



ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES

THE LEADERSHIP, EDUCATION, ADVOCACY & RESEARCH NETWORK

REQUEST FOR PROPOSALS

TO DEVELOP A TRAINING INITIATIVE ADDRESSING NEONATAL ABSTINENCE SYNDROME (NAS) FOR THE NATIONAL NETWORK OF UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES (UCEDDS)

ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (AIDD) AND THE ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITY (AUCD)

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UCEDD Resource Center

A project of AUCD, in partnership with AIDD, to strengthen and support the network of UCEDDs

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STATEMENT OF PURPOSE

The [Administration on Intellectual and Developmental Disabilities](#) (AIDD) is seeking a lead [University Center for Excellence in Developmental Disabilities](#) (UCEDD) to build the capacity of the National Network of UCEDDs to address the impact of Neonatal Abstinence Syndrome (NAS) through collaborative implementation of best and promising practices across federally-funded networks to support child, caregiver, and family outcomes in the local communities. In this context, the National Network of UCEDDs includes the 67 UCEDDs, the UCEDD Resource Center (URC) (the UCEDD technical assistance provider at the [Association of University Centers for Developmental Disabilities](#) (AUCD)), and AIDD as the federal administration providing monitoring and oversight to the UCEDD network. Federally-funded networks include those funded by AIDD, Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and Centers for Disease Control and Prevention (CDC).

This training initiative is intended to identify, and train practitioners in, current and emerging knowledge and evidence-based and promising practices in screening, monitoring and care for children diagnosed with NAS, or suspected of being impacted by opioid use disorder and related trauma exposure. Through the development and piloting of a curriculum and interdisciplinary training model, this initiative is intended to link research to practical application in the local community, share knowledge and findings with national networks and federal agencies, and make recommendations for future federal interventions.

BACKGROUND INFORMATION

Neonatal abstinence syndrome is defined as "a multi-symptoms syndrome with abnormal symptoms of the central nervous system, gastrointestinal system, autonomic nervous system, and respiratory system presenting in the infant when transfer of harmful substances from the mother to the fetus abruptly stops at the time of delivery" (Lucas & Knobel, [2012](#), p. 40). Infants with known exposure to opioids during pregnancy have a 50%–95% chance of developing NAS after birth (Hudak, Tan, The Committee on Drugs and The Committee on Fetus and Newborn, [2012](#)). Withdrawal symptoms seem to be more severe in neonates with concurrent exposure to opioids and psychotropic medications compared with opioids alone (Huybrechts et al., [2017](#)). There has been a fourfold increase in opioid use among women in the prenatal period across the United States from 1999 to 2014, with the rate increasing to 6.5 cases of opioid use disorder per 1,000 delivery hospitalizations (Haight, Ko, Tong, Bohm, Callaghan, [2018](#)). This increase in opioid use disorder in pregnant women has resulted in a corresponding increase of over \$1.5 billion dollars in hospital expenditures over the last decade (Patrick et al., [2012](#)). The overall hospital costs, length of stay (LOS), and healthcare expenditures for both the opioid-dependent mother and the exposed neonate continue to rise and contribute to poor health outcomes (Patrick, Davis, Lehman, & Cooper, [2015](#)). Data suggests that family presence at the bedside following childbirth, coupled with the use of trauma-informed care (TIC) by providers, serve in decreasing the average hospital length of stay while improving prospective health outcomes for both the mother and the child (Rehm & Herndon, [2018](#)). Nationally, the mean charges for a neonate with NAS are \$66,700 per hospital stay, compared to an uncomplicated newborn stay of \$3,500.00 (Patrick et al., [2015](#)). Although the mechanism between NAS diagnosis and subsequent neurodevelopmental delays in children exposed to opioids in utero and postnatally is not entirely clear, research suggests that children with NAS are at risk for lower developmental scores

(language, cognitive, motor) than children not exposed when measured at 2 years of age (Merhar et al., 2018). In addition, regarding educational outcomes, researchers found that children born with NAS were more likely to be referred for evaluation of an educational disability, to meet criteria for an educational disability, and to receive special education therapies or services (Fill et al., 2018). Further, while studies so far have been unable to differentiate between the neurodevelopmental effects of in utero exposure to opioids and postnatal treatments in infants with confounding environmental influences, in general, opioid-exposed children are more likely to have attention deficit disorders, disruptive behavior, and the need for comprehensive psychiatric referrals (Kraft, Stover, & Davis, 2016).

