ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION CHILDREN'S MENTAL HEALTH INITIATIVE 2.0

2017/2018 REQUEST FOR PROPOSALS

BUILDING SYSTEMS OF CARE, Community by Community 2.0

Request for Proposals Released: September 19, 2017
Proposals Due: February 1, 2018

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Illinois Children's Healthcare Foundation
2017/2018 Request for Proposals

Children's Mental Health Initiative 2.0 (*CMHI 2.0*) Planning Grant
Building Systems of Care, Community by Community

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ABOUT ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION

Illinois Children's Healthcare Foundation (ILCHF) is a statewide, private foundation focused on serving all children in the State of Illinois. ILCHF focuses funding primarily in the areas of children's oral and mental health.

The Foundation's Vision

Every child in Illinois grows up healthy.

History

ILCHF was created in December 2002 through an action of the State of Illinois Attorney General's Office. This activity established Illinois' only private foundation focused solely on the health needs of children across the State with an investment of approximately $125 million from a settlement with a group of Illinois insurance carriers.

From the Foundation's inception through 2016, a total of more than $74 million in grants has been invested in over 200 programs.

In 2010, ILCHF funded the first generation of Children's Mental Health Initiative (now known as CMHI 1.0) System of Care grants in four Illinois communities. These projects are located in Livingston and Adams Counties, the City of Springfield and within the four county area of Carroll, Lee, Ogle and Whiteside. Funding for CMHI 1,0 will conclude at the end of 2018, with significant lessons having been learned. Building on these lessons, ILCHF has decided to start a second initiative focusing on novel systems of care for children to be known as *CMHI 2.0*.

This document includes an announcement of an RFP that officially launches the Illinois Children's Healthcare Foundation's **Children's Mental Health Initiative 2.0,** *Building Systems of Care, Community by Community – CMHI 2.0.*

ILCHF'S CHILDREN'S MENTAL HEALTH INITIATIVE 2.0 (*CMHI 2.0*)

The mental health of children is essential to and not separable from physical health as a determinant of the child's overall well-being. Research clearly demonstrates that children's healthy social and emotional development is a critical foundation for learning, school success, healthy relationships, and general well-being and that these foundations are built prior to school entry. Knowledge of effective interventions for children's mental health has strengthened and expanded significantly in the past 10 years through innovative approaches to system development as well as early intervention and treatment. However, many Illinois communities have not yet been able to develop coordinated service systems necessary to implement these new evidence informed practices for their local children and families. Supporting efforts to bring together a comprehensive, coordinated, and integrated community-based children's mental health system will ensure more children receive the effective support they need as early as possible.

Building Systems of Care, Community by Community - An Overview

Illinois Children's Healthcare Foundation is committed to providing support for local communities that are dedicated to trying to solve systems challenges that directly impact children's mental health. ILCHF recognizes the importance of both following the guidance of the evidence base and also allowing for the development of service systems that meet the unique needs of individual communities. The Foundation believes that different solutions are needed, depending on the characteristics of the health system serving a community. Based on its experience with CMHI 1.0, ILCHF has learned that the most effective means of impacting children and family's lives is to support the **systems of care** at the community level.

The initial CMHI project produced impressive outcomes related to success integrating child serving systems within the local community. CMHI 1.0 screened approximately 36,000 children a year for mental health concerns and then reduced the burden of emotional distress and mental illness by sustaining the services that were developed through the initial grant investment. ILCHF is committed to continuing its investment in the Illinois children's mental health system through the support of a second round of system of care development grants. Illinois Children's Healthcare Foundation is launching another multi-year/multi-million dollar program, the Children's Mental Health Initiative 2.0: *Building Systems of Care, Community by Community (CMHI 2.0).* ILCHF will select four communities across the State of Illinois in which it will invest the resources needed to build and/or enhance the community's children's mental health **system of care**. From the Foundation's perspective, the strongest RFP's will be those that are developed by community-based collaborations, are creative and innovative, build upon the existing service systems, and reflect the current and developing evidence base for both mental health services and system integration.

Each selected community will have one year to develop a formal implementation strategy, coordinated governance and a sustainable financial model. ILCHF will then award Implementation Grants to the communities that it determines have successfully developed sustainable plans to enable implementation of their community-based **system of care** over the course of a subsequent six year period. ILCHF anticipates that within a period of seven years, these newly selected communities will serve as model communities to mentor other communities preparing to develop and/or enhance their own children's mental health **systems of care.**

How Does ILCHF Define Systems of Care?

