

Expanding, Enhancing Emotional Health (E3) Program Competitive Application Rubric

Applicant Name: _____

E3 Site School Name: _____

Reviewer Code: _____

PART A: APPLICATION COVER SHEET

- Service area identified: _____
- Target population: Children ages 5-10, Youth 10-21 or Both (circle)
- Total children/youth in service area:
- Enrollment at school where E3 is proposed

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 at school and also provides assurances that abortion counseling, services, and referrals will not occur as part of services.
- The cover sheet includes assurances of compliance with all requirements and regulations of MDHHS.

REQUIRED _____(✓)

REQUIRED _____(✓)

REQUIRED _____(✓)

PART C- GRANT PROGRAM DETAILS 2. ASSESSMENT OF STRENGTHS			TOTAL 10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 2. There is a <u>clear and thorough</u> description of strengths and assets in school community in which is being proposed (10 pts): <ul style="list-style-type: none"> <input type="checkbox"/> Describes the assets and strengths of the students in the community. <input type="checkbox"/> Positive attributes are described for the school, including students, teachers and parents. <input type="checkbox"/> Describes how strengths or assets will be leveraged to support the work of E3. 	<input type="checkbox"/> 2. There is a <u>somewhat clear or incomplete</u> description of strengths and assets: (3-8 pts): <ul style="list-style-type: none"> <input type="checkbox"/> Somewhat describes the assets and strengths of the students in the community. <input type="checkbox"/> Positive attributes are somewhat described for the school, including students, teachers and parents. <input type="checkbox"/> Somewhat describes how strengths or assets will be leveraged to support the work of E3. 	<input type="checkbox"/> 2. There is little or <u>no</u> description of strengths and assets identified for the school community (0 pts): <ul style="list-style-type: none"> <input type="checkbox"/> Does not thoroughly describe the assets and strengths of the students in the community. <input type="checkbox"/> Positive attributes are not thoroughly described for the school, including students, teachers and parents. <input type="checkbox"/> Does not thoroughly describe how strengths or assets will be leveraged to support the work of E3. 	_____ / 10
COMMENTS:			_____ / 10 Total

PART C- GRANT PROGRAM DETAILS 3. ASSESSMENT OF NEEDS			TOTAL 20 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 3b. The characteristics of the target population are <u>clearly</u> described, including: (5 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Size of the target population. <input type="checkbox"/> Age of the target population <input type="checkbox"/> Economic status of the target population (at a minimum, include number of children or youth in the target population that receive free or reduced-price school lunch, poverty rates, unemployment rates, etc). <input type="checkbox"/> Gender and race/ethnicity of the target population. 	<input type="checkbox"/> 3b. There is a <u>limited</u> description of the characteristics of the target population, including: (1-3 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Size of the target population. <input type="checkbox"/> Age of the target population <input type="checkbox"/> Economic status of the target population (at a minimum, include number of children or youth in the target population that receive free or reduced-price school lunch, poverty rates, unemployment rates, etc). <input type="checkbox"/> Gender and race/ethnicity of the target population. 	<input type="checkbox"/> 3b. The characteristics of the target population are <u>not</u> described: (0 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Size of the target population. <input type="checkbox"/> Age of the target population <input type="checkbox"/> Economic status of the target population (at a minimum, include number of children or youth in the target population that receive free or reduced-price school lunch, poverty rates, unemployment rates, etc). <input type="checkbox"/> Gender and race/ethnicity of the target population. 	<p>_____ / 5</p> <p>(Continued on next page)</p>