Existing Efforts Across Federal Agencies

Across federal agencies, several initiatives have been established or expanded to address the effects of prenatal opioid exposure. *The following summaries of activities should not be taken as a full scope of agency activity around NAS and opioid exposure. For additional information, please visit their respective agency websites.*

Among the initiatives of the **Health Resources and Services Administration (HRSA)**, efforts to address NAS include additional funding towards substance use disorders and [community health centers](#), as well as community health organizations in [rural settings](#). In addition, HRSA's Title V Maternal and Child Health Services Block Grant Program allows states the flexibility to address high-need issues for maternal and child health, including screening tools for early detection of high-risk women and standardizing care for infants with NAS. The [Healthy Start](#) and [Maternal, Infant and Early Childhood Home Visiting](#) programs screen, educate and connect perinatal women and parents of young children to treatment and recovery support services. Leadership Education in Neurodevelopmental and Related Disabilities ([LEND](#)) programs are also addressing NAS and training-related needs through direct clinical services and interventions, continuing education for service providers and community partners, didactic sessions for graduate students enrolled as trainees in the LEND program locations, research initiatives and subsequent dissemination of findings, and technical assistance provision to community partners. Similarly, Developmental-Behavioral Pediatrics ([DBP](#)) programs provide pediatric practitioners, residents, and medical students with essential biopsychosocial knowledge and clinical expertise, with numerous program locations addressing NAS through continuing education, technical assistance, clinical experiences for trainees, and research and intervention efforts. Recently, HRSA was awarded over \$396 million in investments that will enable HRSA-funded community health centers, academic institutions, and rural organizations to expand access to integrated substance use disorder and mental health services.

The **Substance Abuse and Mental Health Services Administration (SAMHSA)**'s new [Infant and Early Childhood Mental Health grant program](#) aims to increase supports for children from birth to 12 years of age, who are at risk for, or have been diagnosed with a mental illness including a serious emotional disturbance, and includes a focus on infants and children with a history of in utero exposure to substances such as opioids. While most of the funding is dedicated towards service delivery, a portion may be directed towards workforce development and capacity building. SAMHSA's Project LAUNCH ([Linking Action for Unmet Needs in Children's Health](#)) program also focuses on infants and young children ages birth-eight, as well as their families and the systems that serve them. This initiative is designed to strengthen and enhance the partnership between health and mental health at the federal, state/territorial/tribal,

and local levels, and build capacity around infant and early childhood mental health. States, territories, and tribes bring together child-serving organizations to create a common vision for early childhood wellness, and to develop policies, financial mechanisms, and other reforms to improve the integration and efficiency of the child-serving systems in pilot communities, most of whom have a need for increased access to substance abuse treatment. Project LAUNCH grantees explore ways to meet the needs of early childhood providers, young children and their families through the implementation of evidence-based programs and activities. These activities include Infant and Early Childhood Mental Health Consultation, integrated primary care, increased social emotional and developmental screening, family strengthening, and enhanced home visiting, as well as workforce development and public education efforts. SAMHSA's National Center on Substance Abuse and Child Welfare (NCSACW) has compiled policy, practice, training, and other [resources](#) addressing NAS. It serves as a national resource center providing information, expert consultation, training and technical assistance to child welfare, dependency court and substance abuse treatment professionals. Recently, SAMHSA was awarded more than \$930 million in [State Opioid Response grants](#) to support a comprehensive response to the opioid epidemic and expand access to treatment and recovery support services. States received funding based on a formula, with a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths. In addition, SAMHSA also awarded about \$90 million to other programming for states and communities to expand access to medication-assisted treatment, increase distribution and use of overdose reversal drugs, and increase workforce development activities.

To obtain timely data regarding the prevalence of NAS among states, the **Centers for Disease Control and Prevention (CDC)** utilizes [existing state-based tracking systems](#) to inform prevention efforts and provide clinical guidance to impact health. Further, the CDC leverages infrastructure developed during the Zika response to compile NAS-related mother-child data to gain a better picture of the public health needs presented by this crisis. These efforts are meant to gain information about securing the best child outcomes, as well as determining the optimal timing for prenatal treatment of opioid-using perinatal women. The CDC has also expanded pilot programs originally designed to address Zika virus to now concentrate on the opioid epidemic in counties with higher prevalence of opioid misuse, such as Allegheny County, Pennsylvania. These programs are designed to support local health departments in utilizing existing infrastructure to improve capacity to address the community opioid crisis. They do this through outreach to schools, providers, public health organizations, and other key stakeholders on the local level. Recently, The CDC awarded [\\$155.5](#) million to increase support for states and territories working to prevent opioid-related overdoses, deaths, and other outcomes. This funding will advance the understanding of the opioid overdose epidemic and scale-up prevention and response activities, including improving the timeliness and quality of surveillance data.

