Oregon Commission on Autism Spectrum Disorder

STRATEGIC PLAN IMPLEMENTATION PROJECTS 2014 REQUEST FOR PROPOSAL

OCASD RFP #72014

Introduction: The Oregon Commission on Autism Spectrum Disorders (OCASD) requests proposals from qualified individuals or entities to implement projects that further the achievement of Goals and Recommendations set forth in the 2010 OCASD Report to the Governor. OCASD expects to award a number of small grants in 2014.

Timeline: The RFP will become active on **September 15, 2014**. Proposals must be received by **October 15, 2014**. Project work is expected to begin in **November 2014** with deliverables for each Implementation Grant Project to be completed by the end of **May 2015**.

To be considered for grant funding, a written Proposal Submission must include the following information as outlined below:

A. Name of Primary Contact Person
B. Name of Organization, if applicable
C. Contact Email Address | Phone Number | Mailing Address
D. Outline expertise and experience as it relates to the proposed project work.
E. Provide a detailed description of the proposed project, including expected outcomes.
F. Provide an outline detailing how the designated OCASD Subcommittee(s) will be involved in the Proposed Grant Project.
G. Provide a list of anticipated partnerships /collaborations and a description of how each partner will be engaged with the proposed project.
H. Identify the stakeholders groups this proposed project is expected to reach, and describe the impact project achievement would have on each of these groups.
I. Provide a list of proposed deliverables and action timeline.
J. Amount of Grant Funding Requested
K. Provide a detailed budget, including any additional resources, including in-kind support available
L. Describe how the project outcomes will be sustained after the grant funds have been expended.

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Expectations

The person(s) and/or organization(s) selected must work collaboratively with the designated subcommittee of the Commission. Projects resulting from this solicitation are expected to demonstrate progress toward outcomes identified in the 2010 OCASD Report to the Governor and report this progress to the Commission on a quarterly basis in the form of one page written report outlining actions taken on promised deliverables and progress toward intended outcomes achieved. Please note that all resulting products must be approved by the Commission prior to distribution. All resulting projects must be branded for the Oregon Commission on Autism Spectrum Disorders. All resulting work products become property of the Oregon Commission on Autism Spectrum Disorders, and are not intended for profit.

Exclusions

Current members of the Oregon Commission on Autism Spectrum Disorders and Subcommittee Chairpersons may not receive grant funds; however OCASD Subcommittee Members who are not OCASD Commissioners may submit a Proposal.

Primary Point of Contact

All Proposal submissions and communications with OCASD concerning this RFP must be directed via email to staff@orcommissionasd.org

Evaluation

OCASD will evaluate the overall quality of content and responsiveness of Proposals to the purpose and specifications of this RFP. OCASD will conduct a comprehensive and impartial evaluation of the Proposals received. Proposals may be evaluated by a Review Panel selected by OCASD. Proposals will be evaluated based on Commission priorities, alignment with the OCASD 10 Year Plan, statewide impact, feasibility, and sustainability.

Reservation of OCASD Rights

OCASD reserves all rights regarding this RFP including the right to: Amend or cancel this RFP; Reject any and all Proposals received; Seek clarification of each Proposal; negotiate the statement of work within the scope of work described in this RFP and to negotiate the grant/contract award amount.

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Proposals will be considered for projects that further the achievement of Goals and Recommendations set forth in the 2010 OCASD Report to the Governor, available online at www.orcommissionasd.org. OCASD has identified the following focus areas for this RFP:

Designated Subcommittee:
Screening, Assessment & Identification

Desired Project Outcomes:
The development of training modules designed for mental health professionals that outlines the characteristics of ASD; differences in presentation between ASD and other disorders commonly mistaken for it; and review of current tools and best practices in ASD identification.

Related Goals and Recommendations set forth in the 2010 OCASD Report to the Governor
SIAC 4.4: Assist communities in meeting recommendations regarding the Identification evaluation by creating a training module for school and clinical psychologists in the differential identification of ASD using DSM 5 criteria. (Page 32)

Potential Implementation Project Allocation:
Up to $5,000

Background:
The Oregon Commission on Autism Spectrum Disorders (OCASD) has recommended that a common set of minimum standards be observed for the identification of ASD in children and adults, whether the identification takes place in health care or educational settings. The recommended standards and reasons for them are set forth on pages 30-32 of the OCASD Report to the Governor.

The recommended standards include both the elements of the identification process and a multi-disciplinary team with specified competencies. The team competencies do not specify the licensure of the individuals involved, so as to ensure maximum flexibility in assembling teams. However, it is reasonable to expect that individuals with a mental health license (including school psychologists practicing in educational settings) will be chosen to fulfill the competencies related to psychopathology/mental health disorders. Recognizing that many mental health professionals lack specific training in the identification of ASD, this RFP seeks proposals to develop a set of web-based instructional training modules on the differential identification of ASD.

Discussion and Requirements:

Since OCASD's initial recommendations were made in 2010, the Screening, Identification, and Assessment Subcommittee of OCASD has expanded on the recommended competencies. Those portions of the expanded competencies relevant to this RFP are set forth in Appendix 1. The training modules to be created by the grantee will be one part of the training process for mental health professionals already in service. The other part (hands on training in a supervised practice setting) will require a different set of arrangements.