PART C- GRANT PROGRAM DETAILS 3. ASSESSMENT OF NEED			TOTAL 20 POINTS												
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 emotional health needs and to identify emotional health status and level of risk-taking behavior) are <u>included and are complete</u> : (5 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> : (1-3 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).	<p>_____ / 5</p>												
<input type="checkbox"/> 3d. Provides current letters of need that clearly document the lack of services from <u>at least two of the following local agencies</u> (5pts): <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;">Community Mental Health (CMH)</td> <td style="width: 33%;">Department of Human Services (DHS)</td> <td style="width: 33%;">LHD Health Officer</td> </tr> <tr> <td>LHD Board of Health</td> <td>County Board of Commissioners</td> <td>City Council</td> </tr> <tr> <td>School Board</td> <td>School Superintendent</td> <td>Intermediate School District Superintendent</td> </tr> <tr> <td>Hospital</td> <td>Federally Qualified Health Center (FQHC)</td> <td>Mayor's office</td> </tr> </table> <input type="checkbox"/> Please CHECK HERE ONLY if the applicant did NOT provide current letters of need that clearly document the lack of services from at least two of the <u>required agencies</u> : (0 pts)			Community Mental Health (CMH)	Department of Human Services (DHS)	LHD Health Officer	LHD Board of Health	County Board of Commissioners	City Council	School Board	School Superintendent	Intermediate School District Superintendent	Hospital	Federally Qualified Health Center (FQHC)	Mayor's office	<p>_____ / 5</p>
Community Mental Health (CMH)	Department of Human Services (DHS)	LHD Health Officer													
LHD Board of Health	County Board of Commissioners	City Council													
School Board	School Superintendent	Intermediate School District Superintendent													
Hospital	Federally Qualified Health Center (FQHC)	Mayor's office													
COMMENTS: 			<p>_____ / 20 Total</p>												

PART C- GRANT PROGRAM DETAILS 4. SPONSORING AGENCY EXPERIENCE			TOTAL 15 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 4a. Provides <u>clear</u> evidence of the successful experiences to initiatives similar to the proposed program and its efforts to support student emotional health: (10 pts)	<input type="checkbox"/> 4a. Provides <u>limited</u> evidence of the successful experiences to initiatives similar to the proposed program and its efforts to support student emotional health: (3-8 pts)	<input type="checkbox"/> 4a. Provides <u>little or no</u> evidence of the successful experiences to initiatives similar to the proposed program and its efforts to support student emotional health: (0 pts)	_____ / 10
<input type="checkbox"/> 4b. Provides a <u>clear</u> summary of present and past services provided and the similarities with what is being proposed: (5 pts)	<input type="checkbox"/> 4b. Provides a <u>limited</u> summary of present and past services provided and the similarities with what is being proposed: (1-3 pts)	<input type="checkbox"/> 4b. Provides <u>little or no</u> summary of present or past services provided and the similarities with what is being proposed: (0 pts)	_____ / 5
COMMENTS: 			_____ / 15 Total

PART C- GRANT PROGRAM DETAILS			TOTAL 5 POINTS
5. ORGANIZATIONAL STRUCTURE			
FULL POINTS	PARTIAL POINTS	NO POINTS	
<p><input type="checkbox"/> 5. Provides a <u>clear</u> description of the administrative and organizational structure within which E3 will function for the following: (5 pts)</p> <ul style="list-style-type: none"> <input type="checkbox"/> An organizational chart is included as an attachment depicting <u>all</u> structures as outlined including fiduciary, program coordinator, proposed subcontractors (if applicable), and all program personnel <input type="checkbox"/> Provides a <u>complete</u> description of the number of staff who will provide the proposed services <input type="checkbox"/> Includes <u>complete</u> job descriptions or vitas of the personnel who will play key roles in the administration of E3 and delivery of services <input type="checkbox"/> The necessary skills and qualifications are <u>appropriate</u> to the model/services being proposed <input type="checkbox"/> Provides a description of how program coordination will occur, including any full-time equivalents (FTEs) dedicated to overseeing and coordinating administrative functions 	<p><input type="checkbox"/> 5. Provides a <u>limited</u> description of the administrative and organizational structure within which E3 will function for the following: (1-3 pts)</p> <ul style="list-style-type: none"> <input type="checkbox"/> An organizational chart is included as an attachment <u>partially</u> depicting all structures as outlined, including fiduciary, program coordinator, proposed subcontractors (if applicable), and all program personnel <input type="checkbox"/> Provides a <u>limited</u> description of the number of staff who will provide the proposed services <input type="checkbox"/> Includes <u>limited</u> job descriptions or vitas of the personnel who will play key roles in the administration of E3 and delivery of services <input type="checkbox"/> The necessary skills and qualifications are <u>somewhat appropriate</u> to the model/services being proposed <input type="checkbox"/> Provides limited description of how program coordination will occur, including any full-time equivalents (FTEs) dedicated to overseeing and coordinating administrative functions. 	<p><input type="checkbox"/> 5. Provides <u>little or no</u> description of the administrative and organizational structure within which E3 will function for the following: (0 pts)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No organizational chart is included in the attachments <input type="checkbox"/> Provides <u>little or no</u> description of the number of staff who will provide the proposed services <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 E3 and delivery of services <input type="checkbox"/> The necessary skills and qualifications are <u>not appropriate</u> to the model/services being proposed <input type="checkbox"/> Provides <u>little or no</u> description of how program coordination will occur, including any full-time equivalents (FTEs) dedicated to overseeing and coordinating administrative functions. 	<p>_____ / 5</p> <p>(Continued on next page)</p>

