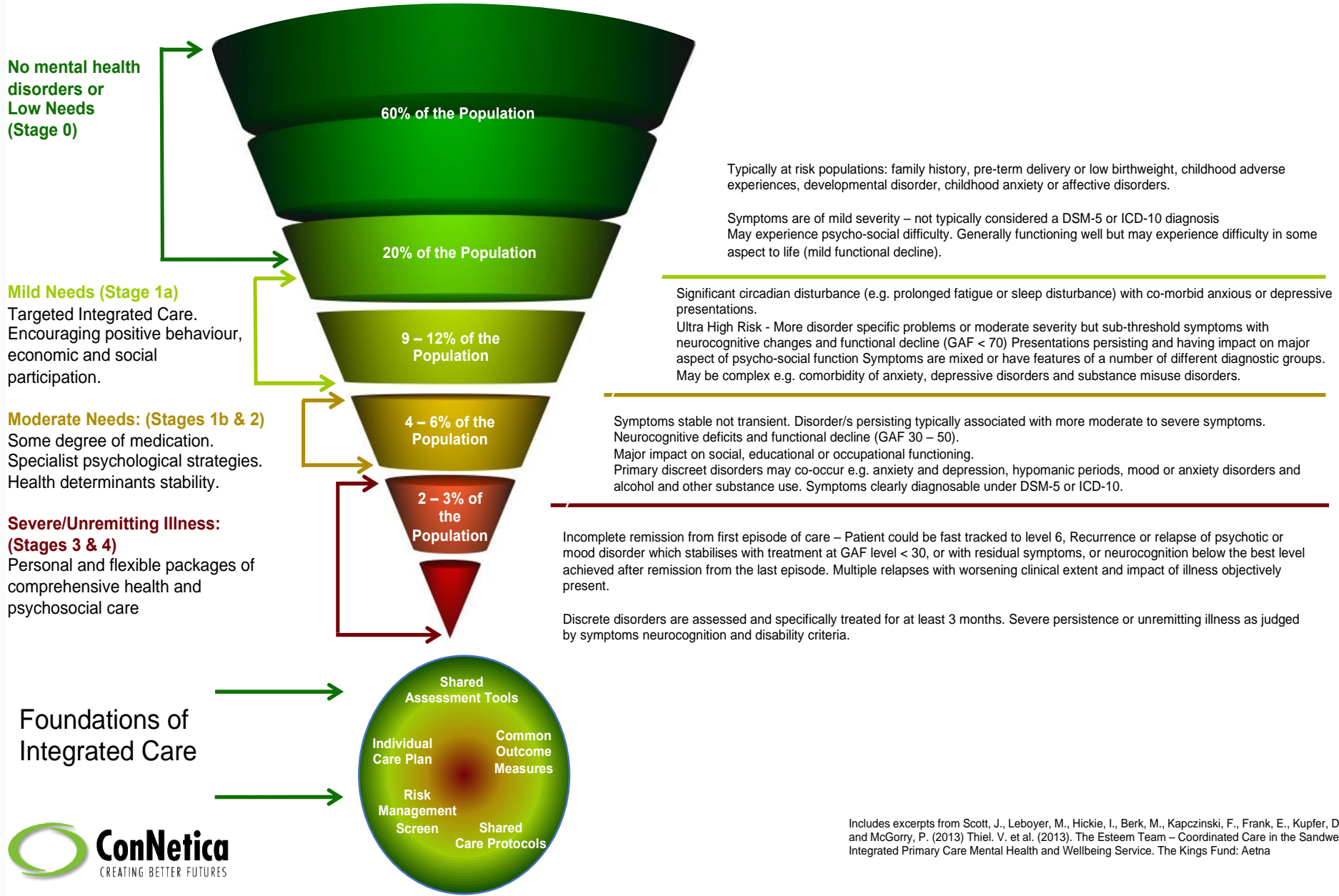
Integrated care – ensuring consumers are linked to primary health care, including their GP, and other relevant services supported by a well articulated care plan



Collaborative care plans

Overcoming previous barriers – Referral from any source, including from consumers directly

