

Application Points to Please Remember:

1. The application cover sheet should specifically indicate the geographic area to be served including the DHS Region number.
2. Hand-delivered applications will be accepted at the address posted in the RSP. Please note that this address is not that of Chicago Read Mental Health Center proper, but that DMH C&A Services is in a separate building on the Chicago-Read campus. Hand-delivered applications must be delivered to our offices, and not the main building of Chicago-Read. Any hand-delivered, or vendor-service delivered applications must still comply with the time deadline given, and any errors in delivery are not the responsibility of DMH.

Questions from the Bidders' Conference:

1. How is this program related to other ICMHP collaborative grants funded through DMH?
 - A. These grants are an extension and improvement of those. Through this grant we are formalizing the 3-tier mental health-focused public health model implied in earlier grants.
2. Can current Early Intervention awardees apply?
 - A. No, if you currently have a contract for an early intervention program, you are not eligible to apply. If you are a former recipient and have evidence of a successful program, you may apply. In applying, you must clearly demonstrate that your proposed program utilizes a model that has evidence of being effective with successful outcomes for the population to be served.
3. Does this RSP include ICG Providers?
 - A. Yes, if the provider can demonstrate meeting the eligible applicant requirements stated in the RSP.
4. Can we specify an age group to be served?
 - A. If you indicate an age group like "older adolescents," you need to be more specific. Applicant must clearly define the population and specific characteristics that put the population at-risk; e.g. a certain age-group residing in a high crime and impoverished area that place the youth at-risk of gang involvement.
5. How many agencies will be awarded grants?
 - A. This will be based on the number of proposals we receive as well as the proposed budget amounts of the successful applicants.
6. Do you prefer a specific geographical area?
 - A. We will consider each specific proposal. We expect that the proposed budget will reflect an entire area to be served.

7. Are we obligated to choose from one of the EBP resources that you have listed in the application?
 - A. Helpful resources are provided in the Appendix. We will consider any intervention program you provide, if you also provide evidence-based outcomes. This would include programs with documented local evidence of successful outcomes.
8. Will there be any codes for Medicaid billing of prevention and early intervention services?
 - A. No codes are available at this time. Therefore, we are not expecting that services provided at Tier 1 and 2 would be Medicaid billable. We are expecting that providers keep a record of Tier 1 and 2 services provided, and we will provide further instructions to successful applicants regarding how this will be done.
9. Is it expected that the agency not charge consumers for services?
 - A. We do not expect consumers to pay for any services related to the program; grant funds should cover cost for all consumers.
10. Can SASS providers apply?
 - A. Yes, if they have a current contract with DMH and satisfy the other applicant requirements in the RSP.
11. Explain braided funding.
 - A. You may have a situation where a community partner is willing to contribute funding to your proposed program, or services proposed in your application are currently provided at a minimal level by a community partner and funding from this grant will be combined with the partner's funds to bring services/program to scale. Another example of a community partner contributing funds could be one in which an after-school program pays for the applicant program to provide peer anger coping group treatments in their after-school program, thereby combining resources to serve a certain at-risk population.
12. Is cost sharing required?
 - A. No, it is required but this would contribute positively to a proposal. Cost sharing demonstrates a level of community collaboration that can be helpful.
13. Are Indirect costs allowed?
 - A. No, they are not; this includes administrative costs.
14. If we incur charges associated with occupancy can we bill the grant?
 - A. We prefer that you to use a natural setting. We prefer to see cost associated with rental space, if any, in natural settings. Furthermore, we'd prefer beyond that to see a community partner contribute natural settings space to the program, such as a library allowing the program to use their conference space free of charge.

15. Will there be a percentage of grants awarded to the Chicago area or per DHS region? If so, how will grants be awarded across the state?
- A. We have not made a pre-determined plan on disbursing awards per DHS region. Our plan is that awards will be based on the best proposals.
16. Does the Tier I population served suggest we can provide services to adults without the child being present, and does the child have to be present?
- A. Yes, you may provide services to adults (i.e. teachers, parents, caregivers) relevant to the targeted children or youth. Some instances in which the child does not have to be present (i.e. parenting classes) depends on what intervention is being conducted. It is expected that such services would also be complimentary and interrelated to those provided to the target population of children. Remember that Tier 1 and Tier 2 services at this point are usually not Medicaid eligible services, which typically do require that a parent is present in order to provide a billable intervention.
17. Do all clients have to be Medicaid-eligible or Medicaid-covered under Tier 3?
- A. No, they do not. However, we expect that providers will assist Medicaid eligible consumers to complete and submit application for Medicaid coverage.
18. In Tier 3, can we provide services that are not Medicaid billable?
- A. Yes, but you must demonstrate that they are evidence-based services within the service model that you select.
19. Are there a certain number of clients you anticipate will receive Tier 3 services?
- A. No, we do not have an anticipated number. We expect applicants to clearly describe the basis for their number served projection. Literature on children and youth at-risk of mental illness indicate that the number of at-risk children who will need Tier 3 services is contingent upon a number of variables.
20. If we have met or anticipate meeting our Medicaid capacity through other billing activities, can we still apply for this RSP?
- A. It is not our goal to use this program to expand your 120 services program. Your application will be considered based on whether eligibility and service goals stipulations stated in the RSP are demonstrated. We will also work individually with successful applicants if any situations arise from this program which impact their other services provided under their DMH contracts.
21. May we subcontract with other agencies that are not DHS providers?
- A. Yes. We encourage this. But please refer to and adhere to your DHS contract requirements regarding subcontractors.
22. What is the resource for funding this program?
- A. The source of funding for this program is General Revenue Funds.

23. If we are in a university setting and work through a contract's office, do we need to still provide a letter from the Board of Directors of the university?
- A. In this situation, please note your specific situation in your application; what we want to see in each case is agency, and in this case, university, administrative support for the program to insure that you are able to fully participate in all that is required by DMH.

Questions received before or after the bidders' conference:

24. We are a provider with sites at various locations throughout the state. Is it permissible for us to apply for more than one geographic area?
- A. You may apply for more than one geographic area if you have a service site in that area; however, you may not apply for more than one area within a DHS region.
25. Is this RSP the same as the "Urban Systems of Care" Program?
- A. Think of this RSP as building upon that Urban Systems of Care Program, which DMH initiated around 10 years ago. At that time of creation of that program, mental health evidence base had not advanced to the point where it is presently; we have built on lessons learned from Urban Systems of Care. Furthermore, this RSP makes it possible for other areas in the state to apply for these types of funds for prevention and early intervention; the Urban Systems of Care program targeted at risk children and families in urban housing developments.
26. If your agency is currently receiving another grant, such as the Transitions Program, that is through DMH funding and ICMHP collaboration, can you apply for this RSP?
- A. Yes; If this is the case, the applicant must also demonstrate that their application program will target another specific population at risk, and not be used to simply expand their other program, such as their Transitions program.