

Grantee Manual 2012

A Reference Tool for Grantees in the Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) Grant Program



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Introduction

Welcome to Project LAUNCH! We look forward to working with you and supporting you in achieving the goals of your grant. This manual is a reference guide that you can consult throughout the 5 years of your project. Please note that although we have tried to address many issues that may arise over the course of your grant, it is always best to speak to your Government Project Officer (GPO) and Grants Management Specialist (GMS) when you have questions.

This manual is divided into five sections for easy reference:

Section I: Program Background, Overview, and Activities provides background information and a conceptual framework for the Project LAUNCH initiative, as well as some information about key activities in the first year of the grant.

Section II: Grantee Responsibilities and Requirements describes the roles and responsibilities of the grantee and summarizes reporting requirements throughout the life of the grant.

Section III: Federal Program Teams and Their Responsibilities introduces you to Project LAUNCH Federal staff members, provides their contact information, and describes their responsibilities.

Section IV: Non-Federal Technical Assistance and Resources describes the non-Federal partnerships and resources available to Project LAUNCH grantees.

Section V: Questions about Other Grants Management and Budgetary Issues answers questions about budgetary and grants management issues and concerns that may arise over the life of the grant.

This guide also includes appendices, located after Section V. You will find references to the various appendices throughout the five sections. In an effort to provide information relevant to all grantees in a concise, readable format, this manual refers to States, Territories, and tribal nations as "States/Tribes" unless specifically referring to a particular State, Territory, jurisdiction, or tribal nation.

IMPORTANT NOTE

While this manual provides guidance, **it does not represent the official opinion of the Division of Grants Management, nor does it in any way supersede official regulations.** For more information about specific regulations governing your grant, please reference the following sources:

- Your Notice of Grant Award (NoA)
- The 2012 Project LAUNCH Request for Applications (RFA), which you can find at http://www.samhsa.gov/grants/2012/sm_12_009.aspx
- Previous Project LAUNCH RFAs, which you can find at the SAMHSA Grants Management web page here <http://www.samhsa.gov/grants/management.aspx>

Section I: Program Background, Overview, and Activities

Project LAUNCH, first funded in FY 2008, is a grant program that seeks to ensure the wellness of all young children so they may succeed in school and life. SAMHSA, in collaboration with the Administration for Children and Families (ACF), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC), developed Project LAUNCH because research showed a need for greater resources to promote mental health and prevent mental, emotional, and behavioral disorders in the early years of life. Recent compelling research documents the detrimental consequences of toxic stress on early brain development; the lifelong health consequences of adverse early life experiences; and the effectiveness of prevention programs in reducing rates of emotional and behavioral disorders that, untreated, can lead to poor school performance, involvement with the juvenile justice system, teen pregnancy, and substance abuse. Project LAUNCH seeks to prevent these consequences and promote the overall well-being of all children.

Goals and Objectives

The goal of Project LAUNCH is to foster the healthy development of all young children (birth to age eight). Project LAUNCH begins at birth (and may also include prenatal services) because research confirms that the foundation for success in school, work, and relationships is established in the first years of life. Project LAUNCH extends to age eight in order to strengthen the connections between early childhood caregivers (including parents, pediatricians, child care providers, and early childhood educators) and the individuals and systems serving school-aged children, including elementary school personnel. Project LAUNCH grantees help build bridges to increase the continuity of care for children entering elementary school and provide ongoing support, not only through the kindergarten transition but into the early grades, in order to ensure a solid foundation for success.

Project LAUNCH has the following objectives:

- Improve coordination and collaboration across the systems that serve young children and their families
- Provide greater access to high-quality care and evidence-based programs for young children and their families
- Raise awareness and increase knowledge about young child wellness through public education and workforce development activities

Three Guiding Principles

In achieving the project's objectives, three principles are central to the LAUNCH model: promote a holistic perspective, foster an ecological framework, and employ a public health approach.

Promote a Holistic Perspective

The first guiding principle of the LAUNCH model is the importance of a broad and holistic definition of health that encompasses all aspects of children's development, including physical,

social, emotional, cognitive, and behavioral health. The goal is to work across disciplines and with those involved in the lives of young children to come to a shared understanding of healthy child development and young child wellness. Project LAUNCH provides an opportunity to promote a broader, more comprehensive definition of health that recognizes that mental health is an integral part of health, and that promotes the widespread understanding of social and emotional development as key facets of overall wellness.

Foster an Ecological Framework

The second guiding principle of Project LAUNCH is that a child's development is influenced not only by individual factors but also by the child's family, home environment, community, school, and neighborhood, as well as society as a whole. In order for Project LAUNCH to effectively improve children's well-being, resources and interventions need to be devoted not only to children themselves but also to their families, the settings that most directly impact them, and the larger systems that contribute to the health of communities.

Employ a Public Health Approach

Project LAUNCH is a public health initiative that seeks to ensure that *all* children are equipped with the skills they need in order to achieve developmental milestones. Prevention and promotion activities are key aspects of a public health approach, in addition to efforts to treat problems after they occur.

It should be noted that Project LAUNCH activities are primarily focused on prevention and wellness promotion rather than treatment. For children at increased risk for poor outcomes, Project LAUNCH expands the range and capacity of available evidence-based prevention programs. These activities may be *child-focused*, *family-focused*, *provider-focused* or *community-focused*. Project LAUNCH can also help promote healthy child development within the general population through a variety of health promotion strategies. Some examples include mental health consultation to improve the learning environment in classrooms and child care settings; groups designed to teach positive parenting practices or enhance children's skills and competencies; activities that promote family literacy; health education fairs, and public education campaigns that raise awareness and understanding of the needs of young children.

Project LAUNCH was not designed to provide intensive treatment services to children who have identified or diagnosed developmental and/or behavioral problems; however, Project LAUNCH can play an important role in improving outcomes for children with significant challenges in some targeted ways. First, increasing the use of screening and assessment in a range of early childhood settings can lead to earlier and better identification of problems. Interdisciplinary workforce development activities can also help increase the recognition and understanding of social, emotional and behavioral problems in a variety of settings and professional groups (e.g. child care, primary care, child welfare and law enforcement). Project LAUNCH can help providers have the information they need to make successful referrals for appropriate treatment, and can help strengthen the connections and information flow between professionals enabling them to provide a higher level of care.

IMPORTANT NOTE

SAMHSA encourages grantees to be aware of the following six public health principles related to prevention and promotion:

1. Prevention is an ordered set of steps along a continuum to promote individual, family, and community health; prevent mental and behavioral disorders; support resilience and recovery; and prevent relapse.
2. Prevention is prevention (that is, the components of effective prevention for the individual, family, or community within a public health model are the same).
3. Common risk and protective factors exist for many substance abuse and mental health problems. Good prevention focuses on altering common risk factors.
4. Resilience is built by developing assets in individuals, families, and communities through evidence-based health promotion and prevention strategies.
5. *Systems* of prevention services work better than service *silos*.
6. Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and increase the effectiveness of prevention efforts.

Project LAUNCH Background

As of October 2012, Project LAUNCH has a total of four cohorts and 35 grantees:

FY 2008, the first cohort, has 6 grantees: five States and one tribal nation.

FY 2009, the second cohort, has 12 grantees: 11 States and the District of Columbia.

FY 2010, the third cohort, has 6 grantees, all local communities (two in States with existing Project LAUNCH grants).

FY 2012, the fourth cohort, has 11 grantees: 6 States and 5 tribal nations.

(See Appendix H for a map and list of current grantee sites and partner organizations.)

The Project LAUNCH model has evolved in significant ways over the last 5 years. This evolution has led to several differences between the cohorts:

The grants in Cohorts I, II and IV were awarded to state and tribes and the grants in Cohort III were awarded at the community level.

- Requirements for Cohort III grantees reflect increased emphasis on working with substance abuse prevention and treatment partners.
- Cohort IV grantees are required to have two state-level leaders – a Young Child Wellness Expert (YCWE) and a Young Child Wellness Partner (YCWP) – one from

Maternal Child Health/Title V and one from the state's lead children's mental health agency (e.g. Department of Mental Health).

- Requirement for Cohort IV grantees reflect an increased emphasis on health care disparities among racial and ethnic minorities.
- Cohort IV includes an unprecedented number of tribal nations that are participating in Project LAUNCH.

In Cohorts I, II and IV, State-level grantees were responsible for identifying local communities to implement direct services and infrastructure changes. Under these grants, State-level staff members are responsible for overseeing local-level activities—ensuring that the local and State priorities and visions are aligned and helping to support policy and practice improvements at the local level through State-level council work. While Cohort III grantees have been awarded to local bodies, the local LAUNCH communities must still establish relationships with key State-level individuals and agencies that will allow both levels to share information and align goals and strategies.

While the guidance for Cohort III grantees reflects an increased emphasis on the need to work with substance abuse prevention and treatment providers and decision-makers within Project LAUNCH communities and State/Tribes, Cohort I, II and IV grantees will also benefit from linkages to substance abuse prevention and treatment providers and policymakers.

SAMHSA's Administrator, Pamela Hyde, has identified the prevention of substance abuse and mental illness as a top priority of the agency, and a key facet of her vision involves individuals, families, schools, faith-based organizations, workplaces, and communities taking action to promote emotional health and reduce the likelihood of mental illness, substance abuse and suicide. Many new partnerships and exciting work can result from joining forces across the fields of mental health and substance abuse prevention. As Project LAUNCH grantees bring together partners at the local level to develop a common vision and plan for promoting young child wellness, they will be able to call upon the expertise of community coalitions and professional providers with expertise in substance abuse prevention to join their efforts. In addition, Project LAUNCH grantees should be connecting with those agencies and stakeholders involved in the treatment of substance abuse, as these entities are often critical to ensuring that the needs of families are being addressed in a holistic way. Forging these linkages between the providers who see young children and those whose role it is to address the substance abuse and mental health needs of their family members is critical to building a less fragmented and more effective system of care.

Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The first Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.**”

HHS leadership will assure that: program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits.”

IMPORTANT NOTE

In order to address behavioral health disparities and culturally and linguistically appropriate services, Cohort IV Project LAUNCH grantees are required to submit the following:

- A behavioral health disparities impact statement that includes all sub-populations identified in your proposal. Following from your disparities impact statement, you will be required to do the following:
 - As part of your Strategic Plans (to be submitted May 1, 2013), include policies and procedures that ensure that you are addressing the cultural and linguistic needs of all sub-populations identified in your proposal.
 - As part of your Evaluation Plan (to be submitted May 1, 2013), describe how you will review your data for outcomes regarding race and ethnicity; including discussion of how you will make programmatic adjustments to address identified issues across the following domains: Program services and activities development and implementation; data collection activities; and data reporting (including access, use and outcomes measures). NOTE: The grantee may refer to the HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011, <http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>
 - As part of your Strategic Plan (to be submitted May 1, 2013), the grantee must develop a plan for the establishment of policies and procedures to ensure adherence to the National Culturally and Linguistically Appropriate Services (CLAS) Standards to ensure the provision of effective care and services that are responsive to the: diverse cultural health beliefs and practices; preferred languages; health literacy, and other communication needs of all sub-populations identified in your proposal.

To help achieve this goal, SAMHSA expects grantees to utilize their data to (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities, and (2) implement strategies to decrease the differences in **access, service use, and outcomes** for those subpopulations. One strategy for addressing health disparities is to use the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health care provided to our Nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities. You can learn more about the CLAS mandates, guidelines, and recommendations at <http://www.ThinkCulturalHealth.hhs.gov>.

IMPORTANT NOTE

In order to comply with Title VI of the Civil Rights Act of 1964, the grantee **must** take reasonable steps to provide meaningful access by limited English proficient (LEP) persons to their programs and activities. The grantee may assess the extent to which language assistance services is necessary in their programs and activities by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* found at <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>

Project LAUNCH Activities

While there may be some differences between cohorts, many critical aspects of the Project LAUNCH model and activities will be common to all grantees. For all grantees, Project LAUNCH involves (1) **infrastructure improvements** to create a more coordinated and collaborative early childhood system, and (2) **direct services** that increase the quality and availability of evidence-based prevention and wellness promotion programs and practices within communities. These two types of activities are described below.

Infrastructure

Partnerships. A cornerstone of the Project LAUNCH model is the forging of partnerships across disciplines and agencies that serve young children and their families. These partnerships are key mechanisms for creating more coordinated service delivery systems. A critical mechanism for developing and sustaining partnerships through Project LAUNCH at the State/Tribal and Local levels is the formation of Councils on Young Child Wellness, which bring together a range of stakeholders and community leaders who are invested in improving outcomes for young children. These include traditional partners, such as those in health, mental health, child care, child welfare, and education organizations, as well as other partners that represent businesses, faith communities, law enforcement, and parks and recreation. At a minimum, Cohort IV is required to recruit Council members that bring expertise on:

- | State | Local |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Health (including representatives from private sector) | <input type="checkbox"/> Health (including representatives from private sector) |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Substance Abuse Prevention | <input type="checkbox"/> Substance Abuse Prevention |
| <input type="checkbox"/> Early Childhood Education (Early Head Start, Head Start and Part C) | <input type="checkbox"/> Early Childhood Education (e.g., Early Head Start, Head Start and Part C) |
| <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Local Education Agencies (LEAs) |
| <input type="checkbox"/> Child Care Accrediting Agency | <input type="checkbox"/> Families in the population of focus (grantees should have approximately 10% family representation on their Councils) |
| <input type="checkbox"/> Office of the Governor or Chief Executive of the State/Territory/Tribe | |
| <input type="checkbox"/> Families in the population of focus (grantees should have approximately 10% family representation on their Councils) | |

Tribal

Tribal grantees may choose to follow a two-tiered model or to create one Young Child Wellness Council. In either case, the Young Child Wellness Council(s) are expected to include members with all of the expertise listed above. Instead of a representative from the Office of the Governor, tribal Councils tribes should include a representative from the Chief Executive Office of the tribe. SAMHSA also encourages tribes to invite a representative from Indian Health Services, if appropriate.

The Young Child Wellness Councils bring together partners to develop a shared vision for young child wellness and to craft a specific plan for how to make that vision a reality. The Councils can help different organizations understand how their agendas overlap or diverge so they can together develop effective, integrated methods for achieving shared goals. Some of the key areas for coordination and integration include implementation of evidence-based strategies, data collection and analysis, funding strategies, program monitoring and oversight, workforce development, and policies. Parents also play key roles in the design and implementation of Project LAUNCH by serving on the LAUNCH Councils.