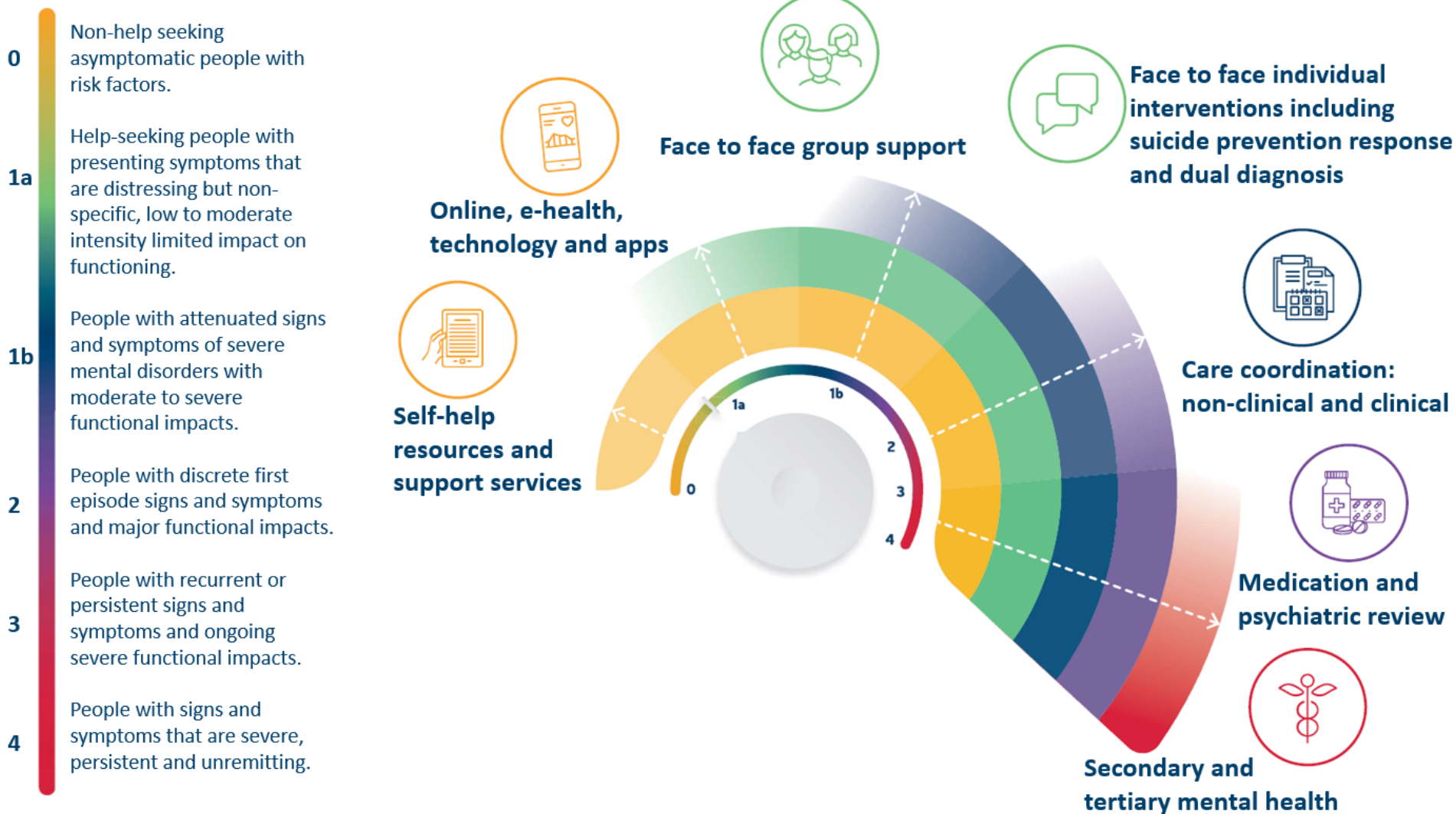
Integrating aspects of Clinical Staging in Stepped Care for Eastern Melbourne PHN



