**Pay for Performance Outpatient Behavioral Health Treatment on Demand Initiative:**

**External Validator to Support Evaluation of Initiative**

**PART A. Introduction**

The King County Behavioral Health and Recovery Division is responsible for administering the publicly- funded outpatient mental health and substance abuse treatment system in King County.

The demand for behavioral health treatment has been growing and behavioral healthcare systems must adapt to meet this increased demand. As with cardiovascular disease or other medical conditions, early assessment and treatment of behavioral health concerns is critical and starts with access to care. To avoid waitlists and improve efficiency, providers must be able to offer appointments when needed, understanding that while 90% of same-day appointments are kept, up to 50% of individuals with later appointments have been reported to no-show or cancel.[[1]](#footnote-1)

The King County Outpatient Behavioral Health Treatment on Demand (**“Treatment on Demand”**) initiative aims to improve timely access to outpatient behavioral health care with the goal of improving clients’ experience with and engagement in treatment. Performance payments will be used to incentivize providers to reduce wait time for initial intake and follow-up treatment without decreasing patient satisfaction. Addressing client needs quickly has been hypothesized to reduce the likelihood of symptom escalation, lowering utilization of crisis and emergency services and hospitalizations.

The Treatment on Demand initiative will include an evaluation focused on performance payment and health care utilization measures. An internal King County evaluator (“**Evaluator**”) will be responsible for preparing and implementing the evaluation plan throughout the study period. To support the delivery of a rigorous evaluation, the County seeks an independent, external validator (“**Validator**”) to ensure that:

* The evaluation plan includes appropriate methodology to assess the Treatment on Demand initiative;
* The Evaluator is adhering to the evaluation plan; and
* The results of the Treatment on Demand initiative are reported in an unbiased way.

The external validation is expected to start in August 2017 and end in March 2019.

The amount of effort expended by the Validator is not to exceed $50,000. Please note that the Validator is not expected to participate in data collection or data analyses efforts.

**PART B. External Validator Scope of Work**

The Validator is expected to perform the following activities:

1. *Review evaluation plan*
	1. Review proposed procedures for identifying target population, highlighting key risks and mitigation strategies.
	2. Review measures selected to assess performance payment and health care utilization, highlighting the validity of proposed measures.
	3. Review methodology proposed to distinguish the role of timely access and receipt of care on changes in health care utilization from other agency or system-wide factors.
	4. Review data collection protocols, highlighting key risks and mitigation strategies.
	5. Review proposed minimum threshold estimates for health care utilization impact given sample size, power analysis, and best practices in the field.
	6. Review statistical analyses methods proposed to estimate performance payment and health care utilization measure outcomes.
2. *Validate accurate execution of the performance payment and health care utilization evaluation plans*
	1. Review programming code used to transform, clean, or otherwise prepare data for analysis and highlight flaws or biases.
	2. Compare the performance payment and utilization measures in the finalized evaluation plan with the measures analyzed and describe any discrepancies.
	3. Review whether outliers and missing data are being handled appropriately and that the approach used to address these issues is documented.
	4. Review programming code used to analyze data, highlighting flaws or biases in the analyses.
3. *Ensure results are reported objectively*

Review reports prepared by the Evaluator for any biases or discrepancies between the analysis results and findings reported by the Evaluator.

1. *Deliverables*
	1. Deliverable 1 will be a brief report that summarizes how the performance payment and health care utilization evaluation plans were assessed (Sections 1.1. – 1.6 above) and discusses strengths and limitations of the proposed evaluation plan as well as recommendations to improve its methodology.
	2. Deliverable 2 will be a brief report focused on measures used to determine *performance payments*. It will describe to what extent the Evaluator adhered to the finalized evaluation methodology for these measures, highlighting any discrepancies, flaws, or biases in the analyses, and any biases or discrepancies between analysis results and findings reported in documents prepared by the Evaluator.
	3. Deliverable 3 will be a brief report that describes to what extent the Evaluator adhered to the finalized evaluation methodology for *health care utilization* measures, highlighting any discrepancies, flaws, or biases in the analyses, and any biases or discrepancies between the analysis results and findings reported in documents prepared by the Evaluator.

The Validator is expected to undertake activities relevant for Deliverable 1 after the contract has been finalized. Activities relevant for Deliverable 2 are expected to be conducted during the first quarter of 2018 and activities for Deliverable 3 during the first quarter of 2019. All deliverables should be provided promptly after the completion of relevant activities.

