

ASTDD Request for Proposals

State/Territorial Oral Health Forums for Children with Special Health Care Needs (CSHCN) Leading to an Action Plan Cycle 1, Posting Date January 3, 2006

The Association of State and Territorial Dental Directors (ASTDD) is soliciting proposals from organizations to support funding for Oral Health Forums and Action Plans for Children with Special Health Care Needs (CSHCN) in US states and territories. The purpose of these forums is to solicit input from a multidisciplinary, multi-organizational group of stakeholders to develop an action plan to improve the oral health of CSHCN by enhancing oral health prevention and education as well as increasing access to oral health services. ASTDD is particularly interested in enhancing the roles state oral health programs play in improving the oral health of CSHCN through collaboration with state MCH/CSHCN programs and other health professional, family, and advocacy organizations. This program is based on the success of ASTDD-funded state/territorial Head Start oral health forums conducted in the past few years. See the ASTDD website at <http://www.astdd.org/> for final reports and action plans from these forums that might help in developing proposals in response to this RFP.

Background

Oral diseases represent a major health problem for many young children and adolescents, and even more so for individuals with special health care needs who have complex medical histories or who exhibit behaviors that challenge the provision of dental services. Access to dental services is compromised by 1) the lack of dental professionals in both the public and private sectors who have received appropriate education and training and who are willing to provide comprehensive care to children and adolescents with special health care needs (especially those enrolled in Medicaid), 2) inadequate referral and tracking mechanisms, 3) inadequate public or private dental insurance coverage, and 4) lack of communication and coordination among health care and dental professionals, parents, and supportive service workers. The 2001 National Survey of CSHCN found that oral health care was one of the greatest unmet health needs of these children.

Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) has developed a National Agenda for CSHCN that identifies six critical areas that comprise a comprehensive system of care. These include: access to a medical home, adequate insurance coverage, early screening, a coordinated organization of services, effective family involvement, and preparation for the child's transition to adulthood. More information about the Agenda can be found at: <http://mchb.hrsa.gov/programs/specialneeds/measuresuccess.htm>

Because the National Agenda for CSHCN does not address oral health explicitly, ASTDD has developed a companion document that identifies promising strategies to improve the oral health of CSHCN, consistent with the National Agenda (see Attachment A). It is expected that the forums conducted with funds from this mini-grant will, at a minimum, review these strategies and include one or more of them in the resulting Action Plan.

Who is eligible to apply?

Only one proposal per state or territory will be accepted for review, so organizations should coordinate their efforts to write a joint application. Letters of commitment from at least three collaborating organizations, including the fiscal agent, are required. The applicant organization can be different from the fiscal agent, if necessary. The state/territorial oral health program and other public or private agencies or organizations such as the state MCH/CSHCN program, oral health coalitions, or state Family Voices components, are examples of appropriate organizations that might apply.

How much funding is available and what are the restrictions?

Funds are available from ASTDD through a cooperative agreement from HRSAMCHB. States/territories may apply for a \$5,000 mini-grant to help support oral health forums and development of a written action plan and a forum summary report. Funding is available for approximately 12 minigrants this year. Another funding cycle may be available next year. States/territories are encouraged to partner with other groups to secure additional resources or funding and to document in-kind support. Funds can be used for expenses associated with meeting room and AV rental, travel stipends, contracting with facilitators, supplies for the forum, postage or copying charges, and other reasonable expenses. States/territories are discouraged from using the funds to pay speaker honoraria as the purpose of the funding is to promote interaction with a diverse group to develop an action plan, not to simply provide information and give continuing education credits. Funds may not be used to pay for food and beverages.

Who should be involved in the planning process?

A small multidisciplinary group that represents the major stakeholders should be involved in the planning process. The following list of stakeholders is not meant to be prescriptive, but is offered to suggest the range of parties that might be included: state dental directors/oral health program managers, state CSHCN program directors, state Medicaid/SCHIP dental consultants, Head Start CSHCN specialists, dentists and allied dental health professionals from both the private and public dental sectors, faculty from dental/dental hygiene schools, CSHCN or oral health advocacy group representatives.

Who should be invited to attend the forums?

