Robert Wood Johnson Foundation

Caring Across Communities:
Addressing Mental Health Needs of Diverse Children and Youth

2006 Call for Proposals

Proposal Deadline
July 28, 2006

Program Overview

(Please refer to specific sections for complete detail.)

Purpose

Caring Across Communities, a Robert Wood Johnson Foundation (RWJF) initiative, will address the mental health needs of underserved children and youth by supporting school-connected mental health services for students who require them. Special emphasis will be given to projects that help children of immigrant and refugee families overcome the cultural and language barriers to mental health services.

Eligibility Criteria (page 8)

- Prospective grantees must represent partnerships among school districts and other appropriate community agencies. Partner organizations might include community mental health centers, multicultural service agencies, faith-based organizations, and/or other immigrant- or refugee-serving organizations with mental health expertise.
- The grantee institution must be either a public or a not-for-profit institution and be recognized as the appropriate entity to serve as lead agency on the project by the other partnership organizations.
- Funded projects will involve elementary, middle or high schools, either as a sole site for services or as a significant provider in a network. School districts must be one partner in each project, but are not required to be the lead organization.
- Applicant sites must include established immigrant or refugee communities among their resident populations, or be new growth destinations for these groups.
- Applicant organizations must be based in the U.S. or its territories.

Selection Criteria (page 10)

Complete selection criteria can be found on page 10.

Total Awards

- Up to 15 grants will be awarded that cover a period of up to 36 months.
- Each grant award will be up to $100,000 per year, with a maximum award of $300,000 for the full grant period.

Key Dates and Deadlines

- **July 6, 2006 and August 31, 2006**–Applicant Web conference calls.
- **July 28, 2006 (3 p.m. EDT)**–Deadline for receipt of brief proposals submitted online.
- **August 22, 2006**–Applicants notified if they are invited to submit full proposals.
- **September 14, 2006 (3 p.m. EDT)**–Deadline for receipt of invited full proposals.

How to Apply (page 12)

All proposals for this program must be submitted through the RWJF Grantmaking Online system. For information on how to prepare and submit your proposal, please visit the program's Web site:

www.healthinschools.org

Background

Children's Unmet Need for Mental Health Care

Federal reports, research studies and newspaper stories have documented that children's mental health problems are substantial, their need for care is mostly unmet, and non-white children bear a disproportionate share of this burden.

- The prevalence of mental health problems among school-age children and adolescents is substantial. As described in the *Surgeon General's Report on Mental Health* (1999), an estimated 21 percent of U.S. children ages 9-17 experienced the signs and symptoms of a mental disorder during the course of a year, 11 percent experienced significant impairment and 5 percent experienced extreme functional impairment. Accordingly, in the 1998-1999 *National Health Interview Survey*, which includes information parents receive from their child's health providers, 6.5 percent of all children ages 5 to 17 had attention deficit disorder, 3.6 percent experienced developmental delays, 8.1 percent had learning disabilities and 3.7 percent were unhappy or depressed. Substance abuse is not addressed in the *National Health Interview Survey*, but other leading surveys, including the *Youth Risk Behavior Survey* and *Monitoring the Future*, report widespread substance use among middle and high school students.
- Poverty increases the likelihood of certain mental health problems and childhood poverty persists at high rates (16.3 percent nationally). Teaching educators and mental health professionals about the elevated risk for these conditions in high-poverty schools and suggesting materials that can help teachers and counselors respond effectively may be helpful.

The Unique Mental Health Needs of Children of Immigrants and Refugees

Children from immigrant and refugee families are often faced with economic, social and personal hardships associated with their family's relocation to another country. All of these factors can influence their mental health and overall well-

being. Unfamiliarity with the health, mental health, educational and social service systems in their new country can exacerbate the difficult adjustment these vulnerable families experience.

