**REQUEST FOR PROPOSALS (RFP)**

**Drug Free Moms and Babies Project Expansion**

**Posted on wvperinatal.org**

Monday, August 22, 2017

**Application Due Date:**

Monday, September 18, 2017

**Description**

The West Virginia Perinatal Partnership is requesting proposals to fund comprehensive, integrated programs for pregnant and postpartum women with substance use disorders (SUD). The goal of the Drug Free Moms and Babies (DFMB) Project Expansion is to develop, evaluate, document, and replicate programs that support healthy baby outcomes by providing prevention, early intervention, treatment, and recovery services for pregnant and postpartum women with SUD.

**Eligibility**

Eligible applicants include maternity care providers (private practices, primary care centers, federally qualified health centers, hospital-based clinics, delivery hospitals, etc.) in West Virginia. While the program will be funded for one year, eligible applicants must have staffing and processes in place to be able serve a minimum of 25 pregnant or postpartum women by April 30, 2018. Although the lead agency must be a maternity care provider, applicants must demonstrate the ability to establish systems of care within their community to support the long-term recovery of mothers.

**Award Information**

**Funding Mechanism:**

Grant

**Anticipated Number of Awards:**

Up to 8

**Anticipated Award Amount:**

$50,000 - $80,000

**Length of Project:**

Up to 2 years

**Cost Sharing/Match Required?**

No

**Proposed budgets cannot exceed $80,000 in total costs (direct and indirect) in any year of the proposed project**. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

**Contact Information**

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**DRUG FREE MOMS AND BABIES PROJECT EXPANSION**

**Request for Proposals**

EXECUTIVE SUMMARY

The West Virginia Perinatal Partnership is requesting proposals to fund comprehensive, integrated programs for pregnant and postpartum women with substance use disorders (SUD). The goal of the Drug Free Moms and Babies (DFMB) Project Expansion is to develop, evaluate, document, and replicate programs that support healthy baby outcomes by providing prevention, early intervention, treatment, and recovery services for pregnant and postpartum women with SUD. Funded programs are required to provide 1) integrated behavioral health and maternity care, 2) screening, brief intervention and referral to treatment (SBIRT), 3) long term follow up to mothers and their children, 4) leadership through involvement in state and local initiatives to address substance use in pregnancy, and 5) data for evaluation purposes.

Priority will be given to applications that demonstrate provision of care will be to women who deliver at birth facilities with high rates of substance use in pregnancy and can demonstrate readiness for quick implementation of a program. ***The four pilot project sites funded under the original DFMB Project in 2012 are not eligible for this new expansion funding***.

**Time is of the utmost importance** since the funding for this initiative is made possible through a federal grant that ends April 2018. Eligible programs must have the ability to serve at least 25 women by April 30, 2018. **While it is expected that this opportunity will provide funding for up to two years, only one year of funding is appropriated at this time.**

A webinar about this Request for Proposal will be held on August 30, 2017 at 10am. Access information about the webinar can be found following this information.

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| **Funding Opportunity Title:** | Drug Free Moms and Babies Project Expansion |
| **Due Date for Applications:** | September 18, 2017 |
| **Estimated Number of Awards:** | 4-8 |
| **Estimated Award Amount:** | Up to $80,000 |
| **Cost Sharing/Match Required** | No |
| **Length of Project Period:** | Up to 2 years |
| **Eligible Applicants:** |

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| --- |
| Maternity care providers in West Virginia.  |

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| **Webinar to learn more:** | August 30, 2017 10:00 am |

[DRUG FREE MOMS AND BABIES PROJECT EXPANSION APPLICATION](http://www.wvperinatal.org/wp-content/uploads/2017/08/Application-for-Drug-Free-Moms-and-Babies-Expansion-Project.docx)

**WEBINAR FOR POTENTIAL APPLICANTS**

**OF THE DRUG FREE MOMS AND BABIES PROJECT EXPANSION**

The West Virginia Perinatal Partnership is hosting a webinar to learn more about this funding opportunity. Potential applicants are encouraged to participate and ask questions. The webinar is scheduled for Wednesday, August 30, 2017 at 10:00 am. To access the Webinar click on the link below and use the meeting ID and Password information provided.\*

MEETING LINK: <https://wvperinatalpartnership.my.webex.com/wvperinatalpartnership.my/j.php?MTID=m39ff2f6020aff293faa1e022b376c9ec>

Meeting number (access code): 621 154 415

Meeting password: FYQumtJv

Audio connection: +1-510-338-9438

*\*If you have trouble accessing the webinar, please contact Janine Breyel at (304) 216-3437.*

**Drug Free Moms and Babies Project Expansion Requirements**

Drug Free Moms and Babies Project Expansion sites are required to include the following five (5) components in the design of services:

1. **Integrated Behavioral Health and Maternity Care:** The DFMB Project was developed around an integrative service model that includes a team approach, inclusive of (at a minimum): the patient, maternity care providers, behavioral health providers, substance abuse treatment providers, and other community resources. While each site can develop innovative program models that fit the needs of their individual participants and communities, approaches must be team-driven, population focused, measurement-guided, and evidence-based.
2. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) Model:** The SBIRT model is an evidenced-based practice for identifying and treating individuals with SUD. The process to integrate the SBIRT model can be developed to meet the goals of each program.
* ***Screening*** can include universal urine drug screens, self-disclosure, and other appropriate methods, but must include the use of the state’s uniform maternal risk screening tool—the [West Virginia Prenatal Risk Screening Instrument](https://www.wvdhhr.org/mcfh/WV_PrentalRiskScreeningInstrument2016.pdf) (PRSI). Project proposals that include mandatory drug testing for all patients will be accepted, however the PRSI must be part of the screening protocol.
* ***Brief Interventions*** can be conducted by medical staff, behavioral health staff, or other service providers. Motivational Interviewing should be utilized by the clinician.
* ***Referral to Treatment*** must include the development of a comprehensive service array using community and statewide resources to meet the unique needs of pregnant and postpartum women. This includes (but is not limited to): maternity care providers; behavioral health providers; substance abuse treatment providers; state resources; and community-based support for literacy, education, housing, transportation, childcare, workforce development, and other services.
1. **Long-Term Follow Up**: Programs must have the ability to follow mothers from pregnancy through their infant’s 2nd birthday to support women in their recovery from addiction and to prevent future substance-exposed pregnancies. Long-term follow-up may include (but is not limited to) Peer Recovery Coaching, ongoing services from DFMB Project staff, and other community-based social services program.