The group should include individuals with diverse experiences and perspectives, who have a stake in promoting the oral health of CSHCN and who can help implement the resulting Action Plan. Invitees should include: government agencies and private programs that serve CSHCN such as MCH, Medicaid/SCHIP, and programs for persons with mental retardation and developmental disabilities; health professionals and dental professionals; dental education institutions; dental insurance carriers; Family Voices and other groups representing parents of CSHCN; early childhood and pre-school programs such as Head Start.

Is there a required or recommended format for 1) the forum, 2) the final report and 3) the action plan?

ASTDD has set parameters for the forum, final report and action plan (see sections below), but encourages states and territories to be innovative to achieve the final outcome of an action plan.

Forum

States/territories may 1) hold one statewide forum that addresses oral health issues for CSHCN; 2) use satellite, videoconferencing, or teleconferencing; 3) hold multiple regional or community forums; or 4) schedule sessions in conjunction with other planned events.

Final report

There is no required format for the final report, but grantees should include 1) an overview of the planning process, 2) any pre-forum surveys and their results, 3) the list of attendees, 4) the agenda, 5) a summary of discussions or presentations that are not included in the action plan, 6) a summary of the forum evaluations, 7) a completed budget expenditure table and 8) a list of any potential barriers or additional resources needed to implement the action plan.

Action plan

The action plan should be developed in a concise format, preferably a table that can be understood by all stakeholders. The action plan should:

- a. Describe the needs/issues to be addressed
- b. Incorporate findings/recommendations from other stakeholder meetings that addressed oral health issues for CSHCN such as dental summits, NGA academies, Head Start oral health forums, and/or Healthy People 2010 meetings
- c. Outline proposed activities with suggested timelines
- d. Include anticipated short-and long-term outcomes
- e. Describe how progress on the outcomes will be measured and tracked.
- f. Note who/what agencies or organizations are responsible for implementing the activities
- g. Plans for leveraging resources to implement the action plan.

What are the expected outcomes?

In the action plans, states/territories should consider activities and outcomes related to improved leadership, collaborations, and communication among stakeholders; increased access to regular and appropriate preventive and treatment services; expansion of evidence-based prevention regimens; use of up-to-date, scientifically sound, developmentally and culturally appropriate health education/health promotion approaches and materials; assessment and evaluation of program components and outcomes; innovative leveraging of resources for technical assistance and funding. Each grantee will be asked to complete an electronic feedback form a few months after submission of the final report and action plan to report on experiences and outcomes from the forum and action plan.

Process for submitting proposals

Review the information on the following pages, noting the specific questions or items suggested under each category, as well as the information provided in this brief overview. Reviewers for the proposals will include members of the ASTDD CSHCN Advisory Workgroup. **Note the limitation of 5 pages, not including the letters of commitment or any other supporting information. Appendices should be limited to 10 pages.**

The due date for proposals is Friday February 10, 2006. Please email your proposal and appendices as WORD document attachments to bev.isman@comcast.net, noting “CSHCN proposal submission” in the subject line. The letters of commitment need not be on letterhead or signed, but can be emailed as well. This will facilitate the submission and review process. Ms. Isman may be contacted via email to answer questions prior to the due date.

Proposal Award Process and Timelines

Applicants (primary contacts and fiscal agents) will be notified of their funding status and receive a summary of reviewers’ comments by email. In some cases, applicants may be asked to address concerns noted by reviewers before awards are issued. In other cases, applicants will receive funding but may be asked to clarify or provide additional information during the planning process to address any concerns noted by reviewers. Award payments will be made by ASTDD check within 2 weeks after award notification. The final report should be emailed to Ms. Isman, and should include those elements addressed on the previous page. Please acknowledge HRSA MCHB, ASTDD and any other sponsors (do not use HRSA/MCHB logos). Copies of all reports and action plans will be posted on the ASTDD website.

Expected Timelines

--Applications due	February 10, 2006
--Award notice	March 3, 2006
--Forum completed	October 1, 2006
--Final report and action plan due	December 29, 2006

Proposal Format

Provide information for each of the categories below. Limit your proposal narrative to 5 pages, single spaced; attachments such as invitee lists, agendas, letters of commitment are not included in this limitation. Please include the requested primary, fiscal, and check information.

Background Justification

- Why do you feel a CSHCN oral health forum would be beneficial in your state/territory?
- What are potential barriers/frustrations in trying to prevent and reduce dental disease in CSHCN? How have these been identified (e.g., survey, reports, meetings)?

