

**Department of Health and Human Services**  
**Substance Abuse and Mental Health Services**  
**Administration**

**Cooperative Agreements for Project LAUNCH (Linking  
Actions for Unmet Needs in Children’s Health) State/Tribal  
Expansion**

**Short Title: Project LAUNCH Expansion Grants**

**(Initial Announcement)**

**Request for Applications (RFA) No. SM-15-006**

**Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243**

**PART 1: Programmatic Guidance**

[Note to Applicants: This document must be used in conjunction with SAMHSA’s “Request for Applications (RFA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each RFA. PART II includes requirements that are common to all SAMHSA RFAs. You must use both documents in preparing your application.]

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by March 30, 2015.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2015 Cooperative Agreements for Project LAUNCH State/Tribal Expansion. The purpose of this program is to expand the implementation of Project LAUNCH systems improvement and wellness promotion/ prevention services into new communities within states and tribes that have completed a Project LAUNCH five-year grant. The goals of this expansion grant are to improve early childhood systems, strengthen parenting competencies, and improve children’s developmental and behavioral outcomes in more communities.

<b>Funding Opportunity Title:</b>	Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) State/Tribal Expansion Cooperative Agreement Grants
<b>Funding Opportunity Number:</b>	SM-15-006
<b>Due Date for Applications:</b>	March 30, 2015
<b>Anticipated Total Available Funding:</b>	\$3,400,000
<b>Estimated Number of Awards:</b>	Up to 5
<b>Estimated Award Amount:</b>	Up to \$680,000 per year
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 4 years
<b>Eligible Applicants:</b>	Eligible applicants are Project LAUNCH Tribes and Title V Agencies who have completed OR will complete a Project LAUNCH grant by the end of FY 2015. [See <a href="#">Appendix II</a> for listing of eligible Project LAUNCH applicants.]  [See <a href="#">Section III-1</a> of this RFA for complete eligibility information.]

**Be sure to check the SAMHSA website periodically for any updates on this program.**

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2015 Cooperative Agreements for Project LAUNCH State/Tribal Expansion. The purpose of this program is to expand the implementation of Project LAUNCH systems improvement and wellness promotion/ prevention services into new communities within states and tribes that have completed a Project LAUNCH five-year grant. The goals of this expansion grant are to improve early childhood systems, strengthen parenting competencies, and improve children’s developmental and behavioral outcomes in more communities.

Project LAUNCH is a national initiative that began in 2008 and has funded a total of 55 sites, including states, tribes, territories, communities, and the District of Columbia. The purpose of the Project LAUNCH initiative is to promote the wellness of young children from birth to 8 years of age by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. Project LAUNCH pays particular attention to the social and emotional development of young children, and works to ensure that the systems that serve young children (including early child care and education, home visiting, and primary care) are equipped to promote and monitor social and emotional development, and intervene to prevent mental, emotional and behavioral disorders in early childhood and into the early elementary grades.

The purpose of the Project LAUNCH Expansion grants is for states and tribes that have implemented innovative practices and systems changes in one pilot community through an “original” Project LAUNCH grant to expand these practices to other communities within the state/tribe (or to additional tribes). Lessons learned from the first 6 years of the initiative suggest that while states can bring about positive changes, and improve child outcomes in a pilot community during the course of an original LAUNCH grant, additional time is needed to replicate and spread these practices beyond the pilot community. The Project LAUNCH Expansion grants will provide states and tribes the opportunity for broader dissemination of these innovative practices and policies that will lead to better outcomes for young children and families. Consistent with SAMHSA’s Theory of Change, this program builds on previous LAUNCH efforts and aims to expand best practices in early childhood wellness promotion and prevention of mental, emotional and behavioral disorders into new communities, thereby furthering implementation of the effective practices.

The Project LAUNCH Expansion grant opportunity closely aligns with SAMHSA's Strategic Initiatives on Prevention of Substance Abuse and Mental Illness and Trauma and Justice. This grant program aims to focus resources on communities, families and

children who are at high risk for experiencing trauma, or who have already experienced trauma, with a goal of promoting wellness, preventing mental, emotional and behavioral disorders, and supporting early detection and referral to treatment for children and family members experiencing behavioral health issues, including substance abuse.

The Project LAUNCH Expansion grant program also seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

Project LAUNCH Expansion grants are authorized under Section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

## **2. EXPECTATIONS**

SAMHSA expects grantees to build on the experience, expertise, staffing, and lessons learned in the original Project LAUNCH grant, and to use these lessons to expand best practices into new communities through training, technical assistance, as well as policy and infrastructure improvements.

