

CSHCS Family/Youth Engagement Program Guidelines

Introduction and Purpose

The CSHCS Family/Youth Engagement Program is provided through the Family Center for Children and Youth with Special Health Care Needs (Family Center) which is the statewide parent-directed center within Children's Special Health Care Services (CSHCS) and the Michigan Department of Health and Human Services (MDHHS).

The purpose of the CSHCS Family/Youth Engagement program is to assist local CSHCS programs in creating opportunities for families and youth to participate in local CSHCS activities and to support them in leadership and decision-making roles.

Local Health Departments are eligible to apply for up to **\$5,000** each fiscal year (October 1 – September 30) to implement activities. To qualify for funding, Local Health Departments must complete the attached application describing their project goals, planned activities, expected outcomes, timeline, and a budget worksheet. Applications will be reviewed by a committee which includes staff from CSHCS, the Family Center, and parent and youth leaders.

This is a competitive grant process, and applications will be awarded based on a scoring system. Additional points will be awarded to applications that demonstrate the ability to meet/exceed objectives of the grant, incorporate in-kind contributions to achieve sustainability, and engage local family/youth input in the planning, development, and implementation of proposed activities.

Objectives

Grants will be awarded based on the extent to which applicants meet the following objectives:

1. Remove barriers for families/youth to participate in networking, peer support, and/or educational events.
2. Support the development of knowledge, leadership, and advocacy skills among CSHCS families and youth.
3. Elevate the voice of families and youth in the development and implementation of local CSHCS policies, programming, and activities.
4. Support the engagement of families and youth in leadership and decision-making roles at the local level.

Examples of some of the activities that the Family Engagement program will fund include:

- Defray the cost of participation in local CSHCS activities. Qualifying reimbursements might include participation stipends, mileage, parking, and childcare. LHD's are encouraged to use the Family Center Reimbursement Policy (attached) as a guideline.
- Host virtual or in-person activities* to promote peer-to-peer support. Activities might include support groups or networking opportunities.
- Provide virtual or in-person educational or informational opportunities.
- Facilitate skill-building and/or leadership development opportunities.
- Create opportunities for families/youth to participate as decision-makers in the development of programming and policies for CSHCS at the local level by participating in workgroups and/or advisory committees.

**Recreational activities must be part of an organized event that includes a family support or networking component in order to be funded and will be reviewed on a case-by-case basis.*

CSHCS Family/Youth Engagement Program Application

To be considered for FY 2024-2025 funding, applications must be submitted to the Family Center by **August 23, 2024**. Applications received after the due date but before January 1, 2025, may be funded based on the availability of funds. **All funds must be spent before September 30, 2025.**

Grantees will be notified of the status of their application by September 16, 2024. Following the implementation of grant activities, grantees will be required to submit an Annual Report. Failure to submit an Annual Report by November 15, 2025, may result in disqualification for future funding. *Please note that changes to proposed activities and/or budget deviations more than 15% for each category require pre-approval.*

Local Health Department and/or District: _____

Address: _____

Primary Contact: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Amount Requested: _____

Lead Project Coordinator Signature

Health Officer Signature

Lead Project Coordinator Printed Name

Health Officer Printed Name

Date

Date

Applications can be submitted via email, fax, or mail.

Email: cschcsfc@michigan.gov

Fax: 517-335-9491

Mail: Family Center/CSHCS

Michigan Dept of Health and Human Services

P.O. Box 30734

Lansing, MI 48909-8234

Questions? Contact Kristen Reese, Family Engagement Analyst, at reeseek1@michigan.gov or 517-335-0398.

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Narrative

Provide a brief narrative of your proposed Family Engagement Program. Narrative should include identified needs, project goals, planned activities, and expected outcomes. The narrative should also describe how activities will achieve program objectives. Please refer to objectives 1-4 on previous page. (Limit 500 words) *Attach additional pages if necessary.*

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Timeline

Please give a brief timeline of planned activities: (Limit 250 words) *Attach additional pages if necessary.*

Family/Youth Engagement

How was family or youth input utilized in the planning and development of this application? How will you continue to elevate the family/youth voice throughout the implementation of planned activities? (Limit 250 words) *Attach additional pages if necessary.*

CSHCS Family/Youth Engagement Program

Application

Budget Worksheet

Provide a breakdown of how funds will be utilized, including the amount requested for each budget category (examples include reimbursements and stipends, supplies, trainer fees, postage, refreshments, etc.). Note that administrative costs may not exceed 20% of the total budget. Programs including reimbursements and participation stipends must include a copy a family reimbursement policy.

Budget Category	Amount Requested	Other Funds/In Kind Support	Total
	Amt Req Total:	Other Funds/ In-Kind Total:	Project Total:

Please describe any in-kind or additional funding you will use to supplement activities: