



Psychosocial Funding Requirements & Application

This document provides detailed information regarding Smile Train's Psychosocial Program requirements and protocols, as well as the offline funding application. Prospective partners should review this information prior to applying for psychosocial funding and must abide by these protocols if awarded.

1. PURPOSE OF PSYCHOSOCIAL FUNDING

- The purpose of Smile Train psychosocial funding is to improve the quality of the current psychosocial care being provided to patients and families impacted by clefts.
- Psychosocial funding is intended as a one-off support to cleft care teams to ensure that current gaps and shortcomings are addressed.
- Psychosocial funding is not intended to replace or cover the costs of existing psychosocial care provision or support practitioner salaries.
- Prior to submitting an application, prospective Smile Train partners are encouraged to examine their current cleft care protocols to identify any changes necessary to improve access to and/or quality of care.

2. PRINCIPLES OF PSYCHOSOCIAL CARE PROVISION

Comprehensive cleft care (CCC) is the integration of essential care and treatments beyond surgery in cleft management. CCC is delivered through the coordination of a range of medical professionals working closely to provide essential care for patients with clefts. Diagnosis and treatment decisions should consider all areas of CCC including psychosocial, and all cleft team members should be aware of the patient's care plan and goals.

The primary objectives of psychosocial care are to enhance the emotional, social, and physical well-being of individuals, families, and communities. All cleft-affected patients, parents/caregivers, and community members are appropriate candidates to receive psychosocial care, which may range from prenatal parent counseling to therapy in adulthood.

The present document outlines essential actions and professional competencies that are needed to ensure appropriate and safe psychosocial care for all Smile Train patients, parents, and/or caregivers.

3. FUNDING APPLICATION & SERVICES COVERED

A complete Smile Train Psychosocial funding application includes:

- Psychosocial Funding Application (below)
- Smile Train Psychosocial Funding Budget Template

Types of Psychosocial Services Covered

Smile Train funding can be used to support provision of the below psychosocial service types.

Applicants may select a maximum of two psychosocial service types for which they are requesting

funding. Applicants should consider the staff and resources available at their center and what services would be most appropriate and impactful for their region/patient population.

- *Individual or Group Therapy*

One-on-one or group sessions to evaluate and rethink personal challenges, resolve conflicts, create changes, and acquire tools and resources. The goal of individual or group therapy is to better understand and communicate about cleft-related experiences and challenges, achieving an improved relationship with oneself and others as a result. Therapy may be provided prenatally through adulthood. Family members and/or caregivers may be involved in therapy to contribute to the patient's progress. This psychosocial service type may be conducted by a Smile Train-approved licensed therapist or psychosocial provider (i.e., counselor, social worker). Generally, Smile Train will fund up to 6 therapy sessions per patient per grant.

- *Psychosocial Workshops*

Group sessions for patients and/or caregivers with the objective of providing information on certain psychological topics or challenges (i.e., bullying, confidence/self-esteem, anxiety, body image difficulties), as well as to educate attendees on tools and/or strategies to support the management of those challenges. This main goal of a workshop is to help patients and families increase their resilience in physical, mental, and behavioral health. Psychosocial workshops must be led by a psychosocial provider and have a clear psychosocial objective and benefit.

4. REQUIREMENTS FOR PSYCHOSOCIAL PARTNERS

4.1 General Requirements

The center benefiting from psychosocial funding must:

- Provide cleft psychosocial services to Smile Train patients free of charge
- Use funding only for direct cleft psychosocial program costs described in the application
- Maintain a dedicated space to conduct psychosocial care services and activities
- Maintain financial records of funding for audit purposes
- Submit required documentation for all patients benefiting from psychosocial funding
- Submit a Funding Report (FR) upon conclusion of funding period
- Be available for site visits from Smile Train staff and advisors
- Be responsive to emails, surveys, and inquiries regarding psychosocial care program

4.2 Psychosocial Reporting & Documentation Requirements

- Smile Train partner centers are required to submit documentation of all patient visits
- Smile Train partner centers conducting psychosocial workshops will be required to submit a standardized **Post-Workshop Survey** for all participants at the end of the funding period
- Reach out to your local Smile Train contact for the **Psychosocial Care Reporting Form** and/or **Psychosocial Post-Workshop Surveys**
- Funding may be withheld if partner does not comply with stated reporting requirements

4.3 Psychosocial Practitioner Requirements

All psychosocial practitioners providing treatment to Smile Train patients must go through a formal approval process. To be considered for Smile Train approval, practitioners must:

- Be a psychosocial provider (i.e., psychologist, licensed therapist, counselor, social worker) working with a cleft care team
- Submit a CV including cleft-related clinical experience and/or training

Please reach out to your local Smile Train contact with questions about the practitioner approval process or requirements.

