



2014 VA Industry Innovation Competition
for Mental Health

Industry Day Webinar

Wednesday, February 19, 2014
2:00pm – 5:30pm EST

2:00pm – 2:15pm

VA Center for Innovation (VACI)
Welcome & Overview

2:15pm – 3:15pm

Review of Topic 1: *Upstream Suicide
Intervention*
Questions

3:15pm – 4:15pm

Review of Topic 2: *Improving Veterans
Receptivity to Mental
Health Care to Promote
Treatment Engagement
and Participation*
Questions

4:15pm – 5:15pm

Review of Topic 3: *Innovative Methods
of Incentivizing Behavior
to Improve Mental
Wellness*
Questions

5:15pm – 5:30pm

Final Comments from VACI

Remember: Think big

We want your crazy ideas, new approaches, disruptive solutions. Concepts may be in their early stages; do not feel constrained only by tried-and-true strategies.

We encourage partnerships: consider partnering to round out your proposal with diverse skills and expertise

We are looking for solutions that most effectively serve Veterans; this can be inclusive of both VA and other services available to Veterans.

We understand families + peer networks are a part of healthy Veteran lives; consider all actors

Industry Competition Process

- ▶ **Broad Agency Announcement (BAA)** is the tool the VA will use to execute this competition.
- ▶ Issued under FAR 35.016 and 6.102(d)(2)(i)
- ▶ Full and open competition and fully compliant with PL 98-369, entitled “The Competition in Contracting Act of 1984.”
- ▶ Not a Grant; selected proposals may result in the award of a contract
- ▶ Does not commit the Government to make an award or pay concept paper or proposal preparation costs

Two stages:

1. Concept paper submission
2. Invitation-only full proposal stage

▶ Concept papers will be evaluated on a rolling basis beginning February 24, 2014 through May 30, 2016 as long as funding is available.

▶ Following a technical review, selected Offerors will be invited to submit full proposals.

▶ *Caution: An invitation to submit a full proposal does NOT guarantee a contract award.*

Seeking solutions that can be implemented in 12-24 months:

1. **Development:** New/untested ideas or novel customization of existing technologies
2. **Field Test:** Small-scale deployment of products/solutions new to the VA operating environment

Industry **Competition Process** cont.

- ▶ Preference for Firm-Fixed Price contracts
- ▶ Offerors must be registered in the Central Contractor Registry (CCR) prior to award
- ▶ Open source technology
- ▶ All concept papers/proposals must be submitted electronically to VA's Virtual Office of Acquisition at <https://www.voa.va.gov>

Differences between Government Acquisition Tools:

Request For Proposal (RFP) and BAA

- The primary purpose of a BAA is to advance the state of the art in a particular area of interest
- There is no common SOW/PWS (requirement); each offeror proposes its own unique technical solution under a specific topic
- BAA proposals are for unique solutions and are not evaluated against each other
- Scientific/technical review process; technical competition in the “marketplace of ideas”

Concept Paper Preparation Instructions

- Concept paper shall succinctly describe the innovation in four (4) pages or less.
 - ✓ Technical review of this paper will determine VA's interest in receiving a full proposal
 - ✓ Must submit a concept paper to be invited to submit full proposal.
- In addition, Offerors must submit a Single Page Summary Slide
- Only Offerors who are invited may submit full proposals

Evaluation Criteria

- Concept papers and proposals will be evaluated on their own merit; not compared against each other
- The following criteria will be used to evaluate all concept papers and proposals:
 - ✓ The potential impact, benefits, and contributions of the solution to the VA mission areas of interest
 - ✓ The quality of the proposed solution design
 - ✓ The quality of the proposed implementation plan
 - ✓ The scalability of the proposed solution
 - ✓ The Offeror's capabilities, related expertise/experience, facilities, techniques, or unique combinations of these that are integral factors for the achievement of proposal objectives
 - ✓ The cost-effectiveness of the solution in proportion to its potential impact/benefits.