> *"A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life." (Stroul, Blau & Friedman; 2010, Updating the System of Care concept and philosophy)*

Children and youth with or at risk for mental health disorders, and their families, need the supports and services from many different child- and family-serving agencies and organizations. Often, all of these agencies and organizations are helping parents and caregivers address the mental health of their children and youth in a fragmented fashion. By creating partnerships and integration among these groups, **systems of care** are able to coordinate services and supports that meet the ever-changing needs. Coordinated services and supports lead to improved outcomes for children, youth, and families.

CMHI 2.0 **Systems of care** will generally reflect the Child and Adolescent Service System Principles (CASSP) core values and guiding principles. *(Stroul, Blau & Friedman; 2010, Updating the System of Care concept and philosophy)*

CORE VALUES

Systems of care are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

GUIDING PRINCIPLES

Systems of care are designed to:

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
4. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and that family voice is represented in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.

6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.
7. Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.
8. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.
12. Protect the rights of children and families and promote effective advocacy efforts.
13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.
Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Specifically, ILCHF will invest its funds and support in community-based and community-developed plans for model systems that must be:

- Consistent with CASSP System of Care Principles;
- Developed by strong, multi-agency collaborations;
- Inclusive of a local organization committed to financially supporting the project director role after ILCHF funding ends (e.g. 708 Board, School Board, Hospital System, Community Foundation, United Way, etc.)
- Led by a local collaborative governance structure that includes at minimum 25% mental health consumer, (i.e. parents/caregivers/youth);
- Built upon the existing service systems in a community and include a plan for strengthening the mental health workforce;
- Reflective of the clinical child mental health evidence base, including parenting interventions;
- Capable of preventing, identifying and treating children's mental health problems;
- Inclusive of both primary care and public school partners;
- Capable of utilizing the Datstat web outcomes system, Practice Wise (www.practicewise.com) resource available to Illinois Community Mental Health providers, or another evidence informed clinical practice guidance resource;
- Subject to evaluation and include a local staff member who will be responsible for family engagement in the evaluation, data collection and data submission to the external *CMHI 2.0* project evaluator;
- Financially and operationally, sustainable.

CMHI 2.0 OUTCOME GOALS

Building upon the CMHI 1.0 project, *CMHI 2.0* will target specific measurable outcome goals that address the development of effective service systems as well as having positive impact on the lives of children and families.

1. Measurable positive impact on the integration of service providers in the community.
2. Improvement in life domain functioning for children with and at-risk of serious emotional disturbance; including school participation and academic success variables.
3. Strengthened parenting practices and caregiver - child relationships.
4. Early identification of children and youth for whom there is concern about possible mental health disorders.
5. Reduction in unmet needs of families participating in the mental health service system.
6. Reduction in caregiver related stress for parents/primary caregivers of children with mental health disorders; reduction in parental depression.
7. Increased capacity in the service system to provide families with evidence-based clinical interventions.
8. Increased parent/caregiver/youth 'peer' provided services and leadership in the local system of care.
9. Effective local **use** of outcomes measurement data to inform operations and changes in the system, including sharing data between service provider systems.
10. An analyses of the costs and benefits of the *CMHI 2.0* project.
11. Development of a well-prepared mental health workforce.

CMHI 2.0 COMPONENTS

The Children's Mental Health Initiative 2.0 (*CMHI 2.0*), *Building Systems of Care, Community by Community*, includes the following:

Phase 1 (Planning Year) – Systems of Care Planning

ILCHF will select four communities across the State of Illinois and provide them with the resources needed to plan to build and/or enhance their community's children's mental health **system of care (SOC)**. Each community that is funded in the *CMHI 2.0* will undertake a 1 year Planning & Development Phase to build the local infrastructure necessary to fully implement their *CMHI 2.0* plan. This will include the development of a formal strategic plan, organizational structure, financial model and plan for sustainability. The plan must include an analysis of the community's strengths (assets) and weaknesses (gaps in services), as well as an analysis of the current **system of care** in the community. During the planning year, the communities will participate in the baseline data collection stage of the program evaluation, and have the guidance of an accomplished evaluator in developing and complying with a protocol for the cross-project evaluation. In addition, the community must complete a baseline Georgetown SOC development assessment with its governance committee. The ILCHF Board of Directors is committed to assisting the four selected planning grant communities to succeed in the planning phase and moving on to the implementation program funding. However, there is **no** guarantee that any one community will receive an implementation grant at the end of the planning year. Additional funding will be solely dependent on ILCHF's determination of the success of the community's planning process.

