

## CHILD & ADOLESCENT HEALTH CENTER FY15 COMPETITIVE APPLICATION RUBRIC

**APPLICANT NAME:** \_\_\_\_\_

**HEALTH CENTER NAME:** \_\_\_\_\_

**REVIEWER CODE:** \_\_\_\_\_

### PART A: APPLICATION COVER SHEET

- Health center model: clinical or alternative clinical (circle)
- School-Based (elementary centers MUST be school-based)
- School-Linked
- Service area identified: \_\_\_\_\_
- Target population: Children ages 5-10, Youth 10-21 or Both (circle)
- Projected minimum unduplicated user number:
- Total children/youth in service area:
- Enrollment at school where health center proposed (school-based centers):

**REQUIRED** \_\_\_\_\_(✓)

### ASSURANCES AND CERTIFICATIONS

- The cover sheet includes assurances of compliance with all applicable Federal and state laws and regulations prohibiting discrimination.
- The cover sheet includes assurances that family planning drugs and/or devices will not be prescribed, dispensed or distributed on school property (if school based health center) and also provides assurances that abortion counseling, services, and referrals will not occur as part of services offered (applicable to both school based and school linked health centers).
- The cover sheet includes assurances of compliance with all requirements and regulations of MDCH and MDE.

**REQUIRED** \_\_\_\_\_(✓)

**REQUIRED** \_\_\_\_\_(✓)

**REQUIRED** \_\_\_\_\_(✓)

### Planning Phase Timeline/Activities

- Required table format has been followed.

**REQUIRED** \_\_\_\_\_(✓)

PART C- GRANT PROGRAM DETAILS 2. PROJECT ABSTRACT/SUMMARY			TOTAL 10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> The project abstract/summary must be <u>two or less</u> single-spaced pages in length. Do NOT read or score any summary narrative that exceeds two pages.			N/A
<input type="checkbox"/> There is a <u>clear and thorough</u> summary of the proposal that includes <u>all six</u> of the following areas: (10 pts)  ____ a history of administering programming for this type of application ____ a statement of need for the proposed health center that lists the target area/population the center will serve, and the number of unduplicated children or youth expected to be reached in the first year of funding ____ a summary of the major program goals and expected outcomes ____ a description of the proposed programming, including a description of where services will be provided ____ identification of the total amount of local resources that will be applied to the project and how they will be used ____ key people involved in the project are highlighted	<input type="checkbox"/> There is a <u>somewhat clear or incomplete</u> summary of the proposal that includes <u>four to five</u> of the following areas: (3-8 pts)  ____ a history of administering programming for this type of application ____ a statement of need for the proposed health center that lists the target area/population the center will serve, and the number of unduplicated children or youth expected to be reached in the first year of funding ____ a summary of the major program goals and expected outcomes ____ a description of the proposed programming, including a description of where services will be provided ____ identification of the total amount of local resources that will be applied to the project and how they will be used ____ key people involved in the project are highlighted	<input type="checkbox"/> There is <u>no</u> summary of the proposal, the proposal exceeds the required two pages, OR the summary includes <u>three or less</u> of the following areas: (0 pts)  ____ a history of administering programming for this type of application ____ a statement of need for the proposed health center that lists the target area/population the center will serve, and the number of unduplicated children or youth expected to be reached in the first year of funding ____ a summary of the major program goals and expected outcomes ____ a description of the proposed programming, including a description of where services will be provided ____ identification of the total amount of local resources that will be applied to the project and how they will be used ____ key people involved in the project are highlighted	_____ / 10
<b>COMMENTS:</b>     			_____ / 10

