76. As a minimum, you must use your best endeavours to ensure that:
    i. service users have access to the full range of services included in the service specification for services to prevent and minimise gambling harm
    ii. participation occurs in local planning/co-ordination forums, for example, local mental health and addiction networks and preventing and minimising gambling harm regional hui
    iii. Māori service users are offered the choice of dedicated Māori services and General services (where a choice of services is available), or a combination of both
    iv. Pacific people are offered the choice between dedicated Pacific services and General services (where a choice of services is available) or a combination of both
    v. Asian people will be offered the choice between dedicated Asian services and General services (where a choice of services is available), or a combination of both.

77. Providers will be required to show that they can establish working protocols with other services that interface in some material way with the Services you are to provide. Interfaces and linkages should exist between preventing and minimising gambling harm service providers and other service providers or referral agencies. Such services will include, but are not limited to:
    i. other providers of services to prevent and minimise gambling harm
    ii. health promotion and public health services
    iii. local mental health and addiction networks
    iv. alcohol and other drug treatment services
    v. budgeting and other social service agencies
    vi. Māori health and social service agencies
    vii. primary care providers
    viii. community mental health services
    ix. Pacific health and social service agencies
    x. child, adolescent and youth health/ social services
    xi. local Department of Corrections services.

Psychosocial Clinical Intervention

78. Psychosocial clinical intervention services include a range of interventions delivered to individuals or groups in a variety of settings. The four core intervention components of the Ministry's comprehensive approach are brief intervention, full intervention, facilitation and follow-up services.

79. People affected by a family or whānau member's gambling can access the same range of services available to gamblers themselves.

80. National and international literature outlines the effectiveness of brief intervention of 15-30 minutes over 1-2 sessions, and a number of full psychosocial intervention and facilitation sessions of approximately 60 minutes each, followed by follow-up. The typical pattern of intervention sessions is outlined on the following page:

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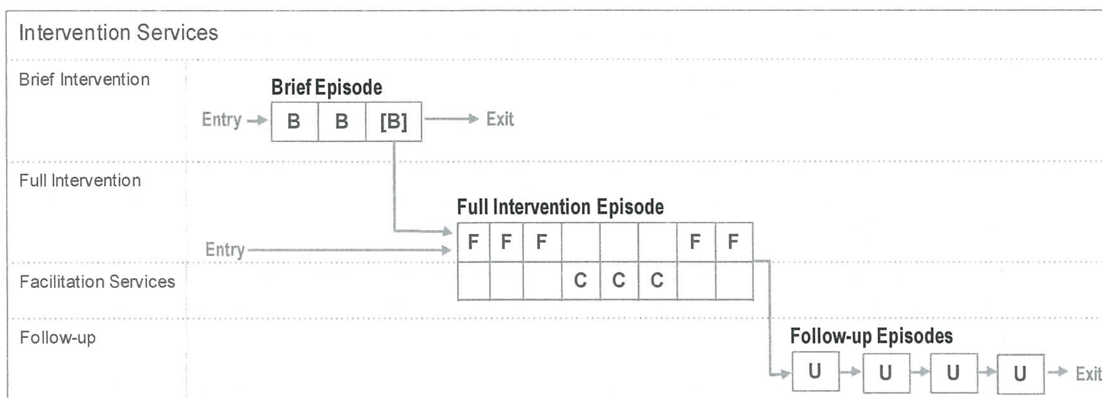
Table One: Typical pathways for intervention sessions



Brief Episode	1 to 2 (B) Brief sessions followed by a ([B]) Brief follow-up contact.
Full Intervention Episode	Typically up to eight sessions comprising of a mix of (F) Full Intervention sessions and (C) Facilitation sessions.
Follow-up Episode	A scheduled Follow-up programme. Follow-up sessions to be undertaken at 1, 3, 6 and 12 months after the last Full Intervention Episode session.

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81. The Ministry acknowledges that clients experiencing greater levels of gambling related harm and/or comorbid presentations require increased levels of support and intervention. However, these presentations are atypical and the Ministry expects that the majority of provider's interventions will be delivered within the preferred pattern of intervention sessions.