Through building on the existing state/tribal and local partnership, grantees will identify at least three successful elements of the original Project LAUNCH grant, and will implement these elements in at least three new communities within the state. The three successful elements should include (1) one systems improvement element at the state/tribal and local levels, and (2) two of the Project LAUNCH Core Strategies (direct services) that the grantee was most successful in implementing in the original Project LAUNCH grant. For states, these three elements will be selected by the grantee, and the grantee will then develop a plan for training, technical assistance, and the development of tools that will assist other communities in adopting these practices. Funds may not be used to support or sustain practices within the original pilot community except in the service of training and supporting new communities.

NOTE: A tribal grantee that implemented Project LAUNCH tribal-wide in the original LAUNCH grant will partner with at least one additional tribe in which the three elements will be implemented. The tribal grantee will provide training and technical assistance to this new tribe. A tribal grantee may use up to 20 percent of the Expansion grant funds to support or sustain the three identified elements in the original tribe.

As a result of the adoption of the three elements in new communities, state grantees are expected to provide services to at least 1,000 children/families over the course of the grant. [NOTE: for a tribal grantee expanding to an additional tribe where the population of eligible children/families of young children is smaller than 1,000, the grantee is expected to identify how many children/ families will be served. The total number of children/families to be served is a total of the children/families to be served in the

original tribe (up to 20% of funds may be used for this purpose) combined with the number of children/families to be served through expansion activities in partnership with a new tribe].

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving your award. In this statement, you must propose: (1) the number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

## **2.1 Required Activities**

Project LAUNCH Expansion grant funds must be used primarily to support the following activities:

- Within the first three months of award, identify a Project Director and select/hire a State/Tribal Lead, Local Pilot Lead, and an Evaluation Lead for the expansion grant. To the extent possible, grantees are encouraged to include staff who were successful in working on the original LAUNCH grant in order to maximize the carryover of knowledge and expertise to the Expansion grant.
- Selection of the three (or more) elements of the state/tribe's original Project LAUNCH grant that will be implemented in new communities through the Expansion grant. One of these elements must involve systems improvements at the state/tribal and local levels. The other two elements must be Project LAUNCH Core Strategies. (Grantees should choose two of the Core Strategies

that they were most successful in implementing in the original Project LAUNCH grant. The Core Strategies are: developmental and behavioral screening in a range of child-serving settings; mental health consultation in early care and education; enhanced home visiting with a focus on social and emotional development; family strengthening and parent support; and integration of behavioral health into primary care).

- FOR STATES: Selection of three (or more) communities, beyond the original pilot community, (which will be identified during the application process), that will be the focus of the expansion grant. In selecting communities, grantees should consider the service and infrastructure needs and gaps in the communities of interest; the behavioral health disparities that exist within those communities that might be addressed by the expansion grant; and the appropriateness of the chosen elements for the communities being considered. FOR TRIBES: A tribal grantee that implemented Project LAUNCH tribal-wide in the original LAUNCH grant will select at least one additional tribe in which the three elements will be implemented. In selecting an additional tribe the grantee should consider the service and infrastructure needs and gaps in the tribe of interest; the behavioral health disparities that might be addressed by the expansion grant; and the appropriateness of the chosen elements being considered. The tribal grantee should also specify how it intends to use up to 20 percent of grant funds to build upon and expand the three elements within its own tribe.
- A partnership between the state Title V agency and the local lead agency in the original pilot community that specifies roles and responsibilities of each. A signed Memorandum of Agreement between the state and local lead agency must be included in Attachment 4 of your application. **Applicants who do not submit a signed Memorandum of Agreement (MOA) in Attachment 4 will be screened out,** [NOTE: for a tribal grantee who implemented tribal-wide in the original grant, a signed Letter of Intent between the original LAUNCH tribal grantee and the tribe that will be participating in the Expansion grant must be included in Attachment 4 of your application. The Letter of Intent should demonstrate all parties' commitment to participate on the grant and in required grant activities. **Tribal applicants who do not submit a Letter of Intent in Attachment 4 will be screened out.**
- No more than three months after award, convene an Expansion Oversight Council (EOC) at the state/tribal level that is responsible for overseeing expansion activities and systems improvements, and which meets at least quarterly for the duration of the grant. The Expansion Oversight Council shall be co-led by the state/tribal and original pilot community leads, and should build on the Project LAUNCH Councils on Young Child Wellness (including original members from the state/tribal and local Councils) to the extent possible.

