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**FY23 MiKIDS Now CAHC Mental Health Supplemental Narrative**

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| **Fiduciary**:  | **Contact Name:**  |
| **Clinical CAHC Site Name:**  | **Contact Information (email, phone):** |

 **Purpose of Funding:** To assist with the cost of the additional .5 FTE mental health staffing requirement in FY23.

**Due Date**: June 30, 2022 to the MDHHS- CAHC Mailbox **and your assigned CAHC Agency Consultant

Period of Funding**: Award date – October 1, 2022- September 30, 2023

**Please Select One:**  [ ]  $25,000 (Alternative Clinical) [ ]  $50,000 (Full Clinical)

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| **For sites with MPCA contracts:**Email by **June 30, 2022** to your CAHC Agency Consultant: | **For sites with EGrAMS contracts:**On request of your CAHC Agency Consultant: |
| * Complete MDHHS Budget Summary and Cost Detail forms (DCH-0385 and DCH-0386) provided 12/20/21 via email.
* Request only the direct funds in the appropriate amount ($25,000 or $50,000). Do not include match, indirect, or local funds.
* Expected costs are salary, fringe, contracts, limited supplies, limited travel.
* This funding may **not** be used for promotional materials, rewards, supplies, supervision, or awareness events.
* Complete narrative as provided below.
 | * Complete budget within EGrAMS
* Request only the direct funds in the appropriate amount ($25,000 or $50,000). Do not include match, indirect, or local funds.
* Expected costs are salary, fringe, contracts, limited supplies, limited travel.
* This funding may **not** be used for promotional materials, rewards, supplies, supervision, or awareness events.
* Complete work plan as provided in EGrAMS.
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| **Identify which professional mental health staff will be hired and the FTE for each position; or identify the additional FTE for existing providers:** [ ]  New Position(s) and FTE:[ ]  Additional FTE for Existing Provider(s): |
| **Projected Additional Number of *Unduplicated Users and Visits* in FY22 with this Funding:**[ ]  Users:[ ]  Visits: |
| **Provide a justification of the budget for each proposed line item:**  |