Alcohol and Other Drugs (AOD) and Mental Health Commissioning Intent

Western Victoria Primary Health Network

1 May 2022

Supporting general practice, commissioning health services into gaps and driving service integration.

phn WESTERN VICTORIA

An Australian Government Initiative

Introduction

Western Victoria Primary Health Network (WVPHN) is adopting a place-based commissioning approach, which aims to achieve optimal health and wellbeing outcomes that are responsive to needs in local contexts.

A series of upcoming market sounding session are your opportunity to provide feedback on proposed service models for WVPHN mental health and alcohol and other drug (AOD) programs. The market sounding sessions aim to gather feedback from service providers regarding key elements of the proposed AOD and Mental Health service models to support successful commissioning outcomes.

WVPHN is committed to aligning future AOD and mental health services we commission with key state and federal government recommendations including those from the Royal Commission into Victoria's Mental Health System and WVPHN's recent co-design process. We are seeking the perspectives of service providers in the Western Victoria region on the proposed service models.

WVPHN invites you to participate in a session as part our upcoming market sounding series as we move towards a place-based model when commissioning services. The outcomes of this work will inform the mental health and AOD services commissioned by WVPHN and delivered by service providers from 1 July 2023 onwards.

Ahead of the market sounding, we have developed this information pack to provide you with the context behind the commissioning intent, and an outline of the service models. We will then facilitate discussions and gain feedback on the proposed models.

WVPHN acknowledges the traditional owners of the lands we work on and would like to pay our respects to elders past and present and extend that respect to all First Nations Peoples.

Refer to Glossary for definition of key terms

Context

Between May and September 2021, WVPHN undertook a series of research initiatives and design activities to develop enhanced service models for AOD and Mental Health. Engagement with stakeholders enabled the co-design of services to meet the needs of the region.

The co-design undertaken by WVPHN contributed to identifying sustainable, efficient, and effective services with a focus on how to optimise and achieve value for money and target people most at risk.

We wanted to understand what was working well and what could be improved, to ensure strong delivery models of care. These models aim to create cost efficient services that improve health outcomes for the community based on their needs.

Aims and Objectives

WVPHN will be presenting our enhanced AOD and MH service delivery models to each of the four WVPHN sub-regions: Ballarat Goldfields, Wimmera Grampians, Great South Coast and Geelong Otway. Through the market sounding, WVPHN wishes to engage with current and potential suppliers to gain valuable insight and feedback on our proposed service models as part of our movement towards place-based commissioning.

Our objectives are as follows:

- To gauge suppliers' appetite pertaining to the proposed service models developed for the commissioning process.
- Deliver an open and free space to discuss the planned service model process and explore
- opportunities for partnerships and joint commissioning.
- Understand from a service provider perspective the capacity, feasibility and risks of the proposed service models.
- Publicising the project to ensure current and prospective suppliers are sufficiently informed and encouraged to apply for the tender when released later in the year.
- Investigate opportunities to support a collaborative and partnership approach to service delivery implementation.

Mental health specific program aim

The re-design of WVPHN commissioned mental health services includes the integration of two of WVPHN's key mental health programs, Psychological Therapy

Services for underserviced groups (PTS) and Services and Treatment for Enduring and Persistent Mental Illness (STEPMI).

These services were formed based on the Australian Government Department of Health Grant Program Guidance as follows:

- Psychological therapies provided by mental health professionals for underserviced groups.
- Services for people with severe mental illness.

In the new service model, WVPHN is looking to commission providers that have the capacity and capability to deliver both services. Through market sounding, we seek to understand the feasibility and capability of the market to deliver this integrated service model across the Western Victorian region.

AOD specific program aim

The re-design of WVPHN-commissioned AOD services will see the re-commissioning of two of WVPHN's core AOD funding streams – the Drug and Alcohol Program (DAP) and the National Ice Action Strategy (NIAS) program. The re-designed service model shifts focus from funding specific targeted AOD programs to funding broad AOD services across a spectrum of care that respond to the needs of the consumers. Through market sounding, we seek to understand the feasibility and capability of the market to deliver this service model across the western Victorian region.