The grantee will have the flexibility to create training modules using a variety of approaches, but the modules should include both lectures and written text sufficient to give mental health professionals who lack prior training in ASD (a) information on the characteristics of ASD, as set forth in Knowledge Area 6 of the Competencies, (b) an in depth understanding of the differences in presentation between ASD and other disorders commonly mistaken for it, as set forth in Knowledge Area 3 of the Competencies, and (c) a review of current tools and best practices for the identification of ASD, as set forth in Knowledge Area 5 of the Competencies. (Note that the training modules are not expected to substitute for any training required to administer specific diagnostic tools.) PowerPoint slides and video clips are optional; they may be used to supplement and reinforce lecture and long form text, but they are not sufficient by themselves. Self-tests for learners would be desirable. Not all material included in the modules needs to be created by the grantee(s). If materials created by other sources are used, the grantee(s) will be responsible to secure and provide documentation of all permissions or licenses required for OCASD to use such materials without limitations.

Some licensed professionals who seek to become trained in the identification of ASD may not be technically proficient in the use of differential diagnosis. Therefore, a short review of the principles and purpose of differential diagnosis would be desirable.

Because the intended audience includes mental health professionals practicing in either educational or health care settings, strong preference will be given to proposals that include the participation of both types of professionals in the development of the training modules.

APPENDIX 1

KNOWLEDGE AREA #3 – MENTAL HEALTH DISORDERS

At least one professional will demonstrate the ability to differentiate the following DSM disorders from ASD: Language disorders, including social (pragmatic) communication disorder; Stereotypic movement disorder; Intellectual disability; Learning disorders; ADHD (and other disruptive behavioral disorders); Reactive attachment disorder; Anxiety disorders (including separation anxiety disorder and selective mutism); and Mood disorders

At least one professional will be able to describe and identify the characteristics of each of the above disorders appropriate to the age, gender, and culture of the individual being evaluated.

At least one professional will demonstrate competency to administer, score, and interpret assessment tools relevant to the disorder(s) for which the evaluation is being conducted. It is ***not*** required that the professional will be competent to administer, score, and interpret all of the assessment tools for all of the disorders listed in subsection 1 above.

Demonstrating Competency: The professional will document:

Licensure/specialization as a developmental pediatrician, psychiatrist, clinical psychologist, psychiatric/mental health nurse practitioner, licensed clinical social worker, or school psychologist **AND**

A minimum of one year graduate level coursework in psychopathology, or equivalency for medical or osteopathic doctors, **AND**

Specific training, in a supervised practice setting, on the distinction between ASD and close alternatives, **AND**

Ongoing work within the professional's licensure category in the assessment of children or adults with ASD, as appropriate to the population of individuals to be identified (including a minimum of 5 evaluations within the past year).

KNOWLEDGE AREA #5 - SPECIFIC ASSESSMENT TOOLS AND METHODS FOR IDENTIFICATION OF ASD AND OTHER DISORDERS SUFFICIENT FOR ACCURATE IDENTIFICATION OR REFERRAL FOR FURTHER EVALUATION

At least one professional will be able to describe the methods used to determine whether tools are reliable, valid, and accurate and have demonstrated utility for the designated assessment (i.e., psychometric properties).

At least one professional will be able to describe the procedures for administration of the currently recommended assessment tools for ASD and other DSM disorders listed in Knowledge Area 3, ¶ 1 above. **NOTE:** the list of ASD-specific instruments will need to be populated and updated regularly by an expert panel; as of April 2014, the list approved by OCASD includes ADOS, ASIEP, and CARS 2.

At least one professional will be able to describe the process by which an accurate identification is made, including the role of different team members, the formal and informal assessment methods typically used in an ASD evaluation, and the importance of performing a developmental history via an interview of the family/caretaker.

At least one professional will demonstrate competency in selecting, administering, scoring, and interpreting formal and informal assessment tools.

Demonstrating Competency: same as Knowledge Area 3.

KNOWLEDGE AREA #6 - CHARACTERISTICS OF ASD

At least one professional (and ideally more than one) will be able to describe or identify, as appropriate: (a) current DSM criteria for ASD, (b) the diversity of presentation among individuals with ASD; (c) changes in characteristics over time and across developmental stages (early developmental red flags, core behavioral symptoms, and how they change over time), (d) differences in presentation based on gender, language, culture, context (e.g., trauma), setting (e.g., home, clinic, school), educational level, and socio-economic factors, and (e) severity factors, for example severity scores under DSM-5 or comparison scores on the ADOS.

At least one professional will be able to describe the history of ASD diagnosis, as well as current major theories of the development and underlying psychological and neurological processes of ASD.

Demonstrating Competency: The professional will document:

Licensure as either a health care professional, a school psychologist, or professional with a special education endorsement or ASD specialization from TSPC, **AND**

Either coursework or didactic professional development sufficient to demonstrate competencies, **AND**

Unless the professional documents significant pre-licensure supervised practice with the ASD population, **BOTH** (i) post-licensure supervised practice specialized in ASD sufficient to demonstrate competencies, **AND** (ii) a minimum of 960 contact hours (the equivalent of six months at full time) over a two-year period with children or adults with ASD, as appropriate to the population of individuals to be identified. Note that the contact hours and supervised practice can be combined to reach the total of 960 contact hours.