



CALL FOR PROPOSALS:

Caring for Kids:

**Expanding Dental and Mental
Health Services through
School-Based Health Centers**

THE ROBERT WOOD JOHNSON FOUNDATION

Summary

Caring for Kids: Expanding Dental and Mental Health Services through School-Based Health Centers is an initiative of The Robert Wood Johnson Foundation® to support the development of sustainable models of dental and mental health services organized by school-based health centers. This call for proposals is intended to stimulate projects that:

- increase available dental and mental health care organized by well-established school-based health centers using one of the models described below; and
- connect these services to relevant public and private programs and policies to assure that services are coordinated with existing programs.

Funded projects should demonstrate effective ways to increase access to dental and mental health programs for underserved populations.

Up to \$3.4 million has been made available to support three-year grants under this initiative. Dental health services projects will be eligible for \$225,000 over three years; mental health services projects will be eligible for grants ranging from \$180,000 to \$225,000, depending on whether the projects focus on primary prevention or treatment. Up to 16 projects will be funded under Caring for Kids, including up to six focusing on dental health and up to 10 focusing on mental health.

Background

The health problems of children and youth are not evenly distributed among the US population. Low-income and minority youth experience higher than average rates of illness and death. The greatest unmet health care needs of these young people continue to be dental and mental health care. Tooth decay occurs more frequently, is of greater severity, and is more likely to go untreated among poor and minority youngsters. Eighty percent of untreated dental disease in permanent teeth is found in about 25 percent of children aged 5-17 years old, mostly among low-income and other vulnerable children.¹

¹ US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, 2000.

Equally important, the US Office of Technology Assessment found that about 70 percent of children and adolescents in need of mental health services received no treatment at all. While mental disorders and mental health problems appear in families of all social classes and backgrounds, there are children who are at greater risk. These children include those born with low-birth weight, who have a family history of mental and addictive disorders, live in multigenerational poverty conditions, or have experienced caregiver separation, abuse or neglect.²

While health care cannot overcome all the consequences of disadvantage, well-delivered preventive and curative services can ameliorate their impact. School-based health centers have become an excellent vehicle for reaching those children at highest risk and with the least access to care because centers are primarily located in schools that serve large numbers of these children.

The Robert Wood Johnson Foundation has invested more than \$40 million over 25 years to develop the school-based health center model. Initially responding to adolescent health status and behavior problems across income groups, the Foundation also supported the emergence of school-based health centers as safety net providers for low-income and uninsured children and youth. Caring for Kids continues the Foundation's support for developing the school-based health center model.

Currently, less than 10 percent of school-based health centers have dental health professionals on-site. Caring for Kids encourages school-based health centers to develop and test models for dental services. While a much higher percentage of school-based health centers (60 percent) include mental health professionals on staff, these services have been difficult to fund and are not always well integrated with school and community mental health.

² US Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, 1999.

The program

Caring for Kids will support the development of sustainable models of dental and mental health services organized by school-based health centers. Up to six dental and up to ten mental health programs will be funded. Dental programs may request up to \$75,000 a year for three years for a total of \$225,000. Mental health services programs that focus on treatment may request up to \$75,000 a year for three years for a total of \$225,000; mental health programs that focus on primary prevention may request up to \$60,000 a year for a total of \$180,000 for three years. Applicants may apply for support for only one model program.

Funded projects should demonstrate effective ways to increase access to dental or mental health programs for underserved populations. The program will fund projects that draw upon one of the following program models to strengthen school-based health centers' capacity to respond to dental or mental health needs of young people.

Dental Program Models

- Sealant programs. School-based sealant programs have been developed in a number of locales during the past 25 years and more recently, a number of school-based health centers have pioneered sealant programs in their schools and communities. Information on model sealant programs is available from the National Maternal and Child Health Clearinghouse at www.nmchc.org.
- Comprehensive school-based dental programs. A small number of school-based health centers have demonstrated their capacity to organize preventive and restorative dental programs in schools. Connecticut and New York City, pioneers in this area, have launched comprehensive dental programs associated with school-based health centers. Typically these programs are staffed by dental hygienists and dentists and provide cleanings, x-rays, and restorations. Some of these programs have established permanent dental suites, others use portable dental operatories.

- School-community partnerships for dental disease prevention and treatment management. This model envisions school-based health centers partnering with community providers to offer both preventive and restorative care. In this instance the school-based health center would provide intensive oral health education for children and their parents and screen and case-manage students found to have untreated dental disease. Participating community dentists would provide restorations and other needed services.

