Provision of Stepped Care Mental Health Services Outer East

Request For Tender Briefing

(EMPHN-E023)

14 February 2018

phn EASTERN MELBOURNE

An Australian Government Initiative

Welcome and 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 Mental Health 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 – outer east
6. Submitting the RFT via eProcure
7. Evaluation criteria
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10. Networking opportunity

Request for Tender
Provision of Mental Health Stepped Care Services

Anne Lyon
Executive Director, Mental Health & AOD

Mental Health Stepped Care Model

A **continuum of primary mental health services**

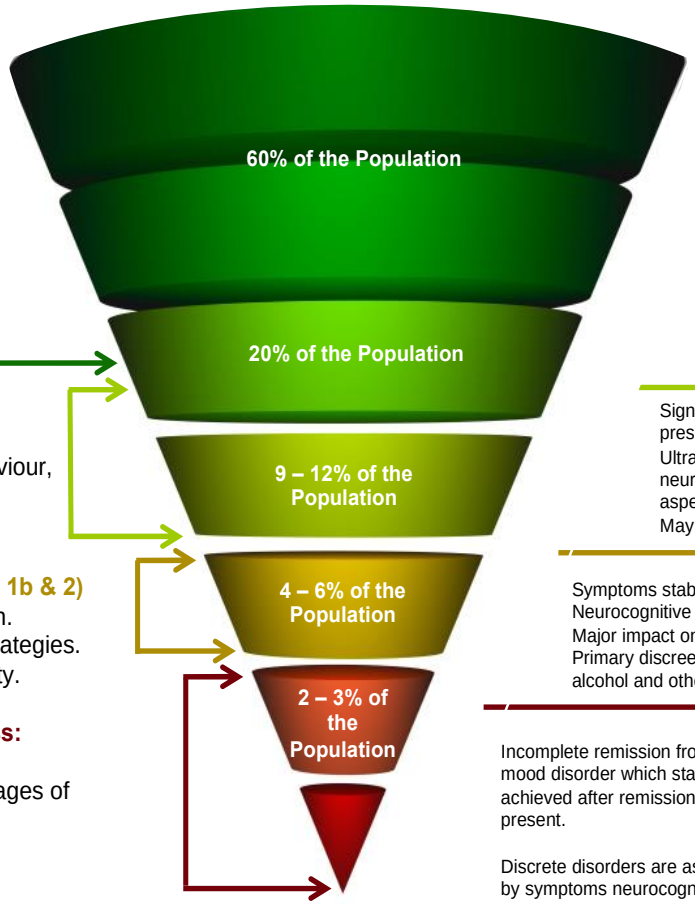
- utilising a **person-centred stepped care approach**
- delivering a **range of service types**
- making the **best use of the available workforce and technology within the local regions**
- to **better match** with individual and local population need

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, including their GP, and other relevant services – supported by a well articulated care plan
- **Collaborative care plans**

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

No mental health disorders or Low Needs (Stage 0)



Typically at risk populations: family history, pre-term delivery or low birthweight, childhood adverse experiences, developmental disorder, childhood anxiety or affective disorders.

Symptoms are of mild severity – not typically considered a DSM-5 or ICD-10 diagnosis
May experience psycho-social difficulty. Generally functioning well but may experience difficulty in some aspect to life (mild functional decline).

Mild Needs (Stage 1a)
Targeted Integrated Care.
Encouraging positive behaviour, economic and social participation.

Significant circadian disturbance (e.g. prolonged fatigue or sleep disturbance) with co-morbid anxious or depressive presentations.
Ultra High Risk - More disorder specific problems or moderate severity but sub-threshold symptoms with neurocognitive changes and functional decline (GAF < 70) Presentations persisting and having impact on major aspect of psycho-social function Symptoms are mixed or have features of a number of different diagnostic groups.
May be complex e.g. comorbidity of anxiety, depressive disorders and substance misuse disorders.

Moderate Needs: (Stages 1b & 2)
Some degree of medication.
Specialist psychological strategies.
Health determinants stability.

