Please complete the following ODMH Service Level Checklist noting anticipated changes in service availability in SFY 2012:

ODMH SERVICE LEVEL CHECKLIST: This checklist relates to your plan for SFY 2012. The alignment between your planned and actual service delivery will be determined using MACSIS and Board Annual Expenditure Report (FIS-040) data during February 2012.

Instructions - In the table below, provide the following information:

1) For SFY 2011 Offered Service, what services did you offer in FY 2011?
2) For SFY 2012, Plan to: What services do you plan to offer?
3) For SFY 2012 Medicaid Consumer Usage, how do you expect Medicaid Consumer usage to change?
4) For SFY 2012 Non0Medicaid consumer Usage, how do you expect