PART C- GRANT PROGRAM DETAILS 3. ASSESSMENT OF NEED			TOTAL 60 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 3a. Provides descriptive and demographic information of the service area for <u>all four</u> of the following: (6 pts)  _____service area description _____other agencies providing similar services as those proposed _____data on estimated need/demand for the proposed services _____description of other unusual factors affecting the need for the proposed services  <input type="checkbox"/> The need for services is <u>clearly</u> evident. (14 pts)	<input type="checkbox"/> Provides descriptive and demographic information of the service area for <u>two or three</u> of the following: (3-5 pts)  _____service area description _____other agencies providing similar services as those proposed _____data on estimated need/demand for the proposed services _____description of other unusual factors affecting the need for the proposed services  <input type="checkbox"/> There is <u>limited</u> evidence of the need for services. (3-10 pts)	<input type="checkbox"/> Provides descriptive and demographic information of the service area for <u>one or none</u> of the following: (0 pts)  _____service area description _____other agencies providing similar services as those proposed _____data on estimated need/demand for the proposed services _____description of other unusual factors affecting the need for the proposed services  <input type="checkbox"/> There is <u>little or no</u> evidence of the need for services. (0 pts)	_____ / 20
<input type="checkbox"/> 3b. The characteristics of the target population are <u>clearly</u> described, including: (6 pts)  _____size _____*age (5-10 OR 10-21) _____economic status (including the number of youth receiving free or reduced lunch at a minimum) _____gender and racial composition  <input type="checkbox"/> The results <u>clearly show a strong need</u> for services among the target population: (14 pts)  *Applicants were strongly encouraged to focus on one age group. If applicant has selected to serve both age groups, they MUST provide a detailed explanation of how acceptable and accessible teen-friendly services will be provided to adolescents. Factor this discussion into your score.	<input type="checkbox"/> There is a <u>limited</u> description of the characteristics of the target population, including: (3-5 pts)  _____size _____*age (5-10 OR 10-21) _____economic status (including the number of youth receiving free or reduced lunch at a minimum) _____gender and racial composition  <input type="checkbox"/> The results <u>somewhat</u> support the need for services among the target population: (3-10 pts)  *Applicants were strongly encouraged to focus on one age group. If applicant has selected to serve both age groups, they MUST provide a detailed explanation of how acceptable and accessible teen-friendly services will be provided to adolescents. Factor this discussion into your score.	<input type="checkbox"/> The characteristics of the target population are <u>not</u> described: (0 pts)  <input type="checkbox"/> The results <u>do not</u> support the need for services among the target population: (0 pts)	_____ / 20   (Continued on next page)

<b>PART C- GRANT PROGRAM DETAILS</b> <b>3. ASSESSMENT OF NEED</b>			<b>TOTAL</b> <b>60 POINTS</b>  (CONTINUED FROM PREVIOUS PAGE)
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 3c. Results of a health survey conducted in the previous three years (to assess the target population's health needs and to identify health status and level of risk-taking behavior) are <u>included and are complete</u> : (6 pts)  <input type="checkbox"/> There is <u>clear</u> evidence of high need and risk taking behaviors of the target population. (14 pts)	<input type="checkbox"/> Results of a health survey conducted in the previous three years (to assess the target population's health needs and to identify health status and level of risk-taking behavior) are <u>included but are somewhat incomplete</u> : (3-5 pts).  <input type="checkbox"/> There is <u>limited</u> evidence of high need and risk taking behaviors of the target population. (3-10 pts)	<input type="checkbox"/> Results of a health survey conducted in the previous three years (to assess the target population's health needs and to identify health status and level of risk-taking behavior) are <u>not included or are incomplete</u> : (0 pts).  <input type="checkbox"/> There is <u>little or no</u> evidence of high need and risk taking behaviors of the target population. (0 pts)	_____ / 20
<input type="checkbox"/> 3d. Provides current letters of need that clearly document the lack of services from <u>at least three of the following local agencies</u> :  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           Community Mental Health (CMH) Health Department School Board Hospital         </div> <div style="width: 30%;">           Department of Human Services (DHS) Board of Health School Superintendent Federally Qualified Health Center (FQHC)         </div> <div style="width: 30%;">           Bureau of Substance Abuse Services (BSAS) County Board of Commissioners Intermediate School District Superintendent Mayor's office         </div> </div> <input type="checkbox"/> Please CHECK HERE ONLY <u>if the applicant did NOT provide current letters of need/lack of services from at least three of the required agencies</u> .			<b>N/A</b>
<b>COMMENTS:</b>          			_____ / 60

