Part I. Overview Information

Issuing Organization: Council of State and Territorial Epidemiologists (CSTE) at www.cste.org

Participating Organizations: Centers for Disease Control and Prevention www.cdc.gov. Cooperative agreement number 5U38OT000143.

Part II. Full Text of Announcement

Section I. Funding Opportunity Description

Background

Maternal drug use is a concern due to potential negative consequences to the mother and infant. Currently, it is estimated that about 3.9% of pregnant women report using marijuana (1). Maternal hospital stays related to substance abuse increased 33%, with stays in 2012 being most attributable to marijuana (33.9%) (2). The average concentration of the main psychoactive ingredient in marijuana, Tetrahydrocannabinol (THC), is 4-6 times higher than in previous decades, when most of the previous data on maternal use and risk to infant was evaluated. As more states consider legalization of medical and/or recreational marijuana, timely surveillance data are critical to understand the prevalence of use and potential harms associated with use, which may include pregnancy complications, preterm birth, low birth weight, restricted fetal growth, and birth defects. Additionally, the ongoing epidemic of prescription opioid use and recent increase in associated cases of neonatal abstinence syndrome are concerning (3,4).

After reviewing currently available surveillance systems, CDC's Office of Noncommunicable Diseases, Injury and Environmental Health has recommended the Pregnancy Risk Assessment Monitoring System (PRAMS) as the best population-based resource to capture data on substance abuse during pregnancy. One of the strengths of PRAMS is that it can monitor maternal behaviors before, during, and after pregnancy and is a representative sample of women who have given birth. PRAMS can supplement administrative data from the birth certificate to help identify emerging issues in reproductive health to assist state and local governments address these issues and reduce the health burden in their jurisdictions. Aside from a few optional questions, marijuana and prescription drug use are not currently comprehensively assessed on PRAMS.

To address these gaps, CDC has developed a PRAMS supplement of 12-questions related to marijuana and prescription drug use (including prevalence of use before and during pregnancy, frequency and mode of use, and reasons for use) that states could

add to their questionnaire. These questions are adapted from existing PRAMS questions and those used by the National Survey on Drug Use and Health (NSDUH). The questions included in the supplement were cognitively tested by CDC's National Center for Health Statistics in the spring of 2016, and field tested in the summer of 2016. Use of these standardized PRAMS supplement questions can provide comparable state-based surveillance estimates to monitor and evaluate policies and programs.

Objectives

Provide funding for eligible jurisdictions currently funded through the CDC PRAMS cooperative agreement to implement the 12-question Marijuana and Prescription Drug Supplement with the PRAMS survey.

Deliverables

1. To obtain IRB approval before implementation of the supplement (before data collection begins).

2. To implement a supplement to the PRAMS survey which includes all 12 CDC standardized questions on marijuana use before and during pregnancy (including frequency, mode, and reason for use), and prescription drug use during pregnancy.

3. To collect population-based data of high scientific quality using the CDC PRAMS protocol and methods for at least 6 months (i.e., 6 batches) from April 2017 to April 2018.

4. To use PIDS for data collection to ensure inclusion of data in the PRAMS dataset.

5. To develop a written analytic plan designed to inform or change programmatic activities related to marijuana or prescription drug use within state and conduct analyses based on the plan.

6. To translate and disseminate analytic results into useable information for public health action that can guide program development, evaluation, or action within the state regarding marijuana and prescription drug use (e.g., inclusion in state's annual surveillance summary or availability of data for online query).

7. To provide monthly progress updates to CSTE until implementation of the supplement, then quarterly updates regarding progress through the remainder of the year. Recipients may be asked to complete a progress update template via email.

Timeline

December 2016	RFP release
2/20/2017	Application due date
3/6/2017	Award notification
3/6/2017 – 3/31/2017	Contract initiation and IRB approval process
April – May 2017	Begin implementation

Quarterly	Progress report on implementation
April 2018	Deliverables completed (12 months after contract initiation).

Section II. Award Mechanism

Mechanism(s) of Support
CSTE will manage matters related to financial support for this project.

Funds Available
Applicants may request up to $15,000 per jurisdiction to support activities associated with this project for the project's duration of a year. Under this maximum award, funds will be available up to 8 awardees. More awardees are possible depending on each applicants' budget request (which is expected to be reflective of the length of supplement implementation/ data collection) and total funding available.

CSTE receives funding for this project through the Centers for Disease Control and Prevention (CDC) cooperative agreement number 5U38OT000143. All funding amounts are subject to the availability of funds. Funding will be awarded through a contract mechanism with CSTE and the first phase of funding will be through June 30, 2017. The second phase of funding will begin July 1, 2017 which will require additional contract documentation.

Section III. Eligibility Information

Eligible Applicants
State, territorial, large city/county public health agencies that are currently funded by the CDC PRAMS cooperative agreement (http://www.cdc.gov/prams/states.htm).