Grantees will begin forming their Councils upon grant award. Councils may be existing entities that focus on early childhood or new cross-system early childhood Councils formed to assist with the planning and implementation of Project LAUNCH. Councils can begin assisting the Project LAUNCH staff in carrying out two of the most important activities in the first year of the LAUNCH grant: conducting an environmental scan and developing a comprehensive strategic plan.

- **Conducting an environmental scan.** A key function of the Council is to work with the Project LAUNCH staff to conduct an environmental scan within the first 5 months of the grant. An environmental scan not only assesses a State/Tribe's and community's needs but maps out the resources and services that already exist. The Project LAUNCH federal and TA teams have developed *Environmental Scan Guidance* to help grantees carry out this work. It is designed to assist in identifying gaps and redundancies in services, as well as areas where better coordination and collaboration between agencies and initiatives would improve service delivery. Understanding the landscape of services and supports for young children and families is critical.
- **Developing a comprehensive strategic plan.** With a comprehensive picture of both needs and existing services, Project LAUNCH staff and the Councils are better equipped to look at unmet needs and devise optimal strategies for addressing them. Because the needs will likely exceed available resources, the LAUNCH leadership and the Councils will need to engage in a meaningful process of strategic planning. Key steps in this process include developing specific goals and objectives, prioritizing the identified goals and objectives, and creating realistic timelines and benchmarks for success. Both the Local and State/Tribal strategic plans should be developed with participation from local and state/tribal leaders and closely aligned. Grantees will be

IMPORTANT NOTE

SAMHSA encourages grantees to use the five-step process of the Strategic Prevention Framework (SPF) which helps put the planning process in the context of overall grant activities:

1. Profile population needs, resources, and readiness to address the problems and gaps in service delivery.
2. Mobilize and/or build capacity to address needs.
3. Develop a comprehensive strategic plan.
4. Implement evidence-based policies, programs, and infrastructure development activities.
5. Monitor the process, evaluate effectiveness, sustain effective programs and activities, and improve or replace those that fail.

Use this process to coordinate and leverage resources funded through the Project LAUNCH grant and other sources.

given a copy of the Project LAUNCH *Strategic Plan Guidance*, a tool designed to help grantees carry out this work.

- **Communication and Collaboration: Local/State/Tribal, and Federal.** Project LAUNCH's Congressional appropriations language reflects a growing awareness of the need to improve and better integrate the cumbersome and fractured system that serves young children and their families to improve the overall health outcomes for children. Project LAUNCH aims to revamp this fragmented system at the federal, state, tribal and community levels. This is accomplished in part by encouraging personnel at all levels to participate in bottom-up, top-down, and lateral coordination. The work being done at the Federal level is meant to mirror and facilitate work at the State/Tribal level, just as work done at that level should mirror and facilitate work at the community/local level. This multidirectional coordination, systems-integration, and implementation work is meant to create a robust, responsive, and efficient system that promotes and improves the health and well-being of all young children, their families, and their communities.
- **Cross-Federal Collaboration.** The Project LAUNCH Program Office partners with other SAMHSA programs and other Federal departments to identify common outcomes align strategies and policies, and share lessons learned across programs that serve young children and their families. Although the Project LAUNCH Program Office handles the coordination across agencies, grantees are asked to share successes and challenges and communicate with grantees and staff from other Federal initiatives. This collaboration and communication will ensure an integrated Federal approach to child wellness, allow grantees to improve programs by learning from the successes and challenges of others, and inform policy and regulatory changes that remove barriers and facilitate success.
 - Several SAMHSA initiatives have goals that are similar or complementary to those of Project LAUNCH, some of which even serve the same State/Tribes or communities as Project LAUNCH. Project LAUNCH grantees are encouraged to collaborate with other SAMHSA grantees within their own communities and states, for example, those participating in the Systems of Care, National Child Traumatic Stress Network, and Safe Schools/Healthy Students initiatives.
 - The SAMHSA Project LAUNCH Program Office has partnerships with Federal agencies, such as HRSA, ACF, CDC, the Centers for Medicare and Medicaid Services, and the U.S. Department of Education. Federal Project LAUNCH staff are continually looking for opportunities to develop new and expand existing partnerships with other Federal initiatives. (For example, the Maternal, Infant and Early Childhood Home Visiting initiative for states and tribes.) See Appendix C for a non-exhaustive list of programs with which grantees may wish to collaborate.
- **Local and State Communication.** Project LAUNCH is an ambitious and complex grant program that requires multiple teams within each State/Tribe and community to collaborate successfully in order to improve systems and services for children and families. There is complexity at all levels of Project LAUNCH, and the relationships

between levels (Federal, State/Tribal, and local) are essential to the success of the initiative. At the Federal level, the Project LAUNCH Program Office seeks to learn from the successes and challenges of States/Tribes and communities and to work towards policy and regulatory changes in order to remove barriers and facilitate success. Federal staff take their mission seriously when they pledge to work collaboratively across the Federal Government and with private partners to better integrate knowledge and programs within the early childhood system.

- With Cohort IV, the Project LAUNCH Federal Program Office works closely with both the Project LAUNCH YCWE and the YCWP to understand the grantee experience, to disseminate knowledge, and to improve programs. Equally important is the relationship between the State/Tribe and local community within each Project LAUNCH grant. The State/Tribal Young Child Wellness Expert (YCWE) and Young Child Wellness Partner (YCWP) and Local Young Child Wellness Coordinator (YCWC) need to work closely together in order for Project LAUNCH to succeed.
- The local community is a pilot site for implementing the Project LAUNCH model; it is critical that the lessons of the local community are shared with the State/Tribe. A State/Tribe can learn from the successes in the local community and think strategically about statewide or tribal adoption of these policies, practices, and programs. Equally important, the State/Tribe can listen to the challenges of the local community and leverage the State/Tribal-level Council and other resources to help remove barriers and facilitate successes by changing policy, realigning priorities, raising attention and awareness, and determining strategies for developing the workforce.

Grantees need to ensure that the Project LAUNCH Strategic Plans that they develop are informed by and align with state/tribal-level plans created by other early childhood entities (such as ECCS, Tribal Councils, or a Governor's Cabinet on Early Childhood). The goals of one should support and enable the goals of the other. Once services are implemented, grantees need to ensure that local communities share their innovations, policy changes, infrastructure improvements, and challenges with State/Tribal leadership. The State/Tribe will learn from the successes of the local communities and think strategically about statewide or tribal adoption of successful policies, practices, and programs. Equally important, the State/Tribe can provide the grantee with guidance, oversight, and support when local communities experience challenges or obstacles to success. State/Tribal leaders can leverage resources to remove barriers and facilitate success by changing policy, realigning priorities, raising attention and awareness, and determining strategies for developing the workforce.

Parents should also play a critical role as participants in the development, planning, implementation and evaluation of each Project LAUNCH grant. Parents are essential to helping ensure that LAUNCH programs are culturally and linguistically competent and appropriate for the families and children being served.

Direct Services

In conceptualizing the Project LAUNCH initiative, SAMHSA called upon the expertise of leaders in the early childhood fields to identify strategies considered best practices in promoting healthy child development. The result was a set of five core strategies that grantees must implement throughout the life of the grant. Within these broadly defined strategies, each State/Tribe and community has the opportunity to tailor its program to its unique needs, values, and strengths. The thread that connects all five strategies is an underlying goal of infusing greater understanding of social and emotional development, and best practices in promoting healthy development, in all of the systems that touch young children and their families. The five strategies are intended to both increase access to preventive care and to raise the quality of prevention and promotion services available to children and families in LAUNCH communities. In all cases, services and supports that grantees implement, expand, or enhance should follow logically from the strategic plan. The strategic plan can serve as a blueprint for implementing services which begin 7 months into the first year of the grant for Cohort IV.

Although Project LAUNCH is intended to address the needs of all young children, resources should focus primarily on prevention and promotion, and not mental health treatment. For Cohort IV, Project LAUNCH also seeks to address behavioral health disparities by encouraging implementation of strategies to improve access to services, use of services, and outcomes for racial and ethnic minority children and families. Grantees should select evidence-based programs (EBP) or practices that meet the specific needs of their communities.

The public health approach embraced by Project LAUNCH means that the population of focus includes all children from birth to age eight; however, Project LAUNCH funds should be spent primarily on screening/assessment and promotion and prevention practices, not treatment for diagnosed behavioral health problems. The five required Project LAUNCH strategies are listed below along with some ideas about possible activities that fall within each; please note that these lists of activities are *not* exhaustive.

- **Enhanced home visiting through increased focus on social and emotional well-being.** Project LAUNCH funds can be used to expand, enhance and/or improve the coordination across home visiting programs that exist within grantee communities. Grantees should not duplicate home visiting services being funded through other federal initiatives, but may expand or enhance the quality of care provided in existing programs through training, mental health consultation and improved coordination.
- **Screening and assessments in a range of child-serving settings.** Project LAUNCH promotes the use of comprehensive screening and assessment in a wide range of settings, including child care, primary care, and early childhood education programs as well as mental health and substance abuse treatment programs serving families of young children. The goal is to increase the use of validated screening instruments (with a particular emphasis on social and emotional functioning) to ensure that developmental issues or concerns are identified and addressed early. In addition, Project LAUNCH activities can help increase the likelihood that assessments lead to successful referrals through increasing knowledge of community resources and improving the linkages between providers across disciplines. Although there is an

emphasis on developmental screenings, screening for other behavioral health issues is also encouraged.

- **Integration of behavioral health into primary care settings.** There are numerous ways that LAUNCH grantees can facilitate integration. Some examples include co-location of mental health consultants or other professionals within primary care settings; workforce development and training for primary care staff to increase knowledge of social, emotional and behavioral issues of young children and families (including substance abuse and mental illness); and working with primary care staff to increase the use of assessments, including the use of parental depression screening within obstetric and pediatric care, and ongoing communication between primary care and other providers in the community.
- **Mental health consultation.** Project LAUNCH supports the use of mental health consultants who work collaboratively with staff from early childhood education, elementary education, child care, home visiting, foster care and child welfare, primary care and other child-serving programs as well as families. Mental health consultants can conduct a wide range of activities, including training staff on conducting behavioral and other developmental screening and assessment and using results for care or classroom planning; building staff capacities to create optimal learning environments that lead to positive development across all domains, with a particular focus on social and emotional development; observing children in child care or classrooms or on home visits when social and emotional and/or behavioral concerns are identified; supporting teachers, parents and other providers in using strategies to promote children's positive behavioral changes; and referring children or families for further assessment or therapy to deal with behavioral health or developmental issues.
- **Family strengthening and parent skills training.** Project LAUNCH grantees can help improve outcomes for young children by helping their parents to provide healthy, safe and secure family environments in which to learn and grow. Family strengthening activities can range from broad-based parent education (e.g. health fairs, social marketing campaigns, workshops for parents) to more targeted and ongoing efforts such as parent support groups, preventive interventions, peer-to-peer support, and parent leadership training.

IMPORTANT NOTE

For more ideas about how Project LAUNCH grantees are currently implementing the five LAUNCH strategies, and for additional resources and information on each, please visit the Project LAUNCH website at <http://projectlaunch.promoteprevent.org/>.

Section II: Grantee Responsibilities and Requirements

The first year of the Project LAUNCH grant involves a great deal of hard work and activity. In this section, we provide some information about your organization's key responsibilities as a grantee, as well as important first steps in meeting requirements and implementing a Project LAUNCH grant.

Each grant is carried out by the grantee organizations at the State/Tribal and local levels. For 2012 grantees, the State/Tribal YCWE and the State/Tribal YCWP have the primary responsibility for the Project LAUNCH grant. For 2010 grantees, the local YCWC has the primary responsibility for the Project LAUNCH grant. For the 2008 and 2009 grantees, the State/Tribal-level PD (Young Child Wellness Expert) has primary responsibility for the Project LAUNCH grant, including general supervision of all grant activities. As representatives of the grantee, the YCWE and YCWP are responsible for notifying SAMHSA of significant problems with programmatic and administrative matters. The YCWE and YCWP are responsible for overseeing and monitoring the conduct of grant activities, including activities to improve infrastructure, delivery of direct services, and any publication of program outcomes. The YCWE and YCWP are expected to provide technical leadership to the local project.

General Responsibilities

The following are some of the overarching and general responsibilities of grantees:

- Read the NoA and contact the GPO and GMS with any questions. (You are responsible for responding to any terms and conditions set forth within the NoA.)
- Ensure that key project staff members are approved by the SAMHSA GPO and GMS prior to hiring, and that they both attend and participate in federally funded, agency-sponsored meetings, calls, and webinars.
- Develop a reporting system and submit completed performance, cross-site, and financial reports on time, as required by the grant.
- Work collaboratively with the State/Tribal Young Child Wellness Councils; recruit all required members (see list in RFA) and develop all required MOU's with partner agencies.
- Work collaboratively with coordinators from key State/Tribal and community/local early childhood partner organizations—in particular, the Early Childhood Comprehensive Systems initiative (for State/Tribal grantees), the Maternal Infant Early Childhood Home Visiting program (if this grant has been awarded in your State/Tribe), and Systems of Care and Safe Schools/Healthy Students leadership if these grants have been awarded in your community.
- Work collaboratively with agency officials and other partner organizations at the Federal level, including engaging technical assistance from members of the TA Team and the Cross-Site Evaluation Team.
- Include the SAMHSA grant number on all official grant communication with SAMHSA.

- Develop and implement work plans to ensure that the services and activities included in the approved grant application are achieved within the agreed-upon budget and timeframe.
- Submit all required reports on time, including the Environmental Scan, Strategic Plan, Evaluation Plan and annual Mid-Year and End of Year Progress Reports. (See next section for additional details.)

