Section H: Literature Citations


Building State Medicaid Capacity to Provide Child Development Services: Early Findings from the ABCD Consortium, National Association of State Health Program Directors, 2002.


Section I: Biographical Sketches and Job Descriptions

**Principal Investigator** for this grant project will be Susan A. Cycyk, M.Ed., Director, Division of Prevention and Behavioral Health Services who also served as principal investigator on the CMHI '99 grant and is currently the principal investigator on the CMHI 08 grant. She has been a strategic leader and skilled manager of social service/disability organizations and programs for children and adults. Currently, she leads a statewide public managed behavioral health care organization which includes prevention, early intervention, and behavioral health services for children, birth to 18 with moderate to severe mental health and substance use disorders. The position demands involvement in state, regional and national policy development. With her team, she has increased the number of children served by 22%, reduced by 58% the children admitted to out-of-state residential treatment, and improved the quality of treatment for children and their families through evidence-based and best practices. Through her leadership, DPBHS’ has received exceedingly high accreditations and reviews from JCAHO, CARF and SAMHSA. She also serves as a member of the Delaware Child Protection Accountability Commission.

**Young Child Wellness Expert/YCWE (Grant Project Director/State Level)** - Full-time equivalent staff under contract to DPBHS. Required qualifications include experience and expertise in the early childhood mental health systems and development and public health. Selection for this position will be in collaboration with DPBHS and DPH. Main responsibilities include: staffing to the Delaware Early Childhood Council (DECC) and its activities (Council will serve as the State’s Council on Young Child Wellness); providing leadership in carrying out the State’s Comprehensive Strategic Plan for Early Childhood to improve outcomes for young children through improved collaboration, integration, and infrastructure development; ongoing communication, technical assistance, guidance and oversight of the local level activities; and fiscal oversight of the grant. These responsibilities will include

- Develop, manage and direct operations of the program(s) funded through the federal funds via a grant awarded to DPBHS.
- Collaborate with DPH and the DECC to identify needs, forecasts resources and personnel requirements, conduct fiscal monitoring, collaborate with project evaluation team.
- Plan, develop and implement project-related activities to address unmet young child health needs.
- Coordinate public and private health services to reduce duplication of services, strengthen existing services and address the unmet needs of the community for young child wellness.
- Collaborate with evaluation teams to design and direct surveys for determining problems and unmet health needs and to assess project progress and outcomes. Study survey findings, analyze information and makes recommendations.
- Develop program strategies and protocols including standards of care with other health care providers.
- May develop and provide in-service training activities for health professionals, community organizations, state and federal agencies, industry and others.
- May develop and provide in-service training activities for health professionals, community organizations, state and federal agencies, industry and others.
Educational qualifications for the full-time YCWE include:

- Possession of a Bachelor’s degree in Behavioral/Social Science or related field plus five (5) years of experience working in a mental health system as a manager including having experience working on grants. Experience managing budgets is required.  
- Possession of a MA or Ph.D. degree in Behavioral/Social Science or related field plus three (3) years of experience working in a mental health or substance abuse system as a manager including experience working on grants. Experience managing budgets is required.

At a minimum, the successful applicant will have training and/or experience demonstrating competence in each of the following areas:

- Experience in health, human services which includes applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such physical/mental health treatment and prevention, rehabilitation and education.
- Experience in health or human services programs providing advice to state or community agency organizational units through consultation.
- Knowledge of how mental health issues, substance abuse problems, and trauma affect children.
- Experience in developing policies and procedures.
- Ability to facilitate diverse groups on working towards grant goals within timelines.
- Project management skills.
- Experience in social marketing.

Young Child Wellness Partner/YCWP (Co-Lead/State Level - Part-time) – Part-time contracted staff working within the Division of Public Health. Required qualifications include experience and expertise in the public health system. Selection for this position will be in collaboration with DPBHS and DPH. Major responsibilities include: co-staffing to the Delaware Early Childhood Council and its activities (Council will serve as the State’s Council on Young Child Wellness); provide leadership, with the YCWE, in carrying out the State’s Comprehensive Strategic Plan for Early Childhood to improve outcomes for young children through improved collaboration, integration, and infrastructure development; and working with the YCWE to provide technical assistance, guidance and oversight of the local level activities.