In 2002, children of immigrants under age 18 in the United States totaled 13.5 million. They constitute a significant portion of all children and represent 26.2 percent of all low-income children in this country. At present, more than half of these children are raised in low-income families, that is, in families with income below 200 percent of the federal poverty level. In some respects, the hardships experienced by these children are similar to those of children from low-income, native-born American families. They are predominantly enrolled in poor schools, live in unsafe neighborhoods and their families are beset by economic worries. In addition, children in low-income immigrant families bear other unique burdens:

- Children of immigrant families typically have less educated parents. Their mothers are twice as likely to not have graduated from high school and their fathers are almost four times as likely to not have graduated from high school.
- Their parents are more likely to perform low-wage work with no benefits. Only 55 percent of fulltime worker-immigrants have employer-sponsored health insurance compared to 72 percent of U.S.-born workers. Overall, immigrant children are twice as likely not to have health insurance. They are less likely to have a regular source of health care and their health is more likely to be reported as fair or poor compared to children of American-born parents.
- They and their parents may be isolated from good jobs and better educational opportunities due to limited English proficiency. Among all U.S.-born children, 18 percent speak a language other than English at home. Among immigrant children, 72 percent speak a language other than English at home.

- Their parents, or they themselves, may be in the United States illegally and experience related anxieties and reluctance to use available public services.
- Low-income immigrant families are less likely to benefit from social supports than U.S.-born families. Over the past decade, state and federal policies have restricted access to health care services and benefits for various immigrant groups. In particular, the 1996 federal welfare reform legislation restricted legal immigrants' access to Medicaid by requiring a five-year waiting period for eligibility. While there has been some easing of exclusions, the 1996 legislation has led to a sharp drop in the number of low-income immigrant families receiving welfare support, food stamps and Medicaid.

Since 1975, approximately 2.4 million refugees have immigrated to the United States. Children of refugee families also face a multitude of challenges as they move to new countries. The special health and mental health challenges that refugees often face can be categorized in stages that correspond to the steps taken to leave their country of origin and arrive in the United States. The stages start with the consideration of conditions in their country before they left (pre-migration), their travels to the United States (migration), and their eventual resettlement in the United States (resettlement).

- *Pre-migration Health Issues*. Many refugees come from countries at war, where they saw or experienced torture and persecution. These events may lead to a greater risk for depression, stress-related disorders, or other mental health problems. Some may benefit from clinical psychiatric services to help them cope with ongoing stress or may need treatment for disabling symptoms. For some, this struggle may be lifelong, requiring ongoing support.
- *Migration Health Issues.* Many refugees do not come directly to the United States. Often, they first have to go to a refugee settlement in a nearby country. These settlements or camps are usually crowded and

typically lack adequate resources to meet the health needs of the people living in them. The process of being displaced, or experiences of torture and persecution during migration, can contribute to mental health issues among refugees.

- *Resettlement.* Once in the United States, refugees usually settle in communities that are unfamiliar to them. For example, grocery stores may not offer the foods to which they are accustomed. Refugees often must develop new skills, such as how to use local transit to get around town, or how to find a job. For such reasons, refugees also can be at higher risk for depression and other mental health issues.

Children from immigrant and refugee families may face similar challenges as they adjust to their new environments. For example, they are often separated from close family members for extended periods of time. When they are reunited, the consequences of family separation and their parents' or guardians' limited English proficiency frequently makes the adjustment process even more arduous for children.

Some cultural beliefs about mental health services and supports may hinder immigrant and refugee groups from using services that are offered in conventional, mainstream ways. Therefore, innovative approaches that are culturally sensitive, developmentally appropriate and language-accessible must be available to address the complex psychosocial issues particular to immigrant and refugee families. Schools, faith-based organizations, multicultural service agencies or community mental health centers have become important sites for services and interventions tailored to the unique needs of these subgroups of new Americans.

The Program

The *Caring Across Communities* program will support the development of school-connected mental health care models to reduce emotional and behavioral health problems among children in low-income, refugee- and/or immigrant-dense communities. Approximately 15 geographically and ethnically diverse sites will be funded at up to $100,000 per year for up to 36 months. While services will be available to all students in a selected school, the program will emphasize the importance of developing strategies that meet the unique needs of children from immigrant and refugee families. Funded projects will include approaches that are culturally informed and linguistically accessible to children and their families.

Program Elements

Characteristics of funded projects include but are not limited to:

- *Serving a refugee- or immigrant-dense community.* Caring Across Communities projects will be available to all children in a participating school, but projects must adequately address the mental health needs of children from immigrant and refugee families.
- *Utilizing a school "base."* Whether the school is the sole site of service or part of a network of care, participating projects must include a significant role for the school setting. Some of the proposed services must be offered in the schools that agree to participate in the implementation of the program. If multiple schools are partners in the application, at least one school must provide some of the services on-site.
- *Understanding the target community and its most pressing mental health issues.* Applicants must demonstrate a deep understanding of the mental health concerns of their local communities.
- *Assuring language access for children and their parents.* If parents with limited English proficiency will be included in the treatment and support of their

school-age children, applicants should demonstrate how access to quality medical translation is available through their project.