- The Expansion Oversight Council must include at least 10 percent parent representation. Parent input should be part of all aspects of the grant, including planning, implementation, and evaluation.
- The Expansion Oversight Council, and the activities of the grant, should be integrated with complementary federal, tribal, and state initiatives such as Race to the Top (Early Learning Challenge grants), Maternal, Infant and Early Childhood Home Visiting (MIECHV), Early Childhood Comprehensive Systems (ECCS), and Child Care Development and Mental Health Block grants. Examples of integration could include joint oversight bodies, joint policy initiatives, and joint data efforts where goals and activities align and can be leveraged for more efficient and effective service delivery and/or outcomes.
- Required members of the Expansion Oversight Council shall include representatives of the health, behavioral health (including substance abuse), child care, and education sectors, and Medicaid. A Letter of Intent or a signed Memorandum of Agreement from each required Council member must be submitted in Attachment 1 of your application. **(Letters of Intent must be finalized as Memoranda of Agreement within three months of award).** Additional private sector representatives from related areas are strongly recommended. NOTE FOR TRIBES: all of the above sectors that are applicable at the tribal level are required, and the Tribal Expansion Oversight Council should include representation from the Tribal Council if at all possible.
- While the state Title V agency is the lead state agency on this grant, this agency is expected to partner with the lead children’s mental health agency in the state on activities of this grant. The children’s mental health agency shall serve as a member of the Expansion Oversight Council. Tribal grantees shall also ensure that both health and mental health leadership is involved in the planning and execution of the grant program.
- No more than six months after award, submit a Comprehensive Expansion Plan that identifies the Project LAUNCH practices and systems improvement strategies to be replicated; a timeline for implementation; scope of the expansion; as well as goals and desired outcomes. Technical assistance will be provided to assist with completion of the Expansion Plan. The Expansion Plan requires review and approval from the Government Project Officer. Examples of the types of strategies to be included in the Expansion Plan are:
  - Tools and resources that will be developed to ensure successful expansion,
  - Technical assistance strategies for successful expansion,
  - Workforce development plans for successful expansion,
  - Plans for parental involvement in oversight, decision-making, and evaluation planning,

- Strategies for improving access to services, use of services, and behavioral health outcomes for the subpopulation identified in the Disparities Impact Statement.
- No more than eight months after award, begin implementation of expansion activities.
- In the final year of the grant, grant recipients shall develop a sustainability plan that details the commitment of the state/tribe to continue expansion of early childhood systems improvements and prevention/promotion practices, identifying additional communities to be involved and a timeline for rollout.

## 2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in [Section D: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report on the following performance measures:

- Number of people in the mental health and related workforce trained in specific mental health-related practices/activities specified within the grant;
- Number of organizations collaborating/coordinating/sharing resources with other targeted organizations (e.g. child-serving agencies and organizations);
- Number and percentage of work group/advisory group/council members who are consumers/family members;
- Number of people receiving evidence-based mental health-related services as a result of the grant;
- Number of individuals screened for mental health, co-occurring mental health and substance abuse or related intervention; and
- Number of individuals referred to mental health, co- occurring mental health and substance abuse or related services.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Oversight will be provided by the GPO. The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at <https://www.cmhs-gpra.samhsa.gov>. Data will be collected quarterly after entry of annual goals. Data are to be entered into a web-based system. Data will be supported by semi-annual written fiscal and progress reports. Technical

assistance for the web-based data entry, fiscal and progress report generation is available to all grantees.

Collection of these data will enable CMHS to report on key outcome measures relating to mental health. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

### **2.3 Local Performance Assessment**

Grantees must develop an Evaluation Plan as part of the Comprehensive Expansion Plan to be submitted six months after award. The Evaluation Plan should be designed to help grantees assess their progress and use this information to improve management of their grant. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should also be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in an Evaluation Report to be submitted annually.

Your Evaluation Plan (and Reports) must include both process and outcomes evaluation components. Examples of **process evaluation components** include: number of providers or stakeholders trained; number of products developed; technical assistance provided to communities or partners; partnerships/collaborative activities initiated; numbers of children/parents screened and number of children/families served.