Selected communities must commit to attending a series of *CMHI 2.0* planning and technical assistance (TA) meetings. The meetings are tentatively scheduled for 9/15/2018, 11/1/2018, 2/1/2019, 4/15/2019 and 7/30/2019. These will be full-day TA meetings in the Chicagoland area.

Each community may be required to make a formal presentation of their community's progress and strategic implementation plan to the ILCHF Board of Directors at the end of the Planning Year grant as part of their response to the Implementation Year RFP. Communities may look to the *System of Care Primer, second edition* (Pires, 2010) for guidance in developing both their planning and implementation proposals.

Phase 2 (Years 1-6) – Implementation of Systems of Care Plans

The ILCHF Board of Directors will invest in each of the communities that are successful in the Planning Phase by giving them the support over the subsequent 6-year period to implement their strategic plans and work toward long-term financial sustainability. The ILCHF Board will award implementation grants to those communities based upon their demonstration of an ability to build and/or enhance an effective and sustainable children's mental health **system of care**. ILCHF expects that these plans will be unique to each community. Each community may develop a small set of local outcomes data to track, and will be expected to fully engage with the overall project evaluation.

Additionally, each *CMHI 2.0* community will be required to develop a manual that documents their planning steps; their organizing strategies; and the structure and processes involved in implementing their community model that transforms the way that they provide care to meet the mental health needs of children and their families.

One goal of the *CMHI 2.0* is to build and/or enhance children's mental health **systems of care** in the State of Illinois, community by community. ILCHF anticipates that, after a period of years, these selected communities will serve as learning communities to be paired with other communities that are prepared to develop and/or enhance their own children's mental health **systems of care**. The mentoring communities will be able to share and make use of the manuals developed during the initial CMHI project as tools in their work with communities that are subsequently funded.

NOTE: Financial *commitments for each Implementation year will be based on each of the CMHI 2.0 communities reaching planned outcomes and the Foundation's financial situation.*

Ongoing Evaluation (Planning – Year 6)

ILCHF will contract with an external Evaluation Team (Team) to collect baseline data, provide technical assistance and consultation during the Planning Phase, and conduct a multisite evaluation during the Implementation Phase of **systems of care** in each of the *CMHI 2.0* communities. The *CMHI 2.0* communities will be expected to work with the Team to plan and adopt goals and methods for assessing general *CMHI 2.0* defined outcome goals as well as additional unique metrics that the community is interested in using to measure the progress/success of its program. To the extent possible, the evaluation will be designed to maximize utilization of existing instruments that are already in use in community practice. *CMHI 2.0* grantees will be expected to have or obtain an information system that is capable of organizing data-sets in an Ex-

cel or other online format, to be determined by the Evaluation Team, and to report clinical service utilization for children served through the project. The *CMHI 2.0* communities selected will be required to use a portion of the grant for the cost of a local staff person to coordinate the evaluation efforts. The primary costs for overall project evaluation will be funded separately by ILCHF.

Evaluation basic components:

- Local staff person responsible for engaging families in the evaluation, data collection, quality and submission
- Enrollment of >70% of service recipients in the client *CMHI 2.0* outcomes evaluation
- Client level data collection at baseline, 3, 6, 12, 18 & 24 months from intake, as well as some longitudinal data points.
- Measurement of ongoing systems integration and system of care fidelity
- Mental health screening statistics and tracking of children who screen positive for linkage with service referrals.
- Ongoing qualitative process journal
- Service and system costs as part of a cost/benefit analysis.

Intellectual Property

ILCHF will own all intellectual property ("IP") arising out of the *CMHI 2.0*. To further the purposes of this Initiative, ILCHF reserves the right to license the IP back to *CMHI 2.0* communities and/or the Evaluation Team. Each *CMHI 2.0* community and the Evaluation Team will be expected to execute all documents that are necessary or desired to give effect to ILCHF's ownership of such IP and to license such IP back to the *CMHI 2.0* communities and/or the Evaluation Team.