Mental Health Program Models

- Prevention programs that address the emotional and behavioral problems of school-age children and youth. These programs may be implemented in the health center, the classroom, or other venues easily accessed by students. The intervention should be evidence-based and reflect findings of evaluation studies. Recently, the Foundation supported a study by the Urban Institute that explored the potential of organizing promising health promotion interventions through school-based health centers. The study, available on The Center for Health and Health Care in Schools' Web site (www.healthinschools.org) identifies a number of promising prevention activities that address mental health issues.
- Expanded mental health treatment programs within a school-based health center. Possible models include collaborations with university training programs, such as those involving social work, psychology, psychiatry, and psychiatric nursing; linkages to community mental health centers and youth substance abuse programs; or joint efforts with family support and social service agencies.
- Integrated models of mental health service delivery that link mental health services provided by the school-based health center program to school-sponsored and community-sponsored mental health care. As indicated in the literature, schools are the largest providers of mental health services to children. In general, school-supported mental health services are targeted to students eligible for services under the Individuals with Disabilities Education Act

(IDEA) or special education. Mental health services organized by school-based health centers are not generally linked to IDEA-related services or other community-sponsored services. The potential benefits of closer ties among all mental health providers in schools are substantial; care provided to students, their families, and school staff will be strengthened and, as a matter of public policy, collaboration may limit duplication of effort and thus enhance student outcomes.

All applications should take into account local and state requirements that define practice parameters.

Eligibility and selection criteria

To be eligible, applicant institutions must sponsor at least two school-based health centers, one of which must have provided services for at least two years. Additionally, letters of support are required from the leadership of the sponsoring agency, the host schools, parent organizations, and dental and mental health professional organizations.

Eligible applications will be assessed according to the following criteria:

- the significance of the proposed program to the school-based health center field;
- the potential of the project to influence policy or practice beyond the immediate project community;
- the thoroughness with which the application responds to requirements outlined for the grant narrative below;
- the applicant's experience and qualifications for conducting the proposed project and the time commitment of key project staff who have the skills and experience to perform the tasks required by the project;
- the number of students to be served; and
- the involvement of public and private agencies that will help develop sustainability policies.

How to apply

Written grant applications, with a narrative of no more than 20 pages, are to be mailed to The Center for Health and Health Care in Schools with a postmark dated no

later than August 10, 2001. Applicants should submit an original and seven copies to the program office. The narrative should be double-spaced, 12 point font size with one-inch margins. The narrative should be followed by a summary work plan/timetable outlining tasks to be completed. A budget, following guidelines posted on the Center and Foundation Web sites, **www.healthinschools.org** and **www.rwjf.org** respectively, should also be included. The work plan and budget are not included in the 20-page limit.

The grant application narrative should address the following points:

- identify and document unmet student needs that the grant will address. Successful applicants will demonstrate a significant level of unmet need;
- explain why the selected program model responds to these needs;
- describe the physical space required to implement the model and demonstrate school-based health center and school willingness to provide the space. If appropriate line drawings are encouraged;
- describe how the model would be implemented, with attention to the role of collaborating school personnel, community partners, and state policymakers where appropriate;
- define program goals and objectives with measurable outcomes that can be evaluated;
- demonstrate the ability of the school-based health center to meet local and state credentialing and code requirements; and
- describe how the project will work with local, state, and private partners to develop strategies for continuing the program after the grant has concluded.

A panel of consultants will help review proposals and site visits may be required to further assess an applicant's likelihood of success. The quality and completeness of the application will be vital to the selection process. The Foundation does not provide individual critiques of proposals.

Program monitoring

All grantees, as a condition of accepting grant funds, will be required to provide data associated with the implementation of the grant initiative. The Foundation may undertake an independent evaluation of the program. All grantees, as a condition of accepting funds, are required to take part in such an evaluation.

Use of grant funds

Grant funds may be used for project staff salaries, consultant fees, a limited amount of equipment, and other direct expenses essential to the proposed project. Funds may not be used for construction or renovation of facilities. No more than 10 percent of grant support from The Robert Wood Johnson Foundation may be directed to activities that occur away from the school campus.

Grantees will be expected to meet Foundation requirements for the submission of annual and final progress and financial reports. The project director and a colleague will be expected to attend an annual meeting that will be scheduled in conjunction with the annual conference of the National Assembly on School-Based Health Care. Project directors will also be asked to provide a written report on the project and its findings, suitable for wide dissemination.

Program direction and technical assistance

Direction and technical assistance for the program will be provided by The Center for Health and Health Care in Schools located in the School of Public Health and Health Services at The George Washington University. The program director is Julia Graham Lear, PhD; the deputy director is Annette Ferebee, MPH. Also providing technical assistance will be Nancy Haby Eichner, MUP, senior program manager. At The Robert Wood Johnson Foundation, responsible staff include Judith Stavisky, MPH, MEd, senior program officer; Paul Tarini, senior communications officer; Liisa Rand, financial analyst; Paul Jellinek, PhD, vice president; and Dolores Slayton, program assistant.