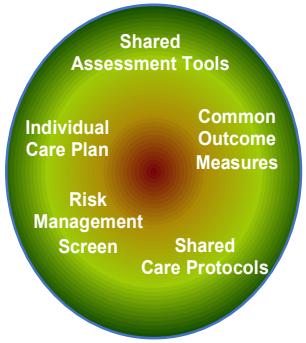
Symptoms stable not transient. Disorder/s persisting typically associated with more moderate to severe symptoms.
Neurocognitive deficits and functional decline (GAF 30 – 50).
Major impact on social, educational or occupational functioning.
Primary discreet disorders may co-occur e.g. anxiety and depression, hypomanic periods, mood or anxiety disorders and alcohol and other substance use. Symptoms clearly diagnosable under DSM-5 or ICD-10.

Severe/Unremitting Illness: (Stages 3 & 4)
Personal and flexible packages of comprehensive health and psychosocial care

Incomplete remission from first episode of care – Patient could be fast tracked to level 6, Recurrence or relapse of psychotic or mood disorder which stabilises with treatment at GAF level < 30, or with residual symptoms, or neurocognition below the best level achieved after remission from the last episode. Multiple relapses with worsening clinical extent and impact of illness objectively present.

Discrete disorders are assessed and specifically treated for at least 3 months. Severe persistence or unremitting illness as judged by symptoms neurocognition and disability criteria.

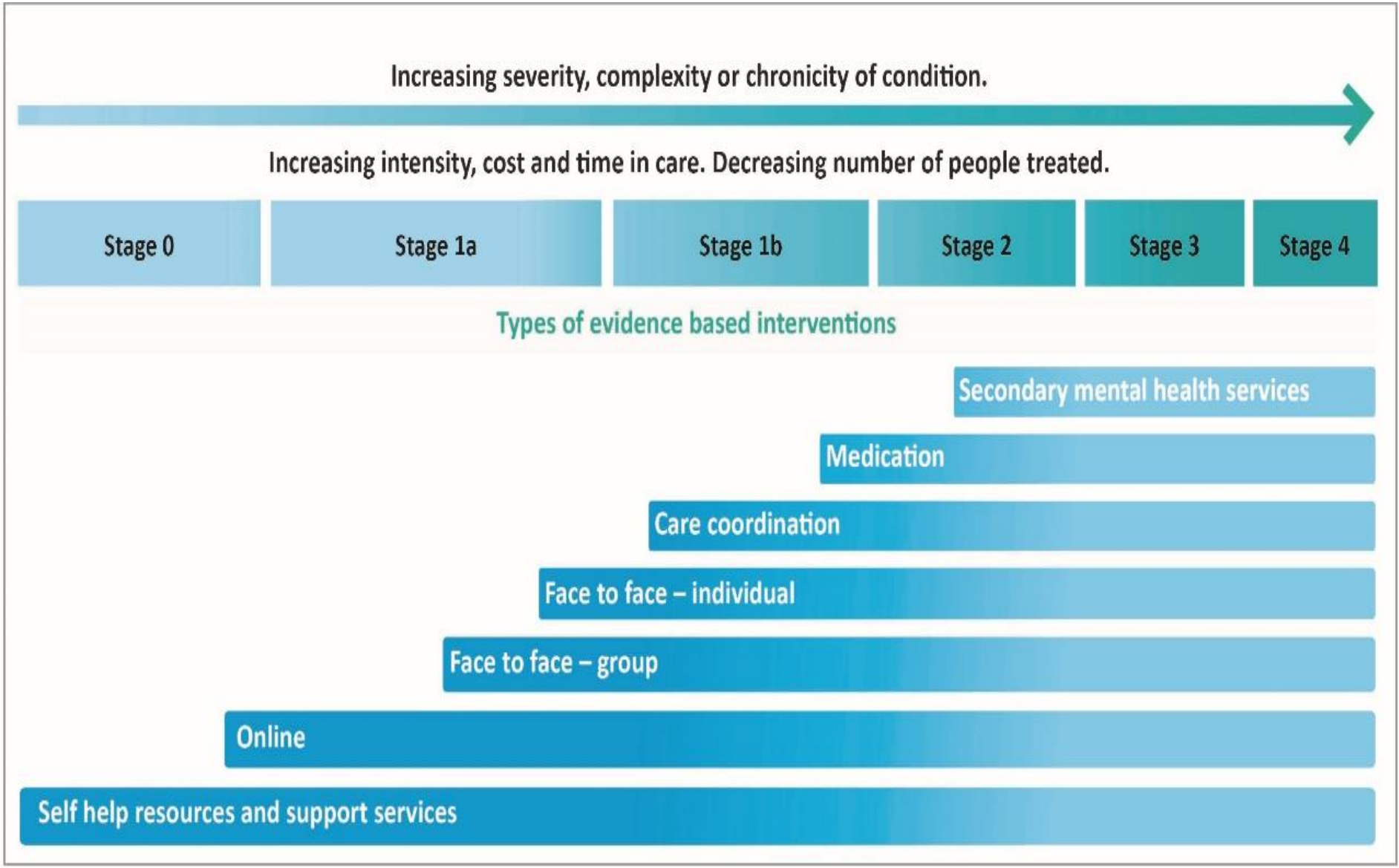
Foundations of Integrated Care



ConNetica
CREATING BETTER FUTURES

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 and recommended interventions