COMMENTS:

 / 5
Total

PART C- GRANT PROGRAM DETAILS			TOTAL 30 POINTS
6. SERVICE PLAN NARRATIVE			
FULL POINTS	PARTIAL POINTS	NO POINTS	
<p><input type="checkbox"/> 6. Provides a <u>detailed</u> plan of all/each of the following: (30 pts)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6a. Provides a description of the proposed services that will be provided at the E3 site. (review the Minimum Program Requirements included in <i>Attachment D</i>). <input type="checkbox"/> 6b. Describes the system that will be used to identify and recruit clients for services. Includes methods that will be used to engage parents and gain consents for treatment. <input type="checkbox"/> 6c. Describes the internal and external referral process that will be used for services, which includes follow-up procedures. Includes the relationship the applicant has with community partners and the attempts that have been made to meet the needs of the population the applicants are requesting to serve. <input type="checkbox"/> 6d. Describes the proposed hours of operation and arrangements for 24/7 after-hours service. (Reviewer note: Mental Health services must be provided to the population served through the E3 site a minimum of 40 hours per week or be equivalent to full time. <i>Services must be provided year-round, including times when school is not in session</i>). Describe the proposed plan to address year-round services during times of school closure. <input type="checkbox"/> 6e. Indicates the number of unduplicated children and/or youth proposed to be served in the course of the fiscal year. (Reviewer note: A minimum of 50 unduplicated users must be proposed and served for E3 sites). 	<p><input type="checkbox"/> 6. Provides a <u>limited</u> plan of all/each of the following: (5-20 pts)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6a. Provides a limited description of the proposed services that will be provided at the E3 site. (review the Minimum Program Requirements included in <i>Attachment D</i>). <input type="checkbox"/> 6b. Somewhat describes the system that will be used to identify and recruit clients for services, including methods that will be used to engage parents and gain consents for treatment. <input type="checkbox"/> 6c. Somewhat describes the internal and external referral process that will be used for services, which includes follow-up procedures. Include the relationship the applicant has with community partners and the attempts that have been made to meet the needs of the population the applicants are requesting to serve. <input type="checkbox"/> 6d. Somewhat describes the proposed hours of operation and arrangements for 24/7 after-hours service. (Reviewer note: Mental Health services must be provided to the population served through the E3 site a minimum of 40 hours per week or be equivalent to full time. <i>Services must be provided year-round, including times when school is not in session</i>). Somewhat describes the proposed plan to address year-round services during times of school closure. <input type="checkbox"/> 6e. Does not clearly indicate the number of unduplicated children and/or youth proposed to be served in the course of the fiscal year. (Reviewer note: A minimum of 50 unduplicated users must be proposed and served for E3 sites). 	<p><input type="checkbox"/> 6. Provides <u>little or no</u> plan of all/each of the following: (0 pts)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6a. Provides little or no description of the proposed services that will be provided at the E3 site. (review the Minimum Program Requirements included in <i>Attachment D</i>). <input type="checkbox"/> 6b. Describes little or no description of the system that will be used to identify and recruit clients for services, including methods that will be used to engage parents and gain consents for treatment. <input type="checkbox"/> 6c. Provides little or no description of the internal and external referral process that will be used for services, which includes follow-up procedures. Include the relationship the applicant has with community partners and the attempts that have been made to meet the needs of the population the applicants are requesting to serve. <input type="checkbox"/> 6d. Provides little or no description o the proposed hours of operation and arrangements for 24/7 after-hours service. (Reviewer Note: Mental Health services must be provided to the population served through the E3 site a minimum of 40 hours per week or be equivalent to full time. <i>Services must be provided year-round, including times when school is not in session</i>). Provides little or no description of the proposed plan to address year-round services during times of school closure. <input type="checkbox"/> 6e. Does not indicate the number of unduplicated children and/or youth proposed to be served in the course of the fiscal year. (Reviewer note: A minimum of 50 unduplicated users must be proposed and served for E3 sites). 	<p>(Continued on next page)</p>