Timetable

June 2001	Request for proposals released.
July 2001	Audio conferences on dental health and mental health initiatives.
August 10, 2001	Grant applications due.
February 2002	Notification of grant awards.

Inquiries

Please direct all inquiries and requests for application materials to:

Annette Ferebee, MPH
Deputy Director
The Center for Health and Health Care in Schools
1350 Connecticut Avenue, NW, Suite 505
Washington, DC 20036
Phone: 202-466-3396
Fax: 202-466-3467
e-mail: ajf@gwu.edu

the *Journal of Applied Behavior Analysis* (1974), and the *Journal of Experimental Psychology* (1975).

There are a number of reasons why the *Journal of Applied Behavior Analysis* is the most widely cited journal in the field of behavior analysis.

First, the journal is published by the American Psychological Association, which is the largest and most prestigious organization in the field of psychology.

Second, the journal is published quarterly, which allows for a high volume of research to be published.

Third, the journal is published in English, which is the most widely spoken language in the world.

Fourth, the journal is published in a format that is easy to read and understand, which makes it accessible to a wide range of researchers and practitioners.

Fifth, the journal is published in a format that is easy to search and retrieve, which makes it convenient for researchers to find the articles they need.

Sixth, the journal is published in a format that is easy to cite, which makes it convenient for researchers to cite the articles they use.

Seventh, the journal is published in a format that is easy to share, which makes it convenient for researchers to share their work with others.

Eighth, the journal is published in a format that is easy to archive, which makes it convenient for researchers to archive their work.

Ninth, the journal is published in a format that is easy to access, which makes it convenient for researchers to access the articles they need.

Tenth, the journal is published in a format that is easy to use, which makes it convenient for researchers to use the articles they need.

Eleventh, the journal is published in a format that is easy to understand, which makes it convenient for researchers to understand the articles they need.

Twelfth, the journal is published in a format that is easy to remember, which makes it convenient for researchers to remember the articles they need.

Thirteenth, the journal is published in a format that is easy to find, which makes it convenient for researchers to find the articles they need.

Fourteenth, the journal is published in a format that is easy to use, which makes it convenient for researchers to use the articles they need.

Fifteenth, the journal is published in a format that is easy to understand, which makes it convenient for researchers to understand the articles they need.

Sixteenth, the journal is published in a format that is easy to remember, which makes it convenient for researchers to remember the articles they need.

Seventeenth, the journal is published in a format that is easy to find, which makes it convenient for researchers to find the articles they need.

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Nineteenth, the journal is published in a format that is easy to understand, which makes it convenient for researchers to understand the articles they need.

Twentieth, the journal is published in a format that is easy to remember, which makes it convenient for researchers to remember the articles they need.

Twenty-first, the journal is published in a format that is easy to find, which makes it convenient for researchers to find the articles they need.

Twenty-second, the journal is published in a format that is easy to use, which makes it convenient for researchers to use the articles they need.

Twenty-third, the journal is published in a format that is easy to understand, which makes it convenient for researchers to understand the articles they need.

Twenty-fourth, the journal is published in a format that is easy to remember, which makes it convenient for researchers to remember the articles they need.

Twenty-fifth, the journal is published in a format that is easy to find, which makes it convenient for researchers to find the articles they need.

Twenty-sixth, the journal is published in a format that is easy to use, which makes it convenient for researchers to use the articles they need.

Twenty-seventh, the journal is published in a format that is easy to understand, which makes it convenient for researchers to understand the articles they need.

Twenty-eighth, the journal is published in a format that is easy to remember, which makes it convenient for researchers to remember the articles they need.

Twenty-ninth, the journal is published in a format that is easy to find, which makes it convenient for researchers to find the articles they need.

Thirtieth, the journal is published in a format that is easy to use, which makes it convenient for researchers to use the articles they need.

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About RWJF

The Robert Wood Johnson Foundation® was established as a national philanthropy in 1972 and today is the largest US foundation devoted to health and health care. The Foundation concentrates its grantmaking toward three goal areas:

- to assure that all Americans have access to basic health care at reasonable cost;
- to improve the care and support for people with chronic health conditions; and
- to promote health and reduce the personal, social, and economic harm caused by substance abuse tobacco, alcohol, and illicit drugs.

This document, as well as many other Foundation publications and resources, is available on the Foundation's

Web site:

www.rwjf.org



Route 1 and College Road East
Post Office Box 2316
Princeton, New Jersey 08543-2316