PART C- GRANT PROGRAM DETAILS 4. SPONSORING AGENCY EXPERIENCE			TOTAL 30 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 4a. Provides <u>clear</u> evidence of the historical commitment to initiatives similar to the proposed program as well as its support for school based/school-linked health services for the child and/or adolescent population targeted with this proposal: (10 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the historical commitment to initiatives similar to the proposed program as well as its support for school based/school-linked health services for the child and/or adolescent population targeted with this proposal: (3-7 pts)	<input type="checkbox"/> Provides <u>little or no</u> evidence of the historical commitment to initiatives similar to the proposed program as well as its support for school based/school-linked health services for the child and/or adolescent population targeted with this proposal: (0 pts)	_____ / 10
<input type="checkbox"/> 4b. Provides <u>clear</u> evidence of the organization's ability to provide the proposed services, accomplish the proposed work plan and manage a grant program of similar size and complexity: (15 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the organization's ability to provide the proposed services, accomplish the proposed work plan and manage a grant program of similar size and complexity: (2-10 pts)	<input type="checkbox"/> Provides <u>little or no</u> evidence of the organization's ability to provide the proposed services, accomplish the proposed work plan and manage a grant program of similar size and complexity: (0 pts)	_____ / 15
<input type="checkbox"/> 4c. Provides a <u>clear</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission: (5 pts)	<input type="checkbox"/> Provides a <u>limited</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission: (2-4 pts)	<input type="checkbox"/> Provides <u>little or no</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission: (0 pts)	_____ / 5
<b>COMMENTS:</b>			_____ / 30

PART C- GRANT PROGRAM DETAILS 5. COMMUNITY COLLABORATION AND SUPPORT			TOTAL 30 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 5a. Provides <u>clear</u> evidence of the available community resources, which will help sustain the proposed health center (hard match/cash or in-kind/donated services): (15 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the available community resources, which will help sustain the proposed health center (hard match/cash or in-kind/donated services): (2-10 pts)	<input type="checkbox"/> Provides <u>no</u> evidence of the available community resources, which will help sustain the proposed health center (hard match/cash or in-kind/donated services): (0 pts)	_____ / 15
<input type="checkbox"/> 5b. Provides a <u>complete</u> listing of collaborative and referral arrangements which will be utilized by the health center. Includes at a minimum other programs that provide similar or related services to the target population and how the proposed health center will interact with organizations (e.g., refer clients to and from) without duplicating efforts: (15 pts)	<input type="checkbox"/> Provides a <u>limited or partial</u> listing of collaborative and referral arrangements which will be utilized by the health center. Includes at a minimum other programs that provide similar or related services to the target population and how the proposed health center will interact with organizations (e.g., refer clients to and from) without duplicating efforts: (2-10 pts)	<input type="checkbox"/> Provides <u>no</u> list of collaborative and referral arrangements which will be utilized by the health center. Does <u>not</u> include other programs that provide similar or related services to the target population and does <u>not</u> address how the proposed health center will interact with organizations (e.g., refer clients to and from) without duplicating efforts: (0 pts)	_____ / 15