Notification Process

- Offerors whose concept papers lack technical merit or relevance to the areas of interest enumerated in this BAA, and/or whose content is not favorably assessed on the criteria above, and/or whose concept papers may fall in areas wherein funds are not expected to be available, will not be invited to submit a full proposal.
- Upon completion of the concept paper evaluation, Offerors will be notified that:
 - ✓ The concept paper has not been selected; brief explanationOR
 - ✓ Invitation to submit a full proposal

Topic Number: 0001

Topic Title:

Upstream Suicide Prevention

Topic Detail:

An estimated 22 Veterans die from suicide each day (VA Suicide Data Report, 2012).

Suicide rates for Veterans without evidence of access to health care services (to include VA health care services) are significantly higher when compared to rates for those utilizing health care services. Additionally, rates of suicide are higher among Veterans with select mental health disorders (Kang, 2008), who reside in rural areas (McCarthy, 2012), and during transitions from or between points of care (Valenstein, 2009). Thus, connecting Veterans to available services as a means to decrease likelihood of suicide is paramount.

Furthermore, comparisons of suicide between members of the U.S. general population versus those with history of U.S. military service suggest that Veterans who die from suicide are more likely to be aged 50 years and older (VA Suicide Data Report, 2012) and are more likely to die as the result of a firearm injury (McCarthy, 2012). Additionally, rates for males - ages 18-29, and females have increased (VA Suicide Data Report 2012).

Given this complex problem, the need for a series of innovative upstream intervention strategies has never been greater. VA is looking for new, novel, and upstream interventions and strategies that build upon existing

knowledge of characteristics of risk and relationships between service use/treatment and risk. VA is interested in the application of interventions across a larger population and not specific to individuals already identified as “at risk”; these interventions should be beneficial to anyone. VA is highly interested in methods for connecting Veterans to mental health services well before they are identified as “at risk” for suicide.

The VA Center for Innovation is interested in proposals that incorporate a deep and substantive understanding of the epidemiology of suicide and associated risk factors with rigorous methodologies for intervention. Successful innovations may incorporate population health style approaches to behavior change, innovative outreach, and/or grassroots or caseworker style approaches. Through the application of gold-standard human and user-centered design methods, successful innovations will take into account the unique aspects of the Veteran populations for which the intended intervention is designed. Successful innovations will demonstrate a means to both identify and interrupt potential events through use of data and analytics.

For the VA, the ability to track outcomes and evaluate overall success is highly important. Therefore, VACI is interested in proposals containing methods for tracking and evaluating program effectiveness.

Improving Veterans Receptivity to Mental Health Care to Promote Treatment Engagement and Participation

Topic Detail:

Many individuals who seek mental health care do not return after the first session of care.

The decision to enter into or persist in a treatment plan for mental health is potentially hindered by many things to include: perceptions of stigma associated with mental health problems, the desire to avoid being identified with these labels (Mittal et al, 2013), or even lack of awareness of the extent of the problem.

Furthermore, decisions to maintain contact with the care system may also be directly related to an individual's confidence in (or perception of the acceptability of) the system. Some patients are reluctant to continue participation in mental health treatment despite being at risk.

Data strongly suggest that adverse events are less likely among Veterans who utilize and adhere to evidence based mental health treatment. Reasons for not seeking or continuing treatment may include:

- Poor communication and description of treatment options by providers
- A perception that treatment methodologies are not suitable to the individual's needs and preferences (to

incl.: physical environment, technological medium, and culture)

- Discomfort with the idea of seeing a mental health professional
- Perceived stigma associated with treatment
- Previous negative experiences with mental health providers and/or treatment
- Difficulty accessing care due to logistical problems (e.g., distance, child care, time off from work) or perceived barriers (e.g., complicated system)
- Negative perception of health care agencies
- Lack of confidence in the helpfulness of counseling
- Lack of understanding of the potential long-term health problems that can occur if mental health problems are not addressed
- Reluctance to open up old emotional wounds
- Inability to recognize symptoms in self

VA is interested in improving the receptivity of Veterans to embrace available extensive, evidence-based treatment programs. VACI seeks innovative methods for improving the acceptability of mental health treatment to Veterans with the goal of increasing the likelihood that Veterans in need of mental health services will engage with and participate actively throughout the duration of a treatment plan.