ELIGIBILITY CRITERIA – WHO IS ELIGIBLE TO APPLY FOR CMHI 2.0?

Each community must identify a Lead Agency* to submit the application on behalf of the community collaboration. Funding may be distributed by the Lead Agency to other partner organizations in the community.

* The Lead Agency may be either a 501(c)(3) organization determined to be a public charity under section 509(a)(1), (2) or (3) of the Internal Revenue Code or a governmental entity described in IRC section 170(c)(1) or 511(a)(2)(B). However, private foundations as defined under Section 509(a) are not eligible to apply. To be eligible, the Lead Agency must demonstrate the fiscal capacity to manage the funds.

NOTE: *The Lead Agency need not be a healthcare organization. ILCHF recognizes that broad-based collaborations/systems of care include all organizations and/or agencies, parents and families that have influence in the development and health of a child.*

ILCHF POTENTIAL FUNDING COMMITMENTS PER COMMUNITY

Phase 1 **October 1, 2018 – October 31, 2019** **Planning Phase**

Each selected Community will be awarded up to $200,000 for **systems of care** planning on a community-wide basis. A detailed planning budget and narrative for the development of the model must be submitted with the proposal for this RFP. The Implementation years RFP response will be due in August of 2019.

Phase 2 **November 1, 2019 – December 31, 2025** **Implementation Phase**

ILCHF Board of Directors will award implementation grants to those selected Communities who demonstrate the ability to build and/or enhance an effective and sustainable children's mental health **system of care.** Implementation grants will be determined on an annual basis based on financial models submitted and achievement of progress and outcome measurements.

Implementation Year	Annual Grant Amount
1	$350,000
2	$400,000
3	$450,000
4	$400,000
5	$300,000
6	$200,000

ILCHF is committed to working in close partnership with the selected *CMHI 2.0* Planning Phase awarded communities to ensure success. Note however, that awarding a planning grant does not guarantee that the community will receive an Implementation Phase grant. A separate application for the Implementation Phase will be required prior to the conclusion of the Planning grant funding.

Project elements eligible for funding

ILCHF grant funds may be used for, but not limited to, salaries and benefits, consultant fees, data collection & analysis, meetings, supplies, project-related travel, education and training, marketing and communication materials. Eligible expenses in the Initiative may include a limited amount of capital expenditures that are deemed essential to accomplish the outcomes of the Initiative. Any proposed capital expenditures must be justified in the Budget Narrative.
Grant funds may be used for indirect costs, however, the indirect costs must be itemized in the budget with a preference that itemized indirect costs not exceed 10% of total expenditures.

NOTE: ILCHF funding cannot be used for:

- Partisan, political or denominational programs
- Endowments
- General medical research
- Attempts to influence legislation, as prohibited by section 4945 of the Internal Revenue Code for private foundations.

APPLICATION PROCESS

ILCHF is using two stages in the competitive application process for the Community Mental Health Initiative 2.0:

1. Community Teams to submit a full written proposal on-line by Noon on February 1, 2018.

2. ILCHF *CMHI 2.0* Review Committee to perform site visits with Community Teams whose proposals were selected for further consideration between 4/15/2018 and 5/10/2018.

Stage 1: Submitting a Full Proposal

Proposal Submission Guidelines.
Proposals will be accepted through the ILCHF Electronic submission process only. The electronic application will be available through a link on the ILCHF website on October 16, 2017.

Complete responses to this Request for Proposals are due to ILCHF **no later than 12:00 noon, Thursday, February 1, 2018.** *Faxed or e-mailed submissions will not be accepted.*

A Community Team's proposal will not be reviewed unless it is complete and includes the following:

I. Title Pages.
- Project title
- 250 (maximum) word abstract summarizing the proposed project.
- Project dates and budget
- Lead organization information
- The name and contact information for the lead organization for your collaborative Community Planning Team and the specific person at the organization to correspond with. Note: **Primary Contact** – This is the person who will receive all business related communication from ILCHF. **Project Director** – This is the person who maintains overall operational responsibility for the CMHI 2.0 Planning project, and who will receive programmatic communication.