<b>COMMENTS:</b>			_____ / 30

<b>PART C- GRANT PROGRAM DETAILS</b> <b>6. ADVISORY COMMITTEE STRUCTURE, MEMBERSHIP, AND ACTIVITY</b> USE MINIMUM PROGRAM REQUIREMENTS #13 IN ATTACHMENT E FOR BOTH ELEMENTARY AND ADOLESCENT CENTERS TO ASSIST IN THIS SECTION.			<b>TOTAL 25 POINTS</b>
<b>FULL POINTS</b>	<b>PARTIAL POINTS</b>	<b>NO POINTS</b>	
<input type="checkbox"/> 6a. Provides a <u>clear and comprehensive</u> description of the partners involved, or proposed to be involved, in the planning process <u>and</u> their experience working together to improve the health of children and youth in the service area. (10 points)	<input type="checkbox"/> Provides a <u>limited</u> description of the partners involved, or proposed to be involved, in the planning process <u>and/or</u> their experience working together to improve the health of children and youth in the service area. (3 to 7 points)	<input type="checkbox"/> Provides <u>little or no</u> description of the partners involved, or proposed to be involved, in the planning process <u>or</u> their experience working together to improve the health of children and youth in the service area. (0 points)	_____ / 10
<input type="checkbox"/> Provides a <u>clear</u> description of past or existing collaborative planning efforts in the community that could be coordinated with this planning effort, including a description of any planning activities related to the establishment of a CAHC. (5 points)	<input type="checkbox"/> Provides a <u>limited</u> description of past or existing collaborative planning efforts in the community that could be coordinated with this planning effort, including a description of any planning activities related to the establishment of a CAHC. (1 to 3 points)	<input type="checkbox"/> Provides <u>little or no</u> description of past or existing collaborative planning efforts in the community that could be coordinated with this planning effort, including descriptions of any planning activities related to the establishment of a CAHC. (0 points)	_____ / 5
<input type="checkbox"/> Provides a copy of the existing or potential advisory committee membership roster that meets <u>all</u> requirements (in attachments) and proposed structure of CAC (including composition of membership, frequency of meetings, etc.): (5 points)  _____ Administrators/staff from the school building in which services are proposed (if school based) _____ Two school health program reps _____ Medical service providers from the proposed provider agency _____ Parents _____ Youth of target population (adolescent centers only) _____ Local Public Health Department	<input type="checkbox"/> Provides a copy of the existing or potential advisory committee membership roster that meets <u>some but not all</u> requirements (in attachments) and proposed structure of CAC (including composition of membership, frequency of meetings, etc.) has limited information: (1 to 3 points)  _____ Administrators/staff from the school building in which services are proposed (if school based) _____ Two school health program reps _____ Medical service providers from the proposed provider agency _____ Parents _____ Youth of target population (adolescent centers only) _____ Local Public Health Department	<input type="checkbox"/> <u>No</u> copy of the existing or potential advisory committee membership roster is provided in attachments <u>or</u> roster meets <u>none</u> of the requirements and no structure of CAC is explained: (0 points)  _____ Administrators/staff from the school building in which services are proposed (if school based) _____ Two school health program reps _____ Medical service providers from the proposed provider agency _____ Parents _____ Youth of target population (adolescent centers only) _____ Local Public Health Department	_____ / 5