Educational qualifications for the part-time YCWP include:

- Possession of a Bachelor’s degree in Behavioral/Social Science or related field plus five (5) years of experience working in a mental health system as a manager including having experience working on grants. Experience managing budgets is required.  
- Possession of a MA or Ph.D. degree in Behavioral/Social Science or related field plus three (3) years of experience working in a mental health or substance abuse system as a manager including experience working on grants. Experience managing budgets is required.

At a minimum, the successful applicant will have training and/or experience demonstrating competence in each of the following areas:

- Experience in health, human services which includes applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such physical/mental health treatment and prevention, rehabilitation and education.
• Experience in health or human services programs providing advice to state or community agency organizational units through consultation.
• Knowledge of how mental health issues, substance abuse problems, and trauma affect children
• Experience in developing policies and procedures.
• Ability to facilitate diverse groups on working towards grant goals within timelines.
• Project management skills.
• Experience in social marketing.

**Young Child Wellness Coordinator/YCWC (Community Level)** - Full-time equivalent staff under contract to DPBHS. The local YCWC, with expertise in the identified local community will be selected in collaboration with DPBHS, DPH and the local school district. The YCWC will lead and manage the project locally and be the liaison with the state YC Wellness Expert and Partner including participation on the Delaware Early Childhood Council. The individuals will have experience managing/coordinating projects between local service systems and expertise in the field of child development and children’s mental health as well as knowledge in the following areas: early care and education, education, prevention and public health.

The YCWC is also responsible for oversight of all local-level activities, including staff to the Wilmington Early Care and Education Council (Council will serve as the Local Child Wellness Council); maintaining partnerships with all local-level agencies; oversight of program implementation, workforce development, outreach to engage the community and social marketing activities; and performance reporting at the local level. Educational qualifications for the part-time YCWP include:

- Possession of a Bachelor’s degree in Behavioral/Social Science or related field plus ten (10) years of experience working in a mental health system as a manager including having experience working on grants. *Or*
- Possession of a MA or Ph.D. degree in Behavioral/Social Science or related field plus five (5) years of experience working in a mental health or substance abuse system as a manager including experience working on grants.

At a minimum, the successful applicant will have training and/or experience demonstrating competence in each of the following areas:

- Experience in health, human services which includes applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such physical/mental health treatment and prevention, rehabilitation and education.
- Experience in health or human services programs providing advice to state or community agency organizational units through consultation.
- Knowledge of how mental health issues, substance abuse problems, and trauma affect children
- Experience in developing policies and procedures.
- Ability to facilitate diverse groups on working towards grant goals within timelines.
- Project management skills.
• Experience in social marketing.

**General Characteristics for the YCWE, YCWP and YCWC:** These positions need to have excellent “people skills” because each position need to be able recruit and engage members of the community and parents to be actively involved with Delaware LAUNCH. Additionally, they need to be able to serve on different committees, task forces and planning groups as well as be able to facilitate meetings. Positions will need to spend time working in the schools and community to engage key partners and families and demonstrated experience could include serving on a community board or working with a community agency. Each need to understand the barriers to learning and the roles developmental levels, age, cultures, race, sexual identity play and how their job functions relate to working with these domains.