II. Community Definition. Identify the community and population that will be served by this project. (2 Page Maximum)
- Provide a description of the geographic community boundaries within which you will implement *CMHI 2.0*. Also, list the counties covered in the area. (See Appendix C for a listing of counties within the ILCHF defined geographic regions)
- Describe the demographics of the community in terms of race/ethnicity, socio-economic status, unemployment, school district spending per pupil, population density, and age distribution.
- Provide a description of the particular unmet social emotional needs of children and families within the community.
- Describe any particular population of children/families that the proposed *CMHI 2.0* system of care will target (I.e. very young children, parents of children with

social emotional concerns, transition age youth, racial/ethnic groups, LGBTQ-2S youth, youth with psychotic disorders or other specific diagnosis, etc.) . Note: The allowable child/youth age range is 0 up to 21.If the project will target the general population of children and families please note that here. (There is no requirement for a target population)

III. **Community Planning Team Composition & Project Leadership.** Additional members may be added during the Planning Phase of the selected community grants (3 Page Maximum)

- Names of all of the member organizations and their representative(s), and other community stakeholders comprising the Community Planning Team working on the *CMHI 2.0* including the sector(s) that they represent. **Community Planning Team** – These are the individuals within organizations who are committed to ongoing participation in the development and eventual implementation of the CMHI 2.0 plan. This team **must** minimally include members from mental health, primary care, and education systems. The team must also be inclusive of 25% membership of youth or parents/primary caregivers of children or youth who are self-identified consumers of mental health services.
- Please provide the name, address, tax ID number, website and non-profit/for-profit status of each partner organization that will be receiving funding through the planning grant.
- Describe staff leadership for the planning project, including credentials and organizational affiliation. Discuss the extent to which these are current employees or positions to be filled.
- List the names of the local organizations/funders committed to engaging in the planning process with an interest in financially sustaining the project director or system of care leadership activities during the course of the implementation project, and by the time that ILCHF funding concludes. If available, provide a letter of interest from this/these organizations as Attachment L. *NOTE*: For example, potential partners may include, 708 Boards, Community Foundations, United Way, local business groups, Insurance/managed care providers, school districts, healthcare organizations, etc.
- Provide a roster of all the Letters of Agreement and/or Memoranda of Understanding that have already been developed within/among the members of the Community Planning Team and the lead agency. Please describe any previous collaborative efforts among the members of the Community Planning Team and if this is a new or expanded collaboration organizing for the CMHI 2.0, please discuss why these members were selected.
  Community Planning Team Letters of Agreement (LOA) or Memorandum of Understanding (MOU) – A LOA/MOU must be in place for at least a mental health, primary care and education partner at the time of application. Other LOA/MOU may be added prior to a site visit being conducted if the application is selected to move to the second stage of review. LOA/MOU should include commitments for:
    - Consistent participation of an organization's mid to upper level leadership in the Community Planning Team for the full duration of the planning grant

- Intent to participate in the project governance and leadership during the six year implementation stage of CMHI 2.0
- Agreement to participate in the technical assistance sessions included during the planning year

IV. Identification and Analysis of Community's Children's Services. (3 Page Maximum)

- How was the need for a *CMHI 2.0* project identified in your community? What data was collected and how recently? If a needs assessment was conducted, provide a summary report, if available, as Attachment M. **Needs Assessment –** A document culminating from a formal process of assessing the additional need for various types of services in a community related to children's health and mental health care.

- Environmental Scan**.** Describe and provide an analysis of all of the community's current mental health services and networks for children. Identify and discuss the common needs, challenges, strengths, gaps and opportunities in your community's children's service systems. **Environmental Scan –** A formal or informal assessment of the current community climate in regards to resources both specific to children's mental health as well as child services more holistically.

V. Community Initial Plan for Change (7 Page Maximum)

Briefly describe the initial plan to develop a *CMHI 2.0* project that is consistent with the CASSP principles and the *CMHI 2.0* outcome goals.

- Identify any areas where the current system is not consistent with CASSP.
- Describe an initial plan to develop the *CMHI 2.0* System of Care to achieve compliance with CASSP.
- Describe the status of the current local children's mental health system as it relates to each of the *CMHI 2.0* outcome goals.
- Describe the initial plan to develop and implement a *CMHI 2.0* project that is fully responsive to each of the CMHI 2.0 outcome goals.

VI. Current Data Practices Describe the current behavioral health outcomes that are being measured within the proposed community related to the **CMHI 2.0** Outcome Goals (2 Page Maximum)

- List the service sector and any specific behavioral health type measurement instruments that are employed.
- Discuss any current quality improvement processes that are used related to any specific measures.
- List the behavioral health outcome measures that the current system has access to at a free or reasonable cost and which may be easily assimilated into the workflow.