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-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

- 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

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
- reducing programmatic silos
- reducing 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

Role of EMPHN's Referral & Access Team

Rachel Pritchard
Mental Health Manager, Referral & Access

About the EMPHN Referral and Access Team

- 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 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

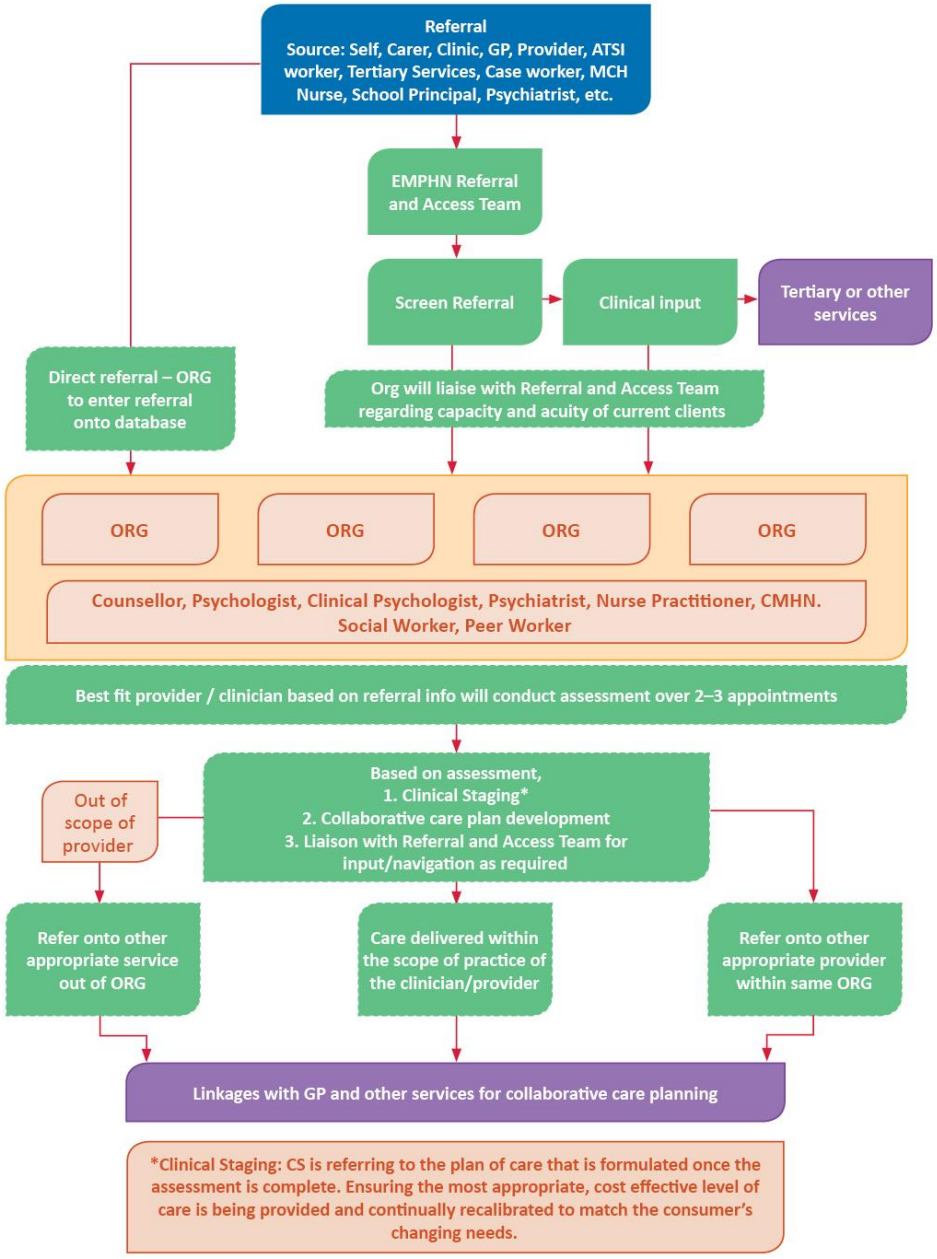
Role of EMPHN Referral & Access Team in MH Stepped Care Model

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.