Clinical Staging Indicators

Clinical Stage:	Stage 0 Asymptomatic Subjects	Stage 1a Help seeking subjects with symptoms	Stage 1b Attenuated syndromes	Stage 2 Discrete Disorders	Stage 3 Recurrent or persistent disorder	Stage 4 Severe, persistent unremitting illness
Indicators for Clinical Staging:	<ul style="list-style-type: none"> • Not assigned to those presenting to health care services with symptoms • Individuals who may be at increased risk of psychotic or severe disorders. This may include those with a family history of mental illness, preterm delivery and/or low birthweight, or the presence of adverse childhood experiences. 	<ul style="list-style-type: none"> • Help-seeking • Presenting with symptoms, which may be non-specific and relate to either anxiety and/or depression • May be evidence (subjective or objective) of mild neuropsychological deficits, and/or recent mild impacts on social, education or occupational function. 	<ul style="list-style-type: none"> • Help-seeking • May present with what can be termed 'attenuated syndromes', characterised by 'specific symptoms of severe anxiety, moderate depression, brief hypomania or brief psychotic phenomena' • May present with evidence of moderate neuropsychological change and moderate to severe impacts upon social, educational or occupational functioning because of the presenting attenuated symptoms. 	<ul style="list-style-type: none"> • Presenting with 'clear episodes of psychotic, manic or severe depressive disorders' • Associated with significant effect on social, educational or occupational functioning, and significant neuropsychological deficits • Likely that 'full threshold disorder with moderate-severe symptoms and persistence over time' is apparent. 	<ul style="list-style-type: none"> • Evidence of 'incomplete remission from discrete disorder (stage 2) at 12 months after entry to care following reasonable course of treatment (of at least 3 months duration) • Further, the recurrence after complete recovery (after a period of three months) warrants classification into stage 3. 	<ul style="list-style-type: none"> • Characterised by 'severe, persistent and unremitting illness after at least 24 months of engagement with relevant specialised clinical services • Received or receiving a reasonable range of medical, psychological and social interventions.

Clinical staging and recommended interventions



<p>Key to Services:</p> <table border="1" data-bbox="42 111 782 239"> <tr> <td data-bbox="42 111 633 168"> <p>Support options that may be delivered as part of the EMPHN Stepped Care Mental Health Model</p> </td> <td data-bbox="633 111 782 168"></td> </tr> <tr> <td data-bbox="42 168 633 239"> <p>Service support options provided by other parts of the sector that may also be appropriate:</p> </td> <td data-bbox="633 168 782 239"></td> </tr> </table>	<p>Support options that may be delivered as part of the EMPHN Stepped Care Mental Health Model</p>		<p>Service support options provided by other parts of the sector that may also be appropriate:</p>		<p>Stage 0: Lowest cost alternatives to face-to-face psychological intervention and low intensity face-to-face psychological intervention if required or requested would include, but not be limited to:</p>	<p>Stage 1a: Low cost and low intensity services</p>	<p>Stage 1b: Primarily face to face clinical / support services</p>	<p>Stage 2: Primarily face to face clinical / support services</p>	<p>Stage 3: Primarily face-to-face clinical/ support services with a requirement for secondary/tertiary care involvement</p>	<p>Stage 4: Primarily face-to-face clinical/ support services with a requirement for secondary/tertiary care involvement</p>
<p>Support options that may be delivered as part of the EMPHN Stepped Care Mental Health Model</p>										
<p>Service support options provided by other parts of the sector that may also be appropriate:</p>										
Self-help resources (digital or traditional). This may include non-interactive and interactive digital resources such as phone applications	✓	✓	✓	✓	✓	✓				
Moderated (by mental health worker) digital interventions	✓	✓	✓	✓	✓	✓				
Support or peer groups	✓	✓	✓	✓	✓	✓				
Community-based and NGO services as required. For example, early childhood worker or in-home support family services worker.	✓	✓	✓	✓	✓	✓				
Maternal and Child Health	✓	✓	✓	✓	✓	✓				
DHHS services	✓	✓	✓	✓	✓	✓				
General Practice	✓	✓	✓	✓	✓	✓				
Other primary care services	✓	✓	✓	✓	✓	✓				
Psychological interventions delivered by a credentialed mental health clinician who meets the psychological interventions registration requirements (Individual or group)	<p>Stage 0 and Stage 1a, only if appropriate or requested, and consumer, carer, and referrer have tried or will not engage with a lower intensity service</p>		✓	✓	✓	✓				
Quick response Suicide Prevention Service delivered by credentialed mental health clinicians who meet psychological interventions registration requirements		✓	✓	✓	✓	✓				
Low intensity psychological interventions delivered by appropriately qualified / trained workers (including peers) -who may not meet registration requirements for psychological interventions or MBS Better Access. Are to be brief, can be face to face or use telehealth		✓	✓	✓	✓	✓				
Group therapy delivered by appropriately trained workers, including peers		✓	✓	✓	✓	✓				
MBS Better Access		✓	✓	✓	✓	✓				
Tertiary mental health services (as appropriate, most likely for Stage 2 or higher)			✓	✓	✓	✓				
Secondary mental health services			✓	✓	✓	✓				
Care coordination (with no clinical role)			✓	✓	✓	✓				
Clinical care coordination delivered by a credentialed mental health clinician			✓	✓	✓	✓				
Dual diagnosis services			✓	✓	✓	✓				
Psychiatrist			If required	If required	✓	✓				

Role of general practice

General practice, its practice teams and their primary health care relationships comprise the foundations of an effective health care system.