Section IV. Application and Submission Information

Submission Dates and Times
Submission, Review, and Anticipated States Dates

- Submission Date: 2/20/2017
- Award Notification Date: 3/6/2017
- Anticipated Start Date: March 2017
- Anticipated End Date: April 2018

Submitting an Application
Application materials should be sent to nsorrells@cste.org and must be received by 11:59 pm ET on 2/20/2017. Notification of successful receipt of the application will be sent to the applicant upon request. Electronic applications only.

Application Processing
All completed applications received by 11:59 pm ET on 2/20/2017 will be reviewed by 3/6/2017.

Content and Form of Application Submission
Contact Information, Background, Plan/Methods, Budget & Justification

Applications should include the following headings in the order listed and should address the items included under each heading below:

1. Contact information of key participants (1-2 page maximum)
    a. A primary contact should be identified. All communication will be sent to the primary contact listed.

2. Phase 8 questionnaire & past and current use of PRAMS supplements (1-2 page maximum).
    a. Include whether and which site-specific questions on drug use are already included in PRAMS survey
    b. Describe any past experience implementing a PRAMS questionnaire supplement
    c. Describe any supplements currently in the field and estimated length of time they will be implemented

3. Methods the applicant will use in conducting project work and in developing and completing all specified deliverables and objectives (2 page maximum)
    a. Include length of time (# of batches) that the supplement will be implemented (minimum of 6 months of data collection/supplement implementation is required)

4. Burden and policies related to marijuana, opioids, or neonatal abstinence syndrome (1 page maximum)
    a. Description of marijuana, opioid, and neonatal abstinence syndrome burden in the state. If possible, please be specific and describe maternal marijuana and opioid burden in your state.
    b. Description of recreational and/or medical legislative environment related to marijuana in jurisdiction (approved, pending, none, plans for future legislation, etc.) (1 page maximum)

5. Proposed budget (1 page maximum)

6. Proposed timeline, including dated milestones (1 page maximum)

7. Appendix – additional materials (not required and may not be reviewed)

Section V. Application Review Information

Criteria

Review and Selection Process

Only eligible applications that are complete will be evaluated for scientific and technical merit by CSTE in accordance with the review criteria stated above. A review panel of the CSTE National Office and subject matter experts (including representatives from CDC) will independently score the applications. Funding awards will be made based upon the quality of the submitted proposal and the ability of the applicant to meet the criteria stated above.

The criteria described below will be considered in the review process of all applications.

1. Applicant's eligibility, understanding of the project, and ability to complete required deliverables (35%)

a. Demonstrated burden of marijuana use, opioid use, and neonatal abstinence syndrome burden and/or presence of medical or recreational marijuana legislation in jurisdiction (15%)

b. Eligibility, experience, and capacity to complete required deliverables (20%)

2. Ability of the applicant to satisfactorily meet the objectives of the project described (50%)

a. Clear and detailed work plan for completing the project (25%)

b. Feasibility of proposed timeline (25%)

3. Extent to which the budget is justified and reflective of the length of supplement implementation/ data collection (15%)

Section VI. Award Administration Information

Award Notices

All applicants will be notified via email or phone no later than 3/6/2017. Any delays in award notices or other timelines will be communicated with applicants.

Award Recipient Responsibilities

1. Accomplish all the objectives and deliverables listed in this announcement by the contract end date.
2. Provide quarterly written progress reports and invoices to CSTE as required in the contract agreement.
3. Be available through multiple avenues for feedback and discussion (conference calls, etc.) on a regular basis (at least once monthly).

CSTE Responsibilities

1. Serve as point of contact between the awardee and project team.
2. Facilitate work and provide avenues for communication between awardees, CDC, and other stakeholders.
3. Monitor the terms of the agreement with awardee.
4. Fund awardee according to the terms of the agreement.

For more information, contact:

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For further assistance, technical questions, or inquiries about the application, contact Nikka Sorrells at CSTE (770-458-3811 or nsorrells@cste.org). Representatives from CSTE will be available to speak to potential applicants to discuss technical or

administrative questions. All questions and answers will be made available to all potential applicants upon request.

Attachment. PRAMS Marijuana and Prescription Drug Supplement (12 questions)

References

1. Ko JY, Farr SL, Tong VT, Creanga AA, Callaghan WM. Prevalence and patterns of marijuana use among pregnant and nonpregnant women of reproductive age. Am J Obstet Gynecol. 2015;213(2):201.e1-201.e10.

2. Fingar KR (Truven Health Analytics), Stocks C (AHRQ), Weiss AJ (Truven Health Analytics), Owens PL (AHRQ). Neonatal and Maternal Hospital Stays Related to Substance Use, 2006-2012. HCUP Statistical Brief #193. July 2015. Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb193-Neonatal-Maternal-Hospitalizations-Substance-Use.pdf.

3. Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. MMWR Morb Mortal Wkly Rep 2016;65:799–802. DOI: http://dx.doi.org/10.15585/mmwr.mm6531a2

4. Patrick SW, Schumacher RE, Benneyworth BD, Krans EE, McAllister JM, Davis MM. Neonatal abstinence syndrome and associated health care expenditures: United States, 2000–2009. JAMA 2012;307:1934–40.