<input type="checkbox"/> 6b. If providing services to the adolescent population, a <u>comprehensive</u> description of how youth input will occur is provided. For elementary centers, a description of how the health needs of children in the service area will be integrated into the service delivery plan and how parents/guardians will be involved at the center: (5 points)	<input type="checkbox"/> If providing services to the adolescent population, a <u>limited</u> description of how youth input will occur is provided. For elementary centers, a limited description of how the health needs of children in the service area will be integrated into the service delivery plan and how parents/guardians will be involved at the center is provided: (3 points)	<input type="checkbox"/> If providing services to the adolescent population, no description of how youth input will occur is provided. For elementary centers, no description of how the health needs of children in the service area will be integrated into the service delivery plan and how parents/guardians will be involved at the center is provided: (3 points)	<p>_____/5</p>
<input type="checkbox"/> Please CHECK HERE ONLY if the applicant <b>did</b> provide policies and procedures (parental consent; request for medical records and release of information; access/consent to confidential services for minors; and disclosure by clients of abuse and/or neglect). It is not required.			<p><b>N/A</b></p>
<p><b>COMMENTS:</b></p>			<p>_____/ 25</p>

<b>PART C- GRANT PROGRAM DETAILS</b>			<b>TOTAL 25 POINTS</b>
<b>7. ORGANIZATIONAL STRUCTURE</b>			
USE MINIMUM PROGRAM REQUIREMENTS IN ATTACHMENT E FOR BOTH ELEMENTARY AND ADOLESCENT CENTERS TO ASSIST IN THIS SECTION.			
<b>FULL POINTS</b>	<b>PARTIAL POINTS</b>	<b>NO POINTS</b>	
<input type="checkbox"/> 7a. Provides a <u>clear</u> description of the administrative and organizational structure within which the health center and advisory committee will function: (4 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the administrative and organizational structure within which the health center and the advisory committee will function: (1-3 pts)	<input type="checkbox"/> Provides <u>little or no</u> description of the administrative and organizational structure within which the health center and the advisory committee will function: (0 pts)	_____ / 4
<input type="checkbox"/> 7b. An organizational chart is included as an attachment depicting <u>all</u> structures as outlined, including advisory committee, fiduciary, program coordinator, Medical Director, proposed subcontractors (if applicable), and all program personnel: (3 pts)	<input type="checkbox"/> An organizational chart is included as an attachment <u>partially</u> depicting all structures as outlined, including advisory committee, fiduciary, program coordinator, Medical Director, proposed subcontractors (if applicable), and all program personnel: (1-2 pts)	<input type="checkbox"/> No organizational chart is included in the attachments: (0 pts)	_____ / 3
<input type="checkbox"/> *7c. Provides a <u>complete</u> description of the number of staff who will provide the proposed services: (3 pts) <input type="checkbox"/> 7d. Includes <u>complete</u> job descriptions or vitas of the personnel who will play key roles in the administration of the health center and delivery of services: (5 pts) <input type="checkbox"/> 7e. The necessary skills and qualifications <u>are appropriate</u> to the model/services being proposed: (5 pts)	<input type="checkbox"/> *Provides a <u>limited</u> description of the number of staff who will provide the proposed services: (1-2 pts) <input type="checkbox"/> Includes <u>limited</u> job descriptions or vitas of the personnel who will play key roles in the administration of the health center and delivery of services: (1-3 pts) <input type="checkbox"/> The necessary skills and qualifications are <u>somewhat appropriate</u> to the model/services being proposed: (1-3 pts)	<input type="checkbox"/> *Provides <u>little or no</u> description of the number of staff who will provide the proposed services: (0 pts) <input type="checkbox"/> Includes <u>little or no</u> job descriptions or vitas of the personnel who will play key roles in the administration of the health center and delivery of services: (0 pts) <input type="checkbox"/> The necessary skills and qualifications are <u>not appropriate</u> to the model/services being proposed: (0 pts)	_____ / 13
<p><b>*NOTE:</b> Clinical Adolescent and Elementary health centers must have a nurse practitioner, physician, or physician assistant staffing the clinic a minimum of 30 hours per week, five days per week; Alternative Centers must have clinical staffing a minimum of 24 hours per week, three days per week. Center must also be staffed with a licensed Masters Level mental health provider (0.5 FTE/20 hours for clinical sites, 0.3FTE/12 hours for alternative clinical).</p>	<p><b>*NOTE:</b> Clinical Adolescent and Elementary health centers must have a nurse practitioner, physician, or physician assistant staffing the clinic a minimum of 30 hours per week, five days per week; Alternative Centers must have clinical staffing a minimum of 24 hours per week, three days per week. Center must also be staffed with a licensed Masters Level mental health provider (0.5 FTE/20 hours for clinical sites, 0.3FTE/12 hours for alternative clinical).</p>	<p><b>*NOTE:</b> Clinical Adolescent and Elementary health centers must have a nurse practitioner, physician, or physician assistant staffing the clinic a minimum of 30 hours per week, five days per week; Alternative Centers must have clinical staffing a minimum of 24 hours per week, three days per week. Center must also be staffed with a licensed Masters Level mental health provider (0.5 FTE/20 hours for clinical sites, 0.3FTE/12 hours for alternative clinical).</p>	<b>(Continued on next page)</b>



