

Attachment 1:

- (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization
 - Children and Families First
 - DSCYF Division of Prevention and Behavioral Health is the experienced, licensed mental health/substance abuse treatment provider organization

- (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization;
 - DSCYF-Division of Prevention and Behavioral Health Services
 - DHSS-Division of Public Health
 - Red Clay Consolidated School District
 - DE Office of Early Learning
 - Nemours Children's Health System
 - Children and Families First

- (3) letters of commitment from these direct service provider organizations;
 - Attached

- (4) the Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.
 - Attached



*The Department of Services for Children, Youth and
Their Families*

Division of Prevention & Behavioral Health Services

February 21, 2014

Susan Ccyk, Director
Delaware Division of Prevention
and Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

Dear Ms. Ccyk,

On behalf of the Prevention Services Unit within the Division of Prevention and Behavioral Health Services, I am writing to express my commitment to the collaborative proposal in response to the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)."

Services offered by the Prevention Unit are designed to introduce children and families to preventive interventions that can modify risk and promote protective factors before problems occur or before there is a need for behavioral health treatment. The Prevention Unit provides a variety of programs to prevent child abuse and neglect, juvenile delinquency, violence, substance abuse, and suicide.

The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the coordination of key child-serving systems and the integration of behavioral and physical health services. Under Project LAUNCH, the Prevention Unit will offer, linkages to community recreation, social and emotional activities that enhance the development of children and families. The support will also include dissemination of information and education regarding anti-bullying, substance abuse, and suicide prevention. In addition, experienced contracted Early Childhood Mental Health Consultants and expanded Intensive Family Consultation and Referrals services will be offered through Project LAUNCH.

We look forward to continuing our work with the "Project LAUNCH" planning team to provide quality services that protect the children of Delaware.

Sincerely,

Daphne Warner LCSW, CCDP-D
Director
Prevention and Early Childhood Services

Delaware Youth and Family Center
1825 Faulkland Road Wilmington, Delaware 19805 (Fax) 302-622-4475



February 24, 2014

**RED CLAY CONSOLIDATED
SCHOOL DISTRICT**

Mervin B. Daugherty, Ed.D.
Superintendent

Administrative Offices
1502 Spruce Avenue
Wilmington, Delaware 19805

Office of the Superintendent

Office (302) 552-3702
Fax (302) 992-7830

Susan Cycyk, Director
Delaware Division of Prevention
and Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

Dear Ms. Cycyk:

On behalf of the Red Clay Consolidated School District, I am writing to express my strong support of your collaborative proposal in response to the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)."

The Red Clay Consolidated School District is the second largest public school district in the state serving more than 16,000 students in 14 elementary schools, 6 middle schools, 5 high schools, 4 special education schools, and 3 charter schools. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the coordination of key child-serving systems and the integration of behavioral and physical health services.

Red Clay's families who reside in Wilmington neighborhoods will benefit from services designed to increase family and youth involvement and to help ensure that children thrive in safe, supportive environments, enter school ready to learn, and have supports needed to sustain gains through the early elementary school grades and beyond. The community school program staff and the administrators will assist in implementing school-related interventions and family programming that are designed to benefit the targeted outcomes.

We look forward to working with you in planning and implementing "Project LAUNCH" in a way that fosters effective collaboration between our agencies. This Project will further unite us in our common goal to provide quality services that protect the children of Delaware.

Sincerely,

Mervin B. Daugherty, Ed.D.
Superintendent of Schools

The Red Clay Consolidated School District does not discriminate on the basis of race, creed, color, national origin, religion, sex, sexual orientation, age, marital status, handicap, veteran status, domicile, genetic information, or any legally protected characteristic. Inquiries should be directed to Debra Davenport, Human Resources, at 302-552-3783.

February 24, 2014

Susan Cycyk, Director
Delaware Division of Prevention
and Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

Dear Ms. Cycyk,

On behalf of the Delaware Office of Early Learning (OEL) I am writing to express my strong support of your collaborative proposal in response to the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)."

A focus of our office is building a system for early learning and child development services that will serve children with high needs, including those who are low-income, children with disabilities and dual language learners, in order to improve children's outcomes and readiness for school and for life. Significant resources to support this work are being provided to the State of Delaware through the Early Learning Challenge, a competitive initiative of the U.S. Departments of Education and Health and Human Services. Our office is actively involved in supporting several efforts that complement or directly support Project LAUNCH, as shown by the attached one-pager outlining our goals, key strategies, and success measures. This four-part platform has been incorporated into the state's strategic plan for early childhood. Project LAUNCH aligns well with the focused strategy and goals we have in Delaware.

The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the coordination of key child-serving systems and the integration of behavioral and physical health services.

Project LAUNCH will directly support the following initiatives that are part of our current focus:

1. Goal 1- increasing the capacity of the Early Childhood Mental Health consultation that is so central to this work and providing an integration of physical and behavioral health in the community;
2. Goal 2- working to support the Delaware Stars programs in the targeted community increase their quality by moving up through Stars; the Early Childhood Mental Health consultants are a key support component for Stars programs as they improve quality, and are prioritized for these providers.
3. Goal 3-Strengthening linkages and transitions between early learning and the early grades. Project LAUNCH will enable us to tackle this in several ways, through the use of the PATHS curriculum in both the early learning and early grades settings that link with the current efforts to enhance K-12 standards with the addition of social emotional component; and financial investment in creating more opportunities for a successful transition from early learning into the early grades of elementary schools.

4. Goal 4- Project LAUNCH supports Delaware's work for systems building and improvement.

We look forward to working with you in the planning and implementation of "Project LAUNCH" in a way that fosters effective collaboration and further unites us in our common goal to provide quality services and to protect the children of Delaware.

Sincerely,

A handwritten signature in black ink, appearing to read "Harriet", with a long horizontal flourish extending to the right.