Possible referral pathways in the Stepped Care Model



Timelines and RFT submission process

Craig Russouw
Mental Health Manager, High Prevalence/Low Intensity

Staged approach to Mental Health Stepped Care Model

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

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

STAGE 2: Outer East – Service delivery planned to commence 2 Jul 2018

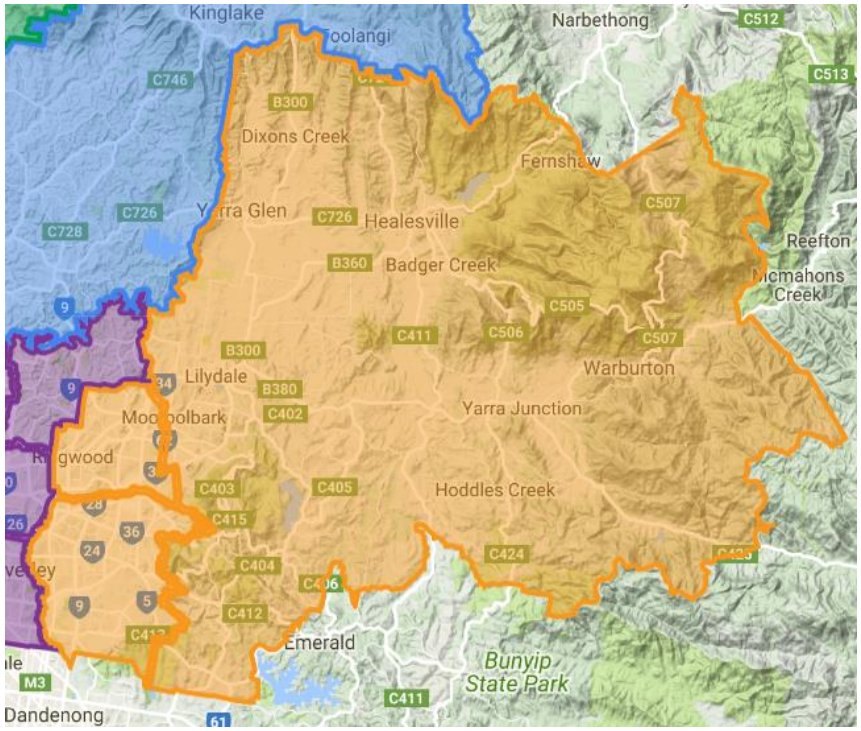
Cities of Knox and Maroondah, and Shire of Yarra Ranges

STAGE 3: Inner East – Service delivery planned to commence Jan 2019

Cities of Manningham, Boroondara, Whitehorse and Monash

Location

STAGE 2: Outer East – Jul 2018 contract commences



Cities of Knox and Maroondah, and Shire of Yarra Ranges

RFT Indicative Timelines

Tender release date:	Friday 2 February 2018
Tender briefing:	Wednesday 14 February 2018
Final FAQS:	Wednesday 7 March 2018
Pre-qualification closes:	4pm Wed 28 February AEDST 2018
RFT closes:	4pm Wed 14 March AEDST 2018
Tender Outcome notification:	May 2018

STAGE 2 Transition & Implementation workshop:	Mid-May 2018
STAGE 2 Service delivery commences:	2 July 2018

