

OKLAHOMA DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

May 15, 2009

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse & Mental Health Services Administration
Rm. 3-1044
1 Choke Cherry Road
Rockville, MD 20857

Re: Healthy Transitions Initiative--SM-09-008

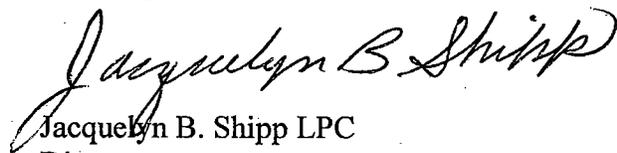
Dear Ms. Saunders:

It is with great pleasure that the Oklahoma Department of Mental Health and Substance Abuse Services submits the Oklahoma Healthy Transitions Initiative for review.

Thank you for this opportunity to partner with SAMHSA to create developmentally-appropriate and effective youth-guided local systems of care to improve outcomes for youth and young adults with serious mental health conditions.

If you have any additional questions, please do not hesitate to call me at 405.522.4142.

Sincerely,



Jacquelyn B. Shipp LPC

Director

Children, Youth and Family Services

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

*** a. Legal Name:** Oklahoma Dept. of Mental Health & Substance Abuse Services

* b. Employer/Taxpayer Identification Number (EIN/TIN): 73-6017987	* c. Organizational DUNS: 933662934
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d. Address:

*** Street1:** 1200 NE 13th
Street2: _____
*** City:** Oklahoma City
County: Oklahoma
*** State:** OK: Oklahoma
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 73117

e. Organizational Unit:

Department Name: _____	Division Name: Mental Health Recovery
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *** First Name:** Jacquelyn
Middle Name: _____
*** Last Name:** Shipp
Suffix: MHR

Title: Director-Office of Children, Youth & Families

Organizational Affiliation:

*** Telephone Number:** 405.522.4142 **Fax Number:** 405.522.8611

*** Email:** jshipp@odmhsas.org

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9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Substance Abuse & Mental Health Services Adminis.

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

SM-09-008

*** Title:**

Cooperative Agreements for State/Community Partnerships to Integrate Services and Supports for Youth and Young Adults 16-25 with Serious Mental Health Conditions And Their Families

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Tulsa and Cleveland Counties

*** 15. Descriptive Title of Applicant's Project:**

Oklahoma's Healthy Transitions Initiative

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Remove Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="480,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="480,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

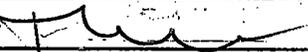
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

Date Signed:

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*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

Abstract - Healthy Transitions Initiative

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will partner with two of Oklahoma's strongest local systems of care communities to implement the Oklahoma Healthy Transitions Initiative. We will build on our strong and stable Partnership for Children's Behavioral Health and Oklahoma Systems of Care infrastructure to create a model that will facilitate a seamless transition to adulthood for youth and young adults ages 16-25 with serious mental health conditions and their families. There is strong commitment from both Children Youth and Family Services and Adult Services of ODMHSAS to work closely to overcome the barriers and ensure a smooth transition into developmentally appropriate adult services. Many youth lose Medicaid eligibility after turning 18 and find themselves knocking at the door of an over-burdened adult public mental health system in which they do not qualify for services. We will use SAMSHA funds to offer care coordination for 80 youth per year and 400 over five years. Care coordinators will link the youth to an array of mental health and co-occurring services. In addition, they will ensure that these youth and young adults have access to all needed services and supports to complete their education, find and keep a job, and achieve independent living in the community of their choice. They will no longer be the group most likely to be incarcerated or homeless. This will be achieved by linking our state level policy work with local system of care communities located in Tulsa and Cleveland Counties. Every possible resource for these youth and young adults will be located and linked with the local system of care, through the SAMHSA-funded Projector Director and Tulsa Community Coordinator.

The ODMHSAS has already provided training in both of the selected communities in the Transition to Independence Process (TIP) model. We plan to contract with the National Network for Youth Transition to incorporate the TIP model with the values and principles of high fidelity Wraparound in Oklahoma. Our existing state level youth and family organizations are integrally tied to all the state's transformation efforts, and both of the selected local communities have well-established family and youth groups who are full partners in local policy development. Oklahoma is ready to create a comprehensive service delivery system for youth and young adults. SAMHSA's partnership in this endeavor is greatly needed.