

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

REQUEST FOR LETTERS OF INTEREST

**Training and Supervising Peer Providers
in Cognitive Therapy for Recovery to Assist
Consumers Experiencing the
Effects of COVID-19**

January 7, 2021

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

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I. Purpose and Intent:

This Request for Letters of Interest (RLI) is issued by the Department of Human Services, Division of Mental Health and Addiction Services (DMHAS) and funded through a National Association of State Mental Health Program Directors (NASMHPD) Technology Transfer Initiative (TTI) grant.

The specific goals of the TTI are as follows:

- To empower peers to work more effectively within their scope of practice while honoring physical distancing and other mandates related to the COVID-19 pandemic;
- To provide state-of-the-art virtual training and supervision in Cognitive Therapy for Recovery (CT-R) to approximately twelve (12) peer providers working in clinical settings in Hudson, Morris, Passaic and Union counties of New Jersey;
- To integrate CT-R and incentivizing¹ as strategies for successful engagement with individuals who have had past difficulties taking advantage of behavioral health services that could be potentially helpful;
- To track identified outcomes associated with the delivery of CT-R and the use of incentivizing, and to provide an evaluation of the overall project. The successful applicant will be responsible for the design and implementation of an incentive program that is consistent with all grant requirements; and
- To propose a “Train the Trainer” model that will sustain and enhance CT-R as part of an essential peer-based competency for peer providers served in clinical settings throughout New Jersey.

The CT-R RLI timeline is as follows:

- January 7, 2021: Release of RLI
- January 26, 2021: Deadline for receipt of Letters of Interest (LOI) – no later than 4:00 EST.
- February 9, 2021: Announcement of selected organization

¹ An incentive, such as but not limited to generic gift cards, is offered to Program participants for completing their recovery goals and for participating in activities related to the CT-R. The specific incentive amounts and the plan for its use is determined in conjunction with the peer recovery specialist who is using CT-R along with the incentivizing techniques. This will need to be addressed in the application.

II. Background and Population Served:

Some individuals with serious mental illness and/or substance use disorder have become disengaged from services because no one has used the right techniques to engage them and instill hope. During the past six (6) months, these individuals are among those most adversely affected by COVID-19. This RLI will train peer providers in specialized techniques that will engage and support the recovery of these individuals. The organization chosen for this award will be required to provide training and ongoing supervision of the peer providers in behavioral health agencies located in the four counties of the State listed above that were most impacted by COVID-19. The target population are individuals working as peer providers in clinical settings serving clients who have struggled with engagement and motivation in the past.

Peer providers, who will have been trained in CT-R and will receive ongoing supervision, will implement this creative and engaging set of practices and strategies to stimulate hope and energy and motivate these individuals. In addition to CT-R, incentivizing approaches will also be utilized; each individual shall receive vouchers in an amount not to exceed \$75.00 as an incentive for accomplishing specific, jointly agreed-upon, and pre-determined goals in each of their service plans. The incentive can be a gift card or voucher for a personal item. Cash incentives cannot be provided. Supervision will ensure that the peer providers will effectively utilize CT-R along with a voucher system designed to “incentivize” individuals to complete plans for recovery.

The organization that is chosen will be required to provide an evaluation of the project and to submit a plan that can allow for sustainability after completion. The evaluation will include subjective and objective outcome measures. The sustainability plan shall include developing a “Train the Trainer” model for teaching peer providers how to properly implement CT-R as a modality.

III. Funding Availability:

Total funding available is \$150,000 for one year. A detailed project budget will be requested upon award.

IV. Applicant Requirements:

Organizations applying to this RLI shall demonstrate that they have the experience and capability needed to train and supervise peer providers in community behavioral health programs on utilizing CT-R and the other techniques required. The organization may be a non-profit or for-profit entity or governmental entity. The organization may partner with an Institution of Learning that has expertise in training and supervision of peer providers and their supervisors.

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

Services:

The organization chosen for this award will be required to do the following:

- Notify behavioral health agencies located in Hudson, Morris, Passaic and Union counties of the availability of training and supervision for peer providers that is being made available in the project;
- Recruit a minimum of 12 peer providers for the project from the behavioral health agencies;
- Provide training and ongoing supervision of the peer providers in CT-R and in incentivizing approaches using a voucher system.
- Ensure that each peer provider will utilize CT-R and contingency management incentives in their work with an individual in their organization.
- Provide an orientation of the project to staff in the participating behavioral health agencies;
- Supervise peer providers and assist their agencies in integrating CT-R and incentivizing strategies in the service plans of individuals struggling with engagement or having difficulties taking advantage of behavioral health services;
- Track identified outcomes associated with the delivery of CT-R as well as the use of incentivizing in all individuals receiving services from peer providers;
- Provide an evaluation of the project at its completion, along with a sustainability plan that includes a proposal for a train-the-trainer approach for CT-R.

