



Illinois Children's
Healthcare Foundation

**ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
2016 CHILDREN'S MENTAL HEALTH RFP RESPONSE**

*Please use single-spaced, Calibri, size 11 font. Press "enter" twice between paragraphs to allow for easier reading. Submit the completed on-line application with accompanying attachments by **5:00 pm CST June 17, 2016***

ORGANIZATION INFORMATION

| | | | |
|--|---------------------------------------|---------------------------|---------------------|
| Applicant Organization | | | |
| Mailing Address | | | |
| City, State | | ZIP | |
| Phone | | Incorporation Date | |
| Website Address | | | |
| Tax ID Number | | Annual Budget | |
| | | | |
| Executive Director / President / Department Chair | | | |
| | Title | | Phone (ext.) |
| | Email | | |
| | Mailing Address (if different) | | |
| Primary Contact (if different from above) | | | |
| | Title | | Phone (ext.) |
| | Email | | |
| | Mailing Address (if different) | | |

Briefly describe your organization including its mission, overall goals/objectives, primary services and/or programs. Also describe your geographic service areas and primary target populations served. (150 words)

AGENCY DEMOGRAPHICS

Total number of persons served per year
Total number of children ages 0-18 served per year

Among children served, indicate the approximate percentage of children living below 200% of the Federal poverty level

*Note that 2016 Poverty Guidelines are [available here](#)

Agency Annual Budget

PROJECT OVERVIEW

Project Title

Is this a new project or an expansion of an existing program?

Total Project Budget Amount

Grant Request

Time Frame for Proposed Project From: To:

Please summarize the purpose of your specific request. (200 words)

STATEMENT OF NEED

Describe in detail the geographic area and population from which children will be served. Include relevant data pertaining to the area to be served (e.g. towns, counties, population, unemployment rate, poverty rate, crime statistics, child abuse report statistics, mental health access barriers, etc.) (250 words)

In 2 pages concisely outline the major components of your project, how it will operate, and expected outcomes. (1100 words)

In 2 pages (1100 words) describe how your proposed project reflects the following strategic priorities:

- Family Focused
- Community Based
- Collaborative
- Integration of services: to the extent your project involves integrated services describe the nature and extent of the integration
- Co-location of services: to the extent your project involves the co-location of services, describe the nature and extent of co-location and plans, if any, to move towards integration of services
- Building on existing systems/relationship
- Culturally Competent
- Sustainability

Briefly describe the evidence supporting the elements of your proposed service model or strategies, including assessment tools, direct intervention, evaluation plan, etc. To the extent possible, cite specific studies/research. (350 words)

Define those children with mental health needs who will exceed the scope of your proposed services and your proposed plan for referral of these children to appropriate services. Please provide specific referral sites, programs etc. (250 words)

PROJECT DEMOGRAPHICS

Briefly describe the population of children and families targeted to be served

Total number of new children proposed to be served by project
 Age group of children to be served

Among children impacted by this project, indicate the projected percentage of children living below 200% of the Federal Poverty Level.

Describe the target child population for this project by race/ethnicity:
 American Indian/Alaska Native children
 Black/African American children
 Latino/Hispanic (non-white) children
 Asian/Pacific Islander children
 White (non-Hispanic) children
 Other children

Provide the following data, both actual calendar year 2015 and projected for the proposed project periods. For new projects the Actual 2015 number will generally be 0. For expansion projects please indicate both the actual 2015 and the New and Total projected numbers.

| | <i>Actual 2015</i> | <i>Project Year 1 New/Total</i> | <i>Project Year 2 New/Total</i> |
|--|--------------------|---------------------------------|---------------------------------|
| <i>Unduplicated number of children directly served in the project annually</i> | | | |
| <i>How many children were referred into the program</i> | | | |
| <i>How many children attended intake/initial appointment</i> | | | |
| <i>Mean number of in-person service contacts over 12 months</i> | | | |
| <i>How many clients attend at least 12 sessions over 12 months?</i> | | | |
| | | | |

| | | | |
|---|--|--|--|
| <i>Length of stay in the program</i> | | | |
| <i>% of children who drop out before completing services</i> | | | |
| <i>Average number of total service hours per year per client</i> | | | |
| <i>Number of children between age 0 and 5 years served annually</i> | | | |
| <i>Number of children age 6-12 years served annually</i> | | | |
| <i>Number of children age 13-18 years served annually</i> | | | |
| <i>Percentage of children served insured by Medicaid</i> | | | |
| <i>Percentage of children served by private insurance</i> | | | |
| <i>Percentage of children served who are uninsured</i> | | | |



PROJECT ASSESSMENT AND EVALUATION

Please Note: ILCHF is committed to evaluation and data collection. In order to work toward standardization of data across our grants, we seek to understand your capacity to provide data as outlined in the table below. An inability to provide the indicators below does not necessarily exclude the applicant from receiving funding.