Harriet Dichter
Executive Director

Delaware Early Learning Challenge Implementation Plan

Accelerating and Advancing Our Children's Early Learning



GOAL 1:

Expand Comprehensive Screening & Follow Up for Young Children

Strategy 1:

Engage health care providers to conduct developmental screenings of more young children

Success Measure: Number of children screened increases from 22,755 to 25,000

Strategy 2:

Link more families to Follow-up services

Success Measure: Number of children with high needs who receive follow up services increases from 4,900 to 5,400

Strategy 3:

Strengthen young child mental health services

Success Measure: Double the capacity of Early Childhood Mental Health Consultation services

1

GOAL 2:

Expand Number of Stars Programs and High Needs Children in Stars

Strategy 1:

Provide financial incentives for Stars programs serving children with high needs

Success Measure: 72% of centers are in stars

Strategy 2:

Support programs moving up in Stars rating

Success Measure: Stars programs increase from 134 to 442 (3X); Stars Level 3-5 programs increase from 36 to 289 (8X)

Strategy 3:

Provide financial incentives for education and retention of Stars early educators

Success Measure: 24% (1,930) of early educators advance on the new Career Lattice; Educators who obtain new specialized credential from 0 to 790

2

GOAL 3:

Build Connections Between Early Learning and K-12 Schools

Strategy 1:

Implement Delaware Early Learner Survey

Success Measure: All kindergarten teachers use the survey with all children

Strategy 2:

Create Readiness Teams in high-needs communities to build early childhood/k-12 links

Success Measure: Local strategies are developed and implemented

Strategy 3:

Link high school and college professional development for early educators

Success Measure: Aligned curriculum supports career pathways for early educators

3

GOAL 4:

Sustain a Thriving Statewide Early Learning System

Strategy 1:

Use data to inform quality improvement and sustainability

Success Measure: New Stars measurement tool; Evaluation of Stars; Improve data systems for tracking enrollment

Strategy 2:

Engage community leaders, including parents, as informed advocates for early learning

Success Measure: Percentage of high needs children in Star level 3-5 programs increases from 5% to 58% (12x)

Strategy 3:

Provide leadership for system development and sustainability

Success Measure: Office of Early Learning established; strong stakeholder engagement progress toward a sustainable early learning system

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Nemours Alfred I. duPont
Hospital for Children

Office of the Chief Executive Officer

February 19, 2014

Susan Cycyk, Director
Delaware Division of Prevention & Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

Dear Ms. Cycyk:

On behalf of Nemours AI duPont Pediatrics, I am pleased to express our strong support of your collaborative proposal in response to the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)."

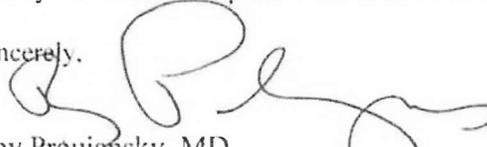
Nemours AI duPont Pediatrics is the largest primary care pediatric group in the state, serving the majority of children covered by Medicaid and SCHIP. Established over 20 years ago, the practice currently has 9 offices serving over 56,000 patients statewide. The two offices involved in Project LAUNCH, Jessup Street and St. Francis, have a combined total of 13,000 patients, with approximately 6,500 ages 0-8. They were also the first two primary care offices to have co-located psychologists in 2002. Our integrated care program includes joint management of patients referred for mental health difficulties in diagnostic, psychotherapy and medication management. The psychologists also work to coordinate their services with those provided in the local public schools. Last year alone, there were over 4,000 psychology visits at these sites.

Project LAUNCH seeks to create a shared vision for the wellness of young children that drives the coordination and integration of behavioral and physical health services in key child-serving systems. Given our long history of providing integrated care, we envision Project LAUNCH to include:

- promoting positive parenting, and raising awareness of children's developmental stages through group and electronic media programs;
- screening for developmental and behavioral problems from ages 9 months to 8 years by expanding our existing system for doing the *Parent Evaluation of Developmental Status*; and,
- coordinating our efforts among the primary care offices, school nurses and the home visiting nurses who provide services to these children and families through the Student Health Collaborative.

We look forward to working with you, planning and implementing "Project LAUNCH" in a way that fosters effective collaboration between our agencies and further unites us in our common goal to provide quality services and to protect the children of Delaware.

Sincerely,


Roy Proujansky, MD
Chief Executive, Delaware Valley Operations
Executive Vice President, Nemours

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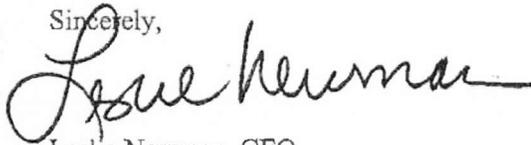
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CEO
Leslie Newman
www.cffde.org

Sincerely,

Leslie Newman, CEO



February 24, 2014
Susan Cycyk, Director
Delaware Division of Prevention
and Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

Dear Ms. Cycyk:

On behalf of Children & Families First, I am writing to express my strong support of the collaborative proposal in response to the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)."

Children & Families First helps children facing adversity on their journey to adulthood. We work with families using proven methods to help them flourish. In existence for 130 years, CFF builds the foundation for strong communities with child-centered and family-focused programs. Services are provided in our five sites located in all three Delaware counties, as well as in homes, schools and other community locations. Children & Families First is accredited by the Council on Accreditation of Services for Families and Children (COA). The organization is a member of the Alliance for Children & Families, Children's Home Society of America and is a partner agency of the United Way of Delaware.

The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the coordination of key child-serving systems and the integration of behavioral and physical health services. Children & Families First is pleased to partner with the Division to implement this exciting project. As the lead agency for the community school projects at Warner Elementary and Shortlidge Elementary Schools, the designated area for this project, our site coordinators work in partnership with the building and district personnel. We coordinate and implement strategies along with our community partners to assure that children and their families have the supports and enhanced learning opportunities they need to be successful. This can vary from health to cultural opportunities to adult education.

Children & Families First also implements the Nurse Family Partnership Program and Healthy Families America. Both of these evidence-based home visiting programs will provide early intervention and prevention services to families right from the start. For those who benefit from group interaction, we also implement Strengthening Families, a family skills program with curriculums for those with children Birth to 3, 4-5 and 6-11.

We look forward to working with you in the planning and implementation of "Project LAUNCH" in a way that fosters effective collaboration between our agencies and further unites us in our common goal to provide quality services and to protect the children of Delaware.



