Provision of headspace Monash Request For Tender Briefing (EMPHN-E052)

31 January 2020 The Waverley International Hotel



Welcome and overview

Anne Lyon Executive Director, EMPHN 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.

Agenda

- 1. Components of headspace Monash
 - a. EMPHN
 - b. headspace National
- 2. RFT Timelines & Submission process
- 3. Evaluation criteria & Pricing schedule
- 4. Q&A
- 5. Networking opportunity

Request for Tender for the provision of headspace Monash

Anne Lyon Executive Director, Mental Health & AOD

Policy Context

- National Mental Health Commission
- Royal Commission into Victoria's Mental Health System
- Productivity Commission into Mental Health
- Integrated Regional Mental Health, AOD & Suicide Prevention Plan

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Services to be procured

EMPHN is seeking a provider to be the lead agency for the new headspace Monash centre delivering a wholeof-service model aligned with the headspace model.

The successful provider will develop MOUs with identified consortium partners (where these do not already exist) to establish the headspace Monash consortium.

Development of headspace Monash centre

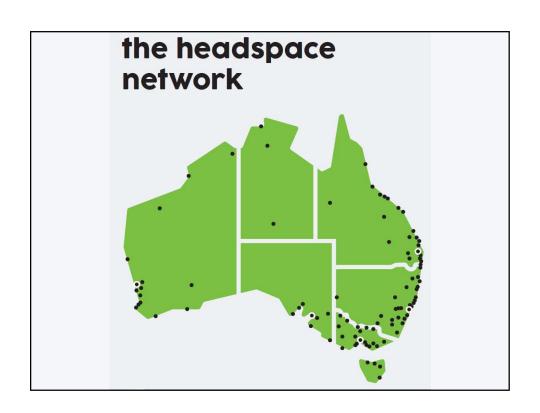
From 1 July 2020 the successful provider will work with EMPHN and headspace National to identify and prepare a suitable location (if one is not already identified) in order to establish the headspace Monash centre with service delivery commencing on **1 October 2020** (or earlier if possible).

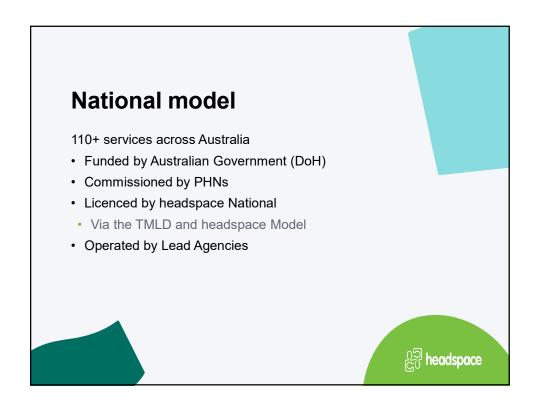
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headspace National

Kirsten Cleland Early Psychosis Services Manager









What is headspace?

- Youth-centric service for mental health and wellbeing concerns
 - 12 25 yr olds
 - · Young people key drivers in shaping service
- Early intervention via Enhanced Primary Care platform
- Multi-disciplinary team for access to 4 core service streams
 - Mental HealthAlcohol & DrugsPhysical & Sexual HealthVocation & Education



Nationally consistent, locally responsive

Nationally-consistent approach

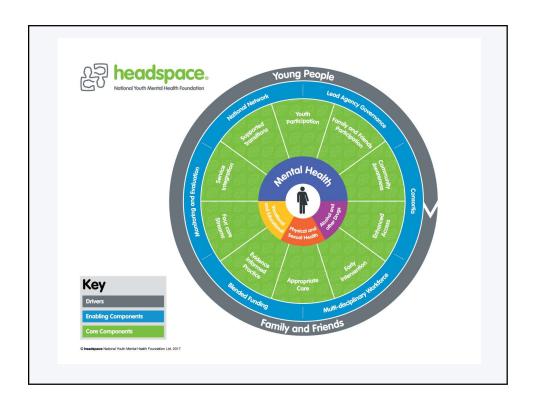
· Identifies what makes headspace "headspace"