Timeline and Reporting Requirements

In addition to the general requirements listed above, below are some of the key activities that you should undertake in the first year of the grant, along with a recommended timeline for implementation (exhibit 1):

Activity A: Hire a full-time State/Tribal YCWE, a part-time YCWP (states only) and a full-time Local YCWC. Please see Appendix D for a sample position description for each key position. Feel free to customize these descriptions to meet the particular needs of each site. If these key personnel are not identified in your approved application, they **must be approved by your Government Project Officer (GPO) prior to hiring.**

Activity B: Identify an Evaluator. Once hired, the Evaluator should work closely with the Project LAUNCH team to develop an evaluation plan and data tracking and data management system for Project LAUNCH. The evaluation plan will be submitted in early May (7 months into the grant). The data tracking system needs to be in place by the time services begin—at the end of May (8 months into the first grant year).

Activity C: Create the state and local Councils on Young Child Wellness, and finalize Memoranda of Understanding (MOUs) with participating agencies. A sample MOU for Council members and other partners is provided in Appendix E of this manual.

Activity D: Conduct an environmental scan and develop a strategic plan at the state/tribal and local levels (see reporting deadlines below).

Activity E: Finalize subcontracts with service providers and other partners at the local level, and hire direct service providers.

Activity F: Initiate services (at 7 months from grant award).

Exhibit 1. Project LAUNCH Timeline

Cohort IV Project LAUNCH Timeline											
Grant Activity	Activity A: Hire staff										
	Activity B: Identify Evaluator and begin work on evaluation plan										
	Activity C: Convene Council										
	Activity D: Conduct Environmental Scan (by 5 months) and develop Strategic Plan (by 7 months)										
							Activity E: Finalize subcontracts for direct services				
							Activity F: Implement services (by 7 months)				
	October	November	December	January	February	March	April	May	June	July	

Please note that while the timeline in exhibit 1 should serve as a guide, some activities have non-negotiable deadlines. You must begin implementing direct services by 7 months from the start of the grant (April of the first year). Reporting requirements and due dates are listed in the tables below.

Reporting Requirements for Budget Period Year One

The reporting requirements for Budget Period¹ Year 1 are displayed in table 1.

Table 1. Reporting Requirements, Budget Period Year 1

Report	Reporting Period	Due Date
Environmental Scan	Submit 5 months after award	March 1**
Continuation Application (Mid-Year Progress Report)	First 6 months of grant	April 1**
Grantee Specific Evaluation Plan	Submit 7 months after award	May 1**
Strategic Plan	Submit 7 months after award	May 1**
Cross Site Evaluation Data Entry	Every 6 months	April and October of each year In the first year of grant, data entry only in October
TRAC Data Entry	Every 3 months	Jan 31, April 30, July 31 and Oct 31
End-of-Year Progress Report, including an Evaluation Report	First year of grant	December 31**
Annual Financial Status Report (FSR)	First year of grant	December 31**

** Please note the following about the due dates and requirements for the first budget year:

Environmental Scan Report. You will receive the Environmental Scan Guidance document within the first 2 months of the grant. A webinar on completing the environmental scan will also be offered to grantees to assist with this process. This report is due March 1.

Continuation Application (Mid-Year Progress Report). Some time in December or January, the Division of Grants Management (DGM) will send you an application packet for the next (second-, third-, fourth-, or fifth-year) budget period. This application resembles the original grant application form but is called a non-competing continuation application because you will not be competing for funding. The Continuation Application (Mid-Year Report) requires you to report progress on activities and goals set forth in your application proposal. Although the due date is typically around April 1, this date can change slightly each year. SAMHSA DGM will provide an exact due date in the application packet.

¹ A *Budget Period* is the 12-month period for which funds are allocated. This period begins with the start date and ends with the end date indicated in the NoA. The *Project Period* is the total time period for Government support of the project, usually specified for a fixed number of years in the RFA and indicated in the NoA. **The Project Period for Project LAUNCH grants is 5 years.**

Grantee-Specific Evaluation Plan. A grantee specific evaluation plan is due seven (7) months after award. The Evaluation Plan describes the evaluation design, including data collection instruments that measure the effectiveness of grant activities at the state and local levels, and how data will drive decisions and continuous quality improvements. Grantees must also submit an annual Evaluation Report with their End-of-Year Progress Report.

Strategic Plan Report. You will receive the Strategic Plan Guidance document within the first 2 months of the grant. You will also have the opportunity to participate in a webinar on completing the strategic plan. This report is due May 1.

The End-of-Year Progress Report is required by the SAMHSA CMHS program office and is due at the same time as your annual reporting requirements to DGM (i.e., the FSR). You will receive a template and guidance from the Project LAUNCH program office for completing this report. You will need to submit the report electronically to the DGM and GPO. The report is due 90 days after the end of the first grant year (typically this is December 31). You will report on LAUNCH activities and expenses (see description below) from October 1 – September 30. The End of Year Progress Report also includes an annual Evaluation Report.

The Annual Financial Status Report (FSR) is submitted as part of the End-of-Year Report (see above description). Submit the FSR on [Standard Form \(SF\) 269 \(Long Form\)](#), also called SF-269. The SF-269 allows each grantee to document the financial status of the award according to the official accounting records of the grantee organization. The report is due to the DGM within 90 days of the end of the first grant year (typically this is December 31).

Reporting Requirements for Budget Period Years Two through Five

The reporting requirements for the remaining budget years are displayed in table 2.

Table 2. Reporting Requirements, Years 2–5

Report	Reporting Period	Due Date
Carryover Request		February 1 of the next year of the grant**
Continuation Application (Mid-Year Progress Report)	First 6 months of the current grant year	Mid-March of each budget year**
End-of-Year Progress Report, including an Evaluation Report	Second 6 months of the current grant year	December 31 of each budget year**
Annual Financial Status Report (FSR)	Current year of grant	December 31 of each budget year**
No-Cost Extension		Approximately 90 days before the end of the grant
IPP data to the TRAC system	Previous quarter	Jan 31, April 30, July 31 and Oct 31 of every year

**Please note the following about the due dates and reporting requirements for the remaining budget years:

Carryover Request. For various reasons, you may have unspent funds remaining in your budget at the end of a budget period: You may have savings due to delays in starting up the grant, delays in hiring, or changes in grant-related activities. You can request to use unspent funds from a completed budget period during the next budget period. This is called a “carryover request.”

Carryover Authority effective October 1, 2011. A grantee may carryover previous Unobligated Balance(s) (UOB) of funds up to 25% (DFC Grantees 10%) of the total federal share from the current budget period (the year in which the funds will be needed) without prior approval from the Grants Management Officer. Additional information regarding this can be found under "Making Post Award Changes to your Grant" - Carryover Requests in SAMHSA's Grants Manual, cited below.

If you plan to carry over more than 25% of your total annual budget (current year), you need to file a formal carryover request.

In mid-December, the DGM will send you a letter about how to do this. The letter will also provide due dates. If you wish to submit a carryover request, you must submit it to the DGM on your organization's letterhead, and it must be signed by the State/Tribal YCWE, the State YCWP (states only), and an authorized representative of the lead agency organization. The letter must state the amount of carryover funding, the budget periods from which and to which funds are being carried, and why the funds were not spent in the previous year. You must also include a carryover budget, broken down by budget categories (e.g., personnel, fringe benefits, travel, etc.), and a budget justification. You may submit a carryover request only after or concurrently with completing and submitting the FSR for the expired budget period. The FSR is due no later than 90 days after the end of the grant year. Proposed expenses must be within the scope of the original project. You may not spend the carryover funds until the request and budget are approved by the DGM. For further information on carryover requests, contact the GMS. Although the due date is typically around February 1, this date can change slightly each year. SAMHSA DGM will provide an exact due date in its letter.

No-Cost Extension. When a grantee's project period ends, the grantee no longer has authority to draw down Federal funds. If the project is not completed, the grantee has not expended all of its funds, and the grantee may be given additional time to properly phase out project activities. The grant PD may request to extend the end date of the grant. The PD must send a written prior approval “no-cost extension” request to the GMS and the GPO.

If requesting a no-cost extension, you must include a detailed budget and budget narrative explaining the length of the no-cost extension period (can be no longer than 12 months after the original end date of the grant) and how the monies will be used.

Be sure to include the SAMHSA grant number on the extension request and all official grant communication with SAMHSA. You must use the remaining funds for activities within the originally proposed scope of the project. Do not propose completely new activities (e.g., new hires, new activities). For more information about no-cost extension requests, contact your GMS or GPO. No-cost extension requests are due 90 days before the end of the of the original grant period.

Evaluation

As a Project LAUNCH grantee, you are required to participate in evaluating your grant's programmatic and budgetary activities throughout the life of the project. By providing data on your grant activities, you contribute to a comprehensive picture of the work accomplished through Project LAUNCH, and the initiative's impact on improving the early childhood service system throughout the nation. Performance assessment and evaluation for Project LAUNCH has three main components: (1) Performance Reporting, (2) the Cross-site evaluation, and (3) the Grantee-specific Evaluation. All three are described in brief below.

- (1) Performance Reporting.** Grantees provide quarterly data to SAMHSA through the Transformation Accountability (or TRAC) system. TRAC reporting is a strategic necessity for CMHS, driven by Government-wide requirements, SAMHSA's data strategy, and the Center's commitment to performance management.

TRAC is a web-based, centralized data platform for collecting, reporting, and monitoring performance measures on CMHS programs. To better capture the full range of accomplishments achieved through Project LAUNCH, you will be reporting on infrastructure development, prevention, and mental health promotion (IPP) activities completed as a result of CMHS grant funding. More information about TRAC can be found at the TRAC website: <https://www.cmhs-gpra.samhsa.gov/TracPRD/default.aspx>

Additional performance reporting requirements include the Mid-Year and End-of-Year Progress Reports. These reports to SAMHSA are your opportunity to (1) share information about how you have used funds to pursue programmatic objectives, and (2) demonstrate your progress in meeting those objectives. Grantees are given templates and instructions for completing these semi-annual reports each year.

- (2) Cross-Site Evaluation.** Grantees are expected to participate in the cross-site evaluation and will receive training on the cross-site evaluation protocols, including data collection, management, and reporting procedures. Grantees will be expected to collect and report your own data to the Cross-Site Evaluation Team, enter data into the Cross-Site Evaluation Web-Based Portal on a semi-annual basis, and participate in periodic telephone interviews and site-visits by the Cross-Site Evaluation Team. Ongoing training and TA related to the cross-site evaluation will be available to all grantees. (See Section IV for more information about the cross-site evaluation.)

- (3) Grantee-Specific Evaluation.** Grantees are expected to design and implement comprehensive evaluations of their Project LAUNCH programs. Grantee-level evaluations should include process and outcome evaluation components. Grantees must describe the specific strategies that they will use to implement the process and outcome evaluation. The process evaluation will assess the implementation of the five core strategies and two crosscutting activities, including the fidelity of chosen practices and programs. The process evaluation should also include mechanisms for using data to make program improvements. The outcomes component of the evaluation should aim to demonstrate potential linkages between project activities and improved outcomes for children, families, providers and systems.

Evaluation design components must link directly to the Project LAUNCH logic model goals and objectives, and the data that the grantee will collect should clearly help to demonstrate the grantee's progress in achieving these goals. The evaluation questions should be inclusive of the major aspects of Project LAUNCH, including systems change efforts and implementation of services in each of the 5 Core Strategies. Generally, evaluation findings should respond to specific questions of import to your project and your community. General examples include questions such as: What effects are Project LAUNCH supported activities having on policies, practices, and level of coordination at the state, tribal and/or community level? To what extent has provider knowledge, skills and practice changed? What effect have Project LAUNCH activities had on parent skills, parent-child interaction, family functioning, and health disparities? Your evaluation data should tell your story!

Specifically, grantees should:

- Describe the evaluation methodology in detail.
- Demonstrate the validity and usefulness of the data that grantees will collect for the required core strategies and systems building activities.
- Discuss the analytic and technical approaches for the evaluation.

At a minimum, grantees must include the following in their grantee-specific evaluations:

- Provider surveys that measure changes in provider knowledge, practice and/or work environment/culture as a result of participation in Project LAUNCH activities (e.g. training, mental health consultation, integration into primary care). The SAMHSA Provider Survey questions (which can be expanded or tailored to individual settings) should be administered at a minimum at the end of services or training, and in some cases at baseline and as a follow up to services/training. Parent surveys (that include some or all of the following: collection of demographic information; parent satisfaction with services received; qualities of the parent/child relationship; parent understanding of child's emotion and behavior; family functioning, parenting, and child school readiness/academic performance). The SAMHSA Parent Survey questions (which can be expanded or tailored to individual services) should be administered at a minimum at the end of direct services (e.g. home visiting, family strengthening, and child/family mental health consultation). These survey questions can and should be augmented with standardized measures as appropriate.
- Community partners/collaborators and council members surveys (domains can include perceptions of partner contributions, partnership functioning, partner roles within collaboration, frequency of partner interaction, information sharing, and shared outcomes)

Grantees are strongly encouraged to propose a community-wide population outcome study using existing data sets from national, state, tribal or local data centers. Examples of data sets for potential use in designing a population outcome study include: [Data Resource Center for Child and Adolescent Health](#), CDC's [National Center for Health Statistics \(NCHS\)](#), [Community Health Status Indicators \(CHSI\)](#), [KIDS COUNT Data Center](#), [Native Health Database](#), etc.

A grantee-specific evaluation plan is due seven (7) months after award. Grantees must also submit an annual Evaluation Report with their End-of-Year Progress Report. A copy of the current Evaluation Plan suggested format/template, sample evaluation questions and guidance is included in Appendix L of the RFA.

The Grantee-specific Evaluator. The Evaluator should have expertise in planning and executing program evaluation in the area of public health, early childhood mental health and development, or similar programs. The Evaluator will be responsible for overseeing the development of the evaluation plan, designing information collection instruments or selecting standardized tools appropriate for the target population; establishing, implementing and overseeing data collection procedures; training project staff; participating in project staff meetings, council meetings, and SAMHSA grantee meetings; and presenting findings at local and national meetings and conferences. The Evaluator must also establish a communication process and plan for ensuring that timely data and ongoing feedback is provided to the project staff to assure continuous quality improvement.

