



Delta Dental of Illinois Foundation

**ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
&
DELTA DENTAL OF ILLINOIS FOUNDATION
ORAL HEALTH INITIATIVE**



**Funding Opportunity
Guidelines**

Dental/Medical Integration Initiative

Release Date: June 24, 2019

Proposals Due: August 20, 2019



**ILLINOIS CHILDREN’S HEALTHCARE FOUNDATION and Delta Dental of Illinois Foundation
ORAL HEALTH APPLICATION**

Dental/Medical Integration

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ABOUT ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION

The Illinois Children's Healthcare Foundation (ILCHF) is a statewide private foundation that is focused on serving all children in the State of Illinois. ILCHF concentrates its funding primarily in the areas of children's oral health and mental health. The vision of the foundation is that every child in Illinois grows up healthy.

The Foundation's History

ILCHF was created in December 2002 through an action of then Attorney General Jim Ryan and an Illinois insurance carrier. This action and a settlement of approximately \$125 million established the only private foundation focused solely on the health needs of children in Illinois.

In 2007, ILCHF announced its first grantmaking initiative to more directly target oral health improvement. Since 2004 more than \$27 million has been committed to efforts related to building the capacity of the safety net system, increasing the number of oral health professionals caring for underserved children, and creating a greater awareness of the role oral health plays in the overall health of a child.

In 2010, ILCHF funded the first generation of the 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 concluded at the end of 2017, with significant lessons having been learned. Building on these lessons, ILCHF decided to start a second initiative focusing on novel systems of care for children to be known as *CMHI 2.0*.

From the Foundation's inception through 2018, a total of more than \$80 million in grants have been awarded in approximately 500 grants.

For additional information about ILCHF, please see www.ilchf.org.



Delta Dental of Illinois Foundation

ABOUT DENTAL OF ILLINOIS FOUNDATION

The Delta Dental of Illinois Foundation (DDILF) was formed in March 2008 by Delta Dental of Illinois, a not-for-profit dental service corporation.

The Foundation's Mission

Delta Dental of Illinois Foundation's mission is to improve the oral health of the communities it serves and it works to support and improve the oral health of people in Illinois, with a specific focus on children.

The Delta Dental of Illinois Foundation furthers its mission to improve the oral health of Illinois residents, particularly children, through its programming. The Foundation brings oral health education and assistance to Illinois children and families in a variety of ways, from the Land of Smiles oral health education program that visits schools to give dental care tips and demonstrate proper techniques in an engaging and impactful way, to the Dentist by 1 program, which teaches the importance of early dental visits and how to provide dental care for young children.

Each of these programs reaches students, families, children, dental and health professionals and communities in Illinois. The Foundation's programs focus on our three core themes - oral health education and awareness, access to oral health care and education for oral health professionals.

One of Delta Dental of Illinois Foundation's goals is to educate children and their caregivers as well as the dental community about the benefits of preventive care, starting at an early age and continuing into adulthood.

For additional information about DDILF, please see www.deltadentalil.com

FUNDING OPPORTUNITY

Illinois Children's Healthcare Foundation (ILCHF) and Delta Dental of Illinois Foundation (DDILF) seek to invest available funding in projects designed to integrate oral health and medical health services for children and increasing access to integrated services in a clinical setting. Integration of oral health into primary care practice is increasingly recognized as key to expanding oral health infrastructure and capacity. Oral health is critical to overall health. Research continues to show evidence of the connections between periodontal (gum) disease, and medical conditions such as diabetes, heart disease, and pregnancy-related conditions which impact a child's early oral health. Dental, medical and health professionals understand the importance of working together to manage the care of their patients together and achieve healthier outcomes.

In order to obtain a better understanding of the oral health landscape in Illinois, ILCHF and DDILF in collaboration with Michael Reese Health Trust, implemented a statewide oral health assessment, *Oral Health in Illinois* (the Assessment). In 2016, the Assessment produced a comprehensive report which identified resources (capacity and utilization both by children and adults), gaps in the provision of oral health services and identified the current oral health status of children throughout the state. Additionally, the Assessment identified opportunities to further enhance children's oral health in Illinois. Among the opportunities was a recommendation to further explore further integration of oral health and primary care. In an effort to sustain the momentum generated by the report and address this recommendation, ILCHF and DDILF have created this funding opportunity.

Through evaluation, funded projects will be able to demonstrate successful strategies for creating or expanding integrated services designed to improve oral health outcomes for children in Illinois. They must be able to demonstrate efficiency in delivery of services, specifically in regards to addressing barriers created by geography, special needs, and/or race or ethnicity and the ability to sustain the project once grant funding has ended.