Describe how you will evaluate the functioning and mental health of the children served in your proposed program. What indicators will you rely upon to demonstrate that a child has “improved” functioning or mental health as a result of this project? At least one outcome indicator or other measure at the child and/or family level is required. (Please include specific tools or assessments to be used.) (350 words)

Describe broader impacts on system changes in the community(ies) served, including how this project will diminish barriers between systems and/or break down silos and/or improve the health of the community. (300 words)

Describe how you will track the progress toward your anticipated outcomes. Please include a timeline for data collection and analysis, and a description of the roles and responsibilities of staff in this process. Add more rows as needed.

| Outcome/Goal | Indicator | Data/Analysis Frequency | Responsible Staff |
|--------------|-----------|-------------------------|-------------------|
| | | | |
| | | | |
| | | | |

Please indicate whether you currently are or are planning to track the following indicators:

| Indicator | Yes | No | Planning | Timeframe* |
|---|------------|-----------|-----------------|-------------------|
| <i>Number of unduplicated children served</i> | | | | |
| <i>Age of unduplicated children served</i> | | | | |
| <i>Total Medicaid billings for all unduplicated children served</i> | | | | |
| <i>Medicaid service category by client and program</i> | | | | |
| <i>Date of establishment of treatment plans**</i> | | | | |
| <i>Date of completion of treatment plans</i> | | | | |
| <i>Improvement in mental health status (as demonstrated by question #1 above)</i> | | | | |
| <i>Impact of mental health education++</i> | | | | |

**If you are planning on collecting the data at some point in the future, please indicate the date by which the data will be collected.*

***ILCHF defines treatment plan as an accessible, internal document that lays out goals/steps necessary for the child to achieve improved mental health.*

++ If providing mental health education, please describe to whom education is being provided and a brief summary of the education

If you would like to provide an explanation of any unique approaches to data collection, please do so here.

Please note: If funded projects will be required to report on agreed upon data collection points semi-annually and one year after the grant period. Please confirm this understanding by responding to the statement below:

If funded, the applicant agrees to work collaboratively with Illinois Children’s Healthcare Foundation to develop a robust program evaluation.

Yes _____ No _____

COLLABORATION

Please describe the community partners (such as other service providers or governmental agencies) involved in the proposed project and their specific roles.

SUSTAINABILITY

Please address the following components of sustainability (indicate n/a if not applicable):

Community Buy-In/Focus and Direction. How will the organization garner and maintain the necessary community buy-in aligned to the outcomes of the project? (200 words)

Human Resources/Professional Excellence. What is the plan to recruit and retain required professionals to ensure the desired outcomes? Describe the qualifications of the staff members. (200 words)

Policies/Processes. What policies/ communication processes will be developed to ensure the program will be adopted by the targeted community at large? (200 words)

Financial. How will the program be sustained beyond the grant term? Include the names of funders committed to this project and funders you have approached or will approach to support this work. (200 words)

Medicaid. Describe the extent to which the proposed services will be eligible for Medicaid or other public funding. Describe the agency's experience with the Medicaid

system. Describe the impact realized/collected Medicaid funding for the proposed services will have on the requested funding amount. (200 words)

PRIOR ILCHF FUNDING

If you have received ILCHF funding in the past 3 years, please describe the extent to which the program(s) has been sustained and summarize accomplishments since the submission of the final report. (100 words)

ATTACHMENTS

Please ensure the following attachments accompany your proposal:

1. Project Budget and Budget Narrative
2. Project Timeline
3. Project Logic Model
4. Project Staffing Chart
5. Officer's Certification Form
6. Board of Directors List
7. IRS Letter of Exemption
8. Most current Audited Financials and Auditor's Management Letter
9. Most current Form 990 and AG990-IL
10. Minutes from three most recent Board meetings
11. The most recent Annual Report
12. Letters of Support (if applicable)