VII. Evaluation Capacity Describe the system's capacity for participating in the *CMHI 2.0* evaluation process (3 Page Maximum)

- Discuss the evaluation strengths of the current system.
- Discuss the community's ability to comply with the basic evaluation components.

- Discuss initial thoughts on any unique outcomes that the local system may be interested in measuring.
- Discuss the Information Technology capacity of the current system to obtain, store and share outcomes data.
- Discuss the capacity of the current system to capture clinical mental health service use and cost patterns for consumers of the system.

VIII. Budget Complete the *CMHI 2.0* Planning Grant Budget Template available at ilchf.org and include as Attachment A. Please see Appendix A & B of RFP for instructions regarding the Budget Template and Bugdet Narrative.

Provide a budget narrative as described in the instructions (Appendix B in RFP). Delineate details associated with the Planning Grant Budget, clarify the calculations leading to the budget numbers and provide details that do not fit within the Planning Grant Budget Template.

ATTACHMENTS. *Only the information that is identified in each of the sections below may be provided as attachments.* ***None of the information required in Sections I-VIII may be included or expanded upon separately as an attachment.*** Please be sure to press 'upload' as you attach each document. The document name will change to a hyperlink when attached.

A. **Planning Phase Budget (required)**. Each proposal must be accompanied by summary expense and income budgets for the Planning Phase. The budget template is located on the ILCHF website and instructions are in Appendices A & B of the RFP Please describe the distribution of grant funding between partner organizations, if applicable.
B. **Initial Logic Model (required)** Provide an initial logic model that, at a minimum, describes the context in which the *system of care* will be developed and/or enhanced, implemented and sustained; the resources available; the activities that will be conducted; and the outcomes expected.
C. **Lead Organization Information: Mission Statement**
D. **Lead Organization Information: Board of Directors**
E. **Lead Organization Information: Organizational Chart identifying where the services and functions proposed under CMHI 2.0 will be located.**
F. **Lead Organization Information: IRS Exemption Letter**
G. **Lead Organization Information: Most recent Form 990**
H. **Lead Organization Information: Most recent IL-AG 990**
I. **Lead Organization Information: Most recent audited financial statements**
J. **Letters of Agreement. See instructions under III**
K. **Officers Certification Form. Available on ILCHF website**
L. **Letter of Interest from Funding organization (if available)**
M. **Summary Report of Needs Assessment (if available)**

Stage 2: Site Visit for Selected Community Planning Teams

All proposals submitted by the deadline will be subject to a first round review. Those proposals continuing on into the final round will receive a site visit by the ILCHF *CMHI 2.0* Review Committee.

The details about the Site Visits will be distributed upon notification. However, the site review teams will expect to be able to meet with and discuss the application with members of the Community Planning Team and other relevant, community stakeholders.

CMHI 2.0 TIMETABLE

September 19, 2017	Planning RFP is issued
October 16, 2017	On-line RFP is available
February 1, 2018	Planning RFP responses due at 12 Noon
April & May, 2018	Finalist site visits
July 1, 2018	Planning grant awards announced
September 15, 2018	Pre-Implementation Orientation meeting
October 1, 2018	Planning grants begin
August 15, 2019	Implementation RFP Due
October 31, 2019	Planning grant ends

TECHNICAL ASSISTANCE/QUESTIONS

Responses to 'Frequently Asked Questions' regarding the *CMHI 2.0* RFP will be published periodically on the ILCHF website www.ilchf.org Applicants are responsible for maintaining up to date knowledge of these responses.