Our vision for place-based commissioning

The re-design of AOD and MH service models has been guided by the development and implementation of the WVPHN Place Based Commissioning Strategy (see Glossary for full definition). The overall vision of this strategy is to work closely with local communities and system partners to achieve optimal health and wellbeing outcomes for our communities in the places where people live. This approach centres on co-design and is:

- responsive to identified needs
- highly collaborative and integrated
- based on evidence and
- focused on measurable consumer outcomes.

We envisage a staged approach to implementing the Place-Based Commissioning Strategy that has been developed with a flexible future vision to build the foundation within WVPHN, service providers and broader community, and other organisations interested in the potential of co-commissioning across the next few years.

Vision Statements

In line with the WVPHN Place-Based Commissioning Strategy AOD and MH service models will ensure that services are targeted to the Local Government Areas (LGAs) where there is the greatest need. The WVPHN place-based approach will be data driven and will draw on data from the WVPHN Needs Assessment and other key sources.

There are a number of vision statements that guide WVPHN's approach to place-based commissioning.

1. Improve health and wellbeing outcomes through the delivery of services at the right place and the right time
2. Respond and adapt to the needs of specific places and communities with a tailored approach
3. Support, build and enable the capacity and capability of local workforces and provide markets
4. Partner with the community and where possible empower them to lead change
5. Enable self-determination by First Nations people and communities
6. Integrate service delivery and priories responding to holistic needs of vulnerable people in place
7. Promote shared accountability for place-based responses among all stakeholders'
8. Take a strategic approach to funding and maximise use of existing resources across the sector
9. Position ourselves as leaders in commissioning driving innovative approaches to meet need
10. Demonstrate the impact of evidence based commissioned responses on communities

Outcomes-focused

A core element of the Place Based Commissioning Strategy is monitoring and reporting on the health and wellbeing of the western Victoria population through the measurement of outcomes.

WVPHN is improving how we measure outcomes that relate to health status and wellbeing, in a way that is aligned with the needs of communities. These will be presented in a way that makes it possible to effectively, accurately, and consistently monitor and report progress of our commissioned programs. Enhancing the way we measure outcomes will help us understand how we can improve the delivery of our commissioned services and the impact our services have on consumer experience and health outcomes.

The focus on measuring population health outcomes aligns with the Quadruple Aim Approach that strives to conceptualise and optimise performance in the health care system through the simultaneous pursuit of four dimensions (Figure 2). The re-designed AOD and Mental Health service models will focus on the collection and measurement of outcomes measures across the four domains of the quadruple aim. Outcome measures will be consistent across AOD and MH where practical and will draw on existing tools that are validated and fit for purpose.

Figure 2 – Courtesy of North Western Melbourne Primary Health Network

The Service Models

The proposed Service Models encompass Mental Health and AOD services and focus on a person-centred approach to care, treatment, and management. These services will be flexible to facilitate and support evidence-based treatment, operating across the spectrum of care, tailored to individual needs. The service models are influenced by **key guiding principles** that informed the re-design.

WVPHN developed the key guiding principles following co-design in 2021 with members of the western Victorian community and other engagement with stakeholders, third-party evaluations of the Psychological Therapy Services (PTS), Services for Treatment for Enduring and Persistent Mental Illness (STEPMI) and Alcohol and Other Drugs (AOD) programs and an internal review of key policy documents including the Royal Commission into Victoria's Mental Health System.

The key guiding principles include:

- taking a person-centred approach
- elevating the value of the voices and skills of people with lived experiences
- supporting service integration, care coordination and partnerships
- ensuring multidisciplinary workforces
- ensuring services meet the needs of the people using them
- emphasising the importance of consumer, provider, and carer experiences
- focusing on outcomes and
- ensuring equitable access.

Based upon the series of co-design engagements the following service models have been developed for the upcoming commissioning of AOD and Mental Health services across the WVPHN region.

There are **six key priority areas** embedded in the service models, identified through review of existing services and best practice literature and based on valuable feedback from lived experience, workforces and stakeholder engagement that identified the key elements necessary for a successful service delivery system.