- Describe current partners in providing oral health services to CSHCN, as well as gaps in collaborative relationships.
- Has your state/territory participated in a) a dental summit, b) a Head Start oral health forum, or c) other oral health coalition activities in the past 3 years? If so, were CSHCN issues addressed? What recommendations were made, and has there been any progress?

Planning Process/Group

- Who will participate in the forum(s) core planning group? Email letters of commitment from at least 3 of these organizations. Letters should address what specific support each organization will provide, or the expertise or unique perspective they bring to the project. Do not submit a form letter for general support.
- What process will the group use to plan the forum strategies?
- Provide an overview of the anticipated timelines.

Methods to Develop an Action Plan

- What activities/structure will be used to hold one or more forums in your state/territory and develop an action plan? Include a preliminary agenda as an attachment, if possible, with the understanding that it will evolve during the planning process.
- List proposed dates (at least the month) and locations of proposed forum(s).

Proposed Invitees/Participants

- Describe the agencies/organizations or individuals who will be invited to participate in the forum(s), and the process you will use to invite them. A list can also be included as an attachment.
- What strategies will be used to assure input from a diverse group of people?
- What is the anticipated number of participants?

Follow-Up to Forum(s)

- Who will be responsible for developing the final report and action plan and submitting them to ASTDD?
- Do you anticipate any major challenges or resources needed to implement an action plan?

Budget

- Complete the itemized budget table, noting the amount of funding requested from ASTDD and any other funding and in-kind support anticipated. Also provide a very brief narrative budget justification for each of the items in the space under the table.

Item	Amt of request to ASTDD	Amt and source of in-kind or other \$

	Total:	Total:

Primary Contact Person for Questions and Reporting

Name: Title:
 Agency: Phone:
 Address: Fax:
 Email:

Fiscal Agent (if different than primary contact)—Attach letter of commitment

Name: Title:
 Agency: Phone:
 Address: Fax:
 Email:

How should the check be made out? _____, and who should it be sent to? _____

Attachment A

Strategies for Promoting the Oral Health of Children with Special Health Care Needs in Support of the National Agenda

Introduction: The National Agenda for Children with Special Health Care Needs (CSHCN) calls for the development of systems of care that are family-centered, community-based, coordinated, and culturally competent. This agenda addresses a long-term national goal that was articulated in the *Healthy People 2010: National Health Promotion and Disease Prevention Objectives*, as follows:

- Increase the proportion of states and territories that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

The Maternal and Child Health Bureau has identified six critical indicators of progress that comprise a comprehensive system of care. These include: (1) medical home, (2) insurance coverage, (3) screening, (4) organization of services, (5) family involvement, and (6) transition to adulthood. [MCHB/HRSA]

Although the agenda does not address the *oral health* of CSHCN explicitly, it is widely recognized that healthy gums and teeth are essential to a child's well-being, and that there are significant barriers to good oral health for many children, and even more so for CSHCN. This document suggests ways to promote the oral health of children, consistent with the national agenda.

- **Medical Home.** The medical home is a source of ongoing health care in the community where providers and families work as partners to meet the needs of children and families. The medical home assists in the early identification of special health care needs; provides ongoing primary care; and coordinates with a broad range of other specialty, ancillary, and related services.
 - **Suggestions for promoting oral health in the medical home**
 - Primary care providers should receive formal training in the promotion of oral health in the medical home.
 - Primary care providers should be compensated fairly for the time and effort required to effectively promote oral health in the medical home.
 - Primary care providers should make referrals to dental providers and consult with them on health histories and clinical management.
 - Primary care providers should encourage dentists to provide care for CSHCN.
 - Medical homes should follow up on dental referrals in a manner similar to specialty referrals to ensure that CSHCN receive necessary oral health care.