Questions regarding the RFP may be addressed to:
Amy Starin, PhD, LCSW Senior Program Officer
amystarin@ilchf.org

APPENDIX A – *CMHI 2.0* Planning Grant Budget Template and Instructions

Name of Project

CMHI 2.0 Planning Grant Budget Template

OPERATING BUDGET - Planning Grant 10/1/2018 - 10/31/2019 (13 months)

			A	B	C	
			Total Project Budget	*Sources of Funding*		Total Project Budget
Detailed Functional Category	FTE's	#	Year 1	**ILCHF**	Other (In-Kind)	Year 1
1. PROGRAM STAFF						
Agency Leader			$ -	$ -	$ -	$ -
Project Director			$ -	$ -	$ -	$ -
Other Project Staff - Type 1			$ -	$ -	$ -	$ -
Other Project Staff - Type 2			$ -	$ -	$ -	$ -
Other Project Staff - Type 3			$ -	$ -	$ -	$ -
Other Project Staff - Type 4			$ -	$ -	$ -	$ -
Other Project Staff - Type 5			$ -	$ -	$ -	$ -
Administrative Staff			$ -	$ -	$ -	$ -
Fringe Benefits (_____%)			$ -	$ -	$ -	$ -
Subtotal - Personnel			$ -	$ -	$ -	$ -
2. OTHER DIRECT COSTS						
Communications/Marketing			$ -	$ -	$ -	$ -
Travel Expenses			$ -	$ -	$ -	$ -
Meeting Expenses			$ -	$ -	$ -	$ -
Survey/Data Collection			$ -	$ -	$ -	$ -
Equipment			$ -	$ -	$ -	$ -
Construction/Remodeling			$ -	$ -	$ -	$ -
Project Space			$ -	$ -	$ -	$ -
Other Expenses			$ -	$ -	$ -	$ -
Subtotal - Other Direct Costs			$ -	$ -	$ -	$ -
3. PURCHASED SERVICES						
Personnel/Purchased Services						
Consultants			$ -	$ -	$ -	$ -
Contracted Professionals			$ -	$ -	$ -	$ -
Other			$ -	$ -	$ -	$ -
Subtotal - Purchased Services			$ -	$ -	$ -	$ -
4. OVERHEAD/INDIRECT COSTS (not otherwise accounted for)						
Be specific as to costs						
			$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -
Subtotal - Overhead Costs			$ -	$ -	$ -	$ -
TOTAL COSTS - IMPLEMENTATION YEAR 1			**$ -**	**$ -**	**$ -**	**$ -**
Percentage of Budget:						
Program Staff			#DIV/0!	#DIV/0!		
Other Direct Costs			#DIV/0!	#DIV/0!		
Purchased Services			#DIV/0!	#DIV/0!		
Overhead Costs			#DIV/0!	#DIV/0!		
Total			#DIV/0!	#DIV/0!		

NOTE: COLUMN M WILL BE GREEN IF FUNDING SOURCES ARE ADDED CORRECTLY. IF NOT GREEN, PLEASE CHECK WORK. SUBTOTALS WILL NOT BE GREEN.

NOTE: IF MORE ROWS ARE REQUIRED TO DOCUMENT ADDITIONAL OVERHEAD COSTS (not otherwise accounted for) UNHIDE ROWS BETWEEN ROWS 45 AND 53.

Planning Grant Budget Template Instructions

- Do not add any new lines or columns to the Planning Budget Template. Doing so will cause the formulas to malfunction.
- ILCHF seeks to understand all actual or potential sources of planning support. To the extent the applicant or a participant will be providing either in-kind or financial support other than ILCHF grant funds note that in Column C "Other" and then describe that support in the Budget Narrative section of the RFP. If the funding is "actual" leave the font color black. If the funding is "potential" change the font color to blue.

- The budget template has four numbered functional categories (i.e. Program Staff) If there are insufficient lines under Program Staff, use "Other Project Staff – Type 5" as a catch all and detail its components in the Budget Narrative.
- If there are insufficient lines under Other Direct Costs, use "Other Expenses" as a catch all and detail its components in the Budget Narrative.
- If there are insufficient lines under Purchased Services, use "Other" as a catch all and detail its components in the Budget Narrative.
- If there are insufficient lines under Overhead Costs (not otherwise accounted for), first unhide additional lines between line 45 and line 53. If additional lines are needed after that use line 52 as "Other" as the catch all and detail its components in the Budget Narrative.
- ILCHF does not use an indirect cost based upon a percentage of the project as the means to pay indirect costs. However, ILCHF will consider covering specifically delineated overhead or indirect costs not otherwise accounted for.

APPENDIX B – Budget Narrative Information

The purpose of the Budget Narrative section of the RFP is to help ILCHF better understand the scope and nature of your proposed project and to provide details that do not fit within the Project Budget Template. The Budget Narrative should concisely explain how you arrive at the numbers in your Project Budget, specifically you should:

- Provide an explanation of both the Total Budget Year and the funding requested from ILCHF.
- The Project Budget has four functional categories: Program Staff, Other Direct Costs, Purchased Services and Overhead/Indirect Costs (not otherwise accounted for). If a particular category has no content mark it N/A in the electronic application.