1 Streamlined Screening, Assessment and Referrals

The proposed service model seeks to support coordination of care within and across sectors by promoting shared screening and assessment tools and clear referral pathways.

Screening and Assessment	Screening and referral processes in the proposed service model will: • be person-centred, culturally safe and empathetic • determine the level of service and care coordination required • identify risk • assess for co-occurring Mental Health and AOD • escalate to appropriate acute services as required • provide warm transfer to local services that enable management of the co-occurring needs (if internal expertise is not present) • consider non-health factors which could impact consumer's health such as safe housing, trauma, stigma, domestic and family violence • utilise the central intake system set up within Victorian PHNs **Screening tools** The Initial Assessment and Referral (IAR) decision support tool will be used in all mental health services, and in AOD services where mental health issues are present. Where possible, services use universal or consistent screening and assessment tools to identify both mental health and AOD needs. Possible tools are listed under the Outcome Measures section below (Section 3.5).
Referral pathways	The proposed service models will support: **Warm transfers (see glossary for definition)** The service models encompass a 'how can we help – if not us, who?' approach. People who present to the service who are ineligible for care through the relevant service model are supported to find the care they need. **Clear referral pathways** Build clear referral pathways within and between the mental health and AOD sectors. Extend referral pathways to include physical health and non-health services such as family violence, housing, child safety and local hospitals.

2 Integrated Coordinated Care and Partnerships

The proposed service models will have a strong focus on partnership approaches within sub-regions and across sectors.

2.1. Coordinated Care	The proposed service model will facilitate care coordination through: • embedding the delivering of collaborative shared-cared plans • supporting improved referral pathways between sectors to achieve warm and seamless wrap-around care and coordination throughout the consumer's journey • regular, acute case meetings across disciplines as well as integrating natural supports (for example, family and friends) • collaboration of clinical and non-clinical services.
2.2. Partnerships	The proposed service model will support stakeholder engagement and partnerships through: • formalised partnership arrangements (for example, terms of reference, memorandums of understanding). • agreed and clear referral pathways between service providers in specific regions • developing partnerships strategically to meet the needs of the community • supporting combined contracts across Mental Health and AOD providers seeking to deliver both services where practical. Providers should bring together multidisciplinary and transdisciplinary providers (some of which may sit outside of the usual network) that include, but are not limited to, the following: • service providers that collaborate and coordinate Mental Health and Alcohol and Other Drugs services • local providers including emergency and hospital services and other health and community providers • providers of psychosocial and emotional wellbeing support • relevant, local services that support the specific needs of the communities being cared for • meaningful partnerships with priority groups.

3 Person Centred and Outcomes Focused Service Delivery

The proposed service models will support person centred, recovery focused service delivery.

3.1. Person centred service delivery	Person centred service delivery will include the following: • welcoming, wraparound care that prioritises self-determination, choice and agency • the inclusion of natural supports, family, friends, and carers • flexibility in modality preferences within the current funding allocation including face to face, flexible hours and telehealth options that meets the needs of the consumer.
3.2. AOD Specific service delivery	The types of treatment activity and interventions that are used to treat the consumers alcohol or other drug use supports care across the spectrum of service delivery including but not limited to: • assessment • brief Intervention • counselling • support and case management • home-based withdrawal management (detoxification) • dual Diagnosis • treatment for families/carers.
3.4. Mental health specific service delivery	The proposed service models will combine funding previously allocated separately for the PTS and severe and complex mental health programs to allow for better continuity of care for consumers. Treatment will be complemented by identifying and addressing broader social, physical, and emotional needs by taking a collaborative approach to care. This will include multidisciplinary approaches to ensuring holistic needs are met, through collaborative shared care and warm referrals through a service navigation function. The service will also focus on including family friends and natural supports. The service will support warm handovers with consent obtained from the consumer to carry care to another provider, enabling consumers to more seamlessly move along the continuum of the Stepped Care Model (see glossary for definition), and to other services (for example, physical health and social services).
3.3. Target Population	The proposed service models will target specific populations, places and priority groups. Target populations are determined though WVPHN's place-based commissioning approach targeting specific priority areas of a place/region/LGA to support the needs of the community. The Commonwealth Guidance for Primary Health Networks outlines priority areas and groups for the design and delivery of Mental Health and AOD programs. As such, the proposed service models align with Commonwealth guidance and target priority groups who cannot access care through other services such as privately funded services and/or publicly funded services (for example, under the Medicare Benefits Scheme).
3.5. Outcomes focused	The proposed service models support the development and standardisation of outcome measures across Mental Health and AOD programs that are aligned to the Quadruple Aim. Outcome and experience of care measures may include:

	• The K10, K5, SDQ, SOFAS, WSAS • Indigenous Risk Impact Screen (IRIS) used where appropriate • Quality of life tools such as the WHOQoL • ASSIST/AUDIT/DUDIT • Outcome Star, Single Session Work (SSW) • Your Experience Survey (YES) • Carer Experience Survey (CES) • Provider Experience Survey.

4 Culturally and Inclusive Safe Services

The service models will support the delivery of culturally safe service provision across the spectrum of care.

4.1. First Nations population	The proposed service models: • enable self-determination by First Nations people and communities • focus on delivering culturally safe care. All staff and sub-contractors must complete mandatory Indigenous Cultural Awareness and Safety Training. • encourage meaningful collaboration with Aboriginal Community Controlled Health Service (ACCHOs) from the start that goes beyond just listing them as a potential partner. • support the delivery of AOD and MH services that are tailored to the specific needs of First Nations people.
4.2. Equity, Diversity, and Inclusion Training	The proposed service models encourage all staff (reception and administrators, clinical and non-clinical) to undertake meaningful and ongoing training to ensure Mental Health and AOD services deliver appropriate care that supports the diverse needs of the people they support which may include but is not limited to: • workplace excursions and cultural immersion activities • LGBTQIA+ training • gender diversity training • multicultural training

5 Workforce Development & Training

The proposed service models supports a multidisciplinary, collaborative workforce by focusing on recruitment, retention, capacity and capability with strong clinical governance in place.

5.1. Workforce Development	The proposed service models: • encourage a multidisciplinary collaborative team approach supported by appropriate clinical governance within and across partnerships where there are shared care arrangements • encourage peer workforce integration into service delivery roles where appropriate • require the clinical workforce to meet mandatory qualifications and credentials • focus on supporting strategic workforce approaches that consider recruitment, relocation incentives, increased salary, retention, shared workforce models and skill development to uplift the existing AOD and MH workforce • support capacity building and professional development of the workforce to ensure all staff are appropriately skilled.
5.2. Dual Diagnosis	The proposed service models support the implementation of dual diagnosis assessment across Mental Health and AOD services including; • appropriate training for Mental Health and AOD workers in the assessment and identification of co-occurring mental health and AOD issues • a strong understanding within the workforce of referral pathways to appropriately skilled specialists to support dual diagnosis management and facilitate warm transfer of care with the consent of the consumer.
5.3. Peer Workforce	The proposed service models may also support and encourage the deployment and development of the Peer Workforce. Peer workforce supported through the proposed service models will be required to: • be culturally inclusive with experience in specific roles encouraged such as First Nations, LGBTQIA+ and carer specific peer support positions • be appropriately skilled and qualified (with flexibility for areas of need) with the relevant tertiary qualifications (for example, Certificate IV in Peer Work or Mental Health) • support the service navigation function so people can receive coordinated care and warm transfers to other services • provide additional support to service demands and workforce gaps by providing support to people whilst on a waitlist.
5.5. Regional and Remote Workforce	The proposed service models also support the development of the regional and remote workforce to ensure people across the WVPHN catchment have equitable, timely and ease of access to Mental Health and AOD services. Service providers could consider strategies that support regional and remote workforce such as: • outreach services