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Delaware LAUNCH (RFA) No.: SM-14-004 Attachments (1 of 9)

Appendix D – Statement of Assurance

As the authorized representative of The Department of Services for Children Youth and Their Families, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- A letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- Official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- Official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.¹ (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- For Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.


Signature of Authorized Representative

2-28-14
Date

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.

Delaware Project LAUNCH Identified Screening Instruments

- **Parents' Evaluation of Developmental Status (PEDS)** – the PEDS is a highly accurate, valid tool providing developmental screening and behavioral screening plus ongoing surveillance. It complies with AAP policy and offers the best solution for early detection. It is a surveillance and screening tool, for children birth to 8 years, that elicits and addresses, with evidence-based support, parents' concerns about development, behavior and mental health. PEDS saves time, promotes family collaboration and willingness to return for future visits. It is published in many languages and includes abundant information to support helping parents learn about child-rearing. www.pedstest.com/AboutOurTools.aspx
- **ASQ™**, the Ages and Stages Questionnaire is considered the #1 developmental and social and emotional screening for children from one month to 5 ½ years. Highly reliable and valid, ASQ looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' expert knowledge about their children. <http://agesandstages.com>
- **Schreeringa Young Child PTSD Screen (YCPS)**, a developmentally-sensitive checklist for young children that is filled out by caregivers. It is a 6-item screen to quickly determine whether children need to be referred for clinical treatment for PTSD. The YCPS is intended to quickly screen for PTSD in the acute aftermath of traumatic events (2-4 weeks after an event) and/or in settings where there would not be time for longer assessments or more in-depth mental health assessment is not available. The screen is not intended for a general assessment of PTSD or to make a diagnosis. <http://www.midss.org/content/young-child-ptsd-screen>

YOUNG CHILD PTSD SCREEN (YCPS)

Name _____ ID _____ Date _____

Write down the life-threatening traumatic event(s):

Parent:

Below is a list of symptoms that children can have after life-threatening events. Circle the number (0-1) that best describes how often the symptom has bothered your child in the LAST 2 WEEKS.

	0 No	1 A little	2 A lot
1. Does your child have intrusive memories of the trauma(s)? Does s/he bring it up on his/her own?	0	1	2
2. Is your child having more nightmares since the trauma(s) occurred?	0	1	2
3. Does s/he get upset when exposed to reminders of the event(s)?	0	1	2
<p>For example, a child who was in a car crash might be nervous while riding in a car now. Or, a child who was in a hurricane might be nervous when it is raining. Or, a child who saw domestic violence might be nervous when other people argue. Or, a girl who was sexually abused might be nervous when someone touches her.</p>			
4. Has s/he had a hard time falling asleep or staying asleep since the trauma(s)?	0	1	2
5. Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)?	0	1	2
6. Does your child startle more easily than before the trauma(s)? For example, if there's a loud noise or someone sneaks up behind him/her, does s/he jump or seem startled?	0	1	2

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SCORING (CUTOFF INDICATING THE NEED FOR CLINICAL ATTENTION)

Two symptoms endorsed (either 1 or 2) is considered a positive screen and should be referred for treatment. A child with one only symptom endorsed is marginally positive and should be referred for further testing at a minimum.

PURPOSE

The YCPS is intended to quickly screen for PTSD in the acute aftermath of traumatic events (2-4 weeks after an event) and/or in settings where there would not be time for longer assessments or more in-depth mental health assessment is not available. The screen is not intended for a general assessment of PTSD or to make a diagnosis.

YCPS BACKGROUND

The structure of six items was based upon the desire to identify youth who have at least five PTSD symptoms. When young children are diagnosed with a developmentally sensitive algorithm (Scheeringa et al., 2003; Scheeringa, Zeanah, and Cohen, 2010), the average number of symptoms ranges from seven to 10, and clinical intervention trials typically require at least five symptoms for inclusion (Cohen et al., 2004; Scheeringa et al., in press).

Of the 17 PTSD symptoms, two of them are rarely if ever endorsed – sense of a foreshortened future and lack of memory for the event. If youth have five of the 15 remaining symptoms, the ratio of endorsed symptoms is one out of three. Thus, the minimal number of symptoms in the screen could be three symptoms but to ensure a margin of confidence it was decided to include six symptoms and require two symptoms to be endorsed for a positive screen.

The items were chosen empirically from data on 284 3-6 year old trauma-exposed children in a National Institute of Mental Health-funded study (R01 MH65884-01A1). Only items that occurred in at least 20% of the subjects were used in the process. Avoidance of external reminders was not used for two reasons: (1) distress at reminders was also being tested and if a person has avoidance of reminders they almost always also have distress at reminders. The only differences are in the chronology (avoidance is anticipatory) and severity (avoidance tends to signal greater severity). Having avoidance would be redundant with distress of reminders. (2) Avoidance of reminders is often a difficult item for caregivers to understand and rate accurately (Cohen and Scheeringa, 2009; Scheeringa, in press). This left eight items to consider, which were combined into 15 possible six-item combinations that included distress at reminders as one of the items. Next, the number of children who had at least five PTSD symptoms was calculated (n=165). Then the performance measures of sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) were calculated for all 15 six-item combinations with at least 5 symptoms as the gold standard (Table 1). Table 1 shows that when any combination of two out of six items counted as a “hit”, all of the combinations showed good sensitivity and NPV. However, of the four combinations that showed 100% sensitivity, only one was balanced with three items from criterion B (re-experiencing cluster) and three items from criterion D (increased arousal cluster) (b4b1b2d1d2d5). This would be the favored combination unless another combination had nearly equal sensitivity but superior specificity and PPV. The combination with the highest specificity was the b4b1b2d4d5d3 combination. But it was considered that hypervigilance (d4) would not be well-understood as a checklist item. Furthermore, sensitivity is usually considered relatively more important than specificity for screens because one is trying to identify those who need treatment (as opposed to avoid giving a treatment that can do harm to someone who doesn't need it). Therefore, the b4b1b2d1d2d5 was considered the best choice because of the highest sensitivity, the best balance among re-experiencing and increased arousal symptoms, and the easiest to understand items for a checklist measure.