1. PROGRAM STAFF

The roles, credentials, time commitment and identity (to the extent known) of staff to be engaged in the project should be detailed in the Budget Narrative Section of the RFP.

a. Agency Leader: details delineated
b. Project Director: details delineated
c. Other Project Staff – Type 1-5: to the extent staff can be grouped by type, provide the total salary and fringe benefit cost in the Project Budget. Next provide an explanation of the type of staff and their role in the Budget Narrative. If there are more than 5 types of Other Project Staff, delineate the first 4 types and then use Type 5 as a catch all for all remaining positions. Next detail the types of positions in the Budget Narrative.

If proposed project staff, other than the Agency Leader, are current employees of the applicant, please provide the following information for each person in the Budget Narrative: Name, Current Title, Hours Worked/Week and Current Duties.

Example
c. Other Project Staff – Type 1: LCSWs
The line-item is to employ 2 LCSW's totaling 1.5 FTE's and the salary and fringe benefits detailed in the Project Budget is $100,000. 90% of these funds, $50,000, are requested from ILCHF. The remainder will be covered by an in-kind contribution by the applicant agency.

2. OTHER DIRECT COSTS

For each category, detail the calculation used to determine the amount requested in the budget. See example below. Any item which does fit within a listed category should be described in "Other Expenses".

a. Communications/Marketing
b. Travel Expenses
c. Meeting Expenses
d. Survey/Data Collection
e. Equipment
f. Construction/Remodeling
g. Project Space
h. Other Expenses

Example
g. Project Space: funds are requested to pay for the rental of the space for $100/month @ 24 months = $2,400. These funds are requested from ILCHF.

3. **PURCHASED SERVICES**
For each category, detail the calculation used to determine the amount requested in the budget. See example below. Any item which does fit within a listed category should be described in "Other".

   a. Consultants
   b. Contracted Professionals
   c. Other

   Example
   b. Contracted Professionals: Funding in the amount of $_______________ is requested for a subcontract with (institution or company) for (brief statement of work). These funds are requested from ILCHF.

4. **OVERHEAD/INDIRECT COSTS** (not otherwise accounted for)
ILCHF does not use an indirect cost based upon a percentage of the project as the means to pay indirect costs. However, ILCHF will consider covering specifically delineated overhead or indirect costs not otherwise accounted for.

Please list the elements of this category in the same manner as above starting with the letter "a" and providing the calculation/explanation for each expense in this category.

If there are insufficient lines under Overhead Costs (not otherwise accounted for), first unhide additional lines between line 45 and line 53. If additional lines are needed after that, use line 52 as "Other" as the catch all and detail its components in the Budget Narrative.

APPENDIX C – ILCHF Geographic Region and County List

Metro Chicago = Cook

Collar Counties = DuPage; Kane; Kendall; Lake; McHenry; Will

Northern IL = Boone; Carroll; DeKalb; Jo Davies; Lee; Ogle; Stephenson' Whiteside; Winnebago

Northwest Central IL = Bureau; Fulton; Henderson; Henry; Knox; LaSalle; Marshall; Mason; McDonough; Mercer; Peoria; Putnam; Rock Island; Stark; Tazewell; Warren; Woodford

Southwest Central IL = Adams; Brown; Calhoun; Cass; Christian; Greene; Hancock; Jersey; Logan; Macoupin; Menard; Montgomery; Morgan; Pike; Sangamon; Schuyler; Scott

East Central IL = Champaign; Clark; Coles; Cumberland; DeWitt; Douglas; Edgar; Effingham; Ford; Grundy; Iroquois; Kankakee; Livingston; Macon; McLean; Moultrie; Platt; Shelby; Vermillion

Southern IL = Alexander; Bond; Clay; Clinton; Crawford; Edwards; Fayette; Franklin; Gallatin; Hamilton; Hardin; Jackson; Jasper; Jefferson; Johnson; Lawrence; Madison; Marion; Massac; Monroe; Perry; Pope; Pulaski; Randolph; Richland; Saline; St. Clair; Union; Wabash; Washington; Wayne; White; Williamson