As part of the **outcome evaluation**, all grantees must also select one **systems outcome, one child or family outcome, and a community- or population-level indicator for at least one of the identified outcomes**. Examples of systems outcomes grantees might consider include: measures of collaboration; social network analyses; workforce development outcomes such as changes in provider practice; policy changes; and infrastructure changes such as the development of integrated data systems. Examples of child/family outcomes that grantees might consider include: improved parent-child interactions; decreased parental stress; decreased parental depression; improvements in children's social skills; and decreased child behavior problems. Examples of community- or population-level indicators include: rates of children expelled from child care; rates of parental depression; and proportion of policies focused on child health and safety. Grantees must measure outcomes using the most rigorous methods feasible, and must include the collection of baseline data.

The Evaluation Plan requires review and approval by the Government Project Officer. The annual Evaluation Reports will be reviewed by the Government Project Officer and discussed with the grantee annually.

No less than 15 percent and no more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections 1-2.2 and 2.3 above.

## **2.4 Grantee Meetings**

Grantees must plan to send three people (state/tribal lead, local pilot lead, and lead evaluator) to a grantee meeting once every two years. You must include a detailed budget and narrative for this travel in your budget. At these meetings grantees will present the results of their projects and have the opportunity to learn from peers and experts in the field. Federal staff will meet with grantees and provide technical assistance. These meetings will be approximately three days in length and are usually held in the Washington, D.C. area. Attendance is mandatory.

## **II. AWARD INFORMATION**

**Funding Mechanism:** Cooperative Agreement

**Anticipated Total Available Funding:** \$3,400,000

**Estimated Number of Awards:** Up to 5

**Estimated Award Amount:** Up to \$680,000

**Length of Project Period:** Up to 4 years

Proposed budgets cannot exceed \$680,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

### **Cooperative Agreement**

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

#### Role of Grantee:

- Comply with the terms of the Cooperative Agreement, including implementation activities described in the approved grant proposal and

fulfillment of requirements described in the “Funding Opportunity Description” of the RFA.

- Agree to provide SAMHSA with all required performance data.
- Collaborate with SAMHSA/CMHS staff in all aspects of the Cooperative Agreement.
- Submit all required forms, data, and reports in a timely fashion.
- Participate in grantee meetings.
- Participate in Project LAUNCH multi-site evaluation, if selected.
- Collaborate with the technical assistance providers (programmatic and evaluation) and other federally-funded resources.

#### Role of SAMHSA Staff:

- Assume overall responsibility for monitoring the conduct and progress of the Project LAUNCH Expansion grant program.
- Participate, as needed on policy, steering, and other task forces for the grant program.
- Facilitate linkages to other SAMHSA/federal government resources and help grantees access appropriate technical assistance.
- Monitor the development and collection of process and outcome measures and ensure compliance with GPRA data requirements.
- Participate in partnerships and collaborative activities with, at a minimum, the Health Resources and Services Administration (HRSA) the Administration for Children and Families (ACF), and the Centers for Disease Control and Prevention (CDC).
- Approve key staff responsible for the management, leadership, oversight, and evaluation of the grants.
- Review and approve grant reports, including the Comprehensive Expansion Plan, progress, and evaluation reports; conduct site visits; and make recommendations to SAMHSA regarding the continuation of the project.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligible applicants are:

- 1) State and Territorial governments: Title V Agencies in states that have completed a Project LAUNCH grant, or will complete the grant by September 30, 2015. See [Appendix II](#) for listing of eligible applicants.
- 2) Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations that have completed a Project LAUNCH grant, or will

complete the grant by September 30, 2015. See [Appendix II](#) for listing of eligible applicants.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities.

Eligibility is limited to State Title V Agencies, in states who have completed or will complete a Project LAUNCH grant by the end of FY 2015, since these are the agencies that received the initial Project LAUNCH grants. Project LAUNCH Expansion grants will build on the knowledge, expertise and experience acquired in the first Project LAUNCH grant in order to take practices and systems changes to scale by expanding these practices to other communities within the state/tribe (or to additional tribes). The Project LAUNCH Expansion grants will provide states and tribes the opportunity for broader dissemination of these innovative practices and policies that will lead to better outcomes for young children and families. In addition, the Title V agency was the convener of the original LAUNCH Council, and will be well-positioned to continue the work of increasing cross-agency and public-private partnerships through the Expansion grant. State Title V agencies should partner with the lead children's mental health agency as this grant opportunity is focused on public health, maternal and child health, and children's mental health, and integration of efforts across these agencies is central to the success of these Expansion efforts.

## **2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match is not required in this program.

## **IV. APPLICATION AND SUBMISSION INFORMATION**

**In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:**

### **1. ADDITIONAL REQUIRED APPLICATION COMPONENTS**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are no page limits for these sections, except for Section E, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in PART II – V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **Attachment 1:** Letter of Intent (to be finalized as a Memorandum of Agreement within three months of award) or Memorandum of Agreement (MOA) with required members of the Expansion Oversight Council and signed letters of commitment from any State/Territorial/Tribal or local family organizations who will be participating on the Expansion Grant.
  - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - **Attachment 3:** Sample Consent Forms
  - **Attachment 4:** STATES: Memorandum of Agreement (MOA) between the State/Territorial government and the local lead agency (pilot community from original grant) **State Applicants who do not submit a signed Memorandum of Agreement in Attachment 4 will be screened out**  
TRIBES: For a tribal grantee who implemented tribal-wide in the original grant, a signed Letter of Intent between the original LAUNCH tribal grantee and the tribe that will be participating in the Expansion grant. The Letter of Intent should demonstrate all parties' commitment to participate on the grant and in required grant activities. **Tribal applicants who do not submit a Letter of Intent in Attachment 4 will be screened out.**

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on March 30, 2015.

## 3. FUNDING LIMITATIONS/RESTRICTIONS

- No less than 15 percent and no more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

Be sure to identify these expenses in your proposed budget.

**SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.**

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or it will not be considered, i.e., type “A-1”, “A-2”, etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section V and Appendix F).
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

### **Section A: Statement of Need/Readiness (15 points)**

1. Describe the proposed scope of the expansion in terms of communities/geographic areas to be served. For each proposed expansion area, provide demographic information on the population(s) to be served in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic status and sexual identity (sexual orientation, gender identity), as well as the service and infrastructure needs and gaps.

Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data [e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for your proposed program.

2. Identify the subpopulation(s) experiencing behavioral health disparities that will be included in the Expansion grant and provide data documenting disparities in use/access/outcomes. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.
3. Demonstrate success in implementing the original Project LAUNCH grant through inclusion of the following:
  - (a) Evidence of the success of the Young Child Wellness Councils, including regular meetings throughout the life of the grant project and data demonstrating systems change outcomes achieved during the grant (e.g. improvements in collaboration; implementation of early childhood policies; improvements to data infrastructure; and workforce development)
  - (b) Evidence (from Project LAUNCH local evaluation and/or special study) of the success of the Core Strategies that will be implemented through the Expansion grant. This evidence should include a statistically significant improvement in one or more child or family outcomes (individual and/or community-wide). Examples include: statistically significant improvements in children's behavior, development, physical health or skills; reductions in children's problem behaviors or emotional distress; improvements in parenting skills or parent-child interactions; reductions in parental stress or depression.
  - (c) Evidence that you were able to meet or exceed 75 percent of TRAC goals over the course of the grant. This outcomes data can be pulled from eligible applicants data collection and performance measures submitted during grantee performance period. For more information, please see Annual Goals and Budget Info at <https://www.cmhs-gpra.samhsa.gov>.
  - (d) Evidence of parent representation on the Councils and evidence of parent participation in the implementation and oversight of the project.

## Section B: Proposed Approach (35 points)

1. STATES: Describe how the state Title V agency and the local lead agency in the original pilot community intend to partner on the Project LAUNCH Expansion grant, including description of the roles and division of responsibilities between them. Include a signed Memorandum of Agreement (MOA) between the state Title V agency and local lead agency that demonstrates their commitment to the grant in Attachment 4. **Applicants who do not submit a signed MOA in Attachment 4 will be screened out.** TRIBES: Describe how the original tribal LAUNCH grantee intends to partner with identified tribal communities (one or more) as part of the Project LAUNCH Expansion grant. If the applicant chooses to use up to 20 percent of grant funds to sustain and expand on those successful elements in your tribe, describe how you will use these funds. Include a signed Letter of Intent between the original LAUNCH tribal grantee and the tribe that will be participating in the Expansion grant. The Letter of Intent should demonstrate all parties' commitment to participate on the grant and in required grant activities. **Tribal applicants who do not submit a Letter of Intent in Attachment 4 will be screened out.**
2. Describe how the Expansion Council will build on the work of the original state/tribal/local Young Child Wellness Councils. Provide letters of commitment from required member agencies in Attachment 1. Describe the goals and activities of the Council and how parents or parent organizations will be recruited to participate in the Council. Describe the role that parents and/or parent organizations will play throughout the Expansion grant.
3. Describe the three successful elements of the original Project LAUNCH grant that will be expanded upon, replicated and implemented. For *each* element, describe: (a) the proposed scope of expansion; (b) products to be developed and technical assistance and training to be provided; (c) infrastructure work that will be conducted as part of the expansion, such as policy development, workforce development, data systems development, collaborations, or financing reforms, and (d) the goals and anticipated outcomes for this work. These must relate to the performance measures you identify in Section D: Data Collection and Performance Measurement.
4. Include a table summarizing the numbers to be served through each element, and total to be served. (This should include numbers of children/parents served as a result of the grant. Tribal applicants should include the sum of the numbers of children/parents served in the original tribe and the new tribe).
5. Identify at least one subpopulation experiencing behavioral health disparities that will be reached through the expansion efforts, and include a description of specific strategies for increasing access and use of services, and improving outcomes, that will be part of the overall expansion effort. Describe how the

proposed activities will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. For additional information go to: <http://ThinkCulturalHealth.hhs.gov>.

6. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

### **Section C: Staff, Management, and Relevant Experience (20 points)**

1. Discuss the capability and experience of the applicant organization and local lead agency, and include experience working on the original Project LAUNCH grant. Provide evidence of the experience and expertise of the applicant organization and lead local agency in the areas of training, technical assistance, and product development that would be necessary to successfully carry out the activities of this grant. Provide evidence of the experience in providing culturally appropriate/competent services.
2. Provide a complete list of staff positions for the project, including the Project Director, the State/Tribal Lead, the Local Pilot Lead, and the Evaluation Lead, and indicate what role (if any) they had working on the original Project LAUNCH grant. Describe the role of each and their level of effort and qualifications. Discuss how key staff have demonstrated experience and are qualified to carry out the activities of the Expansion grant, including familiarity with the culture(s) and language(s) of the populations to be served; early childhood mental health and parenting expertise; and training and technical assistance skills.
3. Describe how the Expansion Leadership Team will work together, including the roles and functions of each team member and frequency of meetings. The Leadership Team should include the State/Tribal Lead, the Local Pilot Lead, and the Evaluation Lead.

### **Section D: Data Collection and Performance Measurement (30 points)**

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your program.
2. Describe how data will be used to manage the project and assure that the goals and objectives will be tracked and achieved. Goals and objectives of your program should map onto any continuous quality improvement plan, including

consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.

3. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.
4. Describe your plan for conducting the grantee-specific evaluation, including activities related to the process and outcome evaluation components of your grantee-specific evaluation. Specify and justify the systems, child and family indicators and outcomes selected. Demonstrate the capability of the evaluator and his/her organization to conduct a comprehensive evaluation of an initiative of this scope, including both process and outcomes components involving multiple settings.

## **SUPPORTING DOCUMENTATION**

### **Section E: Biographical Sketches and Job Descriptions**

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

### **Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects**

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section F of your application. See [Appendix I](#) of this document for guidelines on these requirements.

## **VI. ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Grantees will be required to submit semi-annual progress reports and annual evaluation reports.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Jennifer A. Oppenheim, PsyD  
Public Health Advisor  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 6-1132

Rockville, MD 20857  
(240) 276-1862  
[LAUNCH.rfa@SAMHSA.hhs.gov](mailto:LAUNCH.rfa@SAMHSA.hhs.gov)

For questions on grants management and budget issues contact:

Gwendolyn Simpson  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1091  
Rockville, Maryland 20857  
(240) 276-1408  
[gwendolyn.simpson@samhsa.hhs.gov](mailto:gwendolyn.simpson@samhsa.hhs.gov)

# Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

## Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled “Protection of Human Subjects Regulations” to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

### 1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

### 2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

### 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

**NOTE:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

#### 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

**NOTE:** If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

**NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

#### 7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

### **Protection of Human Subjects Regulations**

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp> or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

## Appendix II – Eligible Applicants

**Eligible Project LAUNCH Applicants are the Tribe listed below and the Title V Agencies in the following states:**

Red Cliff Band of Lake Superior Chippewa (Tribe)

Arizona

California

District of Columbia

Illinois

Iowa

Kansas

Maine

Massachusetts

Michigan

Missouri

New Mexico

New York

New York

North Carolina

Ohio

Oregon

Rhode Island

Texas

Washington

Wisconsin