Project LAUNCH Grantee-Specific Evaluations should include the following elements:

State/Tribal/Local Systems Outcomes:

- Clear statement of objectives for systems change at state/tribal level (cohorts 1, 2 and 4) and community level (all cohorts)
- Detailed description of activities implemented (beyond cross-site evaluation portal), including activities of State and Local Young Child Wellness Councils
- Findings on progress towards achievement of objectives
- Findings on scale-up and sustainability efforts
- Each year, results should be cumulative, representing entire implementation period (what has Project LAUNCH done to date? what has been achieved to date?)
- For cohorts 1, 2 and 4, separate findings for local and state/tribal systems

Services Outcomes:

- Implementation outcomes for each of the five core strategies (data currently submitted to TRAC)

Provider Outcomes:

- State research questions for provider outcomes
- SAMHSA provider questions administered to all staff in all applicable Project LAUNCH-supported programs (home visiting, family strengthening, early childhood education sites with MHC, elementary schools with MHC, health settings with integration) on annual basis
- Longitudinal analysis: comparing results by program year to year
- Optional: examine provider outcomes longitudinally for the same providers
- For 1-3 key programs, examine provider outcomes as part of QED or pre-post design, using provider survey/existing outcome measure more closely aligned to services and investigating more nuanced provider changes

Parent outcomes:

- State research questions for parent outcomes
- SAMHSA parent satisfaction questions administered annually (or at end of services) to parents in all Project LAUNCH-supported home visiting, family strengthening programs
- Longitudinal analysis: comparing results by program year to year
- Optional: examine parent outcomes longitudinally for the same parents
- For 1-3 key programs, examine parent outcomes as part of QED or pre-post design, using parent survey/existing outcome measure (e.g., Protective Factors Survey, other standardized measures of parent/child interaction, parenting knowledge)

Child outcomes:

- State research questions for child outcomes
- For 1-3 key programs, if appropriate, examine child outcomes as part of QED or pre-post design, using existing measures (e.g., school readiness measures, socio-emotional/behavioral measures)

Section III: Federal Program Teams and Their Responsibilities

Project LAUNCH grants are particularly complex and challenging due to the intense planning period and the requirement to implement services within 7 months of award. An array of Federal and non-Federal supports are available to help you succeed in these efforts. This section describes the Federal Project LAUNCH teams and their responsibilities. These include the Federal Program Office, the DGM, and the Division of Payment Management.

Project LAUNCH Federal Program Office

The Project LAUNCH Program Office is located in the Mental Health Promotion Branch of the Division of Prevention, Traumatic Stress and Special Programs (DPTSSP). This Division is located within the Center for Mental Health Services, one of SAMHSA's three main centers. (See Appendix G for SAMHSA's Organizational Chart.) The Project LAUNCH Program Office is staffed by five GPOs who oversee all of the LAUNCH grants. One of the LAUNCH GPOs also serves as the program's Coordinator, overseeing the development of the initiative and taking the lead in creating the project's infrastructure and promoting partnerships at the Federal level.

The Project LAUNCH Program Office works closely with the DGM at SAMHSA and, in particular, with the GMS for Project LAUNCH. More detailed descriptions of the SAMHSA GPO and GMS roles are provided below.

It is important to develop a good working relationship with the Federal program staff. Open, clear, and consistent communication with your GPO and GMS will enhance your ability to effectively implement the program in compliance with Government regulations and initiative requirements.

IMPORTANT NOTE

You will be assigned a GPO and GMS. These two individuals are your resources for navigating unfamiliar territory as you implement the project. They can assist you with everything from setting up a new program to addressing closeout issues once a funded project has concluded. (See tables 3 and 5.)

SAMHSA GPOs

Your assigned GPO will be your primary contact throughout the life of the grant. GPOs are responsible for overseeing programmatic issues related to implementing the grant. A GPO's responsibilities include the following:

- Monitor progress of the project.
- Provide input or suggest resources to help the PD achieve the goals of the project.

- Recommend (to SAMHSA’s DGM) approval or disapproval of project changes requested by the PD.
- Hold monthly or bi-monthly calls with grantee, CSE Liaison, and TAS to review successes, challenges, strategize solutions together, and review upcoming events and news from SAMHSA, CSE and TA Team.
- Help grantees navigate the Federal system and ensure that grantees connect with non-Federal TA as needed.

Table 3. Contact Information for Project LAUNCH GPOs

Name and Title	Contact Information
Jennifer A. Oppenheim, PsyD Coordinator, Project LAUNCH	Mental Health Promotion Branch Center for Mental Health Services SAMHSA, HHS 1 Choke Cherry Road Room 6-1132 Rockville, MD 20857 Phone: 240-276-1862 Fax: 240-276-1890 Email: jennifer.oppenheim@samhsa.hhs.gov
Andrea M. Harris, M.S., LCADC, CPP Public Health Advisor	Center for Substance Abuse Prevention SAMHSA, HHS 1 Choke Cherry Road Room 4-1038 Rockville, MD 20857 Phone: 240-276-2441 Fax: 240-276-2560 Email: andrea.harris@samhsa.hhs.gov
Ekaterina Zoubak, MA Public Health Advisor	Mental Health Promotion Branch Center for Mental Health Services SAMHSA, HHS 1 Choke Cherry Road Room 6-1126 Rockville, MD 20857 Phone: 240-276-1739 Fax: 240-276-1890 Email: ekaterina.zoubak@samhsa.hhs.gov
Tara Parra, MA Public Health Advisor	Mental Health Promotion Branch SAMHSA, HHS 1 Choke Cherry Road Room 6-1116 Rockville, MD 20857 Phone: 240-276-1918 Fax: 240-276-1890 Email: tara.parra@samhsa.hhs.gov

<p>Melodye Watson, MA, LSCW Public Health Advisor</p>	<p>Mental Health Promotion Branch SAMSHA, HHS 1 Choke Cherry Road Room 6-1098 Rockville, MD 20857 Phone: 240-276-1748 Fax:: 240-276-1890 E-mail: melodye.watson@samhsa.hhs.gov</p>
<p>Yanique Edmond, Ph.D., MPA Public Health Advisor</p>	<p>Mental Health Promotion Branch SAMSHA, HHS 1 Choke Cherry Road Room 6-1080 Rockville, MD 20857 Phone: 240-276-1574 Fax: 240-276-1890 E-mail: yanique.edmond@samhsa.hhs.gov</p>

Division of Grants Management (DGM)

The DGM includes the Grants Management Officer (GMO), the GMS, and other Division staff members. The Division is responsible for the following activities:

- Conduct all aspects of the SAMHSA grants management process.
- Develop, implement, and coordinate the application of Agency standards, methods, and procedures for the management of grants and cooperative agreements.
- Provide guidance to the Agency, applications, and grantees on the management and administrative aspects of grant programs.
- Review applications, reports, and active projects to ensure compliance with management policies and procedures.
- Prepare, process, and disseminate award documents.
- Prepare special and recurring reports related to applications and awards.
- Measure and track grants management performance.

SAMHSA GMO and GMS

The GMO is the designated SAMHSA official responsible for business management aspects (e.g., budgetary, legal) of a particular grant or cooperative agreement. However, the GMS performs many activities on behalf of the GMO and is usually your primary point of contact for grant-related issues. The GMO (or GMS on behalf of the GMO) is the only official authorized to obligate the operating division to expend Federal funds or to change the funding, duration, or other terms and conditions of an award.

The fundamental role of the GMO, GMS, and other staff is to complement the technical knowledge of GPOs by providing expertise in the business and other non-programmatic areas of grants administration. The GMS and GPO provide technical and programmatic expertise to the GMO on issues surrounding grants administration (e.g., legal and financial policies). Therefore, you should address all requests for grant actions that require Government approval

to the GMS and the GPO. For actions that impact substantive aspects of the grant project (Prior Approval Requests), the GMS, on behalf of the GMO, will ask the GPO for a recommendation on whether the proposed action is appropriate in terms of its impact on the goals of the grant.

Table 4. Contact Information for Project LAUNCH GMS

Name and Title	Contact Information
<p>Benjamin Hunter Grants Management Specialist</p>	<p>Division of Grants Management SAMHSA, HHS 1 Choke Cherry Road Room 7-1102 Rockville, Maryland 20857 Phone: 240-276-2257 Fax: 240-276-1430 Email: benjamin.hunter@samhsa.hhs.gov</p>

Additional Resources

The DGM provides a wealth of online information for grantees. To access the information, go to <http://www.samhsa.gov/>. Click on Grants, and then, Grants Management (under Grants Information on the right-hand side of the page).

IMPORTANT NOTE

- The DGM is the final authority for approving changes to budgetary and management aspects of the grant, so your grant PD, State/Tribal Young Child Wellness Expert, State/Tribal Young Child Wellness Partner and business office staff should always interact with the DGM about these changes. However, you should always inform the GPO about changes to your project, including budgetary and management changes.
- Always include your SAMHSA grant number when communicating with the DGM, and always copy your GPO on communications with the DGM.

Division of Payment Management (DPM)

The DPM provides centralized electronic grant and grant-type payment, cash management, and grant accounting support services to HHS and other Federal departments and agencies. The DPM serves as a fiscal intermediary between Federal awarding agencies and award recipients. As part of its services, the DPM provides same-day and next-day automated payments, monitors the status of award funds, provides related debt-collection services, and performs Federal Domestic Assistance reporting to the U.S. Department of Commerce.

The DPM has assigned, or will assign, each grantee a 12-digit Entity Identification Number (EIN) for payment and accounting purposes. This number is an expansion of the 9-digit EIN assigned to an organization by the Internal Revenue Service. Grant payments are usually made electronically through the DPM via the Payment Management System. However, there may be special conditions imposed on your access to draw down grant funds, especially if your organization has not had prior Federal grants. Your business office should be the organizational

component responsible for drawing down grant funds. For more information on the Payment Management System, visit <http://www.dpm.psc.gov/>.

If your organization has not had prior Federal grants or if your accounting, financial, or administrative management systems do not conform to Federal regulations, you may be placed on “Restricted Status.” The Office of Advisory Services, an office within the DGM, makes this determination. If you are placed on Restricted Status, you will receive a letter stating the reason(s) for your status. The Terms and Conditions attached to the NoA will explain what you need to do to get off Restricted Status and gain access to draw down funds. When you receive a request for information, respond in a timely manner to avoid lengthy delays and to ensure prompt removal of the Restricted Status. It is *your* responsibility to work with the DGM to correct whatever problems exist and to aid in compliance with any special conditions. You can find more information on Restricted Status within the HHS Grants Policy Statement, available at <http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>.

Your Federal Cash Transaction Report lists your Account Liaison. (The HHS office responsible for grant fund payment assigns the Account Liaison based on the type of recipient you are and the State in which you are located.) If you experience any difficulty in receiving grant payments or expense reimbursements, your first point of contact is the Account Liaison. If the difficulty is not resolved through the Account Liaison, contact the GMS and GPO to alert them of unresolved problems. The GMS and GPO can assist you and monitor progress on resolving payment issues. Direct all inquiries regarding payments to the following address:

Division of Payment Management

P.O. Box 6021

Rockville, MD 20852

Phone: 1-877-814-5533

IMPORTANT NOTE

Your grant PD or grants office must contact the DPM immediately after grant award so that funds can be drawn down as soon as possible!

Section IV: Non-Federal Technical Assistance and Resources

A number of non-Federal organizations are also available to provide assistance to Project LAUNCH grantees. In addition to the GPO and GMS, you will work with the Project LAUNCH Technical Assistance Team and the Cross-Site Evaluation Team. These teams, as well as the specific liaisons assigned to you, will be at all grantee meetings. Each team's role is briefly described below.

Project LAUNCH Technical Assistance (TA) Team

Technical Assistance (TA) for Project LAUNCH grantees is available through the National Center for Mental Health Promotion and Youth Violence Prevention at Education Development Center, Inc. (EDC). This service is made possible through a cooperative agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA) at the U.S. Department of Health and Human Services. EDC's TA partners are the American Institutes for Research and the Georgetown University Center for Child and Human Development.

The TA Team builds on the strength and expertise of all partner organizations to be responsive to SAMHSA and the needs of Project LAUNCH grantees. Each grantee will have a primary technical assistance specialist (TAS) who serves as the point of contact for TA requests and day-to-day support. The TA Team meets weekly to share strategies, update progress, solve problems, identify resources, and develop materials. The team's TA leaders meet regularly with the Project LAUNCH Government Project Officers (GPOs) and the Cross Site Evaluation Team to share information, plan events, and coordinate TA.

TA Goal and Approach

The Project LAUNCH TA Team's approach is based on many years' experience working with state, tribal, and community grant programs. The goal of TA is to provide high quality individual and group TA that enhances the capacity of grantees to fulfill the vision and mission of Project LAUNCH in tribes, states, and communities. The TA Team is committed to building trusting relationships with grantees and to being proactive, responsive and solution-oriented. The team's approach reflects respect for the hard work grantees must do to accomplish their Project LAUNCH goals, including the strategic planning, cross-agency, and systems work that requires both content knowledge and process expertise. TA is provided in a manner that acknowledges and supports the diverse context, environment, and culture of each grantee and of the clients they serve. TA will be customized to support each grantee in meeting program goals.

TA Support for LAUNCH Grantees

The TA Team offers support on a wide range of issues and topics, including the following:

- Strategic planning
- Family engagement
- Selecting evidence-based practices (EBPs)
- Program implementation
- Financing and sustainability
- Communications and public awareness

- Cultural competence
- Needs and resource assessment

The team uses a number of TA modalities, including regular telephone contact, e-mail correspondence, limited on-site visits, grantee meetings, and peer-to-peer networking.

Resources Provided and Services Supported by the TA Team

- Extensive resources and tools available through the project’s Web site at <http://projectlaunch.promoteprevent.org> (Grantees can locate resources in the project’s library using the site’s keyword search function.)
- Updates, training, and opportunities for you to learn from other LAUNCH grantees through periodic conference calls, Office Hours calls, communities of practice, and webinars
- LAUNCH Links*, an e-resource update that provides links to current resources and events relevant to Project LAUNCH (*LAUNCH Links* issues are archived on the project’s Web site for future reference.)
- An initiative-wide listserv, as well as grantee-specific listservs, to facilitate communication among state or tribal, local, TA, and evaluation staff associated with the grant
- One annual grantee conference
- Referrals to external expert consultants whose services grantees can use on a fee-for-service basis

Grantees work with an assigned TAS to develop a virtual TA plan, which will evolve over the course of the grant. The TA Team will document and evaluate communication between TASs and grantees to ensure that grantees are satisfied with the TA process and outcomes. Members of the Project LAUNCH TA Team and their contact information are listed in table 5.

