

# Addressing Perinatal Opioid Use Disorder

Request for Proposals due August 31, 2019

## Introduction

The Blue Cross Blue Shield of Michigan Foundation, Blue Cross Blue Shield of Michigan and the Michigan Department of Health and Human Services are requesting proposals from Michigan-based non-profit health care providers and organizations to promote prevention and evidence-based treatment of opioid use disorder among women of reproductive age, and their infants.

The initiative provides one-time grants to begin new projects, enhance or expand existing projects to reduce opioid use and harm to women and their infants. The intent of the grants is to help non-profit organizations participating in one of the 10 **Regional Perinatal Quality Collaboratives** in Michigan establish effective and evidence-based projects that will be sustained after the grant period ends. The projects should be part of a comprehensive collaborative work plan. We expect that organizations in funded regions will share the results from this initiative with other regions in the state for possible replication.

## About the funders



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association



The Blue Cross Blue Shield of Michigan Foundation (the philanthropic affiliate of Blue Cross) and Blue Cross Blue Shield of Michigan have a long history of commitment to increasing access to health care in partnership with health care providers and public health organizations. We have a unique social mission to help ensure access to high-quality medical care for all Michigan residents. We strive to provide leadership, advocacy and resources to reduce barriers and promote quality health care for uninsured and underinsured people in Michigan. For more information, visit [bcbsm.com/foundation](http://bcbsm.com/foundation) or [bcbsm.com/innovations](http://bcbsm.com/innovations).

The mission of the Michigan Department of Health and Human Services, is to protect, preserve and promote the health and safety of the people of Michigan. Improving the health outcomes for mothers and babies is essential to the overall health and well-being of our state. Given the diverse geographic and demographic makeup of Michigan, statewide approaches tailored to the specific strengths and needs of regions, have proven effective. MDHHS, in collaboration with statewide partners, has successfully launched RPQCs throughout the state.

Together, we're working to end this epidemic in Michigan and improve the health of residents.

## Background

Women with opioid use disorder who are pregnant or likely to become pregnant, face potentially adverse outcomes for themselves and their infants, including preterm labor, stillbirth, neonatal abstinence syndrome and maternal mortality. A recent study from the Healthcare Cost and Utilization Project, showed that nationally, the prevalence of opioid use disorder more than quadrupled from 1999 to 2014, from 1.5 to 6.5 per 1,000 delivery hospitalizations. In Michigan, the prevalence increased from 1 per 1,000 delivery hospitalizations in 2000 to 7.7 per 1,000 delivery hospitalizations in 2014, an average annual rate change of 0.55. The report, "[Opioid Use Disorder Documented at Delivery Hospitalization](#)," published in the August 10, 2018 Morbidity and Mortality Weekly Report, stated, "Continued national, state and provider efforts to prevent, monitor and treat opioid use disorder among reproductive-aged and pregnant women are needed. Efforts might include improved access to data in prescription drug monitoring programs, increased substance abuse screening, use of medication-assisted therapy and substance abuse treatment referrals."

Infants exposed to opioids in utero may experience neonatal abstinence syndrome after birth. According to MDHHS' Division for Vital Records and Health Statistics, the number of infants discharged from hospitals for treated drug withdrawal in Michigan has increased from 578.14 per 100,000 live births in 2011 to 835.82 per 100,000 live births in 2017. The Michigan Prescription Drug and Opioid Abuse Task Force reported that the average hospital costs for an infant born with NAS is \$66,700 compared to \$3,500 for an infant born without it. An article, "[Expecting More: For Moms-to-Be with Opioid Use Disorder, Comprehensive Treatment Improves Outcomes](#)," published November 12, 2018 in MI Blues Perspectives, said the risk of NAS can be significantly reduced if mothers are consistent with medication-assisted treatment for opioid use disorder during pregnancy, although infants born to mothers engaged in opioid-based forms of medication management are still closely monitored after birth and stay in the hospital longer to monitor for NAS.

Pregnancy can be an opportunity to educate, screen and treat opioid use disorder among women. Many medical and behavior health experts have observed that women with opioid use disorder are often motivated to address their addiction during pregnancy due to the desire not to harm their babies, their stage of readiness or fear of losing their children to child protective services.

The Centers for Disease Control and Prevention recommends the following actions for addressing opioid use disorder:

- Ensure appropriate opioid prescribing, in line with [current guidelines](#).
- Maximize and enhance prescription drug monitoring programs.
- Implement universal substance use screening at the first prenatal visit, as recommended by the American College of Obstetricians and Gynecologists.
- Ensure pregnant women with opioid use disorder have access to medication-assisted therapy and related [addiction services](#).
- Ensure mothers with opioid use disorder receive adequate patient-centered postpartum care, including mental health and substance use treatment, relapse prevention programs, and family planning services.

## Project description

The BCBSM Foundation, Blue Cross and MDHHS have combined their funds and technical assistance resources to support a program that implements projects outlined in the strategic plans of the **Regional Perinatal Quality Collaboratives**. Grant funds may be used to develop sustainable evidence-based practices or foster innovative programs that can be sustained after the grant ends. Selected projects will be led by member organizations of the collaborative over 18 months with the intention of preventing and reducing opioid use disorder and the harm it causes the maternal and infant health population in the region.

