Provision of Stepped Care Mental Health Services – North East

Request For Tender Briefing

(EMPHN-E021)

04 October 2017



Welcome & overview

Kieran Halloran

Mental Health Manager Severe & Enduring (PIR/Suicide Prevention)

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 stepped care model
- 2. In Scope and out of scope
- 3. Role of General Practice
- 4. Role of the Referral and Access Team
- 5. RFT Timelines north east
- 6. Submitting the RFT via eProcure
- 7. Evaluation criteria
- 8. Budget
- 9. Q&A
- 10. Networking opportunity

Request for Tender Provision of Stepped Care MH Services

Anne Lyon
Executive Director, Mental Health & AOD

Stepped Care Model

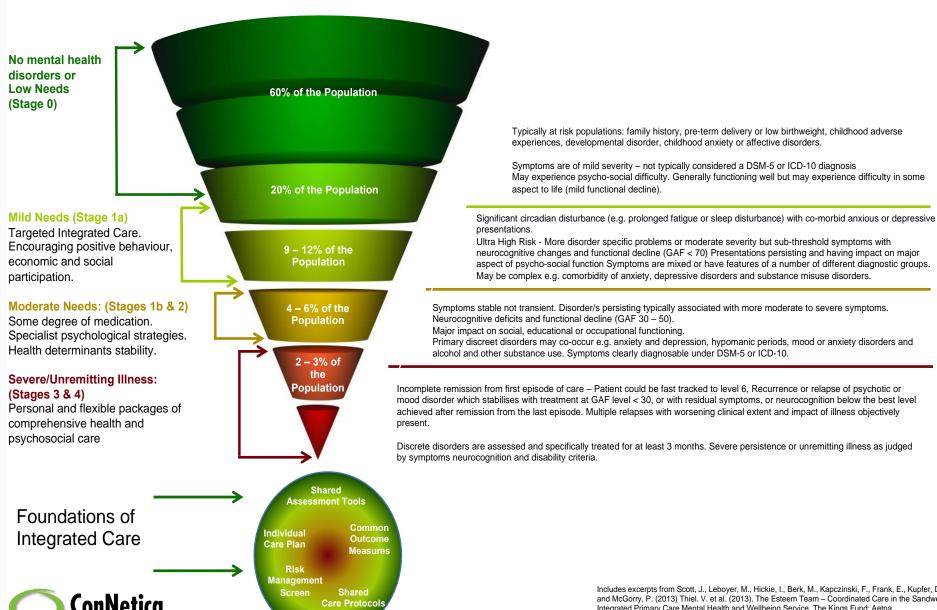
A continuum of primary mental health services

- utilising a person-centred stepped care approach
- delivering a range of service types
- making the best use of available workforce and technology within the local regions
- to better match with individual and local population need

Key features of new model

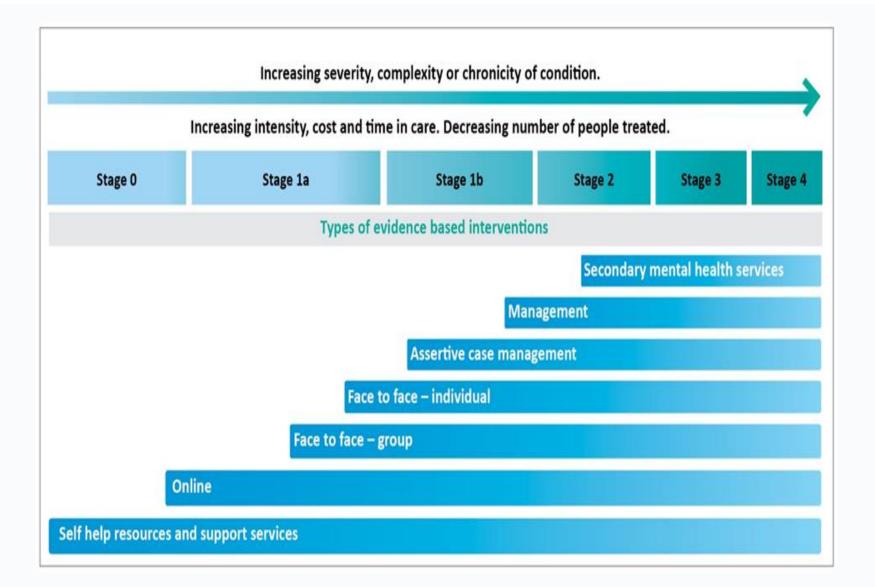
- Comprehensive assessment with services matched to needs utilising a clinical staging approach
- Mix of treatment modalities defined through assessment – monitored and reviewed
- Multi-disciplinary team including credentialed MH clinicians
- Integrated care ensuring consumers are linked to primary health care and other relevant services – supported by a well articulated care plan

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



Includes excerpts from Scott, J., Leboyer, M., Hickie, I., Berk, M., Kapczinski, F., Frank, E., Kupfer, D. and McGorry, P. (2013) Thiel. V. et al. (2013). The Esteem Team - Coordinated Care in the Sandwell Integrated Primary Care Mental Health and Wellbeing Service. The Kings Fund: Aetna

Clinical staging & recommended interventions



In Scope

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

Out of Scope

- are 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

Role of GP Practices

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 person health care to individuals and families in their communities.
- They also 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

Craig Russouw

Mental Health Manager High Prevalence/Low Intensity

- Staffed with both clinicians and support 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 within the Stepped Care Model.
- A vital resource during the transition period to help minimise disruption to consumer care, supporting the transition of consumers who need to transition into Stepped Care.
- Support the successful tenderers in the establishment of their referral pathways, and intake systems where required.