PART C- GRANT PROGRAM DETAILS			TOTAL
6. SERVICE PLAN NARRATIVE			30 POINTS
CONTINUED			
FULL POINTS	PARTIAL POINTS	NO POINTS	
<ul style="list-style-type: none"> <input type="checkbox"/> 6f. Describes where and how services will be provided. Evidence of a signed letter of commitment for the E3 site from the (1) school building administration and (2) local school district must be included with the proposal. <input type="checkbox"/> 6g. Describes the proposed location within the school building for E3, including any renovation or construction that is needed to ensure this space is fully operational and youth friendly. (Reviewer note: Please note that grant funds cannot be used for construction or architectural costs). <input type="checkbox"/> 6h. Describes the strategy that will be used to integrate a full time Mental Health Provider into the selected school. Include past successful experiences of mental health integration, if applicable. <input type="checkbox"/> 6i. Describes the methods that will be used to differentiate the E3 mental health provider from other like services (example- School Social Worker) in the school environment including the implementation methods used for collaboration between current student support staff and the new E3 provider. (Reviewer note: <i>It's imperative that the funding used for the E3 providers does not supplant existing services in the selected school site</i>). <input type="checkbox"/> 6j. Ensures school readiness for these services to be provided. Provide assurance of administrative and educator support to students to participate and receive the proposed services. Give examples of demonstrated school readiness. 	<ul style="list-style-type: none"> <input type="checkbox"/> 6f. Somewhat describes where and how services will be provided. Signed letter of commitment for the E3 site from the (1) school building administration and (2) local school district must be included with the proposal shows little evidence of commitment. <input type="checkbox"/> 6g. Somewhat describes the proposed location within the school building for E3, including any renovation or construction that is needed to ensure this space is fully operational and youth friendly. (Reviewer note: Please note that grant funds cannot be used for construction or architectural costs). <input type="checkbox"/> 6h. Somewhat describes the strategy that will be used to integrate a full time Mental Health Provider into the selected school, including past successful experiences of mental health integration, if applicable. <input type="checkbox"/> 6i. Somewhat describes the methods that will be used to differentiate the E3 mental health provider from other like services (example- School Social Worker) in the school environment, including the implementation methods used for collaboration between current student support staff and the new E3 provider. (Reviewer note: <i>It's imperative that the funding used for the E3 providers does not supplant existing services in the selected school site</i>). <input type="checkbox"/> 6j. Limited assurance of school readiness for these services to be provided, and/or of administrative and educator support to students to participate and receive the proposed services. 	<ul style="list-style-type: none"> <input type="checkbox"/> 6f. Provides little or no description of where and how services will be provided. No signed letter of commitment for the E3 site from the (1) school building administration and (2) local school district. <input type="checkbox"/> 6g. Provides little or no description of the proposed location within the school building for E3, including any renovation or construction that is needed to ensure this space is fully operational and youth friendly. (Reviewer note: Please note that grant funds cannot be used for construction or architectural costs). <input type="checkbox"/> 6h. Provides little or no description of the strategy that will be used to integrate a full time Mental Health Provider into the selected school and/or of past successful experiences of mental health integration. <input type="checkbox"/> 6i. Provides little or no description of the methods that will be used to differentiate the E3 mental health provider from other like services (example- School Social Worker) in the school environment including the implementation methods used for collaboration between current student support staff and the new E3 provider. (Reviewer note: <i>It's imperative that the funding used for the E3 providers does not supplant existing services in the selected school site</i>). <input type="checkbox"/> 6j. Provides little or no assurance of school readiness for these services to be provided, and/or of administrative and educator support to students to participate and receive the proposed services. No examples of demonstrated school readiness given. 	<p>_____ / 30</p> <p>(Continued on next page)</p>