<b>PART C- GRANT PROGRAM DETAILS</b> <b>8. Planning Timeline</b> THE Timeline MUST FOLLOW THE REQUIRED FORMAT IN ATTACHMENT F			TOTAL 50 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<p><input type="checkbox"/> Provides a <u>clear and comprehensive</u> work plan that describes plans and activities for reaching, at a minimum, each of the six required objectives. <b>(7 points maximum for each objective for total of 42 points maximum)</b></p> <p><b>To receive full points, each objective should include:</b> 1) clear description of key activities to accomplish objective; 2) projected date of completion; and 3) person(s) responsible for completion.</p> <p>____ By Oct 30, a Community Advisory Council will be formed or designated.</p> <p>____ By Nov 30, the location of the CAHC will be finalized, with a detailed plan and timeline for construction and renovation, including anticipated costs, along with a financial plan with sources secured for construction.</p> <p>____ By Dec 30, a comprehensive service delivery plan that is responsive to the both the minimum program requirements and the health needs of the target population will be developed and approved by the CAC.</p> <p>____ By Dec 30, a finalized staffing plan with a timeline for hiring new staff will be submitted.</p> <p>____ By February 28, sample policies and procedures for administration and clinic operations will be submitted.</p> <p>____ By March 30, a 6-month Goal Attainment Scaling (GAS) work plan detailing the clinical services offered at the CAHC for the period of April 1-Sept 30, 2015 will be submitted.</p>	<p><input type="checkbox"/> Provides a <u>limited</u> work plan for reaching <u>the six required objectives or claims completion of one or more objectives with insufficient documentation/evidence to support claim.</u> <b>(1 to 4 points maximum for each objective for total of 32 points maximum)</b></p> <p>____ By Oct 30, a Community Advisory Council will be formed or designated.</p> <p>____ By Nov 30, the location of the CAHC will be finalized, with a detailed plan and timeline for construction and renovation, including anticipated costs, along with a financial plan with sources secured for construction.</p> <p>____ By Dec 30, a comprehensive service delivery plan that is responsive to the both the minimum program requirements and the health needs of the target population will be developed and approved by the CAC.</p> <p>____ By Dec 30, a finalized staffing plan with a timeline for hiring new staff will be submitted.</p> <p>____ By February 28, sample policies and procedures for administration and clinic operations will be submitted.</p> <p>____ By March 30, a 6-month Goal Attainment Scaling (GAS) work plan detailing the clinical services offered at the CAHC for the period of April 1-Sept 30, 2015 will be submitted.</p>	<p><input type="checkbox"/> Provides <u>little or no work plan, missing significant information, does not include six required objectives or claims completion of one or more objectives without sufficient documentation/evidence to support claim.</u> <b>(0 points)</b></p> <p>____ By Oct 30, a Community Advisory Council will be formed or designated.</p> <p>____ By Nov 30, the location of the CAHC will be finalized, with a detailed plan and timeline for construction and renovation, including anticipated costs, along with a financial plan with sources secured for construction.</p> <p>____ By Dec 30, a comprehensive service delivery plan that is responsive to the both the minimum program requirements and the health needs of the target population will be developed and approved by the CAC.</p> <p>____ By Dec 30, a finalized staffing plan with a timeline for hiring new staff will be submitted.</p> <p>____ By February 28, sample policies and procedures for administration and clinic operations will be submitted.</p> <p>____ By March 30, a 6-month Goal Attainment Scaling (GAS) work plan detailing the clinical services offered at the CAHC for the period of April 1-Sept 30, 2015 will be submitted.</p>	<p>_____ / 42</p>

<p><b>NOTE:</b> If one or more objectives are <u>already met, a complete description and documentation or evidence</u> must be included in attachments.</p>	<p><b>NOTE:</b> If one or more objectives are <u>already met, a complete description and documentation or evidence</u> must be included in attachments.</p>	<p><b>NOTE:</b> If one or more objectives are <u>already met, a complete description and documentation or evidence</u> must be included in attachments.</p>	
<p><input type="checkbox"/> The overall work plan activities are <u>relevant to the stated objectives</u> and will <u>likely</u> result in accomplishing the objectives in the timeline set forth in the planning period. (8 points)</p>	<p><input type="checkbox"/> The overall work plan activities are <u>somewhat relevant to the stated objectives</u> and <u>may</u> result in accomplishing the objectives in the timeline set forth in the planning period. (2 -5 points)</p>	<p><input type="checkbox"/> The overall work plan activities are <u>not relevant to the stated objectives</u> and are <u>not likely</u> to result in accomplishing the objectives in the timeline set forth in the planning period. (0 points)</p>	<p>_____ / 8</p>
<p><b>COMMENTS :</b></p>			<p>_____/50</p>