Identified Research and Resource Gaps

Research and resource gaps identified include:

- Monitoring of long-term developmental outcomes, including children's mental health;
- Systems and services to link people to training-related topics;
- Continuing education for practicing providers;
- Best practices for substance abuse treatment within communities;
- Effective practices for the developmental screening and monitoring of children exposed or suspected of having been exposed prenatally to opioids;

- Developing a standardized case definition for NAS (consistent identification of symptoms, long-term educational outcomes, and absence of symptoms in certain cases);
- Acceleration of collaborative initiatives across federal and community partners;
- Timeliness and quality of surveillance data;
- Improving the pharmacological screening mechanisms to detect substances aside from the standard opioids; and
- Understand how specific interventions improve developmental and mental health outcomes.

SCOPE OF WORK

This pilot training program, coordinated by the UCEDD Resource Center (URC), will fund a lead UCEDD for a period of one year to partner with at least one other UCEDD to support a national training initiative intended to equip professionals in multiple disciplines to address the need for parent/caregiver support and systems of early screening, diagnosis, and referral. This initiative may include translatable knowledge and practice learned from past epidemics, and will include the following activities:

1. Develop a curriculum and interdisciplinary training model that shares specialized knowledge via community of practice, action learning team, or other proven model to train and build capacity to collaboratively (i.e., across federally-funded networks) pilot implementation of evidence-based and promising practices in systems of early screening, diagnosis and referral to address NAS, suspected opioid exposure, and related trauma exposure in children ages 0-5. Curriculum may include the following subtopics:
 - a. Parent/caregiver support, including programs to address children's mental health;
 - b. Trauma-informed care in prevention and treatment services for neonates, families, and communities;
 - c. Data sources to inform surveillance efforts to improve data quality and relevance to prevention and treatment efforts;
 - d. The role of polysubstance use in the treatment of perinatal women and neonates; and
 - e. Secondary trauma in the early childhood workforce.
2. Conduct a pilot test of the training curriculum in the states where participating UCEDDs are located and share findings with AUCD, AIDD, HRSA, SAMHSA, and CDC;
3. Highlight research gaps regarding suspected increased rates of developmental delays and other related developmental symptomology, including long-term mental health outcomes, in children related to maternal opioid use and/or environmental factors associated with family substance abuse; and
4. Meet monthly with URC and identified federal agency personnel to share emerging knowledge and lessons learned, new federal investments, identify content experts, and make recommendations for future federal interventions. URC will coordinate communications between identified personnel at AIDD, HRSA, CDC, SAMHSA, and other federal agencies to identify efforts, priorities, and gaps in addressing needs of children and families experiencing NAS or suspected opioid exposure.

DELIVERABLES

1. Develop a curriculum and interdisciplinary training model that shares specialized knowledge via community of practice, action learning team, or other proven model to train and build capacity to collaborate (i.e., across federally-funded networks) and implement evidence-based and promising practices in systems of early screening, diagnosis and referral,

- parent/caregiver support to address NAS, suspected opioid exposure, and related trauma exposure: completed curriculum with preliminary recommendations for future federal funding by March 1, 2019.
2. Conduct a pilot test of the training curriculum in the states where participating UCEDDs are located: completed by September 30, 2019
 - a. Final report with findings and recommendations to be shared with AUCD, AIDD, HRSA, SAMHSA, and CDC: completed by October 30, 2019.
 - i. Final report must include the following components:
 1. Activities undertaken through the project
 2. Outputs resulting from the project activities
 3. Issues identified and addressed over the course of the project
 4. Recommendations for future federal interventions

QUALIFICATIONS

Entities eligible to apply for funds under this request for proposals are UCEDD grantees currently funded by AIDD.

CONTRACT DETAILS

Period of Performance

The period of performance for the NAS Training Initiative is from November 15, 2018 through September 30, 2019. All work must be scheduled to be completed within this timeframe. Any modifications or extensions must be requested through AUCD and will require review and discussion with federal project officers well in advance of the deadline for the project.

Budget and Payment

Maximum fee for this project is \$180,000. Indirect costs are capped at 8%.

Type of Contract

A fixed-price contract will be executed through the AIDD Technical Assistance Contract awarded to AUCD.

EVALUATION CRITERIA

Proposals will be reviewed, evaluated, and scored according to the following points criteria:

- Project relevance and current need 25 points
- Approach 25 points
- Project impact 20 points
- Organizational capacity 20 points
- Budget and justification 10 points

HOW TO SUBMIT A PROPOSAL

Proposals must be in PDF format and include the elements noted above in Evaluation Criteria.

Submissions including all attachments should be no more than ten (10) printed pages. Proposals must be submitted electronically to lvaldez@aucd.org by October 26, 2018 at 11:59 PM EDT.