The maximum amount to be awarded per grantee is up to \$100,000 over 12 months (18 months would be considered). Total grant funds available for the initiative is up to \$1.5 million. Examples of eligible projects include but are not limited to:

- **Training of primary care providers** to identify risk factors, perform oral exams, provide anticipatory guidance, education on diet and nutrition and knee to knee exams.
- **Develop an internal referral network** between primary care providers and dental providers that establishes a delivery of care.
- **Integration of dental and medical technology.**
- **Co-location of integrated services.**

The timeline for funding under this opportunity is that the project must be implemented within a period of 12 months (but up to 18 would be considered).

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, flexible funding for child & family needs, 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

This opportunity does not fund:

- Budget shortfalls/general operating support of already existing programs
- Intermediary funding agencies
- Grants to/for specific individuals
- Endowments
- Capital campaigns for medical facilities
- General medical research
- Attempts to influence legislation, as prohibited by section 4945 of the Internal Revenue Code for private foundations

Grant Size/Funding Period:

The total commitment to the Dental/Medical Integration initiative is a maximum of \$100,000 per award. Grant funding will be paid upon the signing of the Grant Agreement.

WHO IS ELIGIBLE TO APPLY?

In general, your organization is eligible for ILCHF funding if it is 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 Code section 170(c)(1) or 511(a)(2)(B).

Specifically to this RFP:

- The applicant must be providing licensed health services to children residing within the state of Illinois and must continue to provide oral health services during the term of the requested grant;
- The applicant must also provide primary care services directly to children ; and
- The applicant must have the ability to track specific indicators associated with achieving long-term outcomes.

Examples of eligible organizations include federally-qualified health centers (FQHC), FQHC look-alikes, school-based health centers, free clinics, public health department clinics, hospital clinics, and other community health centers.

CRITERIA FOR SELECTION

ILCHF and DDILF will use the following criteria for selecting proposals for funding:

- The project must demonstrate a specific and significant need in the community.
- The project must provide comprehensive oral health services to children in its community. Specifically, the project must demonstrate the ability to serve additional numbers of children.
- The project should ideally be implemented within the context of a dental home.*
- The project must emphasize the comprehensive coordination of health care to underserved children.
- The project must demonstrate effective outreach to underserved populations of children.
- The staff must demonstrate cultural competency and have appropriate credentials/experience to provide the services.
- The cost of the project must be realistic and relate closely to the scope of the project.
- The project must demonstrate the ability to sustain programming after funding ends.
- The project must demonstrate a commitment to data gathering and evaluation.

Organizations will be notified no later than four months after submitting their application.

*The American Academy of Pediatric Dentistry defines dental home as the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

APPLICATION PROCESS

Stage 1: Submitting a Full Application

Proposal Submission Guidelines.

Proposals will be accepted through the ILCHF Electronic submission process only. The electronic application will be available at www.ilchf.org under open RFPs by June 24, 2019.

Complete responses to this Request for Proposals must be submitted no later than Tuesday, August 20, 2019. Faxed or e-mailed submissions will not be accepted.

A proposal will not be reviewed unless it is complete and includes the following:

- I. **Title Page.**
 - a. Project title.
 - b. The name and contact information for the lead organization for your collaborative Community Team and the specific person at the organization to correspond with.
 - c. 250 (maximum) word abstract summarizing the proposed project.

- II. **Community Definition.** Please describe in detail the geographic area in which children will be served. Include any data elements necessary to clearly delineate the area to be served.

- III. **Statement of Need and Proposed Strategies and Related Activities.**
 - a. Describe the need in the defined geographic area for children's oral health services. In addition, describe the metrics you used to identify and quantify the existing oral health needs for children in this geographic area. Be specific with your data elements and the data sources.
 - b. Describe the barriers in this geographic area preventing children from receiving optimal levels of quality integrated oral health services.
 - c. Based on local statistics and other indicators, please indicate the number of children your project will serve annually through integrated efforts.
 - d. Describe the specific services you propose to provide and/or expand that will address existing barriers.
 - e. Describe how oral health services for children will be integrated into primary care services and how this data will be captured and reported.
 - f. Describe your strategy to recruit and retain the necessary oral health professionals who reflect and meet the needs of the population to be served and the associated timeline.
 - g. Describe your outreach strategies to ensure targeted population of children will be reached and thereby served.
 - h. Describe the current and/or proposed oral health education you will provide to children and parents/caregivers. Be specific with regard to how and where this education will be provided.
 - i. Describe your proposed plan for referral of children whose oral health needs exceed your scope of services. Please provide specific referral sites.