Primary Prevention Public Health

82. The Ministry uses a continuum of harm model. This recognises that people experiencing harm from gambling are at different points on a continuum. People do not simply move along the continuum, but enter and exit at various points, and may re-enter at any point. While it is necessary to address the needs of those who have already developed a serious problem and who need specialist help, taking an early preventative approach can avoid considerable loss and trauma.

83. Primary prevention public health includes health promotion, increasing community action, raising community awareness about gambling and problem gambling, working with territorial authorities on gambling venue policies, and supporting the awareness and education programme at a local and regional level. The Kiwi-Lives awareness-raising campaign, coordinated by the Health Promotion Agency, is central to the Ministry's national public health activity.

84. To support the delivery of primary prevention public health purchase units, service providers will be expected to prepare an annual preventing and minimising gambling harm public health work plan to be agreed with the Ministry in June of each year for the following 1 July to 30 June twelve month period.

Dedicated Services

85. Māori and Pacific people continue to be over-represented in statistics on gambling harm. Specific subgroups of Asian people also appear to be more at risk of harm. Services tailored to these population groups will continue to be a focus in the 2013-2016 Plan period.

86. Accordingly the Ministry requires a mix of general and dedicated ethnic services across regions and nationally to reflect and respond to the demographics and needs of regions. Services may be General, Dedicated Māori, Dedicated Pacific or Dedicated Asian.

General Services

87. General Services aim to minimise problem gambling-related harm for all members of the community, and will include consideration for delivering to Māori, Pacific, Asian and other priority population subgroups. A General Service must include and demonstrate at least the following features:

i. the service being delivered in a manner that is accessible to all groups regardless of gender, ethnicity, age, or health status
ii. being culturally safe and appropriate to the diverse populations in the area of delivery
iii. has a focus on improving Māori health gain
iv. has a focus on reducing health inequalities
v. accesses cultural support and expertise as required.
vi. responsiveness to the needs of Māori service users through the delivery of a service that is culturally safe and which may include the provision of culturally derived skills programmes.
vii. where a Dedicated Māori service (whether or not provided by you) is reasonably available as an alternative, Māori service users will be offered the choice of Dedicated Māori Services, General Services, or a combination of both.
viii. the particular cultural needs of service users will be met through the delivery of a service that is culturally safe and may include the provision of culturally derived programmes.
ix. where a choice of service types (Dedicated Pacific or Asian – whether or not provided by you) is reasonably available, Pacific or Asian service users will be offered the choice of dedicated services, general service, or a combination of both.

Dedicated Māori Services

88. The purpose of Dedicated Māori Services is to minimise problem gambling-related harm particularly to, and for, Māori. A Dedicated Māori Service must include and demonstrate at least the following features:

i. the service is based in a Māori cultural paradigm
ii. the service utilises Māori derived beliefs, values and practices
iii. wherever reasonably possible, staff will be of Māori descent
iv. the service facilitates access to, and support of, kaumātua (male and female)
v. there is an emphasis on whanaungatanga.
vi. it does not exclude service users that are non-Māori

Dedicated Pacific Services

89. The purpose of Dedicated Pacific Services is to minimise problem gambling-related harm particularly to, and for, Pacific peoples. A Dedicated Pacific Service must include and demonstrate at least the following features:

i. the service is based in a Pacific cultural paradigm
ii. the service utilises Pacific-derived beliefs, values and practices
iii. wherever reasonably possible, staff will be of Pacific descent

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iv. the service is mandated by local Pacific communities
v. it does not exclude service users that are not of Pacific descent
vi. access to appropriate Mātua advice for guidance, advice and cultural protocol
vii. linkages with a dedicated Māori service provider to enable client referral if appropriate or access to Kaumātua for advice if needed.

Dedicated Asian Services

90. The purpose of dedicated Asian services is to minimise problem gambling-related harm particularly to, and for, Asian peoples. A dedicated Asian service must include and demonstrate at least the following features:

i. the service is based in a Asian cultural paradigm
ii. the service utilises Asian-derived beliefs, values and practices
iii. wherever reasonably possible, staff will be of Asian descent
iv. the service is mandated by local Asian communities
v. it does not exclude service users that are non-Asian.
vi. linkages with a dedicated Māori service provider to enable client referral if appropriate or access to Kaumātua for advice if needed.