The YCPS has not been used in a study yet. These wordings are derived from years of experience of conducting interviews and designing diagnostic interviews for PTSD with caregivers of young children in multiple research studies.

SCORING EXPLANATION

Each item is scored on a 3-point Likert scale. However, the Likert scale was created only for administration purposes to give respondents a range of scores. For scoring, either “yes” answer (any 1 or 2) counts as a “yes”. Two “yes” answers is a positive screen. It was considered that if respondents were given only dichotomous choices to score they may not endorse mild to moderate symptoms. The total sum of scores is irrelevant.

Table 1. Performance measures (n=284).

6-item sets	Sensitivity	Specificity	PPV	NPV
b4b1b2d1d2d3	98.8%	42.0%	70.3%	96.2%
b4b1b2d1d2d4	98.2%	41.2%	69.8%	94.2%
b4b1b2d1d4d3	97.0%	51.3%	73.4%	92.4%
b4b1b2d4d2d3	98.8%	46.2%	71.8%	96.5%
b4b1d4d1d2d3	98.8%	40.3%	69.7%	96.0%
b4d4b2d1d2d3	98.8%	45.4%	71.5%	96.4%
b4b1b2d1d2d5*	100%	42.9%	70.8%	100%
b4b1b2d1d5d3	98.2%	52.1%	74.0%	95.4%
b4b1b2d5d2d3	99.4%	47.9%	72.6%	98.3%
b4b1d5d1d2d3	100%	41.2%	70.2%	100%
b4d5b2d1d2d3	100%	45.4%	71.7%	100%
b4b1b2d1d4d5	98.2%	54.6%	75.0%	95.6%
b4b1b2d4d5d3	96.4%	63.9%	78.7%	92.7%
b4b1d4d5d2d3	99.4%	51.3%	73.9%	98.4%
b4d4d5d1d2d3	100%	43.7%	71.1%	100%

Sensitivity=TP/TP+FN

Specificity=TN/TN+FP

PPV=Positive Predictive Value =TP/TP+FP

NPV=Negative Predictive Value =TN/TN+FN

TP=true positive; FP=false positive; TN=true negative; FN=false negative.

*YCPS items

LITERATURE CITED

- Scheeringa MS (2009). Posttraumatic stress disorder. In CH Zeanah (Ed.), *Handbook of Infant Mental Health, third edition* (pp. 345-361). New York, NY: Guilford Press.
- Cohen JA, Deblinger E, Mannarino AP, Steer RA (2004). Journal of the American Academy of Child and Adolescent Psychiatry 43(4), 393-402.
- Cohen JA, Scheeringa MS (2009). Post-traumatic stress disorder diagnosis in children: Challenges and promises. *Dialogues in Clinical Neuroscience* 11(1), 91-99.
- Scheeringa MS (in press). PTSD in Children Younger Than Age of 13: Towards a Developmentally Sensitive Diagnosis. *Journal of Child & Adolescent Trauma*.
- Scheeringa MS, Weems CF, Cohen JA, Amaya-Jackson L, Guthrie D (2010). Trauma-focused cognitive-behavioral therapy for posttraumatic stress disorder in three through six year-old children: A randomized clinical trial. *Journal of Child Psychology and Psychiatry*. Article first published online 14 Dec. 2010. doi: 10.1111/j.1469-7610.2010.02354.x

Attachment 3: Sample Consent Forms

CAREGIVER/GUARDIAN CONSENT FOR PARTICIPATION IN
Delaware's Project Launch
Child and Family Services Evaluation

PURPOSE AND DESCRIPTION OF RESEARCH

You and/or the child in your care are invited to participate in an evaluation of efforts in your community to improve services and outcomes for children 0-8. These include helping children to be healthier physically, socially, and emotionally, preparing them for school and helping them succeed in school, and preparing them for future success as they get older.

This project is sponsored by several departments in the State of Delaware and funded by a federal grant from the Substance Abuse and Mental Health Services Agency (SAMHSA), United States Department of Health and Human Services. It is one of many programs across the United States. The purpose of this form is to help you understand the research part of the program so you can make an informed decision about participation. If you are a legal guardian, and are not the primary caregiver for the child, you may not have to participate in all of the activities described; however, we would like your permission to gather information about the child in your care as described below. From this point on, the child in your care will simply be called "your child."

We want to make sure the Project Launch services are helpful and effective. To do this, we would like you to participate in some research to help us understand:

- How well the services work in the school, at the doctor, and in the community
- How different services fit together
- How the system could be improved
- What kinds of outcomes services produce

If you agree to participate in this research study, you will:

- Meet with an interviewer several times over the next few years.
- Talk about things like:
 - your child's behavior
 - your child's preschool/elementary school
 - your child's healthcare
 - what it is like to be a parent/caregiver
 - the kinds of services you and your child receive
 - how you feel about any help or services you receive

In addition, we will gather information about the services your child receives from state systems, like the department of education, and healthcare systems. We will ask you to sign up for a free medical record through Nemours health system.

This form asks you to agree to participate in this research study.

The project hopes to include about 200 families with children from ages 0-8 who live in the Wilmington area.

PARTICIPANT ACTIVITIES

You will be interviewed up to five times. We will talk with you as services begin. Then you will be asked to meet again approximately every 6 months for up to 24 months after services began. You will be interviewed even if you and your child no longer receive services. We will talk with you at home or any other place that is best for you. In the interviews, you will be asked about your child, yourself, your family, and your services. If you agree, the researcher will also record you and your child completing some short tasks designed to assess interaction and child behavior. The interviewer will video record your interaction with your child for later coding. As with the other parts of the visit, this is voluntary and you can choose not to do it. Each interview

will take about 2 hours. The video recording will take about 30 minutes and can be done at a different time from the interview.

In this study, we want to learn about your child's development, behavior, education, and healthcare. We will also ask some questions about you, your family, and your neighborhood. Finally, we would like you to tell us what you thought of any services you may have received. Some questions might make you uncomfortable. If you do not want to answer a question you do not have to answer.

We would also like to understand the impact that the services have on you and your child in the future. Specifically, we would like to keep track of you and your child's use of state services. We will use your name in order to do this with little trouble to you. Any data with your child's name or personal facts will only be used when combined with other children's data. This will keep you and your child's information confidential. Only authorized people will have access to the information collected (see Confidentiality section). The information collected about you will serve several purposes. For example, it will be combined with other participants' responses in reports and presentations. When information we collect is reported, your information will be grouped together with information collected from other so you will not be identified. In addition, data may be shared with our funding agency, the Substance Abuse and Mental Health Services Administration, their contracting organizations, and other organizations that provide services to you. When your data is released, it will be identified by a number and not your name.

RISKS AND BENEFITS

The questionnaires have some personal questions on them. Some questions might upset you or make you uncomfortable. The research assistant working with you can help you if you feel upset. Also, you do not have to answer any questions or do anything that makes you uncomfortable. You may stop participating whenever you want. If you decide to stop participating in the interviews, you will still receive services. By being in this study, you will help us learn how well community services help children. You will also be taking an active effort to help future children and families.

COMPENSATION

You will be paid \$20 for completing each interview and \$10 for completing each video recording. You will be paid in cash, in a gift-card, or other item of similar value for each completed interview. You can discuss what type of payment would be best for you with your interviewer.

CONFIDENTIALITY

1. The things you tell us or write on questionnaires are confidential. Only authorized people will see your answers. These include people on our research team, people at our funding agency (SAMSHA), those who contract with us and SAMHSA, and people who supervise our work. Your questionnaires will have an ID number on them instead of your name. This way, even people who are allowed to see your responses, but do not need to know your name, will not be able to identify you. Also, we will lock up your records to protect them. When we finish the study (in about 6 years) we will erase your name from research records.
2. By being in this research study, your status with your school, physician, or other agency will not change.
3. **If we suspect abuse or neglect, we must report this to authorities.** In most cases, we would consult with your Care Coordinator or Therapist before contacting other authorities. If a report were made, this would require us to reveal confidential information like your child's name, your name, and any other information needed to ensure the safety and well-being of your child. Therefore, you should understand what might happen that would require us to break confidentiality. In general, abuse and neglect refers to situations where a child is harmed, or could be harmed, physically or emotionally. Harm could occur through actions towards a child, behaviors or environments to which a child is exposed, or failures to adequately care for or supervise a child. We cannot list all the possible situations that would prompt

suspicion of abuse or neglect. Therefore, if you have any questions or concerns about when we might break confidentiality, you should ask us before agreeing to participate. You can also ask after agreeing to participate.

4. Your name, contact information, and other personal data will be separated from your responses and research data.
5. We will apply for a Confidentiality Certificate (CC) from the U.S. Department of Health and Human Services (DHHS) to protect the researchers from being forced to identify you (for example, by court order or subpoena). The Certificate adds special protection for research information about you. We may voluntarily report medical information in medical necessity, likely harm to yourself or others, including child abuse/neglect, however, and DHHS may see your information if it audits us. This CC does not imply DHHS approval or disapproval.

ASSURANCES

1. Your involvement in this research study is up to you.
2. You can receive services whether you participate in the study or not. You have the right to stop participating at any time. You also have the right to refuse any interview. If you decide you do not want to participate, no one will be upset and you will not be penalized. Your decision will not change your involvement with your school, physician, or the community agency through which you were referred.
3. If you wish to withdraw your child's data from the study, you should contact the research team in writing. You will be able to remove any data, except data that was used for public reports.

If you have any questions, please feel free to ask them. If you want information in the future about your involvement in the study, feel free to contact **NAME HERE, Project Director, or Dr. NAME HERE, Lead Evaluator, and, Principal Investigator, at PHONE NUMBER HERE**. Dr. NAME is employed by the AGENCY. S/He is responsible for leading the study. Please contact him/her if you have any questions or if you feel you have been harmed as a result of participation. You should contact Dr. NAME for issues about the study. Do not contact Dr. NAME for questions about services, mental health crises, or other emergencies. For these situations, you should contact your therapist, a crisis line, or for emergencies, dial 9-1-1.

You may talk with a member of the Human Subjects Review Board at any time about your participation in research by calling the IRB NUMBER HERE.

CONSENT SIGNATURES

I, _____, understand each of the above items relating to my participation
(Print your name)

in the evaluation project, and agree to be interviewed every 6 months for up to 24 months. I also give my permission for the evaluation team to access state, school, and healthcare records related to my child, _____ (child's name) for evaluation purposes.

Signature of Parent

Date

I have explained the above items to _____ and believe that he/she understands each of the items.

Signature of Investigator

Date

CONSENT FOR FOCUS GROUP PARTICIPATION

Title of Project: Delaware's Project Launch

Principal Investigator: NAME HERE

Other Investigators: NAMES HERE

You are being asked to participate in a research study. This form tells you about the study including its purpose, what you will do if you decide to participate, and any risks and benefits of being in the study. Please read the information below and ask the research team questions about anything you do not understand before you decide whether to participate. Your participation is voluntary and you can refuse to participate or withdraw at anytime without penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you will be asked to sign this form and a copy will be given to you to keep for your reference.

WHAT IS THE PURPOSE OF THIS STUDY?

This study will evaluate efforts to improve community services and outcomes for children 0-8. These include helping children to be healthier physically, socially, and emotionally, preparing them for school and helping them succeed in school, and preparing them for future success as they get older.

This project is sponsored by several departments in the State of Delaware and funded by a federal grant from the Substance Abuse and Mental Health Services Agency (SAMHSA), United States Department of Health and Human Services. It is one of many programs across the United States. The purpose of this form is to help you understand the research part of the program so you can make an informed decision about participation.

We want to make sure the Project Launch services are helpful and effective. To do this, we would like you to participate in some research to help us understand:

- How well the services work in the school, at the doctor, and in the community
- How different services fit together
- How the system could be improved
- What kinds of outcomes services produce

You are being asked to take part in this study because your knowledge of the system can help us answer these questions. You may have had important experiences seeking or receiving services, providing services, doing outreach, administration, or other activities. We hope to understand your experiences better so that we can help improve the system. You will be one of about five to seven people participating in this focus group; however, we may conduct more similar focus groups in the future.