- State and local oral health and maternal and child (MCH)/CSHCN programs should work collaboratively to promote the adoption of oral health promotion activities in the medical home.
- **Insurance Coverage.** Families must have a way to pay for the range of services that CSHCN require, utilizing both private and public insurance sources. Problems of under-insurance must also be addressed.
 - **Suggestions for increasing dental insurance coverage for CSHCN**
 - Sources of payment should be identified to help families with financial barriers.
 - State and local oral health and MCH/CSHCN programs should work collaboratively to promote sources of free or low cost care, such as special clinics, for families who lack dental insurance and financial resources.
 - Insurance reimbursement should be increased to adequately compensate dentists to provide care for CSHCN with complex medical conditions or behavioral issues.
 - Medicaid/State Children’s Health Insurance Program (SCHIP) should support special clinics or supplemental reimbursement programs to increase access to care for CSHCN.
 - Dental insurance exclusions should be removed and annual maximums increased for CSHCN, who require complex and costly treatment regimens associated with their disability.
 - Insurance coverage should cover the cost of operating room charges for CSHCN who cannot be served adequately on an outpatient basis.
- **Screening.** Infants and children with high-risk health conditions must be identified early to help assure that they and their families receive the care and assistance to prevent future morbidity and promote optimal development.
 - **Suggestions for screening CSHCN for oral diseases and development problems**
 - Screening protocols that are part of early intervention programs for CSHCN should include inspection of the mouth.
 - Advocates for CSHCN covered by Medicaid should be familiar with the latest EPSDT periodicity schedule relating to oral health services
 - Programs that serve CSHCN should include an oral health screening as part of general health or life-quality assessments.
 - State and local oral health and MCH/CSHCN programs should provide technical assistance to other programs that wish to incorporate oral health screening activities.
 - Health providers should routinely screen CSHCN for oral diseases and developmental concerns and provide anticipatory guidance to parents

on how to inspect and take care of their child's mouth.

- **Organization of Services.** For services to be of value to CSHCN and their families, the system should be organized to identify oral health needs and provide services in accessible and appropriate contexts.
 - **Suggestions for including oral health in “systems of care”**
 - Primary care providers serving young children should be trained to identify oral problems at an early stage and make referrals/coordinate care with an appropriate source of dental care.
 - Families should be given assistance to navigate complex medical and dental care systems, through the use of care coordination services, family support and patient “navigation,” and advocacy programs.
 - When appropriate oral health services for CSHCN are not available in the local community, physicians and dentists should be prepared to recommend other sources, such as hospital or specialized clinics in distant communities.
 - State and local oral health and MCH/CSHCN programs should be familiar with local and regional oral health resources and advocate for adding necessary resources to oral health care networks that are deficient.
- **Family Roles.** Families are the constants in the child's life and are pivotal in making any system work. Family members, including those representative of the culturally diverse communities served, must have a meaningful, enduring, and leading role in the development of systems at all levels of policy, programs, and practice.
 - **Suggestions for promoting the family's role in the oral health of CSHCN**
 - Parents of CSHCN should be given special skills to maintain the oral health of their children in the home and to understand how to obtain appropriate oral health services.
 - Health providers, health departments, and parent support organizations should take an active role in empowering parents to act on behalf of their CSHCN who are unable to act on their own behalf.
 - State and local oral health and MCH/CSHCN programs should collaborate to perform surveys to assess CSHCN health status and treatment needs, and should seek input from families with CSHCN.
 - State and local advisory bodies and planning groups that address CSHCN issues should involve families with CSHCN.
- **Transition to Adulthood.** Youth with special health care needs, as adults, must be able to expect good health care, employment with benefits, and independence. Appropriate adult health care options must be available in the community and provided within developmentally appropriate settings. Youth must be prepared to take

charge of their own health care and to lead a productive life as they choose.

- **Suggestions for promoting oral health for CSHCN during transition to adulthood**
 - Youth transitioning from the home to more independent living arrangements should be given the skills to select oral health care products, perform oral self-care (e.g., regular toothbrushing) and eating habits that do promote optimal oral health.
 - For youth who are unable to maintain their own oral health, caregivers should assume that responsibility.
 - Caregivers and agencies that have responsibility for the care of persons with special health care needs who are living out of the home should perform periodic oral assessments and arrange for necessary oral care.
 - State and local oral health and MCH/CSHCN programs should provide technical assistance to caregivers and agencies that promote the general welfare of youth living outside the home.
 - Youth with special health care needs often lack employment-related dental insurance and may lack Medicaid dental benefits as adults; alternative sources of dental insurance and reduced fee options should be identified for these individuals.

Reference

Maternal and Child Health Bureau, Health Resources and Services Administration. Achieving and Measuring Success: A National Agenda for Children with Special Health Care Needs. [Web site] <http://mchb.hrsa.gov/programs/specialneeds/measuresuccess.htm>.

Developed by the ASTDD CSHCN Advisory Workgroup