4.4 Cleft Team Care & Referrals

Smile Train strives to support all partner centers in providing high-quality comprehensive cleft care (CCC) services. CCC requires an interdisciplinary Cleft Team composed of a variety of medical professionals working closely – communicating and collaborating – to provide essential care for patients with clefts. All areas of CCC should be considered when making evaluation and treatment decisions, and all Cleft Team providers (surgeon, orthodontist, etc.) should be aware of the patient’s treatment plan and goals.

All Smile Train materials and policies should be reviewed with the Cleft Team practitioners providing care with this funding.

4.5 Funding Completion & Further Funding Requirements

Partners benefiting from funding must submit a Funding Report (FR) through the Smile Train Partner Portal, due 30 days after the end of the awarded budget period.

The funding period can be adjusted, as needed. Partner centers should reach out to their local Smile Train contact to request a change in the funding period.

No further funding will be considered when:

- A Funding Report has not been completed and submitted through the Smile Train Partner Portal
- Patient records and/or documentation of psychosocial care is missing or incomplete
- Analysis of documentation shows evidence of poor quality of psychosocial care and/or no improvement in quality of care

5. AUDITS

Smile Train partners receiving psychosocial funding may be subject to medical and financial audits. Funding may be discontinued at any time if Smile Train considers that donors’ funds are not appropriately used.



Psychosocial Funding Application

This offline application will assist you in collecting the information required to apply for Smile Train funding. If your organization has never received funding before, additional legal documentation and wire transfer information may be requested. This application will be reviewed by Smile Train and feedback will be provided.

APPLYING ORGANIZATION INFORMATION	
Only complete if organization is new to Smile Train	
Organization Name	
Contact Information Address, phone, email, website	
Organization Type i.e., hospital, non-profit, university, individual	
Ownership i.e., private, government, religious	

PRIMARY CONTACT INFORMATION	
This should be completed for the individual overseeing the psychosocial funding	
Primary Contact Name	
E-mail Address	
Job Title & Profession	



FUNDING REQUEST	
Amount Requested in USD: or Smile Train accepted local currencies	
What percentage of the total project costs will Smile Train be supporting with this funding?	
From what other sources will your center receive financial support for this psychosocial project? Select all that apply.	<ul style="list-style-type: none"> • Government • Patient payments • Treatment center's own resources • Other cleft-focused non-profit organization • Other organization • None
Proposed start date of the funding period:	
Proposed end date of the funding period:	
Primary Geographic Area Served:	

PARTNER BACKGROUND	
On average, how many patients with clefts are currently receiving psychosocial services per month at your center?	
In total, how many cleft-affected patients received surgical treatment at your center in the last 12 months?	

How many patients with clefts are expected to benefit from this psychosocial funding during the proposed funding period?	
Please provide a one-sentence summary of your project:	

NEEDS & OBJECTIVES	
<p>Which of the following psychosocial service types will be supported with this funding?</p> <p>NOTE: See above application instructions for definitions of service types. Applicants may select a maximum of two psychosocial service types. Applicants should consider the staff and resources available at their center and what services would be most appropriate and impactful for their region/patient population.</p>	<ul style="list-style-type: none"> • Individual or Group Therapy • Psychosocial Workshop
<p>Please state the need for this funding. Provide information for each psychosocial service type selected above:</p> <ul style="list-style-type: none"> • How will this funding resolve gaps in cleft psychosocial care provision at your center? • How will this funding improve the quality of psychosocial care provision and/or accessibility of services for patients with clefts at your center? • How will this funding help you increase the number of patients with clefts receiving psychosocial care at your center? • What objectives will this funding allow you to achieve? 	

<p>Please describe in detail how you plan to utilize Smile Train psychosocial funding, if awarded. Provide information for each psychosocial service type selected above:</p> <ul style="list-style-type: none"> • How will you recruit and select patients? • What types of psychosocial care/activities will be provided to patients, and in what formats (individual, group, etc.)? • What are the age group(s) and profile(s) of the intended beneficiaries? • At what frequency will patients receive psychosocial care? • How will you facilitate follow-up and adherence to clinical recommendations? 	
<p>Please describe in detail how you will incorporate patients and caregivers into the psychosocial treatment plan, including what educational materials/resources you will utilize and distribute to patients and families.</p>	

<p align="center">SUPPLEMENTAL DOCUMENTS</p>
<p>The following supplemental documentation is REQUIRED:</p> <p>Detailed Budget (in US and local currency) Please complete the Smile Train Psychosocial Funding Budget Template to provide a detailed breakdown of the funds you are requesting for each psychosocial service type selected within the funding application. The budget should demonstrate how the requested funding will be used to meet the psychosocial needs of patients with clefts in your program.</p>