The MDHHS Maternal and Infant Health Program will provide technical assistance and surveillance as well as contractual oversight and monitoring of approved projects.

Funding is limited, so it's anticipated that the program will be competitive; not all applications will be funded.

This initiative will focus on prevention of and response to opioid use disorder among women, their children and infants during prenatal, pregnancy and postnatal stages. The funders are seeking projects that implement innovative approaches including, but not limited to:

- Telebehavioral health
- High Tech and High Touch, or HT2, prenatal substance use screening and behavioral health and treatment support
- Centering Pregnancy & Parenting Model for patients diagnosed with perinatal substance use disorder, and their infants possibly using an adapted rural, virtual version of the model
- Link more mothers and infants to evidence-based home visiting
- Appropriate treatment using the best evidence-based practices to help infants withdraw from opioids and other substances so they can lead healthier lives. For example, develop neonatal intensive care unit protocols that emphasize non-pharmacological interventions such as placing infants in low-stimulation environments, feeding frequently, swaddling and having parents serve as the primary caregivers.
- Rooming-in programs where mothers live with the infant (or spend as much time as possible in direct contact with the infant) during the NAS treatment
- Case management pre-delivery, during treatment, and post-discharge for providing and maintaining effective care and treatment of infants with NAS
- Integration of opioid use disorder treatment with women's health services

## Eligibility

The target audience: Member organizations that participate in one of the 10 **Regional Perinatal Quality Collaboratives**. Funding is to be used for projects and services provided by member organizations, rather than administrative functions of the collaborative's operations. Projects should align and enhance the collaborative's existing RPQC work plan. Funding will be awarded to the fiduciary of each RPQC on behalf of the member organizations.

The project must be implemented by a non-profit organization.

The RPQC must have a strategic plan for community needs to address the opioid epidemic and a track record of meeting regularly and setting goals. Regular participation in and support of the RPQC by the organization is a must. The specific project must have support from the fiduciary organization and a committed champion and project lead.

The following organizations and individuals aren't eligible to receive grants from this program:

- For-profit organizations
- Organizations or individuals not located in Michigan
- Organizations whose executive staff includes employees of Blue Cross Blue Shield of Michigan or any of its affiliates or subsidiaries, or their immediate family members

### **Project selection criteria**

The proposed projects must be part of the larger strategic or action plan developed by the collaborative, as described above.

The funders will select projects through a competitive application process using the criteria below. Financial resources for this initiative are limited and the funding partners won't award more than one organization in each region. For that reason, we encourage collaboration and consultation when there are multiple organizations within the region.

Projects will be considered using the following criteria:

- Need in the community and target population served by the member organization
- Participation with the RPQC and alignment with its strategic plan
- Significance and effectiveness of the project for implementing evidence-based practices, increasing access to treatment, decreasing opioid-related overdose and death rates, promoting quality improvement metrics
- Feasibility of the proposed project
- Potential to be replicated and shared
- Sustainability plan for the project beyond the grant period

### **Program funds**

Blue Cross and the BCBSM Foundation have jointly allocated \$200,000 for this initiative. Projects will be funded up to a maximum of \$75,000 each for up to 18 months. The collaborative's fiduciary will disburse funds to support proposed project development and implementation. Grant funds will be available for salary support, program costs, supplies and other costs related to the project. Computer equipment, including hardware and software, aren't supported unless they're directly related to the aim of the proposed project. Other costs that aren't eligible include capital expenses and indirect costs.

## Program timeline

- Request for Proposals opens July 1
- Full proposals due August 31
- Award notifications by November 29
- Funding begins January 1, 2020

## Proposal application

Email applications in a single PDF to [innovations@bcbsm.com](mailto:innovations@bcbsm.com) by August 31, 2019. Put the name of your organization and RPQC in the subject line. We'll acknowledge receipt of applications by email within 72 hours. We can't accept paper copies.

All instructions and application forms are available at [bcbsm.com/innovations](http://bcbsm.com/innovations) and [bcbsm.com/foundation](http://bcbsm.com/foundation). Or email us at [innovations@bcbsm.com](mailto:innovations@bcbsm.com) and we'll send them to you.

To apply:

1. Download and complete the coversheet PDF.
2. Create a separate proposal document in Microsoft Word, making sure it addresses the following sections. You may write up to **eight pages, double-spaced**.
  - a. Title and purpose of project: state the project objectives concisely
  - b. Description of community or organizational need: community population description, including demographics and need in the community, current programs efforts
  - c. Description of the project
  - d. Timeline and work plan to accomplish objectives
  - e. Budget for the project
  - d. Expected impact: If possible, quantify the expected impact. What measures will you collect to monitor and report your progress and outcomes?
  - e. CVs, or resumes, of key staff and project leaders (not included in 8-page count)
3. Download and complete the RPQC description worksheet.

Questions? Email Blue Cross Foundation or Blue Cross Social Mission staff at [innovations@bcbsm.com](mailto:innovations@bcbsm.com), or Emily Goerge, perinatal nurse coordinator of MDHHS, at [GoergeE@michigan.gov](mailto:GoergeE@michigan.gov). Include the name of your organization and RPQC in the subject line.