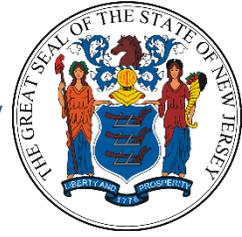


Transformation Transfer Initiative Final Report: New Jersey



Interview conducted on: June 21 and July 9, 2021

Interviewees:

Robert Eilers, M.D., Medical Director, Division of Mental Health and Addiction Services, New Jersey Department of Human Services

Kenneth Gill, Ph.D., Chair, Department of Psychiatric Rehabilitation and Counseling Professionals, Rutgers University

Paul Grant, Ph.D., Director, CT-R Program

Margaret Molnar, Special Assistant for Consumer Affairs, Division of Mental Health and Addiction Services, New Jersey Department of Human Services

1. *When did you launch your 2020 TTI, and how long has it been operational?*

We activated the project effective March 1, 2021. Accordingly, we are still in the development phase. We are currently holding informational sessions to educate providers about recovery-oriented cognitive therapy (CT-R), and providers will have to apply to participate in the program. We want to focus on training peer providers.

2. *How has COVID-19 impacted your project? What adaptive practices or efforts have aided you in overcoming these challenges?*

We experienced delays to our project due to COVID. Another challenge we are facing now, as organizations transition from working remotely to going back to their usual operations, is that they are neither fully remote nor fully on-site. We are seeing a lot of scheduling challenges vis a vis availability of staff to participate.

In an unrelated development, we were also delayed due to the fact that our legal staff determined we needed to go through a procurement process and select a bidder, which we had not done initially.

At the start of our project, we identified four counties in the northern region of our state which, of course, is close to New York where there was such an incredible surge of COVID. We therefore wanted to make sure that the practices we taught people for recovery-oriented cognitive therapy was trauma informed in a quite specific way for COVID.

Another thing we have done is to put together three webinars where people can think about how COVID is impacting them and ways that they can still be healthy. For example, a lot of people were talking about how one is supposed to “social distance,” when, in fact, one is supposed to “physically distance” while maintaining social relationships. Consequently, we had those kinds of conversations in our first webinar. The second webinar was about making sure to get a sense of purpose in everyday life. The third webinar was about empowerment and how to deal with the stress that comes along with COVID.

3. *How many individuals have participated in your TTI at time of this interview?*

We have been in contact with approximately 50 individuals about their availability to participate in trainings, and we have had our first applications come in.

4. *How much has been paid in incentives at time of this interview?*

There will be incentives individualized to people and their recovery goals as a part of this project, but we have not reached that point yet. Our feeling is that CT-R and incentives will complement each other nicely.

5. *Have there been changes to your key partners and/or target population?*

Beyond the four counties we originally envisioned, we have now located other high-risk counties in other parts of the state including Ocean and Cumberland Counties.

We want to implement our project in clinical settings, but we are also looking at other milieus now, for example by working with our statewide Mental Health Association. That organization has been employing peer outreach support team workers for many years for the very purpose of trying to engage people who have, for some reason, been uninterested or resistant to traditional kinds of services. The Mental Health Association will frequently accompany a person to an appointment, or initiate a call, or have a cup of coffee in order to try to get them interested in their life again.

6. *Do you plan to make incentives a part of your behavioral health system moving forward? If so, how will you achieve sustainability?*

We definitely plan to use incentives moving forward (for this project), although we unfortunately do not have any experience with incentivizing yet. As soon as we recruit our peers and start training them, we will be building how to use incentives into the program. We have an evaluation piece planned that will be looking at the efficacy of incentivizing. We are excited about learning how incentives help people to become active in their own recoveries.

We have discussed the possibility of using primarily state funding to sustain the use of incentives in the program. One of the issues with federal guidelines is that there are limitations on the amounts of incentives that may be given out. If one wants to make long-term behavioral changes, it may be necessary to have greater incentives in the long term.

7. *Do you have any meaningful anecdotes regarding your programs that you can relay to us? (I.e., testimonials from participants, creative solutions)*

For our past CT-R initiative, two things we noticed were that staff morale picked up nicely, and also that CT-R is a culture-changing approach/practice/belief system that, if sustained, could really move our system forward.

During information sessions that we have run for this project, some of the supervisors that we have spoken to have shared with us that “this is just what we need right now.”

8. Do you see the incentives working to help individuals make follow-up appointments?

It is too soon to answer this question, but we do feel that the idea of this project is to enrich the possibilities of peer contacts. Similar to using the money, the clients could be doing things together. We know that incentivizing can get people to show up for meetings, but that does not always last. We want to shift from external to internal incentivizing.

9. What has this federal investment given your state system that would not have happened without it?

This investment has given us the opportunity to incorporate another evidence-based practice into our toolbox. CT-R and incentives are probably the best approach to use for people who are highly difficult to engage. For us, it is very exciting to be able to undertake this approach.

10. What will you do with any residual funding?

We do not anticipate having any residual funding. If there were, we would continue proliferating our CT-R and evaluating the incentivizing piece.