Qualifications

91. Service providers are required to employ staff with 'relevant' qualifications for individual roles. Relevant qualifications are not currently defined by the Ministry. However it is the intention of the Ministry to work with contracted infrastructure providers and service providers to develop competency pathways, including the definition of relevant qualifications, for psychosocial clinical intervention and primary prevention public health roles providing services to prevent and minimise harm from gambling.

92. Service providers are expected to actively participate and support the development of competency pathways. This will result in service providers being required to employ 'appropriately qualified' staff to deliver services to prevent and minimise gambling harm.

Information Requirements

93. You must maintain an information system that efficiently and accurately monitors utilisation of service and outcomes for service users, and which is fully compatible with Ministry data collection systems. The information system must collect monitoring information including: presenting problem (including primary and secondary diagnoses), gambling harm assessment score, main mode/s of gambling causing harm, demographics (including ethnicity as identified by the service user) and utilisation of service

94. You must comply with the principles, standards and timeframes specified in the most current and relevant version of the following as defined by the Ministry:

i. Problem Gambling Service - Data Management Manual
ii. Problem Gambling Service - Data Collection and Submission Guide
iii. Problem Gambling Intervention Service Practice Requirements Handbook
iv. any other relevant information and data requirements as directed by the Ministry.

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Full-Time Equivalent Price

95. The Ministry proposes to contract service providers at a rate not exceeding $102,000 (GST exclusive) per annum per Full-Time Equivalent (FTE) for psychosocial clinical intervention services.

96. The Ministry propose to contract service providers at a rate not exceeding $92,000 (GST exclusive) per annum per FTE for primary prevention public health services.

97. Potential providers are required to submit Proposals that represent their best value for money offer per FTE. It should be noted that the Ministry does not propose to contract with providers at rates that exceed the maximum per FTE as outlined in paragraphs 95 and 96 above.

98. The amount paid for clinical intervention services and public health services is calculated on the basis of FTEs. For services to prevent and minimise gambling harm one FTE means one full time employee employed for a minimum of 37 hours and 55 minutes per week. The amount for each FTE is the total funding of all direct and indirect costs incurred in respect of, or attributable to, that employee, including for example management and supervision, annual leave, sick leave, and all other associated costs. The amount also comprises the only payments we will make for general administration, operation, and management costs.

99. The Ministry proposes to explore opportunities for bulk buying cost efficiencies where a number of FTE may be purchased jointly under one contract with a single lead service provider.

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PART D - PROPOSAL EVALUATION CRITERIA

100. Potential providers **must** first meet the Minimum Standards set out in paragraph 45. Subject to complying with the Minimum Standards the following criteria will be used when assessing the Proposals received and selecting the preferred provider (if any). The criteria are not in any particular order.

Delivery of Services

i. Understanding of the requirements?
ii. Demonstrates how the Services will be delivered?
iii. Innovative practice and/or thinking in relation to service delivery models?
iv. Knowledge of the sector, including an understanding of the target audience?
v. Innovative practice and/or thinking in relation to the organisational structure for delivery?
vi. Any proposed subcontractors have the appropriate experience and a sound working relationship with contractor?
vii. Ability to undertake work with Māori, Pacific Islanders, Asian, people of different cultures and/or people with disabilities?

Experience

i. Experience in the provision of the required Services
ii. Successful implementation of previously delivered Services?

Capability

i. Knowledge of appropriate and relevant recruitment, training and retention pathways for staff?
ii. Technical ability and experience of the proposed project team to carry out the work?

Alignment

i. Knowledge of the wider addiction treatment sector and opportunities for synergistic alignment of the preventing and minimising gambling harm sector and other addiction services?
ii. Alignment with a wider provider collective or Whānau Ora collective?

Outputs and Outcomes

i. Performance measures and quality measures proposed?

Requirements

i. Management team experience with the sector and/or the services?
ii. Service provider governance team experience with the sector and/or the services?
iii. Explanation of conflicts of interest or potential conflicts and how they will be managed?

Purchase Units

i. Ability to deliver both public health and clinical services in preferred regions?
ii. Ability to deliver all purchase units in region?

Price

i. Proposed FTE rate to deliver the Services?

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