Table 5. Contact Information for Project LAUNCH TA Team (Leadership Listed First)

Name and Title	Contact Information
Deborah Haber Director, National Center for Mental Health and Youth Violence Prevention Education Development Center, Inc.	43 Foundry Avenue Waltham, MA 02453 Phone: 617-618-2226 Fax: 617-969-5951 Email: dhaber@edc.org
Patricia Fahey Co-Lead, Education Development Center, Inc.	43 Foundry Avenue Waltham, MA 02453 Phone: 617-618-2375 Fax: 617-244-3609 Email: pfahey@edc.org

Name and Title	Contact Information
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<p>Stephanie Autumn Technical Assistance Specialist, Education Development Center, Inc.</p>	<p>St. Paul, MN Phone: 651-291-2972 Fax: 651- 222-7015 Email: sautumn@edc.org</p>
<p>Patty Cameron Technical Assistance Specialist, Education Development Center, Inc.</p>	<p>43 Foundry Avenue Waltham, MA 02453 Phone: 617-618-2408 Fax: 617-969-5951 Email: pcameron@edc.org</p>
<p>Gabriele (Gaby) Fain Technical Assistance Specialist, American Institutes for Research</p>	<p>Palo Alto, CA Phone: 650-843-814 Fax: 650-858-0958 Email: gfain@air.org</p>
<p>Neal M. Horen Technical Assistance Specialist, Georgetown University Center for Child and Human Development</p>	<p>3300 Whitehaven Street, NW Box 571485 Washington, DC 20057 Phone: 202-687-5443 Fax: 202-687-8899 Email: horenn@georgetown.edu</p>
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<p>Cynthia Madigan Technical Assistance Specialist, Education Development Center, Inc.</p>	<p>Cass Lake, MN Phone: 218-407-4252 Email: cmadigan@edc.org</p>
<p>Deborah Perry Technical Assistance Specialist, Georgetown University Center for Child and Human Development</p>	<p>3300 Whitehaven Street, NW Box 571485 Washington, DC 20057 Phone: 202-687-5062 Fax: 202-687-8899 E-Mail: dfp2@georgetown.edu</p>
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Kim Netter Communications Specialist, Education Development Center, Inc.	43 Foundry Avenue Waltham, MA 02453 Phone: 617-618-2303 Fax: 617-527-4096 Email: knetter@edc.org
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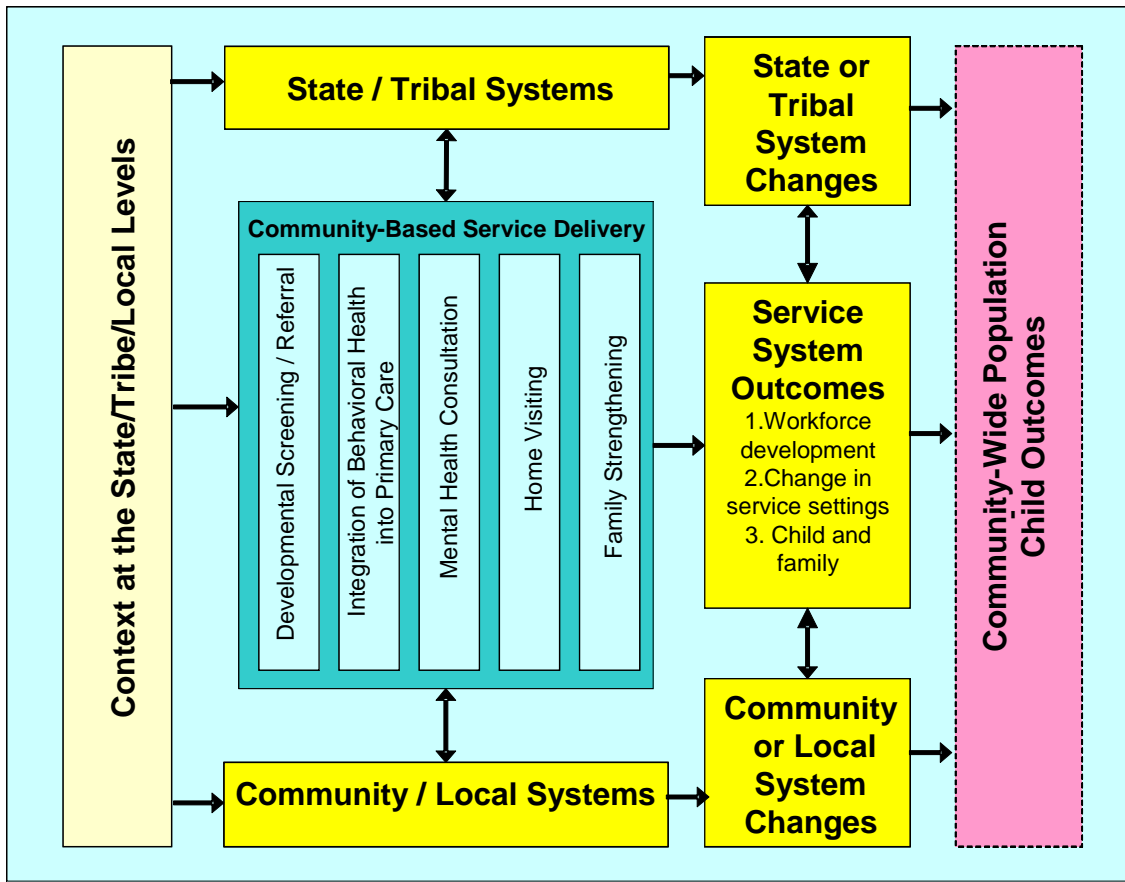
Project LAUNCH Cross-Site Evaluation Team

A key component of the Project LAUNCH cooperative agreement is the grantees' participation in evaluating and measuring the performance of program and system change. You will receive support in developing a local evaluation that (1) includes process, outcome, and cost components; (2) enables an evaluation of the particular and unique aspects of each program; and (3) helps you to improve your program based on the data collected. In addition, all grantees participate in the Project LAUNCH cross-site evaluation, which is facilitated through a partnership with the Office of Planning, Research and Evaluation (OPRE) at the Administration for Children and Families. Project LAUNCH's cross-site evaluation, which has been collaboratively developed with Cohort I grantees, cross-site staff, and federal staff, serves as an important means of collecting, documenting, and disseminating information about the overall implementation and outcomes of the Project LAUNCH initiative.

The Project LAUNCH Cross-Site Evaluation Framework (exhibit 2) reflects the relationship of key evaluation questions related to the following:

- What are the system changes at the State/Tribal level?
- What are the system changes at the community/local level?
- How have child and family services in the community been enhanced?
- What is the effect on the health and well-being of young children in the Project LAUNCH communities?

Exhibit 2. Project LAUNCH Cross-Site Evaluation Framework



Two main cross-site evaluation data collection components result from this framework, see http://www.acf.hhs.gov/programs/opre/other_resrch/project_launch.pdf for more information:

- **Site-visits and telephone interviews with all Project LAUNCH grantees.** Site visits, conducted at the end of the second grant year, focus on obtaining contextual information, as well as information regarding the implementation of Project LAUNCH at the state/tribal and community/local levels. Telephone interviews are conducted at the end of the first, third, and fourth year of the grant and focus on the programs implemented within each Project LAUNCH strategy, changes in the service strategy over the grant period, state/tribal and community system change activities, initiatives and accomplishments of the Young Child Wellness Council (state/tribal and local), and strategies to sustain Project LAUNCH beyond the grant period.
- **Semi-annual electronic data reporting.** You will submit data electronically via a Web-based data reporting system. Two categories of data will be reported through the Web-based system:
 - 1) Information on system changes at the state/tribal and community/local levels
 - 2) Data on service implementation and delivery for the previous 6-month reporting period, including demographic data for children and families receiving services directly provided by Project LAUNCH and data about provider behavior changes and provider setting changes

The cross-site evaluation team will also analyze child and parent outcomes from grantee-conducted studies that estimate impacts at a population level and/or quasi-experimental studies of individual programs and services.

In addition, the cross-site evaluation team will assist SAMHSA in meeting its obligations under the Government Performance and Results Act (GPRA). GPRA requires all federal agencies to implement data tracking systems to monitor performance of their programs, including grant programs.

The evaluation contractor that developed and is administering the cross-site evaluation is Abt Associates. Shortly after the grant award, Abt will contact grantees to introduce the cross-site evaluation. A dedicated Evaluation Liaison will be assigned to work closely with you and to provide any training for data reporting or technical assistance that may be needed to facilitate full participation in the cross-site evaluation and to meet SAMHSA's requirements for the local grantee-level evaluation. Members of the Cross-Site Evaluation Team will take part in grantee meetings to obtain input from grantees on the development and implementation of the local evaluation plan. The CSE evaluation liaison for each grantee will participate in the regular GPO SAMHSA calls with the grantee. In addition, the liaison will hold regular calls with the evaluators to discuss any evaluation issues. The liaison will assist the evaluator in developing and finalizing a local evaluation plan that will be shared with the SAMHSA GPO.

Examples of Evaluation TA Provided:

- Helping develop an evaluation plan for all program components as well as state/tribal and local systems initiatives
- Helping to select provider, parent, and child measures
- Helping to select appropriate measures of collaboration for local and state/tribal systems activities
- Assistance with how to report data in the CSE portal
- Providing webinars and learning community discussions on evaluation issues (e.g., evaluating mental health consultation, using evaluation data for program improvement and sustainability, measuring collaboration across systems).

The following are desired characteristics and abilities of a grantee-specific evaluator:

- Knowledge and experience in conducting evaluations using quasi-experimental designs with provider, parent, and child outcomes
- Experience with qualitative measurement of provider, child, and parent outcomes
- Experience conducting implementation evaluation studies
- Ability to communicate effectively with program staff and LAUNCH service providers
- Experience in using evaluation data for quality improvement of programs
- Experience with utilization-focused evaluation in community settings

Members of the Cross-Site Evaluation Team and their contact information are listed by office in table 6.

Table 6. Contact Information for Project LAUNCH Cross-Site Evaluation Team (Listed by Office)

Abt Associates, Cambridge Office 55 Wheeler Street Cambridge, MA 02138	
Name	Contact Information
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Sara Donahue	Phone: 617-520-2489 Email: sara_donahue@abtassoc.com
Norah Mulvaney-Day	Phone: 617-520-2645 Email: norah_mulvaneyday@abtassoc.com
Cat Darrow	Phone: 617-520-3034 Email: catherine_darrow@abtassoc.com
Abt Associates, Bethesda Office 4550 Montgomery Avenue Suite 800 North Bethesda, MD 20814	
Name	Contact Information
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Caryn Nagler	Phone: 301-634-1762 Email: caryn_nagler@abtassoc.com
Vonna Drayton	Phone: 301-347-5837 Email: vonna_drayton@abtassoc.com

Section V: Questions about Other Grants Management and Budgetary Issues

As a grantee, you need to be aware of and familiar with several other regulatory issues. Some are not specific to Project LAUNCH but may be applicable to Project LAUNCH grantees. Consult with your GPO or GMS about any remaining questions you have regarding these regulations.

What Income Must Grantees Report?

Any income (revenue) a grantee earns from Project LAUNCH services must be used as program income. If your grant produces program income, including Medicaid reimbursements for services, follow these initial instructions for reporting it:

- Once the program income is "added" to the funds committed to the project or program, use it to advance eligible (approved) project or program objectives.
- Report the total program income generated separately on line 7, Section B of the 424A form when you apply for FY 2010–2011 funding. You do not need to submit a revised 424A form, nor do you need to budget or report anything now.
- Report program income on the annual FSR at the end of each year.

Refer to the following documents for more information on program income:

- Terms and Conditions, Section 11 informs you about program income.
- Title 45 of the Code of Federal Regulations, Part 74 or 92 (whichever one is applicable) includes information about profiting from grant funds.
- HHS Grants Policy Document, Part II, 62–64 discusses program income. This document is available at <http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>.

If you do not know whether you are collecting program income, please feel free to contact your GPO or GMS to ask questions.

Use of funds

SAMHSA grant funds must be used for purposes supported by the project and may not be used to make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. Non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview. Food is generally unallowable unless it's an integral part of a meeting, conference or program specific. See Appendix F in RFA for further guidance.

What Must Grantees Include on Project LAUNCH Products?

Products developed under a cooperative agreement are “owned” by the grantee. However, **SAMHSA encourages grantees to** acknowledge SAMHSA as the funding source on all products produced as part of your grant (e.g., fact sheets, flyers, articles), and include the following disclaimer:

SAMHSA Disclaimer

This [paper/report/etc.] was developed [in part] under grant number [XXXX] from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

In addition, SAMHSA asks that you take the following actions:

- Notify the GPO before you publish relevant articles in peer-reviewed journals.
- Provide advance copies of relevant articles to the GPO.
- Enable SAMHSA to produce a press release, if warranted.

Project LAUNCH Logo

SAMHSA strongly encourages you to use the Project LAUNCH logo on all materials developed as part of your grant. The Project LAUNCH logo is a trademarked logo, and although use of the official logo is optional for grantees, Project LAUNCH staff encourages its use to help increase both local and national recognition and awareness of Project LAUNCH.

Please contact Nikita Carney at ncarney@edc.org to request a high resolution file of the Project LAUNCH logo.

Which Grant Changes Require Prior Approval?

Although you have a great deal of flexibility in meeting the overall goals of the grant, certain post-award changes to the scope, implementation, or budget of the grant project may require GPO and DGM approval in writing before you can implement them. This is called “prior approval.”

While some changes to the grant do not require formal, written approval, you should always discuss a desired change with the GPO before initiating the change. The GPO will consider every proposed change and advise you on whether it is appropriate, even if the change does not require prior approval. If prior approval is needed, the GPO can tell you what documentation you need to prepare to accompany the change request to the GMS. Your prior approval requests must be formal, written on your organization’s letterhead, and signed by the grant PD and an authorized representative of the organization. The request must be addressed to the GMS with a copy to the GPO, and it must include programmatic and budget justifications for any changes sought.

If a change is approved, the DGM will issue you a new NoA. Please note that the DGM never gives verbal approvals, and verbal approvals are not considered official approval by the GPO.