<b>PART C- GRANT PROGRAM DETAILS</b> <b>9. SERVICE PLAN NARRATIVE</b>			<b>TOTAL 45 POINTS</b>
<b>FULL POINTS</b>	<b>PARTIAL POINTS</b>	<b>NO POINTS</b>	
<p><input type="checkbox"/> 9a-g. Provides a <u>detailed</u> plan of how the following will be included/provided by the applicant: (30 pts)</p> <p>____description of services provided            ____description of case finding system            ____description of the referral system and follow-up procedures            ____hours of operation and arrangements for 24/7 after-hours coverage*            ____number of unduplicated children or youth to be served in the course of the fiscal year (a minimum of <u>500</u> unduplicated users must be proposed for adolescent centers; 350 for elementary centers; 200 for alternative centers)            _____Number of Users Proposed            ____where and how services will be provided; if the selected site is a location other than school property, justify accessibility of the site for target population (if the selected site is on school property, a copy of a signed letter of commitment from 1) school building administration and 2) local school district for the CAHC <u>must be included</u>).</p> <p>____two commitment letters demonstrate collaboration in determining health center location, needs assessment, parental consent policy and services for school based sites            ____description of proposed location, including any renovation/construction that is needed to ensure space has a minimum of two exam rooms, lab space, waiting room, private office and accessible bathroom.</p> <p><small>*Minimum of 30 hours/week for clinical centers; 24 hours/week for alternative centers; all centers must be open year-round.</small></p>	<p><input type="checkbox"/> Provides a <u>limited</u> plan of how the following will be included/provided by the applicant: (5-25 pts)</p> <p>____description of services provided            ____description of case finding system            ____description of the referral system and follow-up procedures            ____hours of operation and arrangements for 24/7 after-hours coverage*            ____number of unduplicated children or youth to be served in the course of the fiscal year (a minimum of <u>500</u> unduplicated users must be proposed for adolescent centers; 350 for elementary centers; 200 for alternative centers)            _____Number of Users Proposed            ____where and how services will be provided; if the selected site is a location other than school property, justify accessibility of the site for target population (if the selected site is on school property, a copy of a signed letter of commitment from 1) school building administration and 2) local school district for the CAHC <u>must be included</u>).</p> <p>____two commitment letters demonstrate collaboration in determining health center location, needs assessment, parental consent policy and services for school based sites            ____description of proposed location, including any renovation/construction that is needed to ensure space has a minimum of two exam rooms, lab space, waiting room, private office and accessible bathroom.</p> <p><small>*Minimum of 30 hours/week for clinical centers; 24 hours/week for alternative centers; all centers must be open year-round.</small></p>	<p><input type="checkbox"/> Provides <u>little or no</u> plan of how the following will be included/provided by the applicant: (0 pts)</p> <p>____description of services provided            ____description of case finding system            ____description of the referral system and follow-up procedures            ____hours of operation and arrangements for 24/7 after-hours coverage*            ____number of unduplicated children or youth to be served in the course of the fiscal year (a minimum of <u>500</u> unduplicated users must be proposed for adolescent centers; 350 for elementary centers; 200 for alternative centers)            _____Number of Users Proposed            ____where and how services will be provided; if the selected site is a location other than school property, justify accessibility of the site for target population (if the selected site is on school property, a copy of a signed letter of commitment from 1) school building administration and 2) local school district for the CAHC <u>must be included</u>).</p> <p>____two commitment letters demonstrate collaboration in determining health center location, needs assessment, parental consent policy and services for school based sites            ____description of proposed location, including any renovation/construction that is needed to ensure space has a minimum of two exam rooms, lab space, waiting room, private office and accessible bathroom.</p> <p><small>*Minimum of 30 hours/week for clinical centers; 24 hours/week for alternative centers; all centers must be open year-round.</small></p>	<p>_____ / 30</p> <p><b>(CONTINUED ON NEXT PAGE)</b></p>

<b>PART C- GRANT PROGRAM DETAILS</b> <b>9. SERVICE PLAN NARRATIVE CONTINUED</b>			<b>TOTAL</b> <b>45 POINTS</b> <b>(CONTINUED FROM</b> <b>PREVIOUS PAGE)</b>
<b>FULL POINTS</b>	<b>PARTIAL POINTS</b>	<b>NO POINTS</b>	
<p>There is <u>strong</u> evidence that the service plan will likely result in effective programming for the needs of the target population. Strong and clear evidence that the health needs of children and adolescents in the designated service area will be integrated into the centers service delivery plan. If the applicant proposes providing services to both the 5-10 and 10-21 year old age groups, the justification for how providing services to young children will not pose as a barrier to care for adolescents <u>must be compelling</u>. (15 pts)</p>	<p>There is <u>limited</u> evidence that the service plan will likely result in effective programming for the needs of the target population. Limited evidence that the health needs of children and adolescents in the designated service area will be integrated into the centers service delivery plan. If the applicant proposes providing services to both the 5-10 and 10-21 year old age groups, the justification for how providing services to young children will not pose as a barrier to care for adolescents must be compelling. (5-10 pts)</p>	<p>There is <u>little or no</u> evidence that the service plan will result in effective programming for the needs of the target population. No evidence that the health needs of children and adolescents in the designated service area will be integrated into the centers service delivery plan. If the applicant proposes providing services to both the 5-10 and 10-21 year old age groups, the justification for how providing services to young children will not pose as a barrier to care for adolescents must be compelling. (0 pts)</p>	<p>_____ / 15</p>
<p><b>COMMENTS:</b></p>			<p>_____ / 45</p>

