**CMHI 2.0 Frequently Asked Questions**

**(Text in red is updated as of 12/27/2017)**

1. **When are proposals due?**

Complete applications to the request for proposal are due to ILCHF no later than **12:00 noon, Thursday, February 1, 2018**. Applications will only be accepted through the online application portal, which may be accessed on the ILCHF.org website. Faxed or e-mailed submissions will not be accepted.

1. **Who is eligible to apply under this RFP?**
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. Application partners must include a minimum of mental health, public school and medical system partners.

**\***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.

1. **Can I apply if my organization is currently receiving funding from ILCHF?**Organizations that already receive or have received Foundation support are eligible to apply for funds under this initiative, with the exception of currently funded CMHI 1.0 grantees. .
2. **Can an organization submit more than one application?**
Yes, ILCHF does not place any limits on the number of applications an organization can be part of as long as the applications involve separate project teams/locations. Organizations should use caution in joining more than one community application as this will be a competitive application process. .
3. **Is participation/attendance at the October 10, 2017 Technical Assistance call and/or October 20, 2017 Sheila Pires consultation required to apply?**

No, participation/attendance at these events are not required to respond to the proposal. The call is a chance for potential applicants to learn more about the proposal and address any initial questions they have. The consultation is an opportunity for potential applicants to get consultation on how to develop a system of care with an expert in the field.

1. **When and how will we be notified if our application has been approved or denied?**
Organizations will receive an email response confirming that their application has been received in the ILCHF system once submitted. All applicants will be notified of the status of their proposal by approximately July 1, 2018. Applicants chosen to advance to the final round of selection will be notified that they will receive a site visit in April or May of 2018.
2. **Can I schedule a meeting with foundation staff to discuss projects and/or funding opportunities?**

ILCHF staff are available to answer questions and related to this RFP. These responses will be added to this FAQ sheet as they occur. ILCHF staff are happy to meet with organizations to discuss projects and ideas outside of the CMHI 2.0 process as well.

1. **How does the Foundation define “community?”**

ILCHF hasn’t defined community. In the development of a system of care it is important that the community defines itself. Applications can come from anywhere in the State of Illinois.

Interested communities should be talking with local partners about putting together a team to develop a project.

1. **How does the Foundation define children/youth?**

The Foundation will consider funding projects that serve the needs of children and/or youth between the ages of 0 up to 21.

1. **Is there a minimum number of children/youth that need to be served by the project?**

No, there is not a minimum number of children that need to be served. Communities may define a specific population of children in the community that they are developing a system of care for, or they may plan for the development of a system for all local children.

1. **How many partners do you recommend an applicant have?**

The requirement is that applicant communities have a minimum of three partners; mental health, education, and medical. Communities may have many more partners identified to help with the development of the system of care.

1. **Are charter schools/networks counted as a public school partner, or is that designation restricted solely to public schools/public school systems (like CPS)?**

The education partner must be part of a public school system. Applicants have the choice to partner with one school, several schools or the entire school district.

1. **How might a nonprofit find out what other consortia might be considering applying so we might approach them about partnering?**

Interested organizations may find partners by initiating conversations with other local providers of children’s services.

1. **Will a summary of the work done by CMHI 1.0 participants be made available for potential CMHI 2.0 grantees to understand the work that was done and the expectations of the Foundation?**

The CMHI 1.0 project is operating through 12/31/2018. The evaluation and analysis of CMHI 1.0 is ongoing and will be published later in 2018. CMHI 2.0 is organized differently than CMHI 1.0, and applicants are best positioned to respond to CMHI 2.0 through close attention to that specific RFP.

1. **Does the program need to be new or can it be one that exists?**

No, the proposal does not need to be for a new project. Proposals for new and/or existing/expanded projects will be accepted.

1. **Does the consortium need to be new or can it be one that exists?**

No, the proposal does not need to be for a new consortium. Proposals for new and/or existing/expanded consortiums will be accepted.

1. **How will the local evaluator and external evaluator roles differ?**

The community evaluation/data staff will be responsible for enrolling families and collecting data.  That position needs to be funded by the local community.  ILCHF will be issuing an RFP for an external evaluation team for the overall project which will be funded separately.  The local person will be submitting data to the external evaluator.

1. **Does the applicant have to be an Illinois-based entity?**

Applicants do not have to be an Illinois-based entity however grant funds may only be used in Illinois to serve the children of the state.

1. **Are applicants allowed to pay parents stipends to participate in the planning phase?**

Yes, the planning grant budget can include expenditures to support parent/youth participation.

1. **Is IT consultation an expenditure covered during the planning phase?**

Yes, the planning grant budget may include expenditures for IT consultation in the planning year.

1. **Will the Foundation review and provide feedback on proposal documents prior to an applicant responding to the RFP?**

The Foundation Staff is happy to try to answer specific questions, however we will not be reviewing documents ahead of submission.

1. **Are there any particular qualifications required of the primary care partner? For example, do they have to serve a certain number of clients or be of a certain size, provide certain specific services, have been in existence for a minimum amount of time, use any specific database for tracking services, etc.?**

No, there aren’t any specific qualifications required of the primary care partner. Each community will identify their medical partners and they will likely be unique to the community they serve.

1. **Will an external evaluation team conduct overall program evaluation, and it will be the individual grantees’ responsibility to provide the evaluation team with the required data (pulling from existing outcome measurement systems) as well as measuring local outcomes of specific interest to the grantee?**

The Foundation will release an RFP to contract with an external evaluator.  There will be components to the evaluation that will be consistent across projects, and a common mental health instrument will likely be used.  There will also be room for communities to identify unique elements of their project that they want to measure.  There will be an individual at each project that will be responsible for the local data.

1. **Will there be specific outcome measurement tools that grantees will be required to use?**

The details of the evaluation will not be finalized until both the evaluator and the four communities are identified. The intention, as noted in the RFP, will be to use measures that providers are already using.  However there may be changes in instruments to insure some level of consistency across the 4 sites.  There will likely be both screening instruments and functional assessments.

1. **When completing the application, should the spacing be double spaced, or single space? In addition, what is the suggested font size?**

The online application form limits you to a certain word count for each question, so applicants are encouraged to use the format that they think will work best for their submission.

1. **Can a Family Resource Developer (FRD) who works at a potential lead agency applicant serve on the planning committee as a consumer representative?**

The requirement for parent/youth participation notes that they self-identify as a mental health consumer.  FRD’s are, or should be, parent consumers of care and they act as peer providers on the SASS teams.  So a FRD would be a very appropriate participant as a consumer representative on a planning team.

**Additional Resources**

Please check the [website](http://ilchf.org/newcmhi20funding.html) for links to the following:

1. October 20, 2017 Systems of Care Training Presentation Slides by Sheila Pires
2. Building Systems of Care A Primer by Sheila Pires
3. Self-Assessment of Strategies for Expanding the System of Care Approach by Georgetown University National Technical Assistance Center for Children’s Mental Health and the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program