

Provision of Stepped Care Mental Health Services Inner East

Request For Tender Briefing (EMPHN-E035)

03 August 2018

Whitehorse Room, Box Hill Town Hall

phn
EASTERN MELBOURNE


An Australian Government Initiative



Welcome and overview

Kieran Halloran

Manager, 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.

Summary

1. Components of the Mental Health Stepped Care Model
2. Role of general practice
3. In scope & out of scope
4. Role of the Referral and Access Team
5. RFT Timelines & submission process
6. Evaluation criteria & Pricing schedule
7. Q& A
8. 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

Service types & workforce

Service types

- Utilisation of evidence based eHealth technology
- Low intensity evidence based counselling services
- Evidence based psychological services: one-on-one and group format
- 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

Workforce

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

Key features of new 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

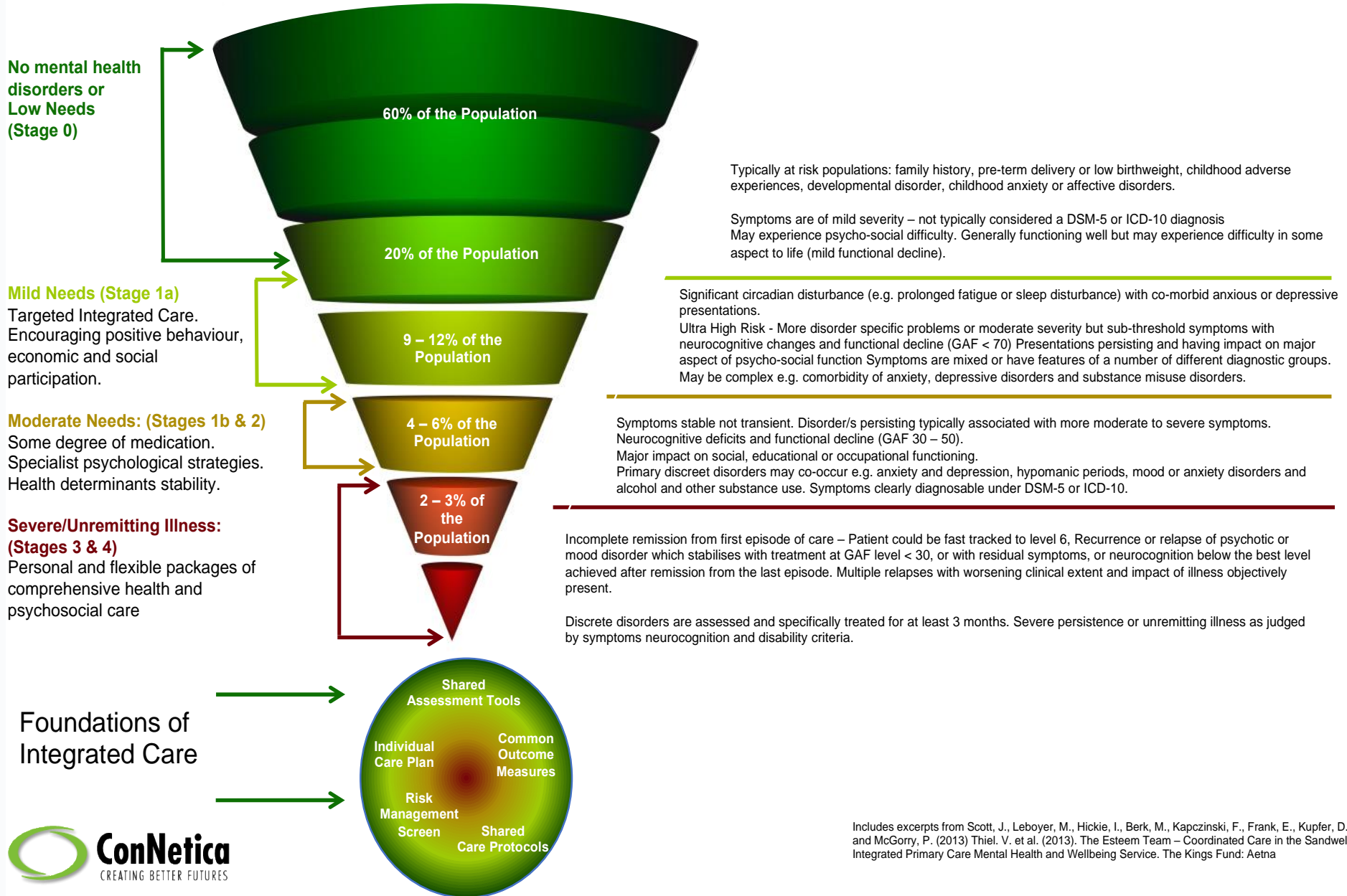


Integrated care – ensuring consumers are linked to primary health care, including their GP, and other relevant services – supported by a well articulated care plan

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 and recommended interventions

Increasing severity, complexity or chronicity of condition.