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

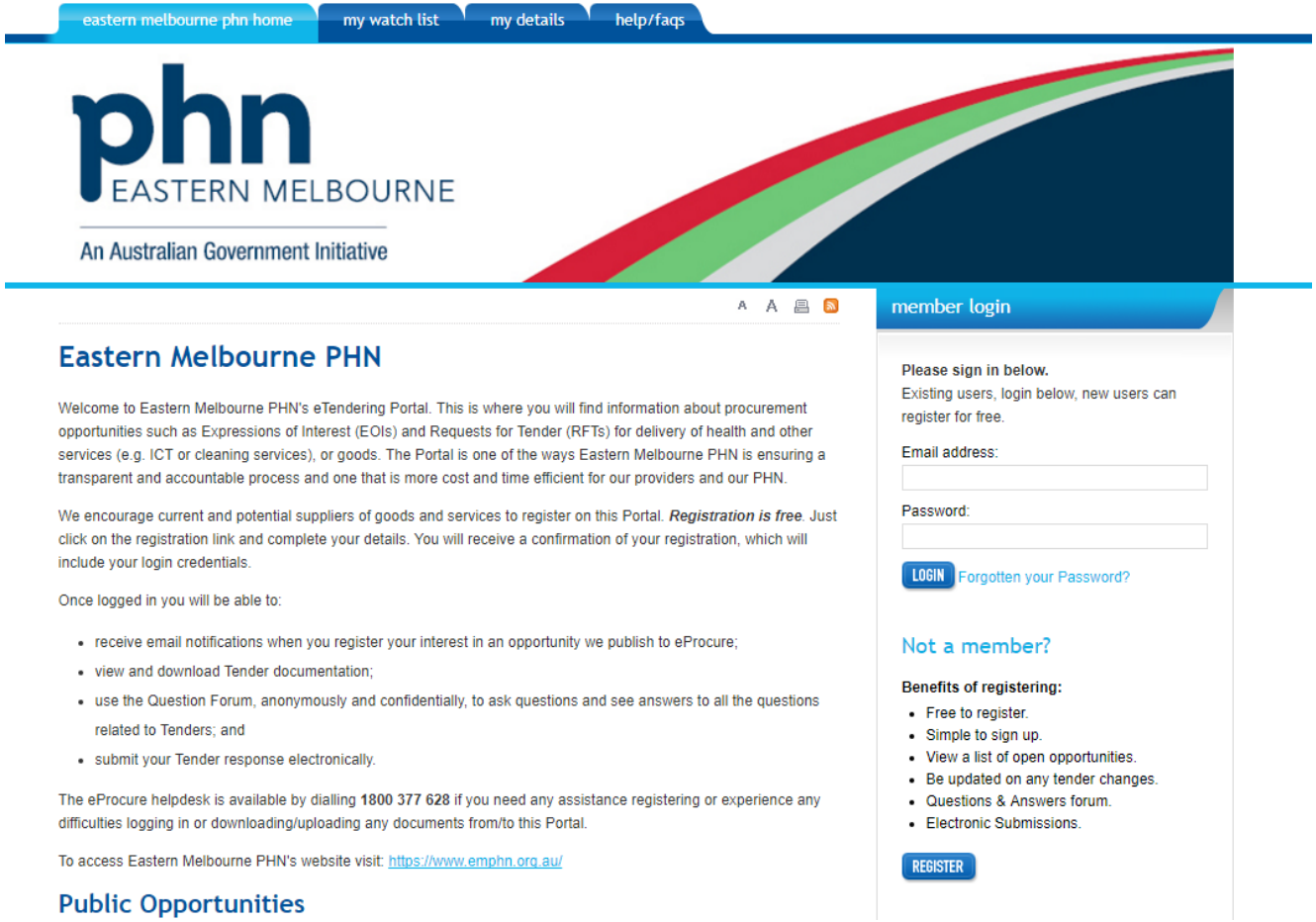
All Responses must meet the following eligibility criteria:

- The tenderer has the capacity to commence service model delivery by 2 July 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 remainder of the tenderer mandatory eligibility requirements are set out according to Part E - documents (Prequalification).

RFT – Outer East

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



Evaluation Criteria and Budget

Joel Robins
Mental Health Manager, Youth Mental Health & AOD

Evaluation Criteria

	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		100%

Available Funding

The indicative amount of funding available to deliver the Stepped Mental Health Care Model in the Outer East is $ 1.3 million for 12 months.

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

Mild	1250 to 1400
Moderate	350 to 420
Severe	90 to 105

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
Mental Health Manager, Moderate MH Nursing Services & Adult AOD

Frequently asked questions

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. 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 Community Health Organisation to deliver the Stepped Care Model similar to the north 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 community health service platform.

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 is currently developing an operations manual to ensure quality and consistency in key areas of service delivery across the three regions in the EMPHN catchment.

List of Questions & Answers

- Questions and answers related to the RFT, will be published on the eProcure portal and on the EMPHN website.

- Frequently asked questions on Stepped Care Model, will be published on the EMPHN website

Summary

Opportunity to network

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FOR MORE INFORMATION

Please submit any questions in the

'questions' tab of the tender on

EMPHN's eProcure