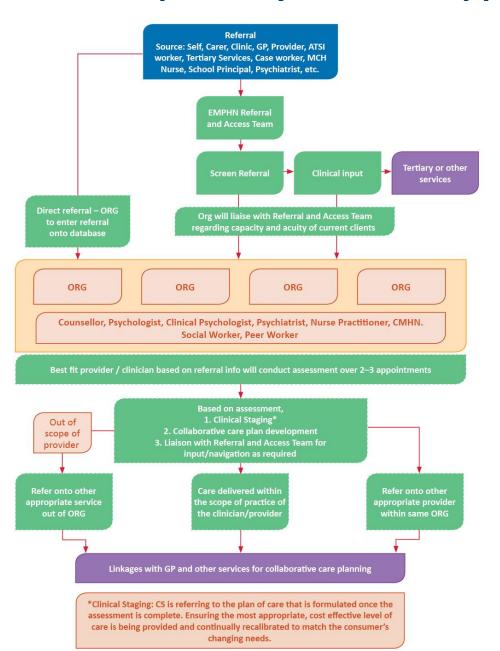
- Supporting successful tenderers in developing a standardised process across all of the providers delivering Stepped Care, to ensure an effective and efficient approach is being utilised by all.
- Capacity building to all relevant stakeholders in relation to the EMPHN Stepped Care Model. Tasked with cross-sector relationship building to facilitate care for clients who have difficulty accessing the mental health service system, or who are better supported by a different suite of services.

 Support in service navigation for G.P's, consumers/ carers and other stakeholders.

 Integrated care – supporting consumers link with primary health care and other relevant services.

 Supporting Stepped Care providers with regarding capacity, client issues and referral pathways.

Possible referral pathways in the Stepped Care Model



The EMPHN Referral and 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 hold three functions:

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

Timelines & RFT submission process

Joel Robins
Youth Mental Health & AOD

Phased approach to Stepped Care Model

STAGE 1: North East – Jan 2018 contract commences

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

STAGE 2: Outer East – Jul 2018 contract commences

Cities of Knox and Maroondah, and Shire of Yarra Ranges

STAGE 3: Inner East – Jan 2019 contract commences

Cities of Manningham, Boroondara, Whitehorse and Monash

Location

STAGE 1: North East

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

Appendix 1: List of suburbs in North East

RFT Indicative Timelines

Key Activities	Dates	
Release of Request for Tender (RFT)	27 September 2017	
Vendor/Health Service Provider Information briefing	4 October 2017	
Closing date for online Pre-qualification to participate in tender	25 October 2017	
Closing date for questions	29 October 2017	
RFT closing date	4pm 31 October 2017	
Evaluation of RFTs	by 15 November 2017	
Tenderer interviews (if required)	16-22 November 2017	
e Visits (if required) 22-24 November 2		
Contract negotiations	by Early December 2017	
Service Delivery commencement	15 January 2018	

Prequalification requirements

The online response to this tender is in two parts:

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

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:

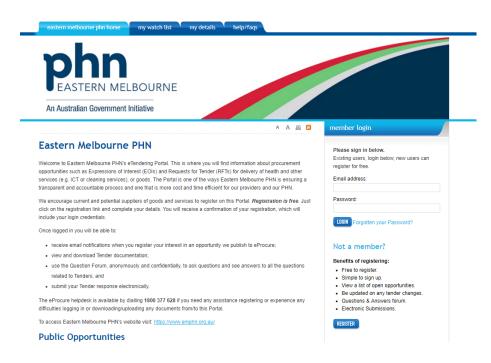
- The Tenderer has the capacity to commence service model delivery by 15 January 2018.
- The Tenderer must be able to deliver the proposed services within the geographical boundaries of EMPHN.
- The Tenderer complies with all requirements of this RFT

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

RFT- North East

 Register via EMPHN's eProcure online portal

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



Evaluation Criteria & Budget

Anne Lyon
Executive Director, Mental Health & AOD

Evaluation Criteria

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	Criteria Category	Weighting %
Criteria 1	Organisational Capability	20%
Criteria 2	Service Model and Structure	35%
Criteria 3	Consumer/Client/Care Participation	10%
Criteria 4	Quality Systems and Risk Management	15%
Criteria 5	Suitability of budget and value for money	20%
TOTAL	1	100%

Available Funding

The indicative amount of funding available to deliver the Stepped Mental Health Care Model in the North East is \$ 2.5 million for 18 months.

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

Mild	2,300 to 2,500
Moderate	555 to 600
Severe	100 to 120

Transition arrangements

Emphasis placed on the:

- Maintenance of service delivery during the phased implementation
- Need to have transition plans for existing consumers to ensure continuity of care
- Managing expectations of new consumers
- Regular communication with referrers, consumers and carers and other service providers

Questions & Answers

Maria Yap
Mental Health & Adult AOD Manager, Moderate

Q and A

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

A: This tender will be an open tender in line with EMPHN's commissioning framework.

Q&A

Q: Will the 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.

List of Questions & Answers

- Related to the RFT: Will be published on eProcure
- FAQ on Stepped Care Model: Will be published at the EMPHN website

Summary

Opportunity to network





FOR MORE INFORMATION

Please contact any member of the Mental Health and AOD Team

Or email:

steppedcare@emphn.org.au