WHAT WILL YOU BE ASKED TO DO?

If you agree, you will be asked to participate in a guided discussion with some researchers and a few other participants. The researcher will give some basic instructions and then begin asking the group questions like, "What kinds of experiences have you had with the child healthcare system?" or "What do you think families in the system need most to help their children?" The researcher will ask some prepared questions, but may also ask unplanned questions depending on

the conversation. It will be a group discussion, so everyone in the group will be able to hear and comment on your answers. They may ask their own questions as well. The discussion should last about one hour. After that, your participation is done.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There are no major risks to participating in this focus group. Some questions might upset you or make you uncomfortable. The researcher working with you can help you if you feel upset. Also, you do not have to answer any questions or do anything if you don't want to. You may stop participating whenever you want. If you decide to stop, it will not change any services you might be receiving.

WHAT ARE THE POTENTIAL BENEFITS?

You will not benefit directly from taking part in this research; however, you could help us learn how well mental health services, service and support organizations, and other parts of the system help children and their families. We hope this information will help make the system better.

HOW WILL CONFIDENTIALITY BE MAINTAINED?

1. The confidentiality of your records will be protected to the extent permitted by law.
2. Only authorized people will see your answers. These might include people on our research team, people at our funding agency (SAMSHA), those who contract with us and SAMHSA, and people who supervise our work like the Institutional Review Board.
3. Your responses will have an ID number on them instead of your name. This way, even people who are allowed to see your responses, but do not need to know your name, will not be able to identify you.
4. We will ask other participants to keep the things we discuss in the focus group confidential, but we cannot guarantee that they will. You should understand this and make decisions about what you say with this in mind.
5. We may record and transcribe discussions but we will not directly identify you on the recording. We will also ask the participants to do the same. If names are mentioned by accident, we will erase them from the recording and make sure they are not on the transcript.
6. We will keep recordings and transcripts locked when not in use. We will make sure that digital records are password-protected. When we finish the study (in about 6 years) we will erase your name from research records, but recordings and transcripts may be kept as long as they serve a research purpose.
7. **If we suspect abuse or neglect, we must report this to authorities.** If a report were made, this would require us to reveal confidential information like your name and any other information needed to ensure the safety and well-being of the child mentioned. Therefore, you should understand what might happen that would require us to break confidentiality. In general, abuse and neglect refers to situations where a child is harmed, or could be harmed, physically or emotionally. Harm could occur through actions towards a child, behaviors or environments to which a child is exposed, or failures to adequately care for or supervise a child. We cannot list all the possible situations that

would prompt suspicion of abuse or neglect. Therefore, if you have any questions or concerns about when we might break confidentiality, you should ask us before agreeing to participate. You can also ask after agreeing to participate.

8. If any of our research is published or presented we will not share any personally identifiable information like names. We may use some direct quotes from our discussions, but we will take care that such quotes will not directly identify you or other participants.

WILL THERE BE ANY COSTS RELATED TO THE RESEARCH?

There are no costs associated with participating in this study.

WILL THERE BE ANY COMPENSATION FOR PARTICIPATION?

You will be paid \$20.00 for participating in this research.

DO YOU HAVE TO TAKE PART IN THIS STUDY?

Taking part in this research study is entirely voluntary. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled. Your refusal will not influence current or future relationships with the University of Delaware, or any service providers.

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?

If you have any questions about this study, please contact the Principal Investigator, NAME HERE at PHONE NUMBER. If you have any questions or concerns about your rights as a research participant, you may contact the Institutional Review Board at NUMBER HERE.

Your signature below indicates that you are agreeing to take part in this research study. You have been informed about the study's purpose, procedures, possible risks and benefits. You have been given the opportunity to ask questions about the research and those questions have been answered. You will be given a copy of this consent form to keep. By signing this consent form, you indicate that you voluntarily agree to participate in this study.

Signature of Participant

Date

Printed Name of Participant

Signature of Researcher/Witness

Date

Printed Name of Researcher/Witness

Attachment 4: Letter to the SSA

Not Applicable

Attachment 5: Memorandum of Agreement with chosen locality



February 24, 2014

**RED CLAY CONSOLIDATED
SCHOOL DISTRICT**

Mervin B. Daugherty, Ed.D.
Superintendent

Administrative Offices
1502 Spruce Avenue
Wilmington, Delaware 19805

Office of the Superintendent

Office (302) 552-3702
Fax (302) 992-7830

Susan Cycyk, Director
Delaware Division of Prevention
and Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

Dear Ms. Cycyk:

On behalf of the Red Clay Consolidated School District, I am writing to express my strong support of your collaborative proposal in response to the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)."

The Red Clay Consolidated School District is the second largest public school district in the state serving more than 16,000 students in 14 elementary schools, 6 middle schools, 5 high schools, 4 special education schools, and 3 charter schools. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the coordination of key child-serving systems and the integration of behavioral and physical health services.

Red Clay's families who reside in Wilmington neighborhoods will benefit from services designed to increase family and youth involvement and to help ensure that children thrive in safe, supportive environments, enter school ready to learn, and have supports needed to sustain gains through the early elementary school grades and beyond. The community school program staff and the administrators will assist in implementing school-related interventions and family programming that are designed to benefit the targeted outcomes.

We look forward to working with you in planning and implementing "Project LAUNCH" in a way that fosters effective collaboration between our agencies. This Project will further unite us in our common goal to provide quality services that protect the children of Delaware.

Sincerely,

Mervin B. Daugherty, Ed.D.
Superintendent of Schools

The Red Clay Consolidated School District does not discriminate on the basis of race, creed, color, national origin, religion, sex, sexual orientation, age, marital status, handicap, veteran status, domicile, genetic information, or any legally protected characteristic. Inquiries should be directed to Debra Davenport, Human Resources, at 302-552-3783.