General Practitioners

- provide leadership and continuing, comprehensive and coordinated clinical whole of person healthcare to individuals and families in their communities
- assist consumers in navigating an increasingly complex and confusing health and welfare system

Providers will need to demonstrate integration of their service model with general practice.



Role of EMPHN's Referral & Access Team

**Rachel Pritchard
Manager, Mental Health & AOD**

About EMPHN's Referral and Access Team

- Staffed with both clinicians and intake practitioners
- One of the entry points into care for consumers with, or at risk of, mental health issues
- **Central** point of contact for services and providers for the Mental Health Stepped Care Model and other EMPHN commissioned MH services, to support system navigation
- A Navigation platform for the EMPHN catchment
- Support the successful tenderers in the establishment of their referral pathways, and intake systems where required.

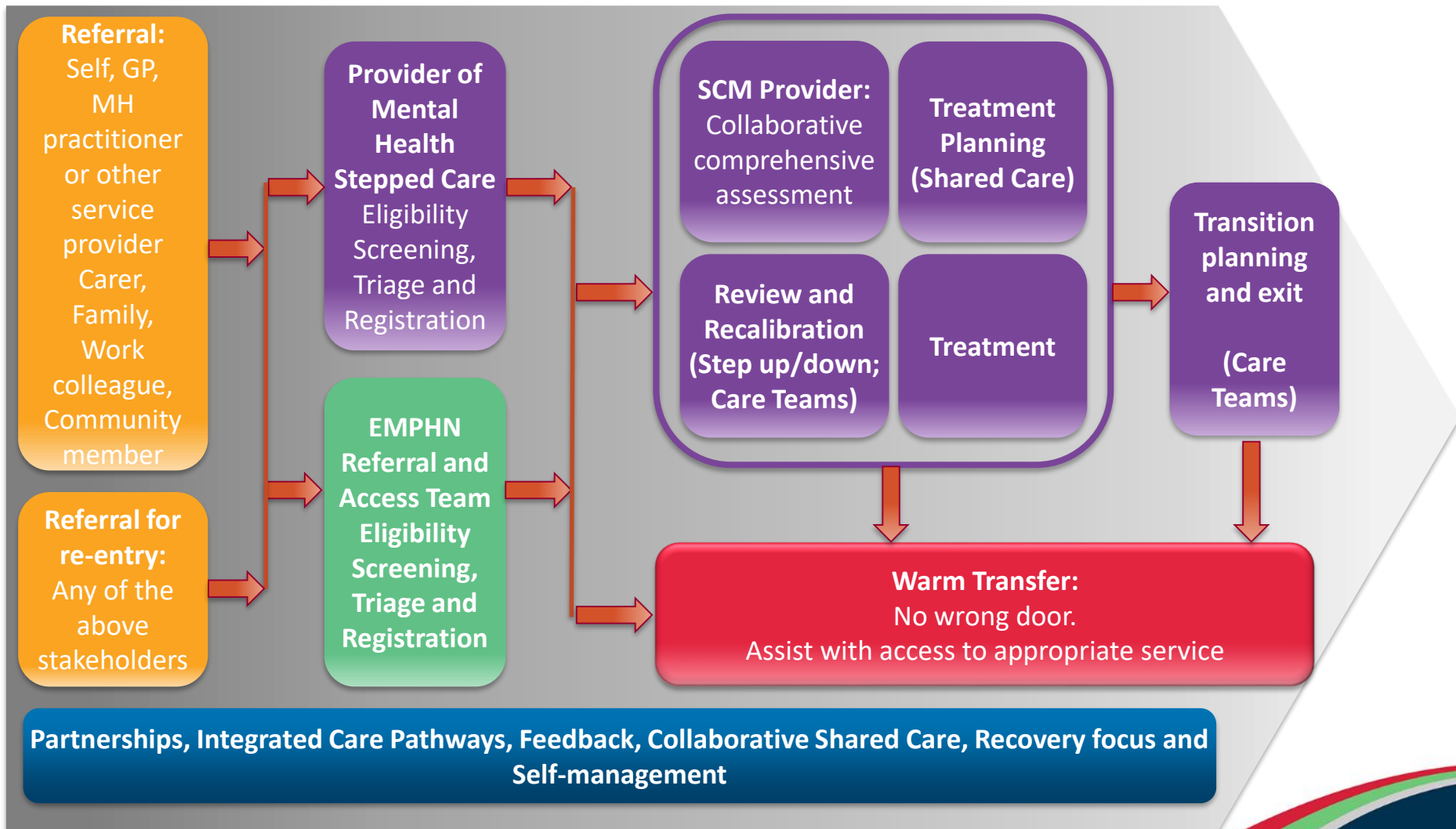
Role of EMPHN Referral & Access Team in MH Stepped Care Model