**PART C. Response Requirements for External Validator**

1. *The Validator is expected to have expertise in:*
	1. program evaluation
	2. statistical analysis for causal inference
	3. assessing data quality
	4. measuring behavioral health treatment access and outcomes
2. *Mandatory Requirements*

The proposal must include the following components:

* 1. *Cover Letter*. A signed letter stating the full name and address of the applicant, a brief statement of the applicant’s understanding of the work to be done, why the applicant believes to be best qualified to perform the work, and the name, address, telephone number, and email address of the person to whom questions can be directed.
	2. *Staff Qualifications*. Identify each staff member who would be assigned to work on this project and the role they would perform. A resume stating the background and qualifications of each individual should be included in this section. Particular attention shall be given to the individual(s) named as the lead for the individual tasks.
	3. *Experience*. Include a description of the applicant’s:
		1. Experience with multiple quasi- and non-experimental evaluation methods, such as propensity score matching, interrupted time series, and other methods suitable for estimating causal impact when randomization is not feasible;
		2. Level of proficiency with R, SAS, SPSS, Stata;
		3. Experience with measuring behavioral health treatment outcomes;
		4. Familiarity with evaluating performance-based government contracts;
		5. Experience with similar projects the firm has completed and would like to note.

* 1. *Project Plan*. A proposed project plan to meet the requirements of the Scope of Work, including a project schedule, the number and timing of anticipated in-person and/or phone meetings, the applicant’s availability to perform the scope of work, and any suggested improvements to achieve the evaluation objectives. The applicant must identify all assumptions and constraints on which the project plan is based.
	2. *Example of Report.* One (1) example of a report or other deliverable assessing the validity of an evaluation conducted in the past five years.
	3. *Cost Proposal*. An estimate of the cost and hours of effort associated with each task. The cost estimate shall include any and all professional fees and incidental expenses. Please note that the proposed budget is not binding, but is considered a proposal for the activities described in the application**.** There is no binding contract until each party signs a mutually agreed upon document.
	4. *References*. A list of references from at least three (3) similar projects, including the customer name, address, project contract value, telephone number, email, and contact person shall be included in the proposal. The County will contact the references listed to determine the quality of work performed and personnel assigned to the project. The results will be provided to the proposal evaluators to be used in scoring the proposals.

**Part D. Conflict of Interest**

In submitting a proposal, the Applicant will identify any current work that could be construed as a conflict of interest with regard to King County or the Treatment on Demand Initiative.

**Part E. Process for Evaluating Applications and Schedule of Events**

1. Accepted proposals from applicants who meet the minimum qualifications specified in Part C.1 above and whose proposals meet the mandatory requirements specified in Part C.2 will be reviewed by a Proposal Evaluation Committee. The criteria listed below will be used to score proposals. Applicants whose proposal receives a score of 75 or higher may be invited to a telephone interview.

|  |  |
| --- | --- |
| **Proposal Scoring Criteria** | **Points** |
| Qualifications of organization and staff | 15 |
| Experience | 25 |
| Project Plan | 40 |
| Project Cost | 15 |
| References |  5 |
| **Total Score** | **100** |

1. RFP Schedule

Please note that the dates listed below are subject to change.

|  |  |
| --- | --- |
| **Event** | **Date** |
| RFP issued | June 16, 2017 |
| Deadline for submission of written questions  | June 21, 2017 |
| Responses to submitted questions sent  | June 23, 2017 |
| Proposals due to King County *(late proposals will not be considered)* | July 7, 2017 (EOB) |
| Telephone interviews *(if conducted)* | July 13/14, 2017 |
| Estimated date applicants will be notified of results | July 21, 2017 |
| Estimated contract start date | August 15, 2017 |

**Part F. Insurance Requirements**

* General Liability Insurance: $1,000,000 per occurrence, $2,000,000 aggregate
* Stop-Gap/Employer’s Liability Insurance: $1,000,000
* Professional Liability Insurance: $1,000,000 per claim and aggregate
* Workers’ Compensation

**Part G. Contact Information**

Please submit questions regarding this proposal, in writing only, to:

Jutta M. Joesch, PhD

jutta.joesch@kingcounty.gov

Proposals are due to King County by EOB on July 7, 2017. Please submit proposals to:

Jutta M. Joesch, PhD

jutta.joesch@kingcounty.gov

King County Office of Performance, Strategy & Budget

401 Fifth Avenue, Suite 810

Seattle, WA 98104

**Please note that this request does not commit King County to pay any costs incurred in the preparation of the quotation or to award a purchase order.**

1. Hixon AL, Chapman RW, Nuovo J. Failure to keep clinic appointments: implications for residency education and productivity. Fam Med 1999;31(9):627-30

Williams ME, Latta J, Conversano P. Eliminating the wait for mental health services. J Behav Health Serv Res. 2008 Jan;35(1):107-14 [↑](#footnote-ref-1)