IV. Project Assessment and Evaluation.

ILCHF and DDILF are committed to evaluation and data collection. While we do not want to increase administrative burden on grantees there are certain indicators which evidence effective service delivery. In order to work toward standardization of data across our grants we seek to understand your capacity to provide data. The inability to provide the delineated indicators below does not alone exclude the applicant from receiving funding.

- a. Describe how you will demonstrate the improved oral health status of the children you serve. (Please include any specific tools or assessments to be used.)
- b. Be specific as to how this data will be captured and reported, including a description of the roles and responsibilities of staff in this process.
- c. Describe your timeline for evaluating the effectiveness and/or outcomes.
- d. Indicate whether you are currently or are planning to track the following indicators:

	Yes	No
<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 billings by age group</i>		
<i>Medicaid treatment codes by age of patient</i>		
<i>Date of establishment of treatment plans</i>		
<i>Treatment plan components</i>		
<i>Date of completion of treatment plans</i>		
<i>Improvement in oral health status</i>		
<i>Oral health education provided</i>		
<i>Impact of oral health education</i>		

Please note: If your project is funded, you will be required to report on available data collection points semi-annually and one year post end of the grant period.

V. Collaboration

Describe any partnerships involved in the proposed project, their specific roles, and the nature of your relationship. If applicable, include other funding sources, service providers, or government agencies.

VI. Sustainability

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

- a. Community buy-in/focus and direction. How will the organization keep the necessary community buy-in aligned to the outcomes of the project?
- b. Human resources/professional excellence. What is the plan to recruit, retain and keep needed professionals to ensure the desired outcomes?
- c. Policies/procedures. What policies/processes will be developed to ensure the program will be adopted by the targeted community?

- d. Financial. How will the program be sustained beyond the funded project term? Include the names of funding sources you will likely approach or that have already been approached.

VII. Prior Funding

If you have received funding from ILCHF and/or DDILF in the past year, please summarize accomplishments and progress to date relating to the project.

VIII. Budget

Complete the Implementation Grant Budget Template include as Attachment A.

- a. Provide a budget narrative to delineate details associated with the Implementation Grant Budget, clarify the calculations leading to the budget numbers and provide details that do not fit within the Implementation Grant Budget Template. Please see Appendix B for instructions regarding the Budget Narrative.

IX. 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.***

A. Budget.

Provide a summary expense and income budget for the project.

B. Letters of Agreement.

A signed letter of understanding from any organization/partner that is integral to the project.

C. Funded Organization Documentation. Please provide the following:

- a. Agency Mission Statement
- b. Agency Board of Directors
- c. IRS Letter of Exemption
- d. Most recent Form 990 and AG-IL 990
- e. Most recent audited financial statements
- f. The name, telephone number and email address of the contact for this proposal.
- g. Officers Certification

TECHNICAL ASSISTANCE/QUESTIONS

Questions should be directed to Illinois Children's Healthcare Foundation located at:

Illinois Children's Healthcare Foundation
1200 Jorie Boulevard, Suite 301
Oakbrook, IL 60523
Phone: 630.571.2555
Fax: 630.571.2566
www.ilchf.org

Main contact of ILCHF's Oral Health Initiative:

Bob Egan, Senior Program Officer, ext. 16
bobegan@ilchf.org

Other staff at the Foundation who may be contacted:

Nedrae Hunt, Foundation Administrative Manager, ext. 10
nedraehunt@ilchf.org

APPENDIX A – Dental/Medical Integration Initiative for Children Budget Template and Instructions

Budget Template Instructions

- i. Do not add any new lines or columns to the Budget Template. Doing so will cause the formulas to malfunction.
- ii. ILCHF & DDILF seek 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 requested grant funds note that in Column C “Other” and then describe that support in the Budget Narrative section of the RFP.
- iii. 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.
- iv. If there are insufficient lines under Other Direct Costs, use “Other Expenses” as a catch-all and detail its components in the Budget Narrative.
- v. If there are insufficient lines under Purchased Services, use “Other” as a catch all and detail its components in the Budget Narrative.
- vi. This funding opportunity does not use an indirect cost based upon a percentage of the project as the means to pay indirect costs. However, costs will be considered 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 and DDILF 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 and DDILF.
- The Project Budget has four functional categories: Program Staff, Other Direct Costs, Purchased Services and Overhead/Indirect Costs (not otherwise accounted for).

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. Organization Leader: details delineated
- b. Project Director: details delineated
- c. Project Staff/Other Staff – 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.

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

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
 1. Example
 2. 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 and DDILF.

4. OVERHEAD/INDIRECT COSTS (not otherwise accounted for)

Do not use an indirect costs based upon a percentage of the project as the means to pay indirect costs. However, costs will be considered covering specifically delineated overhead or indirect costs not otherwise accounted for.