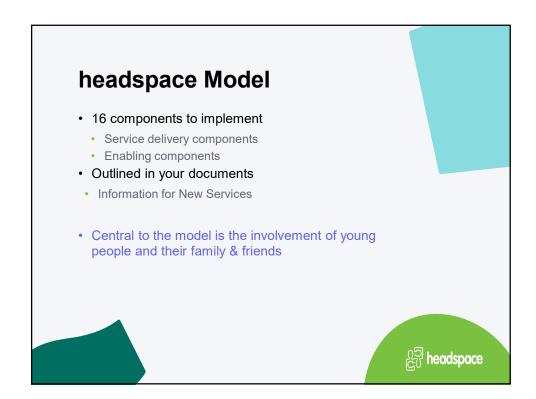
Responsive to local needs

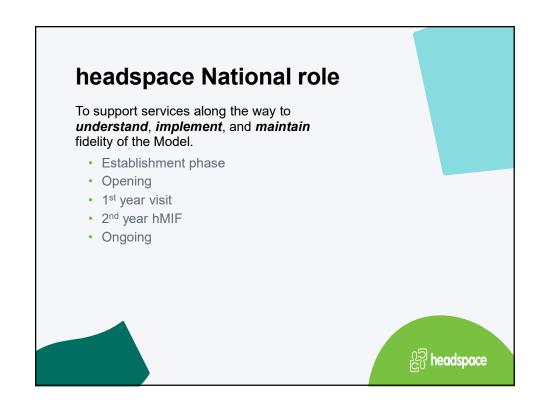
- Understanding and working with your community
 - · Young People and Family & Friends
 - · Local service partnerships are important
 - · Consortium and other stakeholders

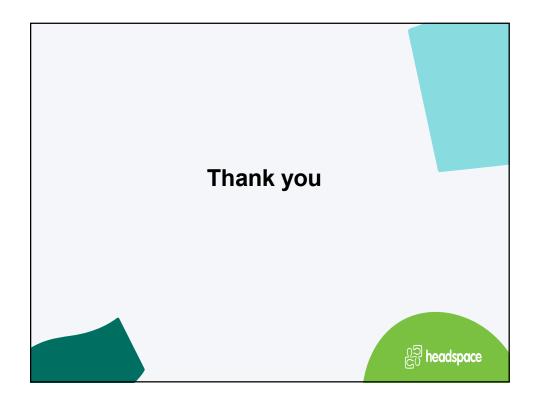












Principles of service model

Underpinned by clinical staging from Works in tandem with EMPHN's Mental Health Stepped Care Model

A continuum of primary mental health services:

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

Key features of service 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

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Key features of service model

The successful provider will have developed appropriate systems for:

- Referral and Intake
 with intake arrangements well linked with other service
 systems to provide alternate options where appropriate
- Demand management
 Delivering a robust evidence-based assessment and clinical staging process
- Assessment
- Collaborative care teams and planning Ensuring whole-of-person care and goal setting
- Integrated care pathways
 Providing an easy-to-navigate mental health system

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Intended Outcomes

- **Health outcomes for consumers:** whole-of-person care to effectively support and measure change
- Consumer experience: individuals are an active agent in their own care and a valuable source of expertise and knowledge
- Organisational and workforce experience: effective measure and use of performance, capability, and experience feedback (satisfaction)
- System change and cost effectiveness: integrated and collaborative care, improved consumer journeys, and value for money

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The youth mental health system

The consortium model and the emphasis on collaboration promotes access to wider services across diverse need areas, and the collaboration and integration with local statefunded Child and Youth Area Mental Health Services (CYMHS) and other PHN-funded youth services (e.g. youth enhanced services) is crucial in order to effectively match required levels of support to need.

Workforce

The service model may incorporate a workforce including, but not limited to:

- clinical psychologists)
- Accredited mental health social workers
- Qualified social workers (Australian Association of Social Worker member)
- · Credentialed mental health nurses
- Mental health competent occupational therapists
- Aboriginal health workers

- Psychologists (registered and Culturally and Linguistically Diverse (CALD) specialists
 - Peer workers
 - Dual diagnosis workers
 - Dual disability workers
 - Registered counsellors
 - Employment support workers
 - Suitably trained health workers

Out of Scope Services

Activities that are not considered to be in-scope are those which:

- Are not supported by an empirical evidence-base
- Duplicate other existing services such as the NDIS 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 that are the responsibility of another sector such as housing, disability, or non-health sector
- Are capital and infrastructure resources beyond agreed establishment and fit-out of the new headspace Monash
- Are for debt repayments or to off-set deficits in other program
- Are associated with clinical trials, research, and travel or conference attendance

Timelines & RFT submission process

Tara Laursen Mental Health & AOD Manager

RFT Indicative Timelines

Key Activities	Dates
Release of Request for Tender (RFT)	1:30 pm Friday 24 th January 2020
Tender briefing	10 am Friday 31st January 2020
Prequalification closes	12 pm Friday 21 February 2020
Questions close	4pm, Tuesday 3 March 2020
RFT closes	12pm, Friday 6 March 2020
Tenderer interviews (if required)	Tuesday 24 March 2020
Site visits (if required)	To be scheduled if required
Announcement of outcome	June 2020
Site identification commencement	Wednesday 1 July 2020
Service Delivery commencement	Thursday 1 October 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 accessing Schedule E2