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

The EMPHN Referral and Access Team perform three functions:

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

Consumer journey



Source: EMPHN Operational Manual Stepped Model of Care
RFT Part D – Attachment c



Timelines & RFT submission process

RFT Indicative Timelines

Key Activities	Dates
Release of Request for Tender (RFT)	12pm Wednesday 8 January 2020
Tender briefing	10am Wednesday 15 January 2020
Prequalification closes	12pm Monday 3 February 2020
Questions close	12pm Friday 14 February 2020
RFT closes	12pm Monday 17 February 2020
Tenderer interviews (if required)	Friday 6 March 2020
Site visits (if required)	To be scheduled if required 2020
Announcement of outcome	April 2020
Service Delivery commencement	4 May 2020

Prequalification requirements

The online response to this tender is in two parts:

1. Part E Response Schedule E1 – Pre-qualification Eligibility Criteria form
2. Part E Response Schedule E2 – Weighted Evaluation Criteria form

Successful completion of E1 is a mandatory requirement before you can access Schedule E2

Prequalification Part E Attachments

#	Document Name	Requirement
1	Part E Attachment 1 – Partnering, sub-contracting and other Third Party Arrangements	If required
2	Part E Attachment 2 – Tenderers Legal Proceedings	If required
3	Part E Attachment 3 – Tenderers Referees template	Mandatory
4	Part E Attachment 4 – Contract Departure template	If required

The remainder of the tenderer mandatory eligibility requirements are set out according to Part E - documents (Prequalification).

Prequalification requirements

All Responses must meet the following eligibility criteria:

- The tenderer has the capacity to commence service model delivery by 4 May 2020
- The tenderer must be able to deliver the proposed services within the geographical boundaries of EMPHN Outer East, local government areas of Maroondah, Knox and Yarra Ranges
- The tenderer complies with all requirements of this RFT

The remainder of the tenderer mandatory eligibility requirements are set out according to Part E - documents (Prequalification).

eProcure online tender portal

Register via EMPHN's eProcure online portal

<https://www.eprocure.com.au/emphn/>

The screenshot shows the top navigation bar with tabs for 'eastern melbourne phn home', 'my watch list', 'my details', and 'help/faqs'. Below this is the 'phn EASTERN MELBOURNE' logo and the tagline 'An Australian Government Initiative'. The main content area is split into two columns. The left column, titled 'Eastern Melbourne PHN', contains a welcome message, a paragraph about the portal's purpose, a paragraph encouraging registration (noting it is free), and a list of benefits for logged-in users. The right column, titled 'member login', contains a sign-in form with fields for 'Email address' and 'Password', a 'LOGIN' button, a link for 'Forgotten your Password?', a 'Not a member?' link, a 'Benefits of registering?' section with a list of advantages, and a 'REGISTER' button.

eastern melbourne phn home my watch list my details help/faqs

phn
EASTERN MELBOURNE
An Australian Government Initiative

member login

Eastern Melbourne PHN

Welcome to Eastern Melbourne PHN's eTendering Portal. This is where you will find information about procurement opportunities such as Expressions of Interest (EOIs) and Requests for Tender (RFTs) for delivery of health and other services (e.g. ICT or cleaning services), or goods. The Portal is one of the ways Eastern Melbourne PHN is ensuring a transparent and accountable process and one that is more cost and time efficient for our providers and our PHN.

We encourage current and potential suppliers of goods and services to register on this Portal. **Registration is free.** Just click on the registration link and complete your details. You will receive a confirmation of your registration, which will include your login credentials.

Once logged in you will be able to:

- receive email notifications when you register your interest in an opportunity we publish to eProcure;
- view and download Tender documentation;
- use the Question Forum, anonymously and confidentially, to ask questions and see answers to all the questions related to Tenders; and
- submit your Tender response electronically.