Proposals should focus on an encouraging, safe, and promising introduction to services upon first

contact with the treatment system. Proposals should offer solutions for a greater focus on Veteran-centric delivery of care, adaptable (or patient-specific) entry into services, and offerings based in behavioral and cognitive sciences (e.g., consumer behavior, messaging), social anthropology, or sociology given an individual's mental health challenges. With respect to design, proposals should take demographics into account to include: education, culture, geography; additionally, services provided need to be delivered in a timely manner with the use of best-of-breed technological offerings.

Proposals are being solicited for approaches addressing all components of the decision-making process for Veterans in need of treatment and may be informed by all phases of the treatment process. Successful innovations will effectively incorporate gold-standard human/user-centered design methods (wherever applicable) wherein the needs, wants, and personal characteristics of the end user are taken into account throughout the entire design process.

Monitoring access to mental health services is critical to VA. VACI is interested in proposals that include methods of monitoring and tracking of outcomes. Strong proposals will include data demonstrating the effectiveness of the tools and methods being proposed.

Topic Number: 0003

Topic Title:

Innovative Methods of Incentivizing Behavior to Improve Mental Wellness

Topic Detail:

While VA provides extensive services and complete evidence-based treatment programs for Veterans with mental health problems, there are still significant challenges associated with motivating individuals to adhere to personal treatment plans. Furthermore, the proliferation of technologies through which people conduct their personal and professional lives has substantially altered expectations around how needs and corresponding services are identified, evaluated, and delivered.

VA seeks innovative methods for engaging Veterans in mental health programs through the integration of contemporary technologies with the processes that are known to be effective in reducing symptoms and increasing functional behavior. VA already has several innovative technologies using traditional methods of delivering

information and basic cognitive-behavioral skills (e.g., PTSD Coach [online and mobile], CBTi Coach, Stay Quit Coach) on technological platforms. Thus, especially sought from this proposal are novel methods of engaging Veterans to use proven skills for improving mentally healthy behavior (e.g., increasing the breadth and utilization of social support in real time, problem solving skills, mindfulness and meditation skills, behavioral activation). VA wishes to explore a wide variety of strategies that include but are not limited to:

- Gamification
- Personal incentive programs that increase healthy behaviors
- Peer-based networking

Successful innovations will effectively incorporate Veterans, family members, and their individual social support networks (e.g., friends and fellow Veterans).

Successful innovations will effectively incorporate gold-standard human/user-centered design methods (wherever applicable) wherein the needs, wants, and personal characteristics of the end user are taken into account throughout the entire design process. With respect to design, proposals should take demographics into account to include: education, culture, geography; additionally, services provided need to be delivered in a timely manner with the use of best-of-breed technological offerings.

Monitoring of patient progress and the evidence-based tracking of outcomes is critical to ensuring that Veterans receive the best care possible and fully overcome and/or manage mental health challenges. VA is interested in proposals that include methods of monitoring and tracking of outcomes. Strong proposals will include data demonstrating the effectiveness of the tools and methods being proposed.

For more information....

All questions with their answers from this webinar will be posted on both:

- *Federal Business Opportunities*
www.fbo.gov
- *VA Center for Innovation* websites
www.innovation.va.gov/industry-competition.html

All questions regarding this Industry Competition shall be submitted to the VA Contracting Officers:

- **Candice Capelli**
Candice.Capelli@va.gov
- **Carol Newcomb**
Carol.Newcomb@va.gov