

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR LETTERS OF INTEREST

***EVIDENCE-BASED PRACTICE
INITIATIVE: OPIOID AND
OTHER SUBSTANCE USE DISORDERS***

March 30, 2021

Valerie L. Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services

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I. Purpose and Intent

The Department of Human Services ("DHS"), Division of Mental Health and Addiction Services ("DMHAS") is issuing a Request for Letters of Interest (this "RLI") from licensed substance use disorder ("SUD") provider agencies to be considered for participation in an *Evidence-Based Practice Initiative* (the "EBPI"), a statewide plan to enhance workforce competence in evidence-based practices (the "EBPs"). In conjunction with other treatments, including medications for SUD, this plan will fulfill two purposes:

1. To improve provider agencies provision of Motivational Interviewing ("MI") and Cognitive Behavioral Therapy ("CBT") and
2. To improve clinical, direct-care staff skills in practicing therapeutic approaches that ensure outcomes meaningful to the people they serve.

Through the EBPI, provider agencies will fully support staff efforts to provide improved and innovative evidence-based services that sustain clients' recovery. Provider agencies participating in this initiative may gain the following benefits:

- Strategies for systematically and sustainably implementing MI and CBT within all levels of your organization by incorporating the EBPs as part of your policies, procedures and workflow, thus contributing to the culture change necessary to accomplish the goals of the EBPI;
- Standardized level of expertise in MI and CBT;
- Increase in the number of qualified staff who support clients' motivation and healthy decision-making;
- Strategic planning for sustaining the EBPI after the initiative at your organization has been completed; and
- Improved outcomes and client satisfaction.

JBS International (JBS), a recognized leader in sustainable change within behavioral health organizations, was chosen by DMHAS through a Request for Proposals process to offer consultation across provider agencies' organizational structure, provide training in MI and CBT, and address policies and practices related to implementation and sustainability of the EBPI.

The EBPI RLI timeline is anticipated as follows:

- March 30, 2021: Release of RLI
- April 20, 2021: Deadline for receipt of Letters of Interest (LOIs)- no later than 4:00 pm EST
- May 4, 2021: Announcement of selected agencies
- May 10, 2021: Initiative Start Date

II. Background

In the United States, more than 14,500 specialized drug treatment facilities provide counseling, behavioral therapy, medication, case management, and other types of services to persons with SUD (NIDA, 2018). Using the EBPs as part of treatment can enhance clinicians' competency in establishing positive therapeutic relationships with clients. Employing these practices ensures that a treatment plan is developed cooperatively with the person seeking treatment, that the treatment plan is followed, and that the client clearly understands the treatment expectations.

Overdose deaths in New Jersey continue to be a statewide public health problem that impacts too many lives. As the number of people needing treatment for SUD continues to rise, the need for treatment plans that include expert use of the EBPs also becomes exponentially greater. For these reasons, DMHAS' response to the opioid crisis in New Jersey includes this robust plan for provider agency and workforce development in MI and CBT.

III. Funding Availability

There is no funding to support a provider agency's participation in the EBPI.

JBS will assume all costs related to the logistics throughout the grant period, including, but not limited to, training space, equipment, marketing, purchase of the EBP copy written training materials, registration and tracking of participants, refreshments, hiring and payment of consultants, and cost of electronic training and consultation tools.

IV. Applicant Requirements

All provider agencies that are licensed in New Jersey to provide SUD treatment to people 18 years and older are eligible to respond to this RLI.

Your submission must indicate that your agency will participate fully in all technical assistance activities designed to ensure that MI and CBT are integrated into your agency's work in the following six (6) key areas:

1. Policies and practices;
2. Workforce development;
3. Supervision;
4. Workflow;
5. Employee recruitment and orientation; and
6. Admission and termination criteria of clients managing SUD and/or co-occurring mental health disorders.

The EBPI requires significant commitment at all levels of an agency including, but not limited to, executive leadership; credentialed, clinical staff; clinical supervisors and non-clinical staff who work directly with clients.

Executive Leadership

- Attendance at a kick-off and end-of-year in-person/virtual meeting;
- Participation in an online survey to determine a baseline of your provider agency's current integration of MI and CBT;
- Attendance at an in-person/virtual meeting to create a Readiness Building Plan;
- Attendance at an online introduction to MI; and
- Participation in weekly meetings to assess ongoing progress.

Credentialed, Clinical Staff

- Participation in a pre- and post-assessment of knowledge of and skill in delivery of MI and CBT;
- Completion of an online introduction to MI;
- Completion of 30 hours of intensive, in-person/virtual training in MI and CBT;
- Participation in monthly coaching sessions; and
- Submission of four (4) audio tapes of clinical sessions using standardized clients to ensure fidelity to the models of MI and CBT.

