

**New Jersey Department of Human Services
Division of Mental Health and Addiction Services
Promoting Integration of Primary and Behavioral Health Care**

Background:

New Jersey Division of Mental Health and Addiction Services (DMHAS) was awarded a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for \$2 million per year for the period of March 30, 2020 to March 31, 2025 to implement a Promoting Integration of Primary and Behavioral Health Care (PIPBHC) initiative.

This initiative implemented from these awards will address barriers to medical services and related care for People Who Inject Drugs (PWIDs) who are at risk for HIV and Hepatitis C (HCV) by developing an integrated system of care between participating Opioid Treatment Providers (OTPs) and primary care providers. To ensure that the initiative reaches those PWIDs at highest risk for HIV/HCV, these entities shall arrange to receive referrals from Harm Reduction Centers (HRCs) in their counties. DMHAS is interested in developing and comparing effectiveness of two different service models; one model is a collaboration between an OTP and a federally qualified healthcare clinic (FQHC), with a single provider that has a co-located OTP and FQHC or other primary care clinic. In the event that no vendor has a co-located model of primary care and OTP, DMHAS reserves the right to select another collaborative proposal.

Through care at the participating agencies, PWIDs will receive antiviral therapy that is coordinated with treatment for their substance use disorder. The goal is to eliminate HCV and slow the progression of HIV and engage individuals in substance use disorder treatment services, thus helping to prevent the transmission of these diseases and decrease deaths in PWIDs.

Available Resources:

Total funding available for service contracts is \$1.755 million per year for five years, contingent on availability of federal funding. The number of awards made will be determined by numbers served. The cost per new client served should not exceed \$2,250 per person per year for each partner dyad consisting of one OTP and one Primary Care Provider. Applicants must include the numbers to be served and the amount requested in their response. Contracts will be yearly, contingent upon continued federal funding, and begin in November of 2020.

A detailed project budget will be requested upon award.

Requirements to Apply:

Eligible providers must be licensed as an Ambulatory Care facility from NJ Department of Health (DOH) and must develop a formal agreement with an Opioid Treatment Program or hold a current OTP license from DOH. To be considered for this opportunity the provider must be sited in a county with a Harm Reduction Center from which referrals will be made for HIV/HCV treatment services. The primary care provider must be enrolled in the 340B Drug Pricing Program.

Harm Reduction Centers are located in:

- Asbury Park -Monmouth County

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- Atlantic City- Atlantic County
- Camden-Camden County
- Jersey City-Hudson County
- Newark- Essex County
- Paterson-Passaic County
- Trenton- Mercer County

All applicants must be in good standing with the State of NJ.

Services:

Each FQHC/Primary Care (FQHC/PC) provider chosen for this initiative will choose and obtain a commitment from an accompanying OTP in its county or have a license as an OTP.

FQHC/PCs will accept into the program and coordinate referrals from partnering OTPs and walk ins. Through the addition of a Behavioral Health Specialist and Peer Navigators who have lived experience with Opioid Use Disorder (OUD) to current staffing, FQHC/PC will provide the following services to these individuals:

- Medical assessment and/or screening and treatment for illnesses, including those related to Substance Use Disorder (SUD).
- Health measurements will include blood pressure, cholesterol, HgbA1c, diabetes, tuberculosis, heart disease, cancer, HIV, sexually transmitted diseases and Hepatitis A, B and C.
- Individuals who present at the OTP will receive a full assessment for substance use disorder per DOH regulation 10:161B.
- Screening for mental health and substance use disorder and tobacco/nicotine using an evidence-based tool. Clinics will screen for depression and anxiety. Based on the screening results, a full evaluation will be conducted.
- All screenings will be evaluated for risk of SUD and mental health disorders, all those at risk will be referred to a FQHC/PC Behavioral Health Clinician for assessment and treatment or referral to a specialty Behavioral Health provider agency.
- Provide addiction medications, including methadone, buprenorphine and Naloxone
- All clients will be offered smoking cessation services.
- Refer to and coordinate care with specialty behavioral health and specialty medical providers for clients in need.
- Provide evidence-based practices that include motivational interviewing, smoking cessation, harm reduction and patient education, and chronic disease self-management.
- Utilize telehealth if indicated.