If you have questions, please start by talking to your grant GPO. You may also consult your NoA, the SAMHSA Grants Management webpage at <http://www.samhsa.gov/grants/management.aspx> and/or Section II-49 of the HHS Grants Policy Statement, found at <http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>.

The most common changes that require prior approval are those to key staff positions, grantee organizations, and scope. These are described below:

Changes in Key Staff Positions

You must get prior approval for any change to the key staff positions (including level-of-effort changes) listed in your grant NoA. SAMHSA grants are awarded to organizations—**not** to individuals (i.e., they are not awarded to the PD or head of the organization). Thus, the grant belongs administratively to the awarded organization, and any grant-related action requiring Government approval must be signed by a responsible business official representing the organization (if approved by the GMS, electronic requests are acceptable in some cases).

If you are proposing a change to key personnel, you must submit to the GPO a written request, including a copy of the proposed replacement candidate's curriculum vitae. The curriculum vitae must document the background and experience that qualifies the candidate for the key personnel role. Additionally, for Project LAUNCH cooperative agreements, the NoA may specify that the State/Tribal YCWE (Cohorts I, II and IV), State/Tribal YCWP (Cohort IV) and Local YCWC (Cohorts I, II, III and IV) are key personnel (see Appendix D regarding position descriptions). If so, you must get prior approval from the GMS and the GPO before changing these positions.

Change in Grantee Organization

It is possible to transfer the legal and administrative responsibility for a grant project from one organization to another before the expiration of the project period, if certain conditions are met. If you are proposing to do so, you must get prior approval See the HHS Grants Policy Statement, Part II-51 at <http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf> for additional information.

Change in Scope

Changes to the originally proposed project scope of work require prior Government approval. A change in scope occurs when you propose to change the objectives, aims, purposes, or a combination of these elements, as identified in the approved application.

Under Project LAUNCH, any change to the following elements is considered a significant change in scope:

- Goals (e.g., changing the target population of the project to a different community or age group)
- Scope (e.g., reducing services originally proposed or reducing the number of clients)
- Conduct (e.g., changing a subcontractor, transferring substantive programmatic work to a contractor, or changing your evaluation plan)

You should discuss any potential changes to scope, objectives, or both with your GPO and provide your reasons for requesting such changes, as well as the potential budgetary

implications. If the GPO determines that a prior approval request is necessary, you must submit a written request to your GMS and GPO.

Are Grantees Able to Charge Indirect Costs?

Grants could have both direct costs and indirect costs. While *direct* costs are the actual expenses of conducting the project, *indirect* costs are those associated with overhead.

Although indirect costs are reimbursable under this type of grant award, applicants must have an indirect cost rate agreement (covering the applicable activities and period) to be reimbursed indirect costs.

Indirect cost rates are negotiated with your Cognizant Federal Agency and should be done prior to submission of grant application.

Note, however, that the grant award is for total costs, and the total grant award will not be increased to support additional indirect costs. If you add or increase indirect costs, you must offset them with a corresponding decrease in direct costs.

If your organization does not have a Federal indirect cost agreement, you may negotiate one with the appropriate Federal office. However, if you are not charging indirect costs, you do not need an indirect cost rate.

For more information on indirect costs, refer to your NoA's Terms and Conditions or consult the HHS Grants Policy Statement at <http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf> or contact your GMS with any questions.

May Grantees Re-budget Costs?

IMPORTANT NOTE

Read this section carefully, and share this information with your business office; **some re-budgeting requests do not require Government approval.**

Grantees, in general, are allowed a certain degree of latitude to re-budget between budget categories in the approved total direct budget of the project. You may need to re-budget to meet unanticipated requirements or to accomplish certain programmatic changes that don't require prior approval. However, you must get prior approval from the DGM and your GPO if you need to substantially change the budget expenses between budget categories to accommodate a desired change in how you implement the grant project (e.g., additional or different service program training). This is considered significant re-budgeting.

More specifically, significant re-budgeting occurs when the cumulative amount of transfers among direct cost categories for the current budget period exceeds 25 percent of the total amount awarded or \$250,000, whichever is less. Re-budgeting within budget categories, however, does not count against this 25% limit.

You should consult with your GPO about any level of program change and re-budgeting to ensure that you are meeting the program outcomes and scope and complying with DGM re-budgeting rules.

See the *HHS Grants Policy Statement*, page II-55, and the SAMHSA DGM website found at <http://www.samhsa.gov/Grants/management.aspx> for more information.

Appendices

- A. Acronyms
- B. Glossary
- C. Guidance for Connecting with Other Programs and Initiatives
- D. Language for Position Descriptions
- E. Sample Memoranda of Understanding
- F. Project LAUNCH Program Office Strategic Plan
- G. Organizational Chart for SAMHSA
- H. Map and List of Current Project LAUNCH Grantees

Appendix A: Acronyms

In addition to having strong verbal and written communication skills, grantees need to keep handy an ever-expanding list of acronyms that Federal staff are known to use. This list will help get you started.

ABT	Abt Associates—The Cross-Site Evaluation Team for Project LAUNCH
ACF	Administration for Children and Families—An agency within the U.S. Department of Health and Human Services (HHS) responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to (1) empower families and individuals to increase their own economic independence and productivity; (2) promote strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children; (3) build partnerships with individuals, front-line service providers, communities, American Indian Tribes, Native communities, States, and Congress that enable solutions that transcend traditional agency boundaries; (4) plan, reform, and integrate services to improve needed access; and (5) uphold a strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.
CMHS	Center for Mental Health Services—One of the three centers in SAMHSA; CMHS seeks to improve the availability and accessibility of high-quality, community-based services for people with or at risk for mental illnesses and their families.
DGM	Division of Grants Management—The division in SAMHSA that is responsible for all business management matters associated with the review, negotiation, award, and administration of grants; the DGM interprets and enforces grants administration policies and provisions.
DPM	Division of Payment Management—Payments for grants awarded by SAMHSA are made through this division, housed in HHS.
EBP	Evidence-Based Practice—Programs that have undergone scientific evaluation and have proven to be effective
EDC	Education Development Center—A private, nonprofit 501(c) (3) organization headquartered in Waltham, MA, EDC is the Project LAUNCH Technical Assistance Team.
FSR	Financial Status Report—Required of grantees annually by the DGM
GPO	Government Project Officer—Responsible for overseeing programmatic issues related to implementing SAMHSA grants
GMO	Grants Management Officer—Responsible for all business and financial management matters associated with the review, negotiation, award, and administration of SAMHSA grants

GMS	Grants Management Specialist—Responsible for grants management and financial matters, this person acts on behalf of the GMO.
GPRA	The Government Performance and Results Act of 1993 (Public Law 103-62) was enacted to improve stewardship in the Federal Government, linking resources and management decisions to program performance. It requires all Federal agencies (including SAMHSA) to implement data tracking systems to monitor performance of their programs, including grant programs.
HHS	U.S. Department of Health and Human Services—The Federal department that houses SAMHSA, HHS is the Government’s principal agency for protecting the health and safety of all Americans and for providing essential human services, especially for those least able to help themselves.
HRSA	Health Resources and Services Administration—An agency within the U.S. Department of Health and Human Services, HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. HRSA provides leadership and financial support to healthcare providers in every State and U.S. Territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, pregnant women, mothers, and children. HRSA grantees train health professionals and improve systems of care in rural communities.
IRB	Institutional Review Board—An independent group of professionals designated to review and approve research protocols involving human subjects, IRB ensures the ethical and safe treatment of study participants.
MIECHV	Maternal Infant Early Childhood Home Visiting is a program designed to (1) strengthen and improve the programs and activities carried out under Title V, (2) improve coordination of services for at-risk communities, and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.
MOA/MOU	Memorandum of Agreement/Memorandum of Understanding—See Appendix B: Glossary and Appendix E: Sample Memoranda of Understanding
NoA	Notice of Grant Award—Official notification that an applicant has been awarded a Federal grant
OMB	Office of Management and Budget—OMB is an Executive Branch agency with the mission of assisting the President in overseeing the preparation of the Federal budget and supervising its administration in Executive Branch agencies. SAMHSA grantees may hear about “OMB clearance,” the process that a Federal agency must follow when it collects data to ensure compliance with the Paperwork Reduction Act of 1995. The goal of this process is to minimize the burden on respondents, avoid duplication, minimize the cost to the Federal Government, and maximize the usefulness of the information collected.

- SAMHSA** Substance Abuse and Mental Health Services Administration—SAMHSA is a Federal agency within HHS whose mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. Responsibility for managing the Project LAUNCH Programs lies within SAMHSA.
- TA** Technical Assistance—Expert consultation regarding resources and strategies to enhance the effectiveness of prevention and promotion activities
- TRAC** Transformation Accountability System—This tool serves as a centralized portal for data from across CMHS’s wide discretionary portfolio. The TRAC will capture performance measures generated by key foci of CMHS programs: client services and infrastructure development. It will also capture requests for and delivery of technical assistance. The TRAC will allow SAMHSA to obtain a snapshot of the performance of individual grantees against target performance goals. Data analysis and output reports will allow CMHS to monitor and work with grantees to ensure quality implementation of programs and to inform the agency about future program needs and directions.

Appendix B: Glossary

This glossary provides grantees with a list of terms that are often used when communicating with Federal and non-Federal partners.

cooperative agreement: A financial assistance mechanism (grant) used when the funding agency anticipates substantial Federal programmatic involvement with the recipient during performance of the project. The nature of that involvement will always be specified in the offering or application guidance materials.

cross-site evaluation: The systematic collection of context, product, process, and impact information across Project LAUNCH program sites. The data will inform SAMHSA regarding the magnitude, importance, reach, and effectiveness of Project LAUNCH activities.

Councils on Young Child Wellness: A group of key State/Tribal or community/local early childhood service and partner organizations. Council members assist with the development, planning, and implementation of Project LAUNCH mission and goals. Refer to RFA for required members.

direct vs. indirect costs: Direct costs are those incurred in implementing the grant project. Because these can include both service delivery and program management components, they will include some administrative costs, such as salaries and benefits of program staff and managers, equipment, and training. Indirect costs are often called “overhead” and refer to administrative costs that cannot be assigned to specific projects, such as electricity and central administrative services.

in-kind contribution: In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) that come from non-Federal sources, such as State/Tribe or sub-State non-Federal revenues, foundation grants, or contributions from other non-Federal public or private entities. An example of an in-kind contribution would be a university’s cost for printing a suicide prevention brochure.

letter of intent: A letter from a person or partnering agency agreeing to provide certain services if the applicant receives the award. For example, the partnering agency must make explicit the intention to have representation and active participation in the State/Tribal Council on Young Child Wellness if the grant is funded.

memorandum of understanding (MOU): Also referred to as a memorandum of agreement (MOA), this is a formal agreement between two or more entities that defines and specifies (1) the responsibilities of each entity in implementing a project, or (2) the tangible assets that each will provide. This is more formal than a letter of support. See the sample MOUs in Appendix E.

stakeholder: An individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

sustainability: Ability to continue a program or practice after SAMHSA funding ends.

target population: The specific population of people a particular program or practice is designed to serve or reach.

Appendix C: Guidance for Connecting with Other Programs and Initiatives

All grantees should seek connections with other initiatives that support or share the goals of Project LAUNCH. Cross-initiative collaboration allows SAMHSA, other Federal agencies, and grantees to maximize resources and ensure an integrated rather than duplicative approach to serving their target populations. Please read the below descriptions of SAMHSA programs and State-level initiatives with which your grantee organization should consider partnering.

Related SAMHSA Programs

Several SAMHSA initiatives goals are similar or complementary to the goals of Project LAUNCH. Some initiatives may even be serving the same States/Tribes or communities as Project LAUNCH. Working with staff from other programs ensures that SAMHSA is implementing an integrated approach, prevents wasted resources caused by unnecessarily duplicated resources, and brings in additional resources to enhance the effectiveness and reach of grantees' efforts. Some similar or complementary initiatives are described below.

Safe School/Healthy Students Initiative (SS/HS). Through an interagency agreement between SAMHSA, the Department of Education, and the Department of Justice, this program supports local education agencies, in partnership with local mental health, juvenile justice, and law enforcement agencies, to implement an integrated, comprehensive community-wide plan designed to create safe and drug-free schools and promote pro-social skills and healthy development in children and youth. This program has served over 9.6 million children and families since 1999 and provides the following elements and services:

- Safe school environments and violence prevention activities
- Alcohol, tobacco, and drug prevention activities
- Student behavioral, social, and emotional supports
- Mental health services
- Early childhood social and emotional learning programs

To learn more about SS/HS, visit <http://sshs.promoteprevent.org/>

National Child Traumatic Stress Network (NCTSN). This grant program improves treatment and services for all children and adolescents in the United States who have experienced traumatic events and increases access to such improved treatment and services, as well as resources for community members and child-serving professionals. This program has served over 320,000 children and adolescents and provides the following services:

- Effective interventions to reduce immediate distress from exposure to traumatic events, and treatment for trauma symptoms following specific trauma and enduring, complex trauma
- Training in trauma-focused services for use in child mental health clinics, schools, child welfare and protective services, law enforcement entities, courts, medical settings, and refugee services

To learn more about NCTSN, go to <http://www.nctsn.org/>

Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence. This grant program facilitates the development and improvement of prevention, treatment, and care systems in the United States by providing national leadership and collaboration in the field of fetal alcohol spectrum disorders. The FASD Center for Excellence focuses on

- Exploring innovative service delivery strategies
- Developing comprehensive systems of care for FASD prevention and treatment
- Training service system staff, families, and individuals with FASD
- Preventing alcohol use among women of childbearing age
- Reducing the number of infants born prenatally exposed to alcohol
- Increasing functioning of persons who have an FASD
- Improving quality of life for individuals and families affected by FASD

To find out more about FASD Center for Excellence, go to <http://fasdcenter.samhsa.gov/>

SAMHSA’s Comprehensive Community Mental Health Services for Children and Families Program. This program supports states and communities to build systems of care for children with mental health challenges. This approach to services and supports recognizes the importance of family, school, and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural, and social needs. To learn more, visit <http://www.tapartnership.org/SOC/CommunityHealthServices.php>

Pregnant and Postpartum Women (PPW). The Residential Treatment program for Pregnant and Postpartum Women provides cost-effective, comprehensive residential substance abuse treatment services to women and their minor children that can be sustained over time. Since 1992, this program has evolved from a core program that addresses the needs of women and their minor children to include the treatment needs of the whole family. This family-centered treatment approach builds on

- Strengthening resources of the entire family
- Supporting sustained recovery for individual family members
- Improving overall family functioning

To find out more about PPW, go to

<http://www.icpsr.umich.edu/files/SAMHDA/NTIES/NTIES-PDF/BIBLIOS/rwc99.pdf>

State-Level Initiatives

All grantees need to establish strong relationships with key State-level individuals and agencies that will allow all involved to share information and align goals and strategies. The following strategies are particularly important for Local Coordinators in Cohort III:

- If a State Project LAUNCH program exists in your State, SAMHSA strongly encourages you to connect with the State Project Director and the State-level Council on Young Child Wellness to coordinate local and State-level LAUNCH activities.
- In developing your environmental scan, talk to the ECCS Director, the SPF SIG Epidemiological Workgroup, and other State leaders who may have data available to

inform your work and may benefit from your findings. (ECCS and SPF SIG are described below.)