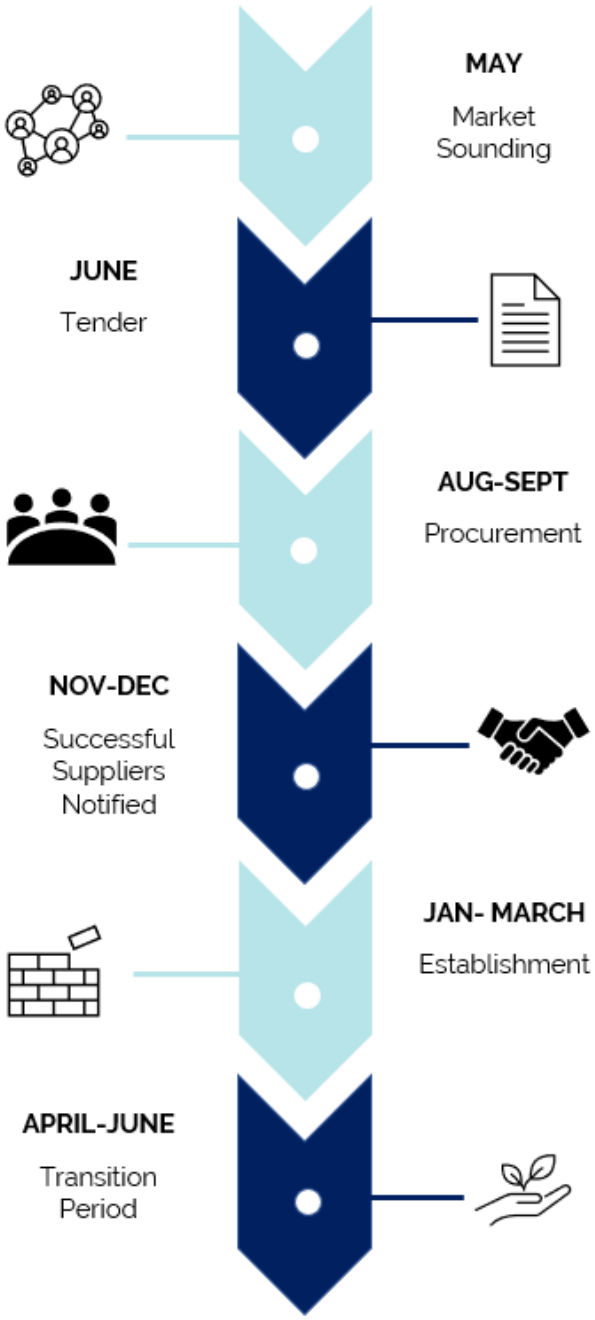
	• visiting or shared workforce models • mental health and AOD rotations/clinical placements • inking workforce with regional universities/tertiary institutions to provide teaching opportunities on unique experience in rural health.

6 Targeted Funding Model

The proposed service models will be supported through block funding that considers allocation of a proportion of funding to support the delivery of care in rural areas, the development and maintenance of partnership approaches and standardised cost structures that are evidence based.

6.1. Allocation across sub-region	The proposed service models targeted funding model aligns with WVPHN's Place Based Commissioning strategy. Current funding within the existing programs of Psychological Therapy Services (PTS), Services and Treatment for Enduring and Persistent Mental Illness (STEPMI), Department of Health's Drug and Alcohol Program (DAP), National Ice Action Strategy NIAS will be reallocated across each of the four sub-regions within the catchment considering factors such as: • the needs of remote and rural areas • socio-economic status • priority populations and • prevalence of mental health and alcohol and other drug issues.
6.2. Block funding Model	The proposed service models will be block funded. The block funding model will clearly articulate and demonstrate how funding allocation and incentives (such as rural loading) will be used. This will be determined based on Commonwealth KPIs, as well as factors such as industry standards, external pricing schedules, evaluation of previous AOD and MH programs and will consider the following: • priority LGAs and groups of most concern as identified through a place-based commissioning approach (for example, rural communities, culturally and linguistically diverse groups, LGBTQIA+ people, younger people, older people) and Commonwealth program guidance documents and funding deeds provided to WVPHN • partnerships, collaboration with other sectors, shared-cared plans, stakeholder engagement (for example, GPs, health professionals, clinicians, peer workers) • appropriate allocation of resources required to meet key Commonwealth KPIs • standardised cost structures per FTE and/or unit of care (for example,. occasion of service or episode of care) • Cap of 15 per cent of total funding for corporate charges and indirect service costs.

Timeline 2022-2023



Market Sounding Questions

The following questions will be discussed in the market sounding sessions. Please think about the key priority areas when considering these questions.

1) Do you think this service model will enable better coordinated and Integrated care for PHN funded AOD and Mental Health Programs?

2a) What is the capacity of the market to deliver the proposed models?

(For the Mental Health service model, what supports the capability to deliver an integrated service that can support people with moderate to severe mental Illness?)

2b) What support would you require from WVPHN?

3) What factors would contribute to successful and partnerships in the context of the proposed service model?

4) Do you have any questions, concerns, or feedback regarding the draft service models?

Probity and Transparency

WVPHN has probity at the forefront of procurers' minds when planning and conducting early market engagement activities. All activities undertaken are done so openly, transparently, and fairly. WVPHN plans and manages early market engagement to ensure probity is maintained throughout the whole process.

Considerations for attendees:

- Please understand that you are not bidding or providing any formal expression of interest.
- All information received in the market sounding can be recorded and communicated to other companies participating in the market sounding except for intellectual property and commercially confident material.
- The purpose of the market sounding is not selecting solutions or suppliers. Selection will occur during procurement.
- No legal relationship is created by the issue of this AOD and MH Commissioning Intent Document, nor the submission of any proposal in response to it.
- WVPHN is under no obligation to award a contract to any respondent as a result of this market sounding process.
- WVPHN has taken reasonable steps to ensure that all information presented in this AOD and MH Commissioning Intent Document, is accurate at the time of issue.

Glossary

Alcohol and Other Drugs (AOD) – this term most often refers to excess use of alcohol and misuse of illicit or prescribed drugs.

Best practice – includes:

- evidence care models that have been peer-reviewed and broadly accepted by the sector as the 'gold standard' based on the best available evidence from current research.
- emerging practices that are developing an evidence base over time and are underpinned by evidence-based principles that are broadly accepted and/or prescribed by the sector.

Care navigator – a person who works collaboratively with consumers and carers to assist them in finding the most appropriate treatment, care or supports.

Clinical governance – Clinical governance is the system by which the governing body (bodies), managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers/patients/residents. It includes workforce credentialling and scope of practice determinations.

Co-morbidity – other conditions that occur at the same time as mental illness. This is often physical illness or poor health but can also include use of alcohol and other drugs. Both are very common in those with mental illness or mental disorders

Market Sounding- a structured conversation with the provider market to gather insights and test assumptions to support successful commissioning outcomes. Market soundings occur outside of a procurement process and are typically used as an important planning activity and can involve getting feedback from the market regarding the structure of key elements of the service model or the procurement approach.

Peer support worker – workers who have a lived experience of mental illness and/or suicide and who provide valuable contributions by sharing their experience of mental illness and/or suicide and recovery with others. Peer workers may have lived experience as a consumer or as a carer.

Place-based commissioning – WVPHN place-based commissioning strategy ensures that services across the mental health and alcohol and other drugs are accessible for the community at the right place and at the right time.

Priority populations - groups in the region with disproportionately high rates of chronic disease and poorer overall health. They include but are not limited to culturally and linguistically diverse groups, LGBTQIA+ people, those experiencing homelessness, and First Nations peoples. Each priority population has additional and complex needs that are not necessarily met by the current service system.

Stepped/staged care- the stepped care approach provides a continuum of primary mental health services. Mental health services are defined in terms of a hierarchy of interventions that are matched to individuals' needs. Low intensity services (self-management) are delivered at Level 1 of the continuum with services that provide care for severe and enduring mental health delivered at Level 5. The stepped care approach relies on the service system to work together to integrate care and offer a suite of service interventions.

Figure 1 - Schematic representation of levels of care[5]

Warm transfer – the site actively communicates with the service to which the individual is connected to provide essential information about their needs before transferring them. Support is maintained for the individual by the site until they are received by the service.