Increasing intensity, cost and time in care. Decreasing number of people treated.

Stage 0

Stage 1a

Stage 1b

Stage 2

Stage 3

Stage 4

Types of evidence based interventions

Secondary mental health services

Medication

Care coordination

Face to face – individual

Face to face – group

Online

Self help resources and support services

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.



In Scope & Out of Scope

Emma Newton

**Manager, System Redesign & Service Transition,
Mental Health & AOD**

In Scope

- 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

- 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

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



Role of EMPHN's Referral & Access Team

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

About the EMPHN

Referral and Access Team

- staffed with both clinicians and program officers
- 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 vital resource during the transition period to help minimise disruption to consumer care and support the transition of consumers who need support beyond their current providers
- support the successful tenderers in the establishment of their referral pathways, and intake systems where required

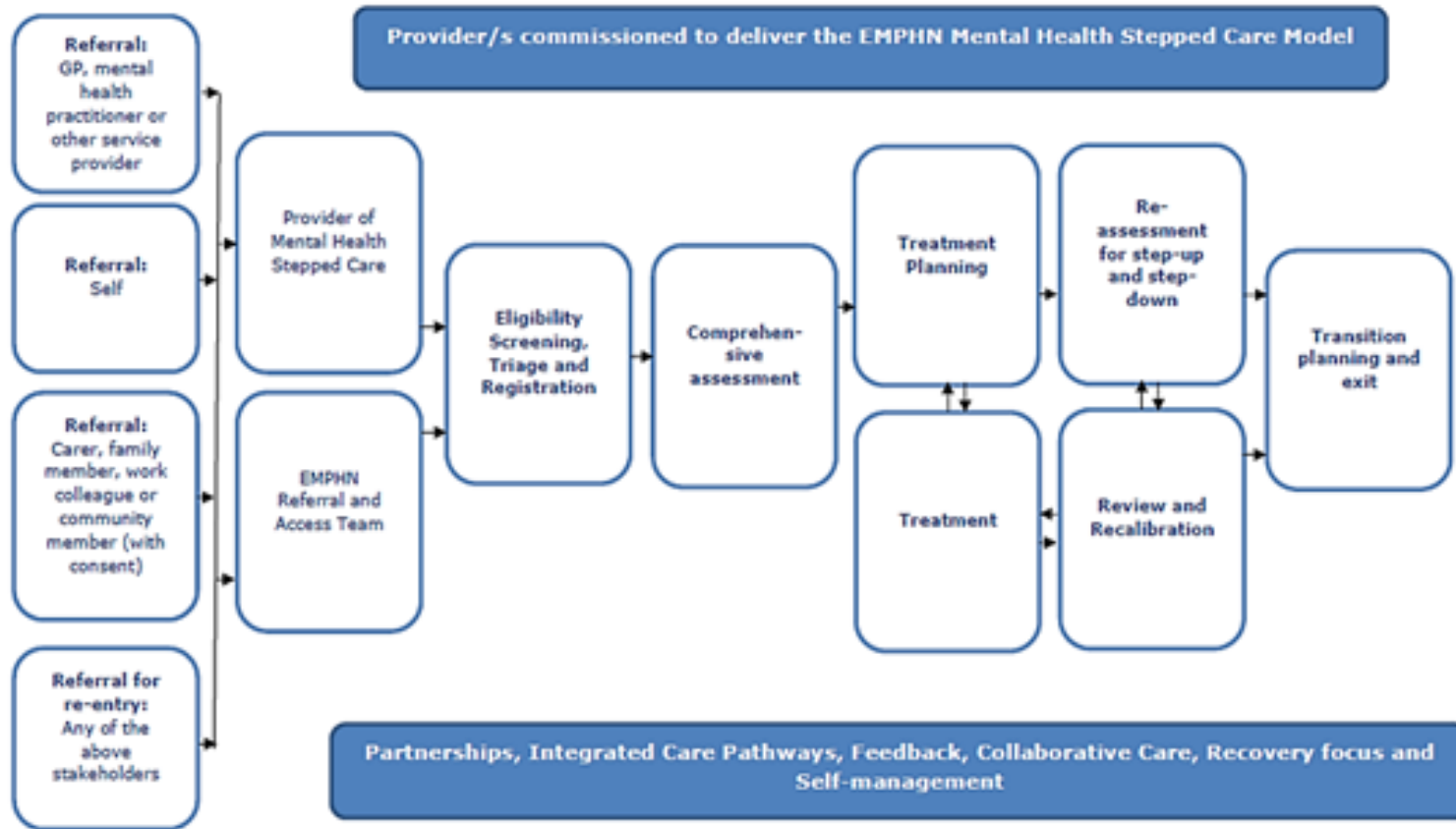
Role of EMPHN Referral & Access Team in MH Stepped Care Model

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

The EMPHN Referral and Access Team 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.