- In developing your strategic plan, connect with State leaders in the ECCS Program, the Governor’s Cabinet on Young Children, or comparable groups to ensure that (1) the goals of your plan align with statewide goals, and (2) these groups are aware of your work and planning. Share the results of your strategic plan with State partners.
- Build partnerships at the State level that provide an opportunity to share lessons learned and best practices from your LAUNCH work.
- Utilize relationships with State leaders to share challenges and barriers encountered at the local level that might be addressed by policy changes, guidance, or advocacy on behalf of your community and Project LAUNCH.

Federal Initiatives with State-Level Programs

The following initiatives can help grantees establish relationships with State and Tribal-level individuals and organizations:

Early Childhood Comprehensive Systems (ECCS). The Early Childhood Comprehensive Systems Initiative is a program of the Maternal and Child Health Bureau at HRSA. The purpose of ECCS is to support States and communities in their efforts to build and integrate early childhood service systems that address the critical components of access to comprehensive health services and medical homes; social-emotional development and mental health of young children; early care and education; parenting education; and family support. Since 2003, 49 States, the District of Columbia, Guam, the Republic of Palau, and the Commonwealths of Puerto Rico and the Mariana Islands have participated in ECCS. Almost all of these grantees have now developed a plan for building a comprehensive system for young children. ECCS efforts involve a broad range of public and private agencies and organizations, parents, and communities who share the goal of promoting the health and well-being of children from age 0 to 5. You can learn more about ECCS, at <http://eccs.hrsa.gov/index.htm>.

Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Since 2010, more than \$300 million has been awarded to fund a new grant program for eligible States, Tribes, and Territories that provides for evidence-based home visiting programs for children and families in at-risk communities. This program is designed to (1) strengthen and improve the programs and activities carried out under Title V; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. At-risk communities were identified through review of the statewide needs assessment submitted by each State. Currently ACF provides funding to 25 tribal grantees through the Tribal MIECHV section of the initiative. For more information about this grant program, please visit <http://mchb.hrsa.gov/programs/homevisiting/>

Appendix D: Language for Position Descriptions

Young Child Wellness Expert/Partner

It is critical to clearly define the roles and responsibilities of all members of the state/tribal leadership team, which may consist of some or all of the above: State/Tribal PD, Young Child Wellness Expert, and Young Child Wellness Partner. If the leadership role is to be shared, it is essential to have specific activities assigned to each member of the team, and benchmarks for accountability clearly delineated. In the descriptions that follow, State/Tribal Team is used to designate leadership at the State/Tribal level. It is up to each individual state/tribe to determine how best to divide these responsibilities. Your GPO and TAS are available to provide guidance as well.

Common Activities. The State/Tribal Team leads all Project LAUNCH activities within the funded grant at the state/tribal level and collaborates with the Local Child Wellness Coordinator to ensure the effective and efficient delivery of Project LAUNCH services within the funded community during the life of the grant. The State/Tribal Team also supports the development of a local system by engaging partners to align work across agencies, and to support success at the local level.

The State/Tribal Team leads a State/Tribal Council on Young Child Wellness to identify opportunities for collaboration across the early childhood system to:

- Support Project LAUNCH activities in the target community.
- Plan, promote, and sustain successful aspects of the community program.
- Document lessons and successes from the target community to influence policy, funding, and programmatic decisions related to the social, emotional, and behavioral development of all young children.
- Learn about other, related early childhood initiatives at the state/tribal level (or in other parts of the state or other tribes), that can inform and be linked with Project LAUNCH in the local community.
- Collaborate on other ongoing or emerging efforts in early childhood that can incorporate or build on Project LAUNCH lessons learned or best practices.
- Pilot innovative practices or policies developed by the state/tribe within the local Project LAUNCH community, to the extent that there is interest and buy-in from local Project LAUNCH leadership.

Responsibilities.

- Provide fiscal and administrative oversight of the Project LAUNCH grant, including oversight of the local Project LAUNCH community to ensure that the grantee is in compliance with all grant requirements.
- Recruit participants for the State/Tribal Council on Young Child Wellness. Ensure that all required partners are engaged in the work of the Council (see RFA for list of required participants), including representation from the local LAUNCH community.
- Convene State/Tribal Council meetings on a regular basis to provide support and guidance to the Project LAUNCH initiative, and to update members on all Project LAUNCH activities.

- Coordinate State/Tribal-level young child wellness activities across agencies and jurisdictions through the Council.
- Lead the Council in developing a strategic plan for promoting young child wellness that reflects a coordinated effort across early childhood initiatives, including but not limited to Project LAUNCH. This includes working to establish interagency involvement in the initiative's structure and process by developing and/or changing interagency agreements and other public policies relevant to goals of the project.
- Lead the Council in developing an action agenda for successfully achieving the goals outlined in the strategic plan; monitor and review progress in achieving the plan's goals on an annual basis.
- Serve as a liaison to other state or tribal leaders, agencies, and interagency bodies positioned to support young child wellness. In particular, ensure collaboration with other federally-funded early childhood initiatives, e.g. ECCS, MIECHV, Tribal MIECHV, Promise Neighborhoods and Race to the Top - Early Learning Challenge Grants (as relevant).
- Serve as an educator and advocate for Project LAUNCH within the lead agency (an internal spokesperson) as well as partner agencies.
- Oversee and support the evaluation aspects of Project LAUNCH (both cross-site and local).
- Work with relevant stakeholders at the state/tribal level to coordinate across service systems to facilitate policy reforms and infrastructure improvements.
- As feasible, lead or participate in state/tribal-level workforce development efforts that increase knowledge and understanding of the social and emotional development of young children (and other aspects of young child wellness) across disciplines/agencies.
- As feasible, lead and/or participate in state/tribal-level public education or public awareness campaigns that increase awareness and understanding of young children's wellness, with a particular emphasis on healthy social and emotional development. (To include, but not limited to, Children's Mental Health Awareness Day events).
- Serve as the bridge between the state/tribe and the funded community by working in close coordination with and providing technical assistance (if needed) to the local child wellness coordinator.
- Serve on the local council on young child wellness as a liaison to the state/tribe.
- Represent the project with the SAMHSA GPO, State/Tribal leaders, and the community.
- Submit reports and other materials to SAMHSA to meet required evaluation and reporting criteria of the grant; ensure that the local level is complying with all evaluation and reporting requirements.

State/Tribal Young Child Wellness Expert (2008, 2009, and 2012 Cohorts)

Project LAUNCH is a Substance Abuse Mental Health Services Administration (SAMHSA)-funded program designed to promote the healthy development of young children through prescribed activities that advance the social, emotional, and behavioral health of young children within targeted communities.

The Project LAUNCH State/Tribal Young Child Wellness Expert (YCWE) serves as the funded grantee's Project Director (PD). The YCWE leads all Project LAUNCH activities within the funded grant at the State/Tribal level and collaborates with the Local Young Child

Wellness Coordinator to ensure the effective and efficient delivery of Project LAUNCH services within the community targeted in the 2008 or 2009 cooperative agreement during the life of the grant. For States in which additional communities were funded as part of the 2010 Cohort, the YCWE will provide guidance, information, and support to the Local YCWC to the extent feasible.

The YCWE also leads a State/Tribal Council on Young Child Wellness to identify ways to work collaboratively across the State/Tribal early childhood system, to support Project LAUNCH activities in the 2008 or 2009-target community, to sustain successful aspects of the community program at the end of the grant period, and to use lessons from the target community experience to influence policy, funding, and programmatic decisions related to the social, emotional, and behavioral development of all young children. For States in which additional communities were funded as part of the 2010 Cohort, the YCWE will ensure that the Council engages the 2010 community in a similar way.

Responsibilities*

- Serve as the official responsible for the fiscal and administrative oversight of the Project LAUNCH grant, including oversight of the local LAUNCH community to ensure that the grantee is in compliance with all grant requirements.
- Recruit participants for and convene the State/Tribal Council on Young Child Wellness.
- Coordinate State/Tribal-level young child wellness efforts through work with the State/Tribal Council on Young Child Wellness.
- Serve as a liaison to other State/Tribal officials and agencies positioned to support young child wellness.
- With the Council, support the development and implementation of a comprehensive strategic plan addressing young child wellness. These efforts will include working to establish interagency involvement in the initiative's structure and process by developing and/or changing interagency agreements and other public policies relevant to goals of the project.
- Serve as the bridge between the State/Tribe and the funded community by working in close coordination with and providing technical assistance to the Local Child Wellness Coordinator.
- Work with relevant stakeholders to coordinate across service systems and facilitate policy reforms and infrastructure improvements.
- Represent the project with the SAMHSA GPO, State/Tribal leaders, and the community.
- Submit reports and other materials to SAMHSA to meet required evaluation and reporting criteria of the grant; ensure that the local level is complying with all evaluation and reporting requirements.

Experience/Skills—This **key position** should be staffed by one individual with the following:

- Master or doctoral degree strongly encouraged

* Items marked with an asterisk are minimal requirements outlined in the Project LAUNCH RFA

- Extensive knowledge and experience in the area of public health and early childhood development, public health modeling, mental health, and/or substance abuse services
- At minimum, 6–8 years program administration experience, recommended
- Bachelor degree in relevant field required
- Excellent written and oral communication skills
- Knowledge of grant management and implementation
- Ability to work with individuals and groups in a culturally and linguistically competent manner
- Ability to organize, coordinate, and lead diverse people into effective committees and task forces
- Ability to monitor and assess efficiency and effectiveness of agency activities, and identify and resolve problems in program operations and services
- Combination of 10 years' education, training, and/or relevant experience in child development, public health, mental health, or substance abuse prevention services is preferred

The State/Tribal YCWE will serve as the official responsible for the fiscal and administrative oversight of the cooperative agreement and will be responsible and accountable for the proper conduct of the cooperative agreement. If applicants are not able to find a person with the requisite background, applicants may consider two persons to share the position as long as justifying documentation is provided.

Local Young Child Wellness Coordinator (2008, 2009, and 2012 Cohorts)

Project LAUNCH is a Substance Abuse Mental Health Services Administration (SAMHSA)-funded program designed to promote the healthy development of young children through prescribed activities that advance the social, emotional, and behavioral health of young children within targeted communities.

The Local Young Child Wellness Coordinator (YCWC) leads all Project LAUNCH activities within the local funded community for a Project LAUNCH grantee. The YCWC works in close coordination and collaborates with the State/Tribal Young Child Wellness Expert (YCWE) to ensure the effective and efficient delivery of Project LAUNCH services within the targeted community throughout the life of the grant. The YCWC also leads a Local Council on Young Child Wellness to develop and implement a strategic plan for the project and strategies for sustainability of successful aspects of the community program beyond the end of the grant period.

Responsibilities*

- Oversee the development and implementation of a local-level component of the comprehensive strategic plan for developing, implementing, and sustaining infrastructure and programs addressing young child wellness.
- Establish the organizational structure.
- Hire staff

* Items marked with an asterisk are minimal requirements outlined in the Project LAUNCH RFA

- Provide leadership in all local facets of young child wellness efforts, including guiding the establishment of interagency collaborations with other community-based, child- and family-serving public agencies.
- Submit reports and other materials to the State/Tribal YCWE to meet required grant evaluation and reporting criteria; ensure compliance with all evaluation and reporting requirements.
- Convene a Local Council on Young Child Wellness that assists in the development and implementation of a strategic plan for the local-level project and sustainability of successful aspects of the community program at the end of the grant period.

Experience/Skills—This **key position** should be staffed by one individual with the following:

- B.A. required, M.A. preferred
- Knowledge of early childhood development across physical, mental, social, emotional and behavioral domains and related service systems
- Excellent written and communication skills
- Demonstrated experience in mobilizing service systems, management, policy analysis, and strategic thinking
- Leadership experience
- Demonstrated ability to foster collaborative relationships
- Ability to work with individuals and groups in a culturally and linguistically competent manner
- Ability to organize, coordinate, and lead diverse people into effective committees and task forces
- Knowledge of grant management and implementation
- Ability to monitor and assess efficiency and effectiveness of implementation of services to children and families, including identifying and resolving problems in program operations
- Ability to monitor provider agencies subcontracted to offer Project LAUNCH services
- Seven- to 10-year combination of education, training, and/or relevant experience in child development, public health, mental health or substance abuse prevention services is preferred
- This position should be staffed by an individual who represents the cultural and linguistic background of the population to be served. This is a full-time equivalent position.

Local Young Child Wellness Coordinator (2010 Cohort only)

Project LAUNCH is a Substance Abuse Mental Health Services Administration (SAMHSA)-funded program designed to promote the healthy development of young children through prescribed activities that advance the social, emotional, and behavioral health of young children within targeted communities.

The Project LAUNCH Local Young Child Wellness Coordinator (YCWC) for the 2010 Cohort will serve as the funded grantee's Project Director and lead all Project LAUNCH activities. The Local YCWC will be responsible for overseeing the development and implementation of all direct services (including workforce development and outreach activities). In addition, The Local YCWC will provide oversight to the Council on Young Child Wellness.

In States with existing Project LAUNCH initiatives, the Local YCWC will collaborate with both the State YCWE and the State Young Child Wellness Council.