- *Demonstrating cultural competence.* While language is singled out as the most important barrier to care, applicants are encouraged to develop/apply clinical practices that also reflect an understanding of the unique beliefs and practices of the targeted culture(s).

Eligibility Criteria

Depending on the local environment in which a prospective grantee is based, partnerships could include school districts, community mental health centers, multicultural service agencies, faith-based organizations and other immigrant- or refugee-serving organizations with mental health expertise. Only school districts that can demonstrate experience in providing early intervention or treatment services in the mental health field will be considered as community partners.

Partnerships must designate one institution to serve as the project's sponsoring or lead agency. The sponsoring agency will submit the grant application and be responsible for complying with program and financial reporting obligations under the grant initiative. Written letters of support from partner organizations will confirm these arrangements. All applicants will be required to provide evidence of partnerships between the sponsoring agency and other community organizations, such as information about past joint endeavors involving the identified partners.

School districts must be one partner in Caring Across Communities sites, but they are not required to be the lead organization. Funded projects will involve elementary, middle or high schools within public or parochial school systems, either as the sole site for service or as a significant provider in a network. A public charter school, as its own local

education agency, may be included as a partner in the application as long as proposals demonstrate that the school serves low-income families and enrolls a significant number of immigrant or refugee students. A coalition of public charter schools may jointly apply if the above conditions cannot be met by one public charter school alone.

Successful applicants will demonstrate a deep understanding of the local community they intend to serve and will provide local data to justify the need for mental health and support services. Applicant sites must serve established immigrant communities or be new growth destinations for migrating populations. Applicant organizations must be based in the United States and its territories.

Definitions

The Immigration and Nationality Act (INA) broadly defines an immigrant as any alien in the United States, except one legally admitted under specific non-immigrant categories [INA section 101(a)(15)]. An illegal alien who entered the United States without inspection, for example, would be strictly defined as an immigrant under the INA but is not a permanent resident alien.

The U.S. Census Bureau uses the term “foreign-born” to refer to anyone who is not a U.S. citizen at birth. This includes naturalized U.S. citizens, lawful permanent residents (immigrants), temporary migrants (such as foreign students), humanitarian migrants (such as refugees), and people illegally present in the United States.

Consistent with the federal government’s definition of a refugee [the Immigration and Nationality Act, section 101 (a)(42)(a)], a refugee is defined as:

any person who is outside any country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually

resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

Selection Criteria

Proposals must demonstrate the ability to provide developmentally appropriate, culturally sensitive mental health services to underserved children and youth, while also demonstrating the ability to employ specific strategies that will benefit children, youth and families who are immigrants or refugees. Lead applicants must provide evidence that they are part of a collaboration between the school district or local schools and other community organizations, and that members of the partnership are committed to achieving the objectives outlined in their proposal.

Applicants are strongly encouraged to partner with their state refugee health coordinator and their local resettlement organizations whenever possible.

Proposals will be assessed by staff at RWJF and the Caring Across Communities national program office (NPO) as well as by members of the program's national advisory committee. We will use the following criteria to assess and select proposals:

- Involvement of members of the target communities in planning, implementation and evaluation of project goals.
- Potential impact on communities that under utilize mental health services.
- Potential to eliminate disparities in mental health care among racial/ethnic minority populations, particularly those who are immigrants or refugees.
- Demonstrated ability to deliver quality mental health interventions.

- Community readiness and feasible and sustainable strategies for the project.
- Clarity of project goals, methods and outcomes.
- Ability to collect relevant data and to use that information to manage the project and refine program development goals.
- Willingness to share data with other community agencies and the populations served.
- Uniqueness in relation to the mix of potentially fundable projects.
- Appropriateness of the proposed budget and project timeline.

All funding decisions are made by RWJF.

Evaluation and Monitoring

Grantees will be expected to meet RWJF and NPO requirements for the submission of narrative and financial reports, as well as periodic information needed for overall project performance monitoring and management. Project directors may be asked to attend periodic meetings and give progress reports on their grants. At the close of each funded project, the project lead agency is expected to provide a written report on the project and its findings that is suitable for wide dissemination.