The eProcure helpdesk is available by dialling **1800 377 628** if you need any assistance registering or experience any difficulties logging in or downloading/uploading any documents from/to this Portal.

To access Eastern Melbourne PHN's website visit: <https://www.emphn.org.au/>

Public Opportunities

Please sign in below.
Existing users, login below, new users can register for free.

Email address:

Password:

LOGIN [Forgotten your Password?](#)

Not a member?

Benefits of registering:

- Free to register.
- Simple to sign up.
- View a list of open opportunities.
- Be updated on any tender changes.
- Questions & Answers forum.
- Electronic Submissions.

REGISTER



Evaluation Criteria & Pricing Schedule

Evaluation Criteria

#	Criteria	Weighting %
1	Service model and structure	35%
2	Organisational capability	20%
3	Consumer/Carer participation	10%
4	Quality systems, risk management and performance management	15%
5	Suitability of pricing and value for money	20%
Total		100%

Available Funding

The indicative amount of funding available to deliver the Mental Health Stepped Care Model in the Outer East is \$ 3.845 million for 26 months, from 4 May 2020 to 30 June 2022.

The **number of consumers** per clinical staging for the Outer East:

Mild (Stage 1a)	450
Moderate (Stages 1b – 2)	2335
Severe (Stages 3 – 4)	1252

NOTE: The indicative funding will be reviewed once the PHN have received confirmation of funding arrangements for future financial years.

Tender Reference Documents:

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

Part B: Service Requirements (and separate appendices)

- **Appendix 1** Outer East Geographical Boundaries for EMPHN Stepped Care
- **Appendix 2** Psychological Interventions Registration Requirements
- **Appendix 3** Indicative long-term outcomes of the Stepped Care Model

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

Part D: Proposed Contract terms and Conditions

- **Attachment c** – Stepped Care Operational Manual
- **Attachment d** – Incident Management Procedure
- **Attachment e** – Stepped Care discussion paper
- **Attachment f** – Communication Protocols
- **Attachment g** – Project activity work plan template
- **Attachment h** – Clinical governance framework

Part E: Response Schedule (completed online in eProcure)

Part E: Response Schedule Weighted Evaluation Criteria Attachments

(uploaded to eProcure with your online response)

- **Attachment 5** – Pricing Schedule template (MANDATORY)
- **Attachment 6** – Summary Risk Table template (MANDATORY)
- **Attachment 7** – Workforce Plan (MANDATORY)



Questions & Answers

Anne Lyon & Rachel Pritchard

Frequently asked questions

Q: Will the Mental Health Stepped Care model replace the MBS program?

A: This model will not replace the current Medicare Benefit Schedule Better Access (MBS Better Access) program. Eastern Melbourne PHN has not received any formal communication from the Commonwealth re any changes to the MBS Better Access. There is a need in the primary healthcare system for both services.

Q: Are individual allied health practitioners eligible to submit a tender for the Mental Health Stepped Care Model?

A: This tender is an open tender in-line with EMPHN's commissioning framework. Anyone is welcome to submit a tender if they feel they can either deliver the full suite of services, or who can demonstrate partnerships with others who can.

Q: Is EMPHN seeking a particular organisation type to deliver the Stepped Care Model, e.g. a Community Health Service, as in the north and inner east?

A: EMPHN is seeking tenderer/s who can demonstrate they understand and can deliver the Mental Health Stepped Care Model in the outer east which may not necessarily require a specific organisation type.

Frequently asked questions

Q: If an organisation had already completed the prequalification process for a previous EMPHN tender, is this process still required for this tender?

A: Yes. A new prequalification process is required for each tender. This process is required to ensure that all prequalification information provided is accurate for the tenderer and any relevant third parties, at that point in time.

Q: Can tenderers propose using their own client information management system (CIMS) for all aspects of service delivery?

A: At this point in time, EMPHN's CIMS (FIXUS) is required for Minimum Data Set (MDS) reporting, and for referral and allocation related processes. A separate CIMS will be required for clinical notes, to be provided for by the successful tenderer.

Q: Will EMPHN provide a set of operational guidelines?

A: EMPHN has developed an Operational Manual Stepped Model of Care, to ensure quality and consistency in key areas of service delivery across the three regions in the EMPHN catchment. This is RFT Part D Attachment C, available in eProcure.



Q & A

FOR MORE INFORMATION

Please submit any questions in the
'questions' tab of the tender on
EMPHN's eProcure