



# **FY24 NON- COMPETITIVE APPLICATION PROCESS**



# PURPOSE

To provide information to complete the application for continuation funding for the Child and Adolescent Health Center Program for the period October 1, 2023 through September 30, 2024 (FY24).



# WHO APPLIES

## **Current** state-funded

- Child and Adolescent Health Centers
- School Wellness Programs
- Network Projects, including Behavioral Health Services Models

**BOTH MPCA and EGrAMS Grantees** have portions of this application to complete.

**Note:** FY23 EGrAMS Grantees will be exempt from submitting the coversheet and workplan portion of this application.



# THE BASICS

- Release date is May 5, 2023.
- Due date is June 16, 2023.
- Each application must be submitted electronically in one pdf document and saved as “Health Center Name – NCAP-FY24”.
- An authorized official to legally bind the application must sign the application cover letter.
- All EGrAMS Grantees will have an additional component to fill out in the EGrAMS system. Release date is unknown at this time.
- Notice items within the NCAP that are specific to contract home – MPCA vs EGrAMS.
- All documents are available on our website ([www.michigan.gov/cahc](http://www.michigan.gov/cahc))



# WHAT IS INCLUDED IN THE SUBMISSION



COVERSHEET AND  
STAFFING LIST

\*Content applies to all grantees  
(except for FY23)\*



**NEW!** FOCUS AREA  
WORKPLAN TEMPLATE

\*Content applies to all grantees  
(except for FY23)\*



BUDGET  
(EXCEL DOCUMENT ONLY)

\*All EGrAMS grantees will have a  
different submission date for this  
component.\*





# COVERSHEET AND STAFFING LIST

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## COVERSHEET

- Must be signed by authorized official
- Includes basic information on your site
- Projected user number should be based of your best estimate of number of clients to be served.
- Any decreases in your user number projection from previous grant years must be justified in writing when submitting.

## STAFFING LIST

- Include all staff that work in the health center
- Provide name, title, FTE, email and phone

\* Content not applicable to FY23 Grantees.\*



# FOCUS AREA WORKPLAN TEMPLATE

- **New Format!**
- This covers FY24.
- You can seek technical assistance from your assigned consultant.
- Provides information and rationale on your selection of an evidence-based intervention or clinical intervention.
- Content not applicable to FY23 Grantees.



**Focus Area (Select One):**

- ☐ Alcohol/Tobacco/Other Drug Prevention
- ☐ HIV/AIDS/STI Prevention
- ☐ Nutrition and Physical Activity
- ☐ Pregnancy Prevention
- ☐ Suicide Prevention
- ☐ Trauma
- ☐ Violence Prevention
- ☐ Depression/Anxiety
- ☐ Asthma

**Delivery Method (Select One):**

- ☐ Evidence-based Curriculum (EBI) ☐ Clinical Intervention (CI)

**Name of EBI or Clinical Intervention:**

Click here to enter text.





### **Rationale:**

Provide rationale why the EBI/CI was chosen: [Click here to enter text.](#)

Check all data sources that prove your rationale for selecting your EBI/CI:

☐ MIPHY ☐ YRBS ☐ Risk Assessment

☐ Other: [Click here to enter text.](#)

**Number of Participants:** [Click here to enter text.](#)

**Who are the Participants (Age, Grade, Gender, etc.):** [Click here to enter text.](#)

**Why was this Population Selected:** [Click here to enter text.](#)

**Number of Sessions:** [Click here to enter text.](#)

**Length of Each Session:** [Click here to enter text.](#)



### Clinical Intervention Only:

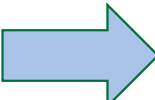
Provide source of evidence informed/research informed selection:  
Click here to enter text.

*(Examples include National Guidelines, Research Articles,  
Research-Based Practice)*



### Objectives: Complete both Objectives 1 and 2 and the progress report

Use the tables to report quarterly progress toward reaching your stated objectives, provide updates on implementation of activity, and to identify successes and any barriers to completion.

- 
1. We will ☐ improve/ increase OR ☐ decrease: the ☐ number/amount of OR ☐ percentage of [Click here to enter text.](#)  
From **(BASELINE)**: [Click here to enter text.](#) To: [Click here to enter text.](#) (state the number/amount/percentage)

Progress Toward Objective (Number, Amount or Percent)		Is Activity Complete?
<b>Quarter 1</b> October – December	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>
<b>Quarter 2</b> January – March	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>
<b>Quarter 3</b> April – June	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>
<b>Quarter 4</b> July – September	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>





2. We will ☐ improve/increase OR ☐ decrease the ☐ number/amount of OR ☐ percentage of [Click here to enter text.](#)

From **(BASELINE)**: [Click here to enter text.](#) To: [Click here to enter text.](#) (state the number/amount/percentage)

Progress Toward Objective (Number, Amount or Percent)		Is Activity Complete?
<b>Quarter 1</b> October – December	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>
<b>Quarter 2</b> January – March	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>
<b>Quarter 3</b> April – June	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>
<b>Quarter 4</b> July – September	<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>

#### Quarter 4 Evaluation:

Compare and evaluate your results to the starting data (Baseline) to determine if the EBI or clinical intervention resulted in an improvement. Summarize what was learned:

[Click here to enter text.](#)

Describe what you will change/have changed, if anything, for next fiscal year:

[Click here to enter text.](#)



# EVIDENCE BASED INTERVENTIONS

Focus Area Tip Sheet is available as a resource!

## Focus Area Tip Sheet Content Relevant to: All Clinical & Alternative Clinical CAHCs and School Wellness Programs

Below is a list of evidence-based interventions commonly used by the CAHC program. This list is sorted by focus area and is not all inclusive. This resource is meant to assist a CAHC in selecting an evidence-based intervention that has successfully been implemented in other CAHC settings. Focus areas should be chosen based on the current needs assessment results. Please contact your assigned consultant with any questions.

### ALCOHOL/TOBACCO/ OTHER DRUG PREVENTION

CANDIS  
~~Lifeskills~~  
Michigan Model for Health  
Not On Tobacco  
Positive Action  
Project Alert  
Project Northland  
SPORT  
The Fourth R  
The Project Toward No Drug Abuse

### ASTHMA

Open Airways  
Roaring Adventures of Puff

### HIV/AIDS/STI PREVENTION

Abstinence Works  
Be Proud Be Responsible  
~~Guidate~~  
Healthy and Responsible Relationships  
Making A Difference  
Making Proud Choices  
Puberty the Wonder Years  
Rally Against Peer Pressure  
Reducing The Risk  
Safer Choices  
Sister 2 Sister (Teen)  
The Fourth R

### NUTRITION AND PHYSICAL ACTIVITY

Catch Kids Club  
Cooking Matters  
Do More Watch Less  
~~Foodplay~~  
Girls on the Run  
Health At Every Size  
Healthy Classroom, Healthy Schools  
Jump Into Foods And Fitness  
Kids In The Kitchen  
Linking Lessons  
Marathon Kids  
Michigan Model  
MI Harvest Of The Month  
Planet Health  
Project Healthy Schools  
Show Me Nutrition  
SPORT

### PREGNANCY PREVENTION

Abstinence Works  
Girls Only  
Healthy and Responsible Relationships  
Making a Difference  
Making Proud Choices  
Puberty the Wonder Years  
Rally Against Peer Pressure  
Reducing the Risk  
Safer Choices  
Sister 2 Sister  
The Fourth R



# CLINICAL INTERVENTIONS

If selecting a clinical or mental health Clinical Intervention (CI), all current standards of practice for care and treatment surrounding the topic are assumed part of clinical or mental health services provided via CAHC MPR #2 and SWP MPR #1. The clinical intervention must include the following:

- Be in an approved Focus Area
- Minimum of two outcome objectives that are above and beyond standards of care (see definition below)
- Minimum number of sessions:
  - If clinically focused, include a minimum of three (3) sessions
  - If mental health focused, include a minimum of four (4) sessions



# CLINICAL INTERVENTIONS

- Number of participants should reflect needs assessment/risk assessment findings, patient population and unduplicated user count
- Above and beyond is defined as in **addition** to or **far beyond what is required** for clinical individual practice (i.e., higher level of care). It is a creative way to impact the individual broadly (peers, family, school, community, systems) and/or can impact the greater population (e.g., grades, sex, sexual orientation, area of concern/diagnosis, etc.).
- Clinical Interventions will be reviewed and approved by the Clinical or Mental Health Consultants. After review, more sessions, additional participants, and/or more detail(s) may be required.



## FY24 BUDGET ALLOCATIONS - BASE

Model	Base Allocation
Clinical, School-based	\$275,000
Clinical, School-linked	\$330,000
Clinical, FQHC	\$275,000
Alternative Clinical, School-based	\$180,000
Alternative Clinical, School-linked	\$235,000
Alternative Clinical, School-linked FQHC	\$210,000
School Wellness Program	\$170,000



# BUDGET REMINDERS

- One budget per site.
- Budget period of **October 1, 2023 through September 30, 2024**
- Use correct allocation for the model.
- MPCA contracts use the State Budget form- Budget Summary and Cost Detail forms.
- Include separate columns for state funding and in-kind breakdown on the budget forms.
- A separate cost detail page is required for each column on the summary page.
- EGrAMS sites will submit budget directly within the EGrAMS system.



# BUDGET

- Travel costs should include CAHC Annual Meeting  
October 23-25, 2023 - CAHC Annual meeting (Oct 23) and Child, Adolescent and School Health (CASH) Conference, Radisson Hotel & Suites, Kalamazoo
- A local match of **30%** of the state allocation **base** amount is required.
- Remember unallowable costs that apply
  - The purchase or improvement of land;
  - Fundraising activities;
  - Political education or lobbying, including membership costs for advocacy or lobbying organizations
  - Indirect costs





**Questions?**  
Contact your assigned CAHC Consultant

