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

# REQUEST FOR LETTERS OF INTEREST

#### STATE OPIOID RESPONSE

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

**December 3, 2019** 

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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 ("EBPI"), a statewide plan to enhance workforce competence in evidence-based practices ("EBPs"). In conjunction with other treatments, including Medication-Assisted Treatment ("MAT"), this plan will fulfill two purposes:

- 1. To improve agencies' provisions 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 are meaningful to the people they serve.

Through this EBPI, agencies will fully support staff efforts to provide improved and innovated services that sustain clients' recovery. Agencies that participate in this initiative will gain the following benefits:

- Strategies for implementing MI and CBT within all levels of your organization by training clinicians and supporting staff in 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 staff who are qualified to support clients' motivation and healthy decision-making;
- Assistance in planning for sustaining the EBPI at your agency after this initiative has been completed; and
- Improvement in outcomes and client satisfaction.

A Request for Proposals ("RFP"), Evidence-Based Practice Initiative: Opioid and Other Substance Use Disorders has been posted by DMHAS to fund technical assistance ("TA") to the agencies chosen through this RLI. The TA grantee selected pursuant to the RFP will provide training and consultation across agencies' organizational structure and address policies and practices related to implementation and sustainability of the EBPI.

The following summarizes the EBPI schedule:

December 24, 2019 Deadline for receipt of letters of interest – no later than 4:00 pm Announcement of selected agencies

January 15, 2020 Anticipated contract start date

The TA grantee selected pursuant to the RFP is expected to receive the final award letter by December 24, 2019 and begin services on or about January 15, 2020. Letters of interest from provider agencies interested in participating in this EBPI must be received no later than December 24, 2019.

For more information about this initiative, please see the Request for Proposals, *Evidence-Based Practice Initiative: Opioid and Other Substance Use Disorders*, available at <a href="https://www.nj.gov/humanservices/dmhas/provider/funding/">https://www.nj.gov/humanservices/dmhas/provider/funding/</a>.

# 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.<sup>1</sup> However, the adoption of EBPs, are low, and have inconsistent, ambiguous efficacy and cost effectiveness.<sup>2</sup> Using 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.

According to the 2015 Treatment Episode Data Set, New Jersey is fifth in the nation for primary heroin admissions for persons aged 12 and older and sixth in the nation for admissions related to other opiates. Additionally, the New Jersey 2017 Substance Abuse Overview indicates that heroin and other opiates were the primary drugs in 52% of treatment admissions, with 45% due to heroin and 7% for other opiates. As the number of people needing treatment for SUD continues to rise, the need for treatment plans that include expert use of EBPs also becomes exponentially greater. For these reasons, the Division's response to the opioid crisis in New Jersey includes this robust plan for agency and workforce development in MI and CBT.

### III. Funding Availability

There is no funding to support an agency's participation in this EBPI. However, please note that the TA grantee selected pursuant to the RFP will assume all costs related to the logistics throughout the grant period, including, but not limited to, training space, equipment, marketing, purchase of 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 agencies that are licensed in New Jersey to provide SUD treatment to people between the ages of 18 and 65 years of age are eligible to respond to this RLI.

<sup>&</sup>lt;sup>1</sup> NIDA, 2018.

<sup>&</sup>lt;sup>2</sup> McLellan, Lewis, O'Brien, & Kleber, 2001; Rounsaville & Kosten, 2000; Winstanley, Brigham, Babcock, & Winhusen, 2014.

# V. Proposal Requirements

The letter of interest for participating in this EBPI must include a signed statement of support from your Chief Executive Officer or Executive Director addressing the following:

- Commitment to full participation by leadership, middle management and clinical, direct-care staff to the EBPI as designed by DMHAS and the TA grantee and as specified in the RFP, Evidence-Based Practice Initiative: Opioid and Other Substance Use Disorders, available at
  - https://www.nj.gov/humanservices/dmhas/provider/funding/
- Plans for dedicating four hours of consultation per month with executive leadership and no more than three (3) days per month of in-person or online TA to clinical, direct-care staff in the form of initial needs assessment, training, workshops, supervised practice, learning communities, coaching and rating-based feedback;
- Rationale for choice of up to three sites and, when possible, across multiple levels of care (e.g., inpatient, intensive outpatient, residential);
- Criteria for choosing staff who will directly participate in the EBPI;
- Plans for promulgating MI and CBT among clinical, direct-care staff whom you choose not to participate;
- Technical capacity for leadership and trainees to participate using online training tools;
- Agreement to provide space for your EBPI team whenever the TA grantee convenes trainings and meetings specifically designed for your organization;
- Incentives you will offer staff for participation throughout the grant period; and
- Strategies for sustaining implementation of the workforce development plan facilitated by the TA grantee.

#### VI. Submission Instructions

DMHAS assumes no responsibility and bears no liability for costs incurred by the Agency in the preparation and submittal of a letter of interest.

Letters of interest must be no longer than three (3) pages, double-spaced with one-inch margins, and numbered.

DMHAS staff will review all submissions and choose agencies based on the criteria outlined in the *Proposal Requirements* section. Letters of interest will be rated on factors such as geographic and cultural diversity, completeness, clarity and indication of commitment to this statewide EBPI.

We will notify agencies no later than January 6, 2020.

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