Attachment 6: Memorandum of Agreement between the two lead agencies at the State/Territorial level



**The Department of Services
for Children, Youth and
Their Families**

**MEMORANDUM OF AGREEMENT
BETWEEN**

**THE DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES,
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES**

AND

**THE DIVISION OF PUBLIC HEALTH,
DELAWARE DEPARTMENT OF HEALTH & SOCIAL SERVICES,**

TO

**STRENGTHEN THE LINKAGES BETWEEN CHILDREN'S HEALTH AND MENTAL HEALTH
BY CO-LEADING DELAWARE'S PROJECT LAUNCH (LINKING ACTIONS FOR UNMET
NEEDS IN CHILDREN'S HEALTH)**

A. Introduction and Purpose

1. This Agreement is entered into between Delaware Department of Health and Social Services Division of Public Health, hereafter referred to as DPH, and Delaware Children's Department, Division of Prevention and Behavioral Health Services, hereafter referred to as DPBHS.
2. The purpose of this Agreement is to strengthen the linkages between children's health and mental health through the implementation of Delaware's proposal for Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). The purpose of Delaware's Project LAUNCH is to promote the wellness of young children from birth to 8 years by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development.

Delaware's Project LAUNCH will advance a shared vision for wellness of young children and support improvements to the early childhood system and to prevention and promotion activities for the local community served by Warner Elementary and Shortlidge Academy.

Goals of the project include:

- promoting the use of evidenced-based curricula on pro-social skills to early learning programs and elementary schools;
- building on effective prevention programs, such as mentoring, anti-bullying, strengthening families;

- strengthening developmental screening mechanisms for the early identification of mental health/substance abuse issues across physical, behavioral health and early learning systems;
 - strengthening integration of physical and behavioral health systems and services;
 - expanding parent education opportunities including 211/Help Me Grow to deliver messaging;
 - ensuring culturally competent family engagement across systems; and
 - enhancing programs through workforce development promoting evidence-based programs for young child wellness.
3. The Agreement shall commence upon receipt of the Project LAUNCH grant award from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Upon receipt of the grant, both parties will come together to review this agreement and determine if any modifications are needed. The agreement will continue in effect for the duration of the 5-year grant, unless modified by mutual agreement of both parties, or may be terminated as referenced in Section B. 3. of this Agreement.

B. Administrative Requirements

1. This Agreement may be terminated in whole or part upon thirty (30) calendar days written notice, with or without cause, by either DPH or DPBHS, to the other party.
2. In the event of amendments to current Federal or State laws which nullify any term(s) or provision(s) of this Agreement, the remainder of the Agreement will remain unaffected.
3. This Agreement shall not be altered, changed, modified or amended except by written consent of both parties to the Agreement.
4. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of this Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Agreement unless stated to be such in writing, signed by an authorized representative of the Department and attached to the original Agreement.

D. Responsibilities:

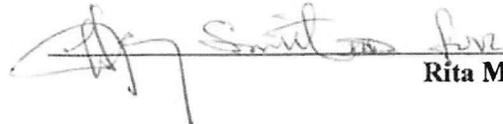
1. DPBHS and DPH, as the state agencies responsible for administering mental health services for children and the Title V Maternal and Child Health Block Grant, respectively, agree to co-lead the Project LAUNCH grant activities and work together to strengthen the linkages between children's health and mental health, as well as between other agencies and sectors serving young children and their families.
2. DPBHS and DPH shall jointly:

- Be the liaisons with the Delaware Early Childhood Council, which will serve as the Delaware Council on Young Child Wellness, for purposes of planning and oversight of Project LAUNCH.
 - Develop and review requests for proposals and related to Project LAUNCH activities
 - Develop job descriptions and select candidates for required Project LAUNCH positions.
3. Specifically, DPBHS shall:
- Be the lead agency in submitting the Project LAUNCH application and overseeing implementation of the project, including fiscal management.
 - Obtain the services of a full-time Project Director/State-level Young Child Wellness Expert.
 - Obtain the evaluation services necessary for the required data collection, analysis, and reporting.
 - Lead efforts to integrate behavioral health into primary care settings in order to achieve grant goals.
 - Lead efforts to enhance mental health consultation in early care and education in order to achieve grant goals.
 - Lead efforts to provide parent skills training in order to achieve grant goals.
4. Specifically, DPH shall:
- Serve as the co-lead agency, assisting with the development of the grant application and implementation of an accepted grant proposal.
 - Obtain the services of a part-time Young Child Wellness Partner.
 - Lead the enhancement of Delaware's home visiting program in order to achieve grant goals.
 - Work to increase developmental screening and assessment via the Help Me Grow initiative in order to achieve grant goals.

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Certification:

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

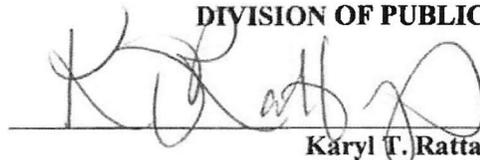


Rita M. Landgraf
Secretary
Department of Health & Social Services

2-27-14

Date

DIVISION OF PUBLIC HEALTH



Karyl T. Rattay, MD, MS
Director
Division of Public Health

2/27/14

Date

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES



Jennifer Ranji
Secretary
Delaware Children's Department

2/25/14

Date

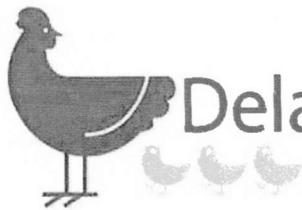
DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES



FOR: Susan A. Cychk, M.Ed
Director
Division of Prevention and Behavioral Health Services

Date

**Attachment 7: Letter of intent or MOA with required members of
State/Territorial/Tribal/Family Organizations Local Councils on Young Child Wellness**



Delaware Early Childhood Council

February 24, 2014

Ms. Susan Ccyk, Director
Delaware Division of Prevention
and Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

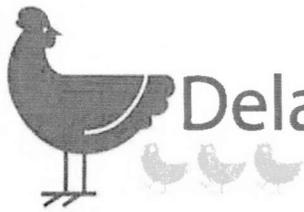
Dear Ms. Ccyk,

On behalf of the Delaware Early Childhood Council (ECC), I am writing to express our support for the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)." The Delaware ECC is the State Advisory Council on Early Childhood for children from birth to eight years of age and is authorized via state law to provide advice and recommendations for the development of the state's early childhood system. We are delighted to have the Council serve as the designated Young Child Wellness Council as part of Project LAUNCH and believe that this fits in well with Delaware's strategic plan. The current Strategic Plan, created in 2013, focuses on four goals:

1. A healthy start, focusing on developmental screening, early childhood behavioral health, family outreach, and greater coordinated referral;
2. Quality early education, focusing on the use of our Delaware Stars program (a Quality Rating and Improvement System) across all of the providers who serve young children so that we can assure children, particularly those with the highest needs, attending a high quality early childhood program that is focused on improving child outcomes across all the domains of a young child's development;
3. An aligned and effective early learning system, birth through third grade, that brings together birth to five programs and services with the K-12 system, and also linkages with higher education;
4. Sustainable system improvement.