**Evaluator** – the contracted evaluator will be selected following the state’s bidding regulations. Selection of the evaluator will be in collaboration with representatives from DPBHS and DPH. The evaluator will have prior experience in evaluating Federal grants, experience working with mental health systems such DBPHS and public health systems. While it is expected that an evaluator who has worked with public behavioral health systems and/or public health systems, the evaluator must have had experience working with diverse populations, knowledge of diversity, social competency and linguistic competency. The goal of the evaluation is to insure that data is collected from the diverse population that the grant will serve and the evaluator has to be aware of the challenges in doing this. The person hired for this position should have expertise in planning and executing program evaluation in the area of public health and early childhood mental health and development in addition to expertise in quantitative and qualitative data collection methods. Will also possess experience in developing and analyzing surveys, ability to engage the YCWE, YCWP and YCWC and community partners in the evaluation process, ability to write clear reports that can be understood by community members, families and other grant partners. The evaluator will have to have experience implementing the evaluation process outlined in Section E. The evaluator’s main responsibilities will include: (1) leadership in planning and developing the local evaluation plan (to include process and outcome components); 2) leadership in collecting, analyzing, and disseminating data; (3) participation in the national cross-site evaluation, including training and technical assistance on common data elements, tools, and approaches; (4) providing ongoing evaluation technical assistance to service providers and the LAUNCH program team, as well as oversight of the local data collection activities; (5) sharing of data results and evaluation processes with the YCWE, YCWP and YCWC; and (6) reporting on the evaluation through annual technical reports, quarterly TRAC data entry, and monthly meetings and calls with SAMHSA project officers and the national cross-site evaluation team.
Section J: Confidentiality and SAMHSA Participant Protection/Human Subjects

With regard to confidentiality, Delaware is proud to have a well-developed process to ensure the confidentiality of client data. The Delaware Interagency Confidentiality Agreement which establishes guidelines for accessing and data sharing between state agencies and public schools necessary to provide appropriate services to clients in an effective and efficient manner helps to ensure confidentiality. Organizations desire to meet the legitimate needs of the clients while protecting the individual’s right to confidentiality of information. The agreement clarifies issues related to release of information and establishes procedures for access. Participating agencies in the agreement include: Department of Services for Children, Youth and Their Families, Department of Health and Social Services, Department of Education (the three agencies collaborating on this grant application), and the Department of Labor and Department of Corrections.

Further, the Delaware Division of Prevention and Behavioral Health Services (DPBHS) within the Department of Services for Children, Youth and Their Families (DSCYF) is cognizant of and will rigorously comply with all federal and state requirements for confidentiality and participant protection. In Delaware these protections are part of Statute (TITLE 16 Health and Safety Regulatory Provisions Concerning Public Health, CHAPTER 12. INFORMED CONSENT AND CONFIDENTIALITY, Subchapter III. Confidentiality of Personal Health Information). All applicable confidentiality protections will be used to safeguard client information under this grant project.

The DSCYF Confidentiality Policy outlines the policies and procedures used by DPBHS and the department in ensuring confidentiality of client information. This policy will apply to the grant staff selected for this project.

With respect to the FACTS integrated, MHSIP-driven and fully automated and relational database, DSCYF has in place departmental procedural safeguards including issuance of logon ID, passwords and profiles specifying the scope of access and which govern the security level assigned to the user. As with access to all DSCYF client data FACTS security levels are based on the need to know information about a client in order to provide the necessary services and case coordination and management. Enhancements to this system are currently in process that will move FACTS to an Enterprise based system effective April 2014 allowing for greater functionality (FACTS II).

Protect Clients and Staff from Potential Risks

With respect to SAMHSA participant protection standards to protect clients and staff from potential risks, DPBHS' grant application proposes no activities which involve experimentation in any way nor does it include direct mental health or clinical treatment services. As such, DPBHS sees no physical, medical, psychological, social or legal risks or potential adverse effects as a result of the project or any data collection (all administrative data). Client confidentiality is ensured and addressed by established measures.

While all applicable confidentiality protections will be used to safeguard any child-specific information under this grant project, given the activities proposed and since treatment is not
included in these activities, it is not anticipated that child-specific data will be collected or reported. Activities that will be funded include screening for developmental delays and/or for social/emotional issues to be addressed and those which promote young child wellness including promotion of good social, emotional and mental health including program consultation, training and the use of school based (early care and education and elementary schools) curricula for prosocial skill development.

It is not anticipated that there will be any foreseeable risks or adverse effects due to participation in the project and/or in the data collection for performance assessment activities including physical, medical, psychological, social, legal and confidentially risks.