Outcomes/Data Collection:

DMHAS will provide a reporting template to capture the required data (e.g., number of peer providers trained, number of clients receiving an incentive, the targeted behaviors to be incentivized.)

V. Proposal Requirements:

All of the information for this RLI will be scored as noted on Page 9 of the response narrative. Your response narrative must describe the elements on Page 4 as well as the following:

- The mission and background of your organization and identity of the principal project staff and their experience. Provide background on the agency's experience with CT-R training and history of working with peer providers;
- Describe the experience your organization has in training peers and professionals in CT-R strategies and interventions to support the recovery of individuals with serious mental illness and co-occurring diagnoses;
- Describe how your organization will create a program to recruit peer specialist trainees from agencies and organizations in the counties most affected by COVID -19 (e.g. Union, Hudson, Morris and Passaic);

- Describe how your organization will create a web-based CT-R curriculum to be deployed to meet the goals of this grant and how the training curriculum will be supervised;
- Discuss your plan for an incentive program to be offered to participants who meet their recovery goals and participate in the CT-R program;
- Describe how your organization will track identified outcomes associated with the delivery of CT-R as well as the use of incentivizing to provide an evaluation of the overall project; and
- The provider agency's ability to create a "Train the Trainer" model that will sustain and enhance CT-R as part of an essential peer- based competency for peer provider service in clinical settings throughout New Jersey.

VI. Submission Instructions

DMHAS assumes no responsibility and bears no liability for costs incurred by your organization in the preparation and submittal of the Letters of Interest.

Organizations interested in being considered for this initiative should complete the Cover Letter (page 8) and the Response Narrative on page 6. Response will be scored as noted on the Response Narrative. Limit the Response Narrative to five (5) 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.

Questions

Any questions regarding this Request for Letters of Interest (RLI) should be directed via email to MH.upload@dhs.nj.gov no later than January 14, 2021. 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. Organizations 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.

To apply, please upload application to file transfer protocol site.

The organization must submit its application using a file transfer protocol (FTP) site. Please email MH.upload@dhs.nj.gov, as soon as you determine that you will be applying but no later than January 19, 2021, in order to receive unique login credentials to upload your RLI to the FTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of organization.

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 CT-R; and
- Attachment C – *Attestation of Program Requirements*, as provided in this RLI.

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

DMHAS will notify agencies by February 9, 2021.

COVER LETTER

Incorporated Name of Organization: _____

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

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

DUNS Number: _____

Address of Organization: _____

Chief Executive Officer Name and Title: _____

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

Contact Person Name and Title: _____

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

Total dollar amount requested: _____

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:
<http://www.state.nj.us/treasury/purchase/njstart/vendor.shtml>

Help Desk Support:

- NJ START email support: njstart@treas.nj.gov
- NJ START Phone Support: (609) 341-3500
- Staffed Monday to Friday 8:30 am to 4:30 pm

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ **Date:** _____

RESPONSE NARRATIVE (limit 5 pages)

A. Mission and Background of Agency: 15 Points

Please provide the mission and brief background of the organization's history and experience. Describe the experience of the Principal Project staff identified for this initiative.

B. Agency History and Experience in providing training in C-TR and working with peer providers: 15 Points

Please provide the organization's and Principal Project staff's experience with C-TR and experience working with peer providers.

C. Please include a table of organization that includes the proposed project and resumes for Principle Project staff (does not count toward the 6-page limit): 10 Points

Table of Organization should indicate that the CT-R 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 required services. Describe the protocol for the contingency management incentivizing system. Include an attestation that you will comply with all reporting requirements.

E. Indicate requested award amount, the number of peer providers to be trained, and the number of consumers that will receive the contingency management protocol: 20 Points

Amount cannot exceed \$75 in incentives per consumer.

F. 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 15, 2021.

Attachment C – Attestation of Program Requirements

Date Received

**STATE OF NEW JERSEY
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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: Training and Supervising Peer Providers in Cognitive Therapy for Recovery to Assist Consumers Experiencing Effects of COVID -19

Agency Name: _____

Executive Director Name:

Attests that:

- I agree that I will communicate the importance of the creation of an incentive plan to all staff at our agency.
- I agree to create an incentive program to be offered to program participants for competing recovery goals and for participating in activities related to CT-R.
- I agree that I, as well as other members of our executive team, will actively participate in creating a tracking system that will describe the contingency management incentivizing system and will comply with all reporting requirements as designated by DMHAS.

Executive Director (printed name): _____

Signature: _____

Date: _____