



# Ohio Department of Mental Health

30 East Broad Street  
Columbus, Ohio 43215-3430

DATE: 4/09/2009      NUMBER: C-04-09-02      ORIGINATOR & TITLE:  
Kay Rietz, Assistant Deputy Director

OFFICE:  
Office of Children’s Services

APPROVED BY:  
Debbie Nixon-Hughes, MSW, LISW, Deputy Director: Div. of Program and Policy Development

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 BHO’s       Boards       Provider Agencies       Shareholder Organizations

SUBJECT:  
 Allocations       Certification       Critical Information       Licensure  
 MACSIS       Medicaid       MSPA       Policy  
 Procedure       Other (specify): Notice of Funding Opportunity

TITLE OF CORRESPONDENCE:  
SAMHSA Grant Opportunity and Board Readiness Survey - Request for Applications (RFA)  
No. SM-09-008

CONTENT:  
The Ohio Department of Mental Health (ODMH) is interested in partnering with your Board or a Regional Collaborative of Boards and your provider agencies to apply for this grant opportunity. This SAMHSA Grant is titled “Cooperative Agreements for States/Community Partnerships to Integrate Services and Supports for Youth and Young Adults” (Short Title: Healthy Transitions Initiative).

This initiative will create developmentally appropriate and effective youth-guided local systems of care to improve outcomes for youth and young adults with serious mental health conditions in areas such as education, employment, housing, mental health and co-occurring disorders. The goals of the grant include linking and integrating local systems at the state level in order to effect policy change and to support replication statewide. The grant is also quite explicit about the necessary criteria for programs that will be considered for possible funding.

**We recommend that you read the entire grant application prior to your thoughtful consideration of responding to this opportunity.**

ODMH will consider partnering with a Board or a Regional Collaborative of Boards for this grant application. There are extensive data collection and reporting requirements for the program grantee. In particular, your system will need to demonstrate the ability to collect and report client-level data for program enrollees in addition to a number of system and program performance measures. Please note that there are five different data collection requirements contained in this grant, two of which involve client-level measurement at specified time intervals.

We are suggesting that your Board/regional collaborative of Boards determine your role in supporting the collection, coordination, reporting, and use of the required data elements with your community partners.

In addition, we will be looking for projects that incorporate specific program features that demonstrate cultural competence for working with this population. Inclusion of young adults, family members and/or other significant adults is necessary throughout all implementation phases of this project. SAMHSA's requirements include that grantees select an existing model program to implement and evaluate. SAMHSA approved models can be viewed at the Partnership for Youth website at: <http://nnyt.fmhi.usf.edu>. Models that have not received prior approval by SAMSHA must have program documentation or manuals, fidelity measurement, and evidence of outcome evaluation in reports or publications.

If you are interested in being considered as a partner with ODMH you are being directed to the attached Board Readiness Survey. Please complete the attached survey in **no more than two typed pages** by **5:00 p.m. on April 16, 2009**. Your responses will be reviewed by ODMH staff and each responding Board will be notified by **5:00 p.m. on April 23, 2009** of the result of our review.

**Responses due to Lynette Cashaw-Davis at [cashawdavisl@mh.state.oh.us](mailto:cashawdavisl@mh.state.oh.us) by April 16, 2009, 5:00 p.m.**

For questions or concerns contact: Kathy Coate-Ortiz at (614) 466-3105, [ortizk@mh.state.oh.us](mailto:ortizk@mh.state.oh.us) or Kay Rietz at (614) 466- 0111, [rietzk@mh.state.oh.us](mailto:rietzk@mh.state.oh.us).

cc: Leadership Support Team, ODMH  
Office of Children's Services, ODMH  
Carrol Hernandez, ODMH  
Lara Belliston, ODMH  
Carol Carstens, ODMH  
Angela Sausser Short, OFCF  
FCFC Deputy Directors

**Board Readiness Survey**  
**SAMHSA RFA No. SM-09-009**

1. Briefly describe your population of focus, the geographic areas to be served, and the statement of the need based on data.
2. Identify the program model that you propose to implement and how this will address the needs of the population. Do you have a Program Manual or Documentation, a Fidelity Scale and Outcome data? Please indicate if there is a High-Fidelity Wraparound program component. If not, are you willing to adopt this approach?
3. List and describe the local organizations that will represent the required groups in the strategic planning process. Identify any existing SAMHSA-funded projects and how you will incorporate these projects. State the unduplicated number of individuals you propose to serve annually and over the entire grant period (5 years).
4. Describe the capability and experience of the provider organization(s). Include in this description information regarding staff experience with the culture and language of the population of focus. Also include an assessment of the provider organization(s) capacity to consistently collect and accurately report client-level data over the course of the grant.
5. Describe your plan for supporting data collection, management, and reporting to an entity designated as the program evaluator. What role will the Board/Regional Collaborative of Boards play in the performance evaluation and data collection? Please indicate if non-Medicaid or grant-funded program services are being documented in MACSIS at this time, and/or if there is willingness to do so in the future.

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**Please do not exceed two typed pages.**

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