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Coordination of Care:

FQHC/PC will coordinate care for individuals served by the partnering OTP and other treating specialty Behavioral Health (BH) and Medical Providers.

Outcomes/ Data Collection:

FQHC/PC will provide data and reporting to DMHAS as necessary to report to the federal funders and comply with SAMHSA terms and conditions. Participating agencies will be required to complete the Government Performance and Results Act (GPRA) forms at baseline, 6-month follow-up and discharge and submit them to DMHAS in a required reporting timeframe so that DMHAS can enter the forms into the federal reporting system. FQHC/PC providers will receive GPRA training and assistance from DHS.

Written Intent to Apply and Contact for Further Information:

Bidders who would like to receive FAQ documents must email SUD.upload@dhs.nj.gov no later than October 19, 2020 indicating their agency's intent to submit a letter of interest. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this Request for Letters of Interest (RLI) should be directed via email to SUD.upload@dhs.nj.gov no later than October 5, 2020. All questions and responses will be compiled and emailed to all those who submit a question and/or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RLI and the responses to questions that were submitted by email to develop their response to this RLI. Specific guidance, however, will not be provided to individual applicants at any time.

Due Date:

Responses to this RLI are due by 4:00 p.m. on October 26, 2020.

Notification Date:

All applicants will be notified on or by November 10, 2020.

To apply, please upload letter of interest to file transfer protocol site.

The bidder must submit its letter of interest electronically by the deadline using a file transfer protocol site. Please email SUD.upload@dhs.nj.gov, as soon as you determine that you will be submitting a letter of interest and no later than October 19, 2020 in order to receive unique login credentials to upload your letter of interest to the FTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

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Application:

Agencies interested in being considered for the Collaborative HIV/HCV Opioid Care (CHHOC) initiative should complete the following RLI. Limit the Response Narrative to six (6) pages. Narrative response should be single-spaced with one (1") inch margins, normal character spacing that is not condensed, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. DMHAS will not consider any information submitted beyond the page limit.

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LETTER OF INTEREST COVER SHEET

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ **Charities Reg. Number (if applicable)** _____

DUNS Number: _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ **Email Address:** _____

Contact Person Name and Title: _____

Phone No.: _____ **Email Address:** _____

Total dollar amount requested: _____

Total number of unduplicated individuals to be served: _____

County in which services will be provided (check one): _____ Atlantic _____ Camden
_____ Essex _____ Hudson _____ Mercer _____ Monmouth _____ Passaic

NOTE: In order to contract with the State of New Jersey, all providers applying for contracts, or responding to Request for Proposals (RFPs) or Request for Letters of Interest (RLI), *MUST* be pre-registered with the online eProcurement system known as NJSTART. You may register your organization by proceeding to the following web site: www.nj.gov/transportation/business/procurement/njstart.shtm. Or via telephone: (609) 341-3500.

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ **Date:** _____

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Response Narrative (limit 6 pages)

- A. Mission and Background of Agency: 5 Points** Please provide the mission and brief background of the organization's history and experience. Identify status as FQHC or primary care provider.
- B. Agency History and Experience in providing supportive behavioral health services: 10 Points** Please provide organization's experience and commitment to provide integrated behavioral health and primary care services with special focus on substance use disorder.
- C. Please include a table of organization that includes the proposed project (does not count toward the 6 page limit): 5 Points** Table of Organization should indicate that the PIPBHC Initiative has the resources and access needed to successfully complete the service goals.
- D. Project Description: 30 Points** Please describe your ability to provide the above described services. Include an attestation that you will comply with all reporting requirements.
- E. Indicate requested award amount and number of individuals that will be served by the FQHC/PC and OTP collaboration: 20 Points** Amount cannot exceed \$2,250 per person.
- F. Partners: 20 points** Please identify if you are licensed as an OTP. If not, please describe the OTP partner with whom you will work. Please enclose a letter of commitment from that OTP provider. Please note that an identified OTP Partner is required for consideration of an agency's Letter of Interest. **(Letter does not count toward 6 page limit.)**
- G. Implementation Timeline: 10 points** Please provide a timeline starting from notification of award for the services to begin. Include, as appropriate, items such as staff recruitment, training, etc. Service must begin by January 1, 2021.