Note: Prequalification must be **completed** by 12 pm Friday 21 February 2020

3:

Prequalification requirements

All Responses must meet the following eligibility criteria:

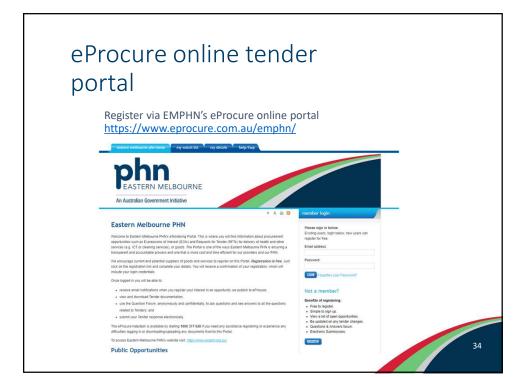
- The tenderer has the capacity to commence service model delivery by 1 October 2020
- The tenderer must be able to deliver the proposed services
- The tenderer complies with all requirements of this RFT

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

Prequalification Part D Attachments

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

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



Evaluation Criteria & Pricing Schedule

Evaluation Criteria

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

Indicative Funding and Term

Year	Core funds	Establishment funds	Total
1 (2020/2021 FY)	\$ 926,592.00	\$761,250.00	\$1,687,842.00
2 (2021/2022 FY)	\$ 940,491.00		\$940,491.00
Total			\$ 2,628,333.00

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

Description	Years	
Initial term of the Contract	2 years	
Options to extend the Contract	2 years + 1 year + 1 year + 1 year	
Maximum term of the Contract	5 years, after which the services will	
	cease or need to go to market	

Contract extensions are subject to funding availability and contractor performance. The actual agreed dates for the engagement shall be given in writing by EMPHN to the successful Respondent

Tender Reference Documents

Part A: Conditions of Tendering

Part B: Service Requirements

Part C: Proposed Contract terms and Conditions

Part C: Attachments A-C

Part E: Response Schedule (completed online in eProcure)
Part E: Response Schedule Attachments (uploaded with your online

Part E: Weighted Evaluation Criteria Attachments: Attachment 5 - EMPHN Pricing Schedule template (MANDATORY) Attachment 6 - Summary Risk Table template (MANDATORY) Attachment 7 - Workforce Plan (MANDATORY)

Part B: Service Requirements Attachments:

Attachment 1: headspace Model Integrity Framework (hMIF)
Attachment 2 - Information for new headspace Services
Attachment 3 - LA hN Trade Mark Licence Deed
Attachment 4 - headspace Centres Serious Incidents and Complaints

Reporting Policy

Questions & Answers

List of Questions & Answers

- Questions and answers are recorded.
- Questions and answers related to the RFT, will then be published on the eProcure portal and on the EMPHN website.
- Frequently asked questions on headspace Monash will be published on the EMPHN website
- Any addition questions are to be submitted in the 'questions' tab of the tender in eProcure

Q 1: In the past headspace centres have had housing/homelessness services as part of the consortium. – Are housing services in scope or out of scope for the Monash headspace service?

A: The service provided should be holistic, and therefore we would expect housing (and employment) services to be at the table as part of the consortia model. It's a whole person model and about addressing those needs. But this funding doesn't have the capacity to fund housing.

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Q2: Have any sites been identified within the Monash area or would that be part of the tender as well?

A: No sites have been identified. Part of the initial stage when the tender is first met is for the lead agency to identify a suitable site. Headspace would be happy to provide advice on elements to make it a successful site, such as access and transport. EMPHN doesn't have any pre-set ideas on the site, as long as it meets the requirements for service delivery. Sufficient time is allocated before service delivery to ensure a site is well established.

Q3: Do consortium partners need to be included as part of the pre-qual submission?

A: Yes. However, there is an appreciation that a potential partnership may not be completely locked in, nevertheless EMPHN would like the submission to be demonstrating steps that this is well underway.

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Q4: With the contract funding period - would contract be ceased or re-tendered after five years?

A: The term of the contract at the moment aligns with our funding deeds ensuring funding for two years with the option of extending, subject to future funding deeds. After a 5 year period EMPHN will need to assess whether re-tendering is required. Aligned with good procurement practice we often want to test the market again, but we would make an assessment based on a whole range of factors. As always, contractual arrangements and extensions with providers are subject to performance.