With the assistance of the Bureau for Behavioral Health and Health Facilities, sites will be able to develop connections with Peer Recovery Coaches to help increase community supports for pregnant and postpartum women and their families. Services of the Peer Recovery Coach include referral and assistance in community navigation, including housing, education, transportation, child development, criminal justice, and public assistance.

The West Virginia Office of Maternal, Child, and Family Health has several programs that provide ongoing supportive services for families with infants and children, including [Right From the Start](http://www.wvdhhr.org/rfts/), the [West Virginia Home Visitation Program](https://www.wvdhhr.org/wvhomevisitation/), [Birth to Three](http://www.wvdhhr.org/birth23/), and [others](http://www.wvdhhr.org/mcfh/). These programs may also help with long-term follow up.

1. **Work with Local and Statewide Initiatives Addressing Substance Use in Pregnancy**: Providers from DFMB programs are asked to serve as community resources for substance use in pregnancy by sharing information on the nature and extent of the problem, promising strategies, and ways the community can work collaboratively to address the issue. In addition, providers are asked to participate in statewide and community efforts (such as the Partnership’s Substance Use in Pregnancy Committee) and other local initiatives aimed at prevention, treatment and recovery of women with substance abuse disorders.
2. **Provide Data for Project Evaluation**: An evaluation process that includes both a quantitative and qualitative analysis has been developed and will be required for each participating project. The goal of the DFMB Project is to determine whether programs are successful in helping pregnant women achieve sobriety and deliver infants free of illicit substances as well as assist in the replication of successful models of care.

Quantitative Evaluation:

The quantitative evaluation includes an analysis of the results of drug tests administered at regular intervals during the prenatal and postpartum period (at a minimum during the first, second, and third trimester, and postpartum at 6 weeks and 6, 9, 12, and 24 months) as well as umbilical cord tissue testing on infants born to program participants. A database has been developed for Project sites to enter non-identifiable information on program participants, including (but not limited to) demographic data; types and intensity of care provided, including medical and behavioral health services; substance abuse treatment services; drug test results, types of referrals made, and other elements. DFMB sites are expected to enter data in a timely manner, at a minimum of every two weeks. Since umbilical cord testing is required, applicants must show their ability to access the results of this testing. This may be done through a Memorandum of Understanding with the delivery hospital/s within their catchment area (if applicant is not a hospital) or through other arrangements. Experience of the original DFMB sites has shown that it is not uncommon for some patients to deliver at a hospital other than the one affiliated most closely with the program. Applicants should develop policies and procedures that will allow them to obtain umbilical cord tissue testing on program participants that deliver at other hospitals. A complete listing of the data elements required to be reported can be found [HERE.](http://www.wvperinatal.org/wp-content/uploads/2017/08/DFMBData_DrugFreeMomsBabiesExpansionProject.pdf)

Qualitative Evaluation:

The qualitative evaluation features a thorough description of each program, including practice setting, demographics of population served by the practice, services available onsite and in the community, the SBIRT process, assessment tools, program staffing, program strengths and obstacles, and other program design elements. The process analysis offers insight into the experiences and interactions of the treatment team and provides information on strategies used to recruit, engage, and serve the target population, as well as obstacles encountered in trying to develop an effective and comprehensive service continuum.

Technical assistance and site-specific training will be provided to each program ensure the effective and efficient collection of data.

**Eligible Program Sites**

A minimum of four and up to eight applicants will be awarded funding. Eligible applicants include maternity care providers (private practices, primary care centers, federally qualified health centers, hospital-based clinics, delivery hospitals, etc.) in West Virginia. While the program will be funded for one year, eligible applicants must have staffing and processes in place to be able serve a minimum of 25 pregnant or postpartum women by April 30, 2018. Although the lead agency must be a maternity care provider, applicants must demonstrate the ability to establish systems of care within their community to support the long-term recovery of mothers.

Priority will be given to applicants that seek to reduce and/or eliminate the severity of substance use among pregnant women and deliver infants free of illicit substances in their system. Specifically, priority will be given to:

1. Maternity providers that have demonstrated leadership and a commitment to address the problem by participating in statewide or local initiatives aimed at prevention, treatment and recovery of families affected by substance use/abuse.
2. Maternity providers with experience collaborating with community partners to deliver comprehensive medical, behavioral health, and social services for this population.
3. Applicants that clearly describe their ability to accurately identify, track, measure, and follow substance-using pregnant and post-partum women and their babies for up to 2 years.

**Proposed budgets cannot exceed $80,000 in total costs**. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

[The Drug Free Moms and Babies Project Expansion application.](http://www.wvperinatal.org/wp-content/uploads/2017/08/Application-for-Drug-Free-Moms-and-Babies-Expansion-Project.docx)

**For more information or questions, please contact:**

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