COMMENTS:

 / 30
Total

PART C- GRANT PROGRAM DETAILS 7. FINANCIAL PLAN			TOTAL 10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 7a. It is <u>likely</u> that the financial plan will be sufficient to support the E3 site but not be excessive: (2 pts) <input type="checkbox"/> 7b. Describes all funding sources that will help support the E3 site, the amount of support, and clearly identifies the distribution of these funds: (1 pt)	N/A	<input type="checkbox"/> 7a. It is <u>not likely</u> that the financial plan will support the E3 site <u>or</u> is excessive: (0 pts) <input type="checkbox"/> 7b. <u>Does not</u> fully describe funding to support the E3 site, the amount of support, and/or does not clearly identify the distribution of these funds: (0 pts)	____ / 3
<input type="checkbox"/> 7c. Provides a <u>clear</u> description of the billing system that will be used to recover appropriate revenues from third-party payers and provides <u>clear assurances</u> that clients will not be denied services for lack of payment: (2 pts)	<input type="checkbox"/> 7c. Provides a <u>limited</u> description of the billing system that will be used to recover appropriate revenues from third-party payers and provides <u>clear assurances</u> that clients will not be denied services for lack of payment: (1 pt)	<input type="checkbox"/> 7c. Provides <u>no</u> description of the billing system that will be used to recover appropriate revenues from third-party payers and provides <u>no clear assurances</u> that clients will not be denied services for lack of payment: (0 pts)	____ / 2
<input type="checkbox"/> 7d. Provides a written assurance E3 funding <u>will not be used to supplant current funding</u> supporting school emotional health services or supplant existing special education services: (3 pts)	<input type="checkbox"/> 7d. Provides a <u>limited</u> written assurance E3 funding <u>will not be used to supplant current funding</u> supporting school emotional health services or supplant existing special education services: (1 pt)	<input type="checkbox"/> 7d. Provides no written assurance E3 funding <u>will not be used to supplant current funding</u> supporting school emotional health services or supplant existing special education services: (0 pts)	____ / 3
<input type="checkbox"/> 7e. Provides a <u>clear</u> description of how the billing and fee collection process will protect client confidentiality, including billing for confidential services to minors: (2 pts)	<input type="checkbox"/> 7e. Provides a <u>limited</u> description of how the billing and fee collection process will protect client confidentiality, including billing for confidential services to minors: (1 pt)	<input type="checkbox"/> 7e. Provides <u>no</u> description of how the billing and fee collection process will protect client confidentiality, including billing for confidential services to minors: (0 pts)	____ / 2
COMMENTS:			____ / 10 Total

Part D- BUDGET FORMS AND NARRATIVE DETAILS			TOTAL 10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> D1. A line item budget is included on the Budget Summary <u>and</u> Cost Detail Forms for the period April 1, 2020-September 30, 2020. <u>All line items add up correctly</u> : (2 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: (3 pts) NOTE: 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"/> D1. 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) NOTE: 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.	<u> </u> / 5
<input type="checkbox"/> D2. Narrative summary <u>justifying each line item</u> of the budget is provided with a justification for all expenditures: (3 pts) <input type="checkbox"/> The budget narrative <u>matches</u> the budget forms: (2 pts)	<input type="checkbox"/> D2. Narrative summary justifying the budget (including match) is <u>partially</u> provided (justification missing on some items): (1 pt) <input type="checkbox"/> N/A	<input type="checkbox"/> D2. 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)	<u> </u> / 5
COMMENTS: 			<u> </u> / 10 Total

Applicant Name: _____

E3 Site School Name: _____

Totals from All Sections:	Total Points Possible	Total Points Awarded
Section 2: Assessment of Strengths	10	
Section 3: Assessment of Need	20	
Section 4: Sponsoring Agency Experience	15	
Section 5: Organizational Structure	5	
Sections 6: Service Plan Narrative	30	
Section 7: Financial Plan	10	
Part D: Budget Forms	10	
Subtotal Score of Application	100	
Bonus Points (Determined internally by MDHHS staff)	3	
Total Score of Application	103	

Do you recommend this proposal for funding?

Yes

No