Project LAUNCH will directly support our strategic plan by:

1. Goal 1- increasing the capacity of the Early Childhood Mental Health consultation that is so central to this work and providing an integration of physical and behavioral health in the community;
2. Goal 2- working to support the Delaware Stars programs in the targeted community increase their quality by moving up through Stars; the Early Childhood Mental Health consultants are a



Delaware Early Childhood Council

key support component for Stars programs as they improve quality, and are prioritized for these providers.

3. Goal 3-Strengthening linkages and transitions between early learning and the early grades. Project LAUNCH will enable us to tackle this in several ways, through the use of the PATHS curriculum in both the early learning and early grades settings; through clinical specialists in both the early learning and early grades setting; through cross-training and professional development; and through a dedicated transition specialist who will work with the early learning and K-2 communities.
4. Goal 4- Project LAUNCH supports Delaware's work for systems building and improvement.

We look forward to working with you to ensure that the goals of Project LAUNCH as well as the needs of the children to be served are met and sustained.

Sincerely,

Mary Kate Mouser, Chair
Delaware Early Childhood Council

cc:

Madeleine Bayard, Co-Chair, Delaware Early Childhood Council
Harriet Dichter, Executive Director, Office of Early Learning

Attachment 8: Signed letters of intent from State/Territorial/Tribal and local family organizations



Wilmington Early Care & Education Council
City Of Wilmington
Department of Parks & Recreation
500 Wilmington Avenue
Wilmington, DE 19801
Phone 302- 576-3810

February 24, 2104

Susan Ccyk, Director
Delaware Division of Prevention
and Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

Dear Ms. Ccyk,

On behalf of the Wilmington Early Care and Education Council (WECEC), I am writing to express our strong support of your collaborative proposal in response to the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)."

With the support of Mayor Baker, Wilmington City Council passed an ordinance creating WECEC in 2004. Membership includes parents, early care and education professionals, local community organizations, school districts and a charter school serving the City of Wilmington, institutions of higher education with early childhood programs, a resource referral agency, and representatives from the Office of the Mayor, Office of City Council, Office of Child Care Licensing, Division of Social Services and the Delaware Early Care and Education Office. The mission of the Wilmington Early Care and Education Council (WECEC) is to increase the educational success of children in Wilmington by enhancing the quality of early care and education opportunities for children birth to age eight.

We understand that the goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the coordination of key child-serving systems and the integration of behavioral and physical health services. This fits well with our mission. We acknowledge there is a need for a local level council to support and guide the development and work of Project LAUNCH, including the development of the local-level environmental scan and strategic plan; provide oversight of the development and implementation of services and activities. WECEC agrees to support Project LAUNCH and to serve as the local Council.

We look forward to working with you to ensure the success of Project LAUNCH.

Sincerely,

Gwendolyn W. Sanders
Gwendolyn Sanders, Ed.D
WECEC Chairperson



February 25, 2014

Susan Ccyk, Director
Delaware Division of Prevention
and Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

Dear Ms. Ccyk,

On behalf of Family SHADE, I am writing to express my strong support of your collaborative proposal in response to the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)."

Family SHADE, the Family Support and Healthcare Alliance Delaware, is an alliance of organizations, agencies and families committed to working together to improve the quality of life for children and youth with special healthcare needs and their families. Our vision is to enable, empower and enrich families' lives by connecting families to supports and services.

We support the goal of Project LAUNCH to create a shared vision for the wellness of young children that drives the coordination of key child-serving systems and the integration of behavioral and physical health services.

Family SHADE looks forward to working with you in the successful operation of "Project LAUNCH" in a way that fosters effective collaboration between our agencies and further unites us in our common goal to provide quality services and to protect the children of Delaware.

Sincerely,

Phyllis Guinivan, Ph.D.
Family SHADE Program Director

February 27, 2014

Susan Ccyk, Director
Delaware Division of Prevention
and Behavioral Health Services
1825 Faulkland Road
Wilmington, DE 19805

Dear Ms. Ccyk,

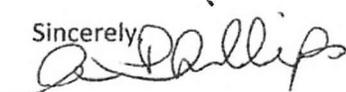
On behalf of Delaware Family Voices, I am writing to express my strong support of your collaborative proposal in response to the federal SAMHSA funding opportunity, "Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)."

Caring for children with special needs is often complex, and Delaware Family Voices is in the unique position to help. We are parents of children and young adults with physical, developmental and mental health challenges, and we have firsthand experience negotiating the maze of health care services and programs in our state. We help families of children with special needs become informed, experienced, and self-sufficient advocates for their children and themselves. We will work with Project Launch to ensure that families are adequately and appropriately represented on the state and local Young Child Wellness Councils.

The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the coordination of key child-serving systems and the integration of behavioral and physical health services.

We look forward to working with you in the successful operation of "Project LAUNCH" in a way that fosters effective collaboration between our agencies and further unites us in our common goal to provide quality services and to protect the children of Delaware.

Sincerely,



Ann Phillips
Executive Director

♥ 222 Philadelphia Pike, Suite 11
Wilmington, DE 19809
(302) 669-3030 (local)
www.defv.org

Attachment 9: A copy of the signed, executed EHR vendor contract, if you have an existing EHR system.

Not Applicable