Clinical Supervisors

- Participation in all requirements of credentialed, clinical staff, **as well as**:
 - ◆ Participation in an online preliminary assessment designed to provide a baseline of the training needs of staff working in supervisory roles;
 - ◆ Participation in separate training specifically designed to ensure that supervisors can support credentialed, clinical staff in their direct work offering MI and CBT; and
 - ◆ Participation in a second assessment of supervisors' skill in implementing MI and CBT in their respective programs.

Non-Clinical Staff Who Work Directly with Individuals Receiving Care

- Participation in introductory training in MI consistent with their background and role at the agency. Less intensive training will require three (3) hours, and more intensive training will require six (6) hours).

V. Proposal Requirements:

LOIs must be written in 12-point Times New Roman font and be no longer than three (3) pages, double-spaced with one-inch margins, and numbered. Your letter must describe ***in the following order:***

- Why your provider agency wants to be part of this initiative;
- How your provider agency will decide which sites will participate in the EBPI. Include the name of each site, level of care, titles of executive leadership staff, credentialed clinical staff, clinical supervisory staff and non-clinical staff, as outlined in the *Applicant Requirements* section of this RLI;
- How you will determine staff who will participate in the EBPI along with an approximation of the numbers of staff;
- How you will give all staff the time and flexibility needed to complete all project activities within the timelines required by JBS;
- Your provider agency's capacity to use virtual training platforms;
- Your provider agency's capacity to record clinical sessions; and
- Actions that need to be taken by your agency to sustain MI and CBT in the long term.

VI. Submission Instructions

DMHAS assumes no responsibility and bears no liability for costs incurred by your provider agency in the preparation and submittal of the LOI.

All submissions must include:

- Attachment A – *Proposal Cover Sheet*, as provided in this RLI;
- Attachment B -- An organizational chart, showing executive leadership, as well as a **specific** indication of which sites/programs will participate in the EBPI; and
- Attachment C – *Attestation of Program Requirements*, as provided in this RLI.

DMHAS will select agencies based on the criteria outlined in the *Applicant* and *Proposal Requirement* sections of this RLI.

Submit LOIs by 4:00 pm on April 20, 2021 by emailing to:

Carol Pitonyak, Executive Assistant
Division of Mental Health & Addiction Services
carol.pitonyak@dhs.nj.gov

DMHAS will notify agencies by May 4, 2021 after which time JBS will contact the person indicated as the **Agency Contact** on the *Proposal Cover Sheet* to begin work on the EBPI.

Attachment A – Proposal Cover Sheet

Date Received _____

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**
Division of Mental Health and Addiction Services

Name of RLI: **Evidence Based Practice Initiative: Opioid and Other Substance Use Disorders**

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____

Address of Participating Agency: _____

Executive Director Name and Title: _____

Phone No.: _____ Email Address: _____

Agency Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Participating Site Contact Person Name and Title: _____

Address of Participating Site: _____

Phone No.: _____ Email Address: _____

County (or counties) in which services are to be provided: _____

Authorization: Executive Director (printed name): _____

Signature: _____ Date: _____

Attachment C – Attestation of Program Requirements

Date Received _____

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Please note that if this Attestation of Program Requirements is not submitted, the agency's proposal will not be considered. Every box must be checked, and this attestation must be signed by the agency's Executive Director.

Name of RLI: **Evidence Based Practice Initiative: Opioid and Other Substance Disorders**

Agency Name: _____

Executive Director Name: _____

Attests that:

- I agree that I will communicate the importance of the EBPI to all staff at our agency.
- I agree to provide all staff chosen to participate in the EBPI with dedicated time to complete EBPI activities.
- I agree that I, as well as other members of our executive team, will actively participate in weekly EBPI Executive Team meetings and will work outside of the meetings to implement plans to sustain MI and CBT at our agency.
- I agree that our executive team will work to revise policies, procedures and workflows determined to be necessary for implementation of MI and CBT.
- I agree to participate in EBPI evaluation efforts, including a pre- and post- assessment and focus groups.
- I agree that I will notify JBS, within one week, of any changes of participating staff, including staff who can no longer participate and staff who are new to the EBPI activities.
- I agree to be responsive to scheduling requests for all EBPI-related events.
- I agree to provide space for our agency's EBPI team whenever JBS convenes trainings and meetings.
- I agree to provide the technical capability for our agency's EBPI team to attend virtual meetings and webinars, as well as technical capability to audiotape sessions required by clinical staff.

Executive Director (printed name): _____

Signature: _____

Date: _____