Consumer journey



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



Timelines & RFT submission process

Craig Russouw

Manager, Mental Health & AOD

Phased approach to Mental Health Stepped Care Model

PHASE 1: North East – Jan 15, 2018 - Commenced

City of Whittlesea, Shire of Nillumbik, City of Banyule, and parts of Shires of Mitchell & Murrindindi

PHASE 2: Outer East – 2 Jul 2018 - Commenced

Cities of Knox and Maroondah, and Shire of Yarra Ranges

PHASE 3: Inner East – Service delivery to commence 14 January 2019

Cities of Manningham, Boroondara, Whitehorse and Monash

RFT Indicative Timelines

Tender release date: 25 July 2018

Tender briefing: 03 August 2018

Pre-qualification closes: 4pm AEDST, Wed 22 August 2018

Closing date for questions: 4pm AEDST, 2 Sept. 2018

RFT closes: 4pm AEDST, 5 Sept. 2018

Tender Outcome notification: November 2018

Transition & Implementation workshop: early Dec. 2018

Phase 3 Service delivery commences: 14 Jan 2019

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 requirements

All Responses must meet the following eligibility criteria:

- The tenderer has the capacity to commence service model delivery by 14 January 2019
- The tenderer must be able to deliver the proposed services within the geographical boundaries of EMPHN
- 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).

Prequalification requirements

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)

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

RFT – Inner East

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, and a link for 'Forgotten your Password?'. Below the login form is a 'Not a member?' section with 'Benefits of registering?' listed as: Free to register, Simple to sign up, View a list of open opportunities, Be updated on any tender changes, Questions & Answers forum, and Electronic Submissions. At the bottom of the right column is a 'REGISTER' button.

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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

member login

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

Joel Robins

Manager, Mental Health & AOD

Evaluation Criteria

No.	Criteria category	Weight in %
1	Service model and structure	35%
2	Organisational capability	20%
3	Consumer/client/care participation	10%
4	Quality Systems, Risk Management and Performance Management	15%
5	Suitability of budget 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 Inner East is \$ 0.7 million for 6 months.

The **number of consumers** per clinical staging for the Inner East (in ranges) annual targets:

Mild	1100 to 1200
Moderate	330 to 370
Severe	80 to 90

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

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:

Part E - Attachment 5 - EMPHN Pricing Schedule template (MANDATORY)

Part E - Attachment 6 – Summary Risk Table template (MANDATORY)

Part E – Attachment 7 - Workforce Plan (MANDATORY)

Appendices:

Part B Appendix 1 (as a separate attachment) – Inner East Geographical Boundaries for EMPHN Stepped Care Model

Part B Appendix 2 (as a separate attachment) – Psychological Interventions Registration Requirements

Transition arrangements



Emphasis placed on:

- maintenance of service delivery during the phased implementation
- need to have **transition plans** for existing consumers to ensure continuity of care, to include services other than stepped care
- managing expectations of new consumers
- regular communication with referrers, consumers and carers and other service providers



Questions & Answers

Maria Yap

Manager, Mental Health & AOD

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 CHS as in the north east, a MHCSS as in the outer east?

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

Frequently asked questions

Q: As a single provider, am I able to be contracted by the new commissioned service to continue seeing my clients?

A: This will depend on the model proposed by the successful tenderer/s, and whether they propose a direct employment model, or subcontracting arrangements. Either way, the new landscape is different from the current one, and in the new model, people may receive care and support from a range of disciplines, via a range of modalities.

Q: What will happen to my clients if I am not a part of the successful tender?

A: This will be up to you to clinically review, and work with your client group in terms of the ongoing support that they need. There will be a number of options available to them including transition to the new stepped care provider/s if appropriate.

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 a draft '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 available in eProcure.

List of Questions & Answers

Questions and answers related to this RFT and a copy of the Power Point presentation will both be published on the eProcure portal and on the EMPHN website.

Summary

Opportunity to network



FOR MORE INFORMATION

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