<b>Part C- GRANT PROGRAM DETAILS</b>			<b>TOTAL</b>
<b>10. Medicaid Outreach Plan</b>			<b>10 POINTS</b>
<input type="checkbox"/> 10. Provides a clear 6 month plan with proposed activities to conduct Medicaid Outreach. Proposed activities are <u>thoroughly described, and relevant to the stated objectives:</u> (10 pts)	<input type="checkbox"/> Provides a <u>limited</u> 6 month plan with proposed activities to conduct Medicaid Outreach. Proposed activities are <u>thoroughly described, and relevant to the stated objectives:</u> (3-7 pts)	<input type="checkbox"/> Provides <u>no</u> 6 month plan with proposed activities to conduct Medicaid Outreach. Proposed activities are <u>thoroughly described, and relevant to the stated objectives:</u> (0 pts)	_____ / 10
<b>COMMENTS:</b>          			_____ / 10

**Medicaid Outreach Work Plan Reviewers Note:**

\*Medicaid Outreach areas: 1) Outreach and Public Awareness; 2) Facilitating Medicaid Eligibility Determination; 3) Program Planning, Policy Development and Interagency Coordination Related to Medical Services; 4) Referral, Coordination and Monitoring of Medical Services; and 5) Medicaid-Specific Training on Outreach, Eligibility and Services.



Part D- BUDGET FORMS AND NARRATIVE DETAILS			TOTAL 20 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> D1. A line item budget (including minimum 30% local match) is included on the Budget Summary <u>and</u> Cost Detail Forms for the period October 1, 2011 through September 30, 2012. <u>All line items add up correctly</u> : (5 pts)  <input type="checkbox"/> The budget <u>clearly</u> delineates what state dollars are supporting vs. other sources of funding and only allowable expenses are proposed to be paid for with state funding: (5 pts)  <b>NOTE:</b> Examples of unallowable expenses include, but are not limited to indirect costs, capital expenses, advocacy costs, and grant writers. These costs may be paid for by local funds, which should be clear in both the budget forms <u>and</u> narrative.	N/A	<input type="checkbox"/> A line item budget is either <u>not</u> included, is <u>not included on the correct forms</u> or does <u>not</u> add up correctly: (0 pts)  <input type="checkbox"/> The budget <u>does not clearly delineate</u> what state dollars are supporting vs. other sources of funding and/or unallowable expenses are proposed to be paid for with state funding: (0 pts)  <b>NOTE:</b> Examples of unallowable expenses include, but are not limited to indirect costs, capital expenses, advocacy costs, and grant writers. These costs may be paid for by local funds, which should be clear in both the budget forms <u>and</u> narrative.	_____ / 10
<input type="checkbox"/> D2. Narrative summary <u>justifying each line item</u> of the budget (including match) is provided with a justification for all expenditures: (5 pts)  <input type="checkbox"/> The budget narrative <u>matches</u> the budget forms: (5 pts)	<input type="checkbox"/> Narrative summary justifying the budget (including match) is <u>partially</u> provided (justification missing on some items): (1-3 pts)  <input type="checkbox"/> N/A	<input type="checkbox"/> Narrative summary justifying the budget is <u>not</u> provided or justification provided does not provide reasonable rationale for expenditures: (0 pts)  <input type="checkbox"/> The budget narrative <u>does not match</u> the budget forms: (0 pts)	_____ / 10
COMMENTS:			_____ / 20

Applicant Name: \_\_\_\_\_

Health Center Name: \_\_\_\_\_

<b>Totals from All Sections:</b>	<b>Total Points Possible</b>	<b>Total Points Awarded</b>
Section 2: Project Abstract/Summary	10	
Section 3: Assessment of Need	60	
Section 4: Sponsoring Agency Experience	30	
Section 5: Community Collaboration and Support	30	
Section 6 and 6b: Advisory Committee Structure, Membership and Activity & Youth and Parent Involvement	25	
Section 7: Organizational Structure	25	
Section 8: Planning Timeline	50	
Sections 9: Service Plan Narrative	45	
Section 10: Medicaid Outreach Plan	10	
Section 12: Financial Plan	25	
Part D: Budget Forms	20	
<b>Total Score of Application</b>	<b>330</b>	

Do you recommend this proposal for funding?

Yes

No