Use of Grant Funds

Grant funds may be used to support a project facilitator, a mental health provider, translation services, technical assistance consultants and/or activities to support the project partnership. Grantees also may use awarded funds for project staff salaries, consultant fees, meetings, data collection and analysis, supplies, project-related travel and other direct project expenses, including a limited amount of equipment that is essential to the project. In keeping with RWJF policies, grant funds may *not* be used to subsidize

individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to pay for patient care, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities.

How to Apply

There are two stages in the competitive application process: (1) applicants submit a brief proposal that describes the project and, *if invited*, (2) finalist applicants submit a full proposal, line-item budget and budget narrative.

Applicant Web conference calls will be held on July 6, 2006 and August 31, 2006 to answer questions about the call for proposals as well as the application and selection process. Participation in these calls is strongly encouraged. Please visit the program's Web site for additional details and to register for the Web conference calls (*www.healthinschools.org*). Ample time will be provided for questions and answers through the online chat feature of the Web call.

All proposals must be submitted through the RWJF Grantmaking Online system. For detailed formatting instructions, and to prepare and submit your proposal, please go to *http://grantmaking.rwjf.org/cac* prior to drafting your proposal.

Stage 1: Brief Proposals
Applicants must submit a brief proposal online that describes the project. The brief proposal should:

- demonstrate ability to meet eligibility criteria and responsiveness to the program characteristics summarized on pages 8 and 9;
- outline the applicant's involvement with the development of the project, as well as with the local mental health community, multicultural service organization, schools and other interested agencies;

- affirm that their site will serve established immigrant or refugee communities or be new growth destinations for such populations.

Stage 2: Full Proposals
By August 22, 2006, selected Stage 1 applicants will be invited by letter or e-mail to submit full proposals. At the full proposal stage, we will seek additional information regarding measurable objectives, plans for evaluation, anticipated impact, proposed budget and expectations for long-term financial and project sustainability.

Instructions for submitting full proposals will be included with the invitation and will be part of the online process. Full proposals must be submitted only through the RWJF Grantmaking Online system at *http://grantmaking.rwjf.org/cac.*

All inquiries regarding the program, selection criteria or application requirements may be directed to the NPO:

Olga Acosta Price, Ph.D., *deputy director*
Caring Across Communities
Phone: (202) 466-3396
Fax: (202) 466-3467
E-mail: *caringac@gwu.edu*

Staff from both RWJF and the NPO will review full proposals and do not provide individual critiques of proposals submitted.

Program Direction

Direction and technical assistance for this program is provided by the Center for Health and Health Care in Schools at The George Washington University, which serves as the NPO.

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Responsible staff members at the NPO are:

- Julia Graham Lear, Ph.D., *director*
- Olga Acosta Price, Ph.D., *deputy director*
- Nancy Eichner, M.U.P., *senior program manager*
- Theresa Chapman, *executive coordinator*
- Brandi Robinson, M.P.H., *program associate*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Judith Stavisky, M.P.H., M.Ed., *senior program officer*
- James Marks, M.D., M.P.H., *senior vice president and director, Health Group*
- Joann Baquilod, *grants administrator*
- Jane Isaacs Lowe, Ph.D., *senior program officer*
- Susan Krutt, M.A., *communications officer*

Timetable

June 15, 2006
Call for proposals released. RWJF Grantmaking Online system is available to applicants.*

July 6, 2006
First applicant Web conference call (Optional). Applicants must register at *www.healthinschools.org*.

July 28, 2006 (3 p.m. EDT)
Deadline for receipt of brief proposals.

August 22, 2006
Applicants will be notified if they have been invited to submit a full proposal.

August 31, 2006
Second applicant Web conference call.

September 14, 2006 (3 p.m. EDT)
Deadline for receipt of invited full proposals.

March 2007
Notification of grant awards.

*All proposals must be submitted through the RWJF Grantmaking Online system. All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Program staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late applications.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. The Foundation seeks to:

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

For more than 30 years the Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

For more information, visit *www.rwjf.org*.

Sign up to receive e-mail alerts on upcoming calls for proposals at:
http://subscribe.rwjf.org.

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June 2006