Responsibilities*

- Serve as the official responsible for the fiscal and administrative oversight of the cooperative agreement and be responsible and accountable for proper conduct of the cooperative agreement.
- Recruit participants for and convene the Local Council on Young Child Wellness.
- Provide leadership to the Young Child Wellness Council that provides planning and oversight to the project and its strategic planning process.
- Serve as a liaison to other local/ State/Tribal officials and agencies positioned to support young child wellness (such as the ECCS, Children’s Cabinet, and/or SPF SIG workgroup leadership) who can support the project’s implementation and help to sustain successful aspects of the program at the end of the grant period.
- Oversee the development and implementation of a comprehensive strategic plan for developing, implementing, and sustaining infrastructure and programs addressing young child wellness.
- Establish the organizational structure.
- Hire staff.
- Provide leadership in all local facets of young child wellness efforts, including guiding the establishment of interagency collaborations with other community-based, child- and family-serving agencies.
- Provide oversight and coordination of all participating partner agencies and service providers.
- Work towards policy and infrastructure improvements.
- Represent the project with the SAMHSA GPO, State/ and Tribal leaders, and the community.
- Ensure compliance with all data collection and performance measurement requirements of the grant and all reporting requirements.

Experience/Skills—This **key position** should be staffed by one individual with the following:

- B.A. required, M.A. preferred
- Knowledge of early childhood development across physical, mental, social, emotional, and behavioral domains and related service systems
- Demonstrated experience in mobilizing service systems, management, and demonstrated ability to foster collaborative relationships
- At minimum, 6–8 years program administration experience, recommended and combination of 10 years’ education, training, and/or relevant experience in child development, public health, mental health, or substance abuse prevention services is preferred
- Excellent written and oral communication skills
- Knowledge of grant management and implementation

* Items marked with an asterisk are minimal requirements outlined in the Project LAUNCH RFA

- Ability to work with individuals and groups in a culturally and linguistically competent manner
- Ability to organize, coordinate, and lead diverse people into effective committees and task forces
- Ability to monitor and assess efficiency and effectiveness of agency activities, and identify and resolve problems in program operations and services

This key position should be staffed by one individual who represents the cultural and linguistic background of the population to be served. This is a full-time equivalent position.

Appendix E: Sample Memoranda of Understanding

The following sample is for 2008, 2009 and 2012 grantees.



Memorandum of Understanding

Regarding Participation on the Council for Young Child Wellness

Between the [lead LAUNCH agency] and [partner agency or organization]

Purpose: The purpose of this agreement is to formalize the partnership between the [State/Tribal or local lead LAUNCH] and [partner agency or organization] in regard to Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a cooperative agreement funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Project LAUNCH will be implemented by [State/Tribal agency] and its local funded community [partner agency or organization]. Through the Project LAUNCH cooperative agreement, State/Tribal and local networks will be developed to improve the coordination of the early child-serving system, in particular behavioral health and primary care services, and to enhance the practices, programs, and services for young children and their families. Project LAUNCH recognizes that child wellness is predicated upon children living in healthy, stable, safe, and supportive families and communities. Project LAUNCH work involves not only addressing the strengths and challenges faced by the individual child, but also those experienced by his or her family, community, and cultural group.

Responsibilities: The [State/Tribal or local] Lead LAUNCH agency will do the following:

- Coordinate the efforts of the State/Tribal grantee and its selected community LAUNCH organization, including the development and leadership of a Council on Young Child Wellness.
- Document the work of the Council through minutes, reports, or other work products.
- Perform all other responsibilities required as the lead agency for Project LAUNCH at the State/Tribal/local level.
- Retain all data and other records relating to the Agreement for a period of [X] years after the completion of the Agreement.

The partner organization or agency will support a representative with decision-making authority to participate on the State/Tribal/local Council on Young Child Wellness. The representative will be responsible for the following:

- Attend monthly/quarterly meetings of the Council.
- Make several contributions:
 - 1) Time and involvement in meetings and for Council planning and oversight tasks
 - 2) Agency-level data as needed (non-confidential and/or non-proprietary)
 - 3) Resources, when possible (e.g., meeting space)
 - 4) Assistance in marketing Project LAUNCH
- Work with the Council on Young Child Wellness to develop the environmental scan and strategic plan for project implementation.
- Participate in oversight of the Project LAUNCH initiative at the State/Tribal/local level.
- Work in partnership with [State/Tribal or local lead agency], the Council, and other identified stakeholders to identify and implement evidence-based practices and programs and to align policies to support these programs.
- Participate in infrastructure reform, policy development, financial mapping, and/or workforce development activities.
- Hold confidential proprietary or sensitive information about other partners or contractors that is revealed through Council activities.
- Notify the Young Child Wellness Expert/Partner/Coordinator of any potential conflicts of interest that may affect his or her performance as a Council member.
- Collaborate with other project partners in achieving the goals of the project.

Unless otherwise terminated, this agreement will cover the time period of November 1, 201[X] to October [X], 201[X]. This agreement may be terminated if either party provides a written 30-day notice of such termination.

Signature

Signature

(State/Tribal or Local Lead Agency)

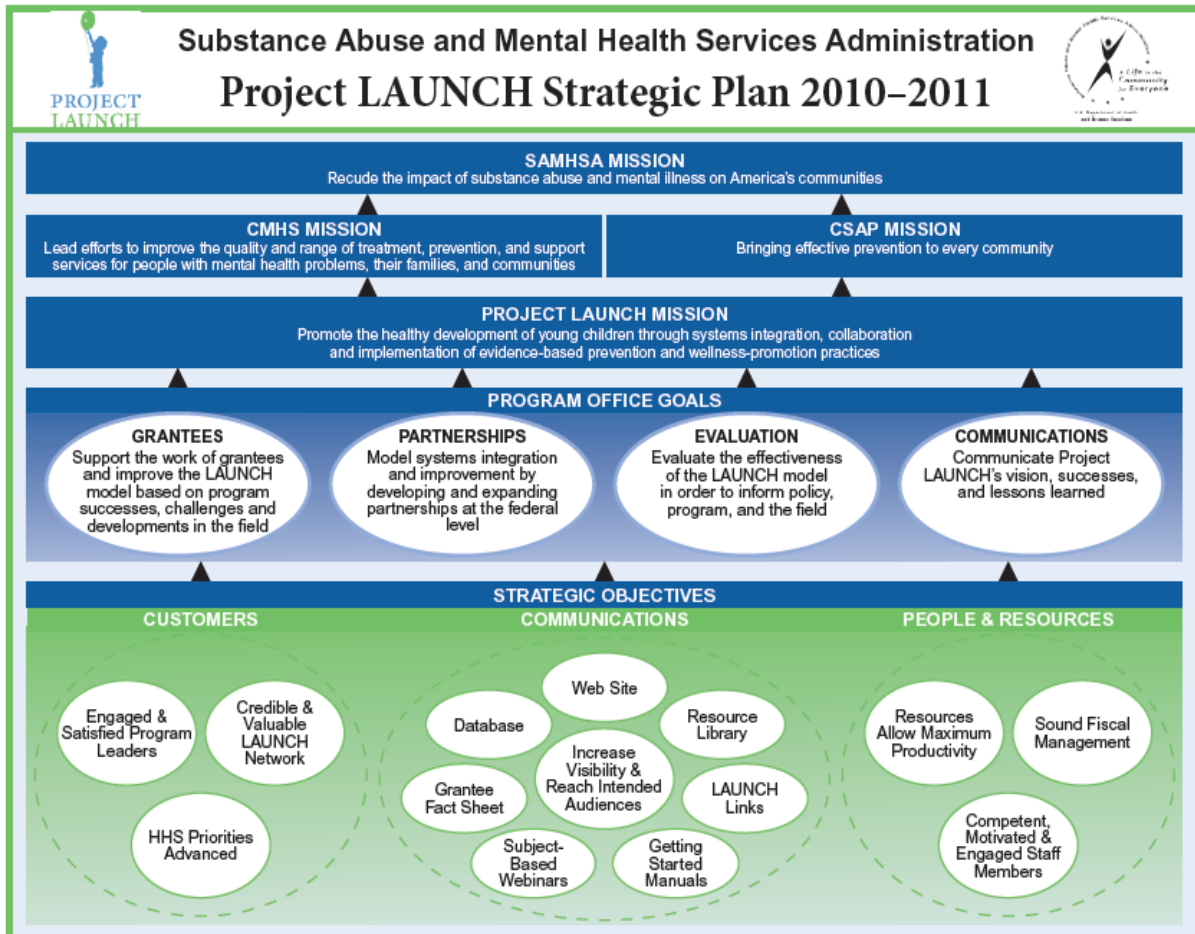
(Partner Agency/Organization)

Date

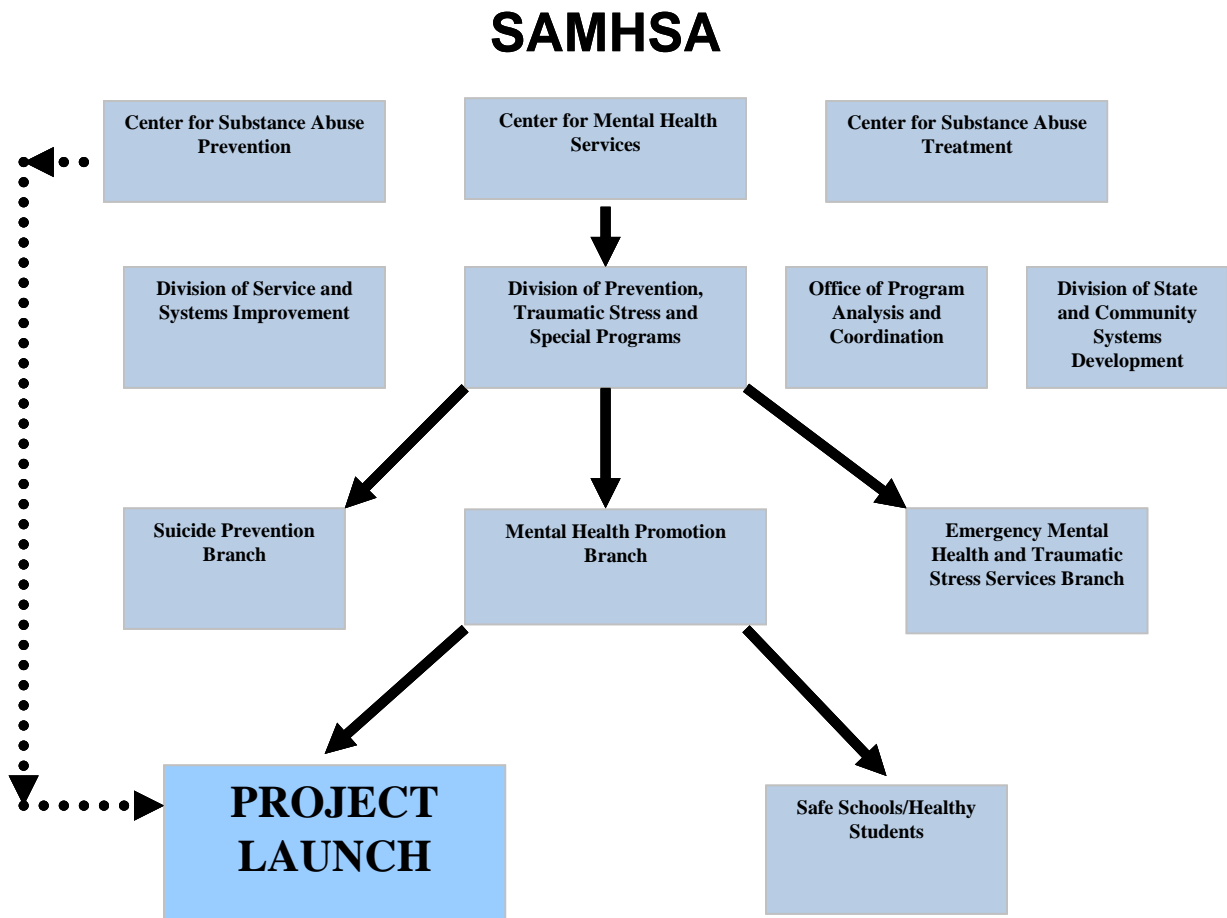
Date

Appendix F: Project LAUNCH Program Office Strategic Plan

This is the current Project LAUNCH Program Office Strategic Plan. This strategic plan outlines the current program office mission and goals as it relates to working with the Project LAUNCH grantees. This strategic plan will be updated as the Project LAUNCH Program Office builds upon the goals of the Project LAUNCH initiative.

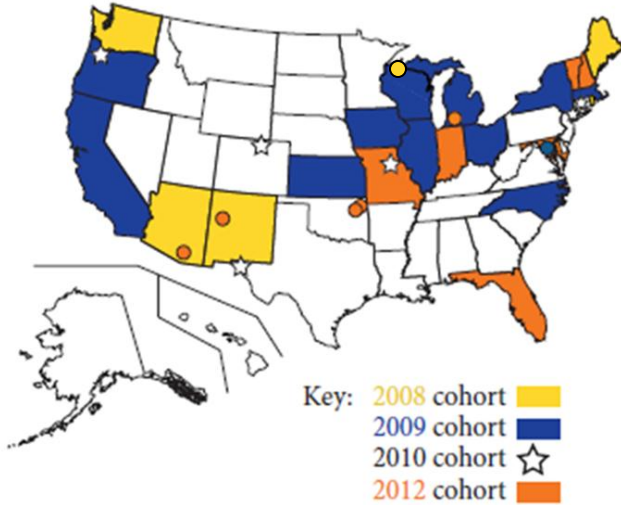


Appendix G: Organizational Chart for SAMHSA



Appendix H: Project LAUNCH List of Grantees by Cohort

Project LAUNCH Grantees



2008: Arizona, Maine, New Mexico, the Red Cliff Band of Lake Superior Chippewa, Rhode Island, Washington

2009: California, the District of Columbia, Illinois, Iowa, Kansas, Massachusetts, Michigan, New York, North Carolina, Ohio, Oregon, Wisconsin

2010: Boone County, MO; El Paso, TX; New Britain, CT; Multnomah County, OR; New York, NY; Weld County, CO

2012: Cherokee Nation, Florida, Indiana, Maryland, Missouri, Pueblo of Laguna Department of Education, Muscogee (Creek) Nation, New Hampshire, Nottawaseppi Huron Band of the Potawatomi, Pascua Yaqui Tribe of Arizona, Vermont