**Fair Selection of Participants**
The target population for this proposed grant project is children birth through 8 years of age in the identified local community. This population is primarily children with poor socio-economic statuses, many of whom come from single parent families and who have fewer protective factors and are at higher risk for developmental and social/emotional problems than are other children. Included in this project will be young children who qualify for state and federal assistance (e.g. POC, TANF, Free and Reduced Lunch) and are identified as having such need. It is anticipated this will be the majority of children in the project’s geographic area, a subsection of the city of Wilmington. These children are generally below the poverty level or very near, are often from single parent households and tend to have high risk factors and few protective factors that, combined, predict problematic child development and probable development of health, academic, social and emotional problems.

**Absence of Coercion**
All services provided under this grant application are voluntary services for children and their families. No child or family will be coerced into participating in this grant project. Since the project’s target population encompasses by definition children and families who may have protections under IDEA, appeals regarding educationally related services are available. In addition, there is an appeals/grievance process under DPBHS which could be applicable since the early childhood mental health consultation services are to be supplied by staff under DPBHS’ contractual agreement through a qualified service provider. Finally, Medicaid-eligible children receiving services which are Medicaid-recoverable have recourse to complain/grieve through the Health Benefits Manager or the Medicaid Office in addition to any other processes available to them.

**Appropriate Data Collection**
Data collected under this grant will include information on infrastructure development which may include but not be limited to policy development, workforce development/training, financing, accountability, types/targets of practices and cost efficiency. It is anticipated that data on performance assessment will be gathered from administrative data from all affiliated New Castle County/Wilmington programs. Data on prevention efforts will include individual level data and specifically will conform to the CMHS Transformation accountability web-based system using data collection forms that CMHS of SAMHSA will provide. Tools will be designed to incorporate other programs data collections methods, as well, to ensure program fidelity. The DPBHS already reports individual level data to SAMHSA using TRAC under its
current CMHI grant (2008) and has past experience with their Child Traumatic Stress Treatment Center grant (2005).

To enhance the effectiveness of SAMHSA-funded programs and to streamline reporting requirements, SAMHSA and the States have created a simple, performance-based, outcome-driven measurement system for SAMHSA-funded programs. These National Outcome Measures (NOMs) represent meaningful, real life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities. NOMs include uniform, consistent reporting of information focusing on 10 domains. Given the types of activities proposed for this grant, Delaware anticipates collecting and reporting on the following (from among the 10 domains of NOMS): Improving Social Connectedness to others in the Community; Increased Access to services; Quality of Services Provided; Client/Family Perception of Services; Cost-Effectiveness; and the Use of Evidence-Based Treatment Practices.

**With respect to the cross-site evaluation,** Delaware has a record of success in participating fully in SAMHSA cross-site evaluation project in the past (including under SAMHSA CMHI (2000) and Child Traumatic Stress Treatment Center (2005) grants) and currently under the SAMHSA CMHI (2008) grant.

Information necessary for submittal to ensure full participation in this national and cross-site evaluation will include program indicators and outcomes as specified by SAMHSA (e.g. measures of infrastructure and development, collaboration and coordination, surveys of change in knowledge, attitudes and behavior among parents, educators, physicians and early childhood caregivers as a result of training, education and/or consultation efforts, measures of child development (including individual assessments of program participants), measures of school readiness, measures of academic success in the early primary grades and measures of community awareness of young children’s wellness. Evaluation personnel responsible for oversight and management of analysis of data collection and other evaluation activities (e.g. outcomes and costs) will be contracted by the Division of Prevention and Behavioral Health.

**Adequate Consent Procedures**  
The DSCYF and DHSS confidentiality policies and procedures will apply to all child behavioral health and project activities under that department’s administration through this grant and it will ensure adequate consent protections.

**Risk/Benefit Discussion**  
As outlined above there are no foreseeable risks involved for children and their families from the target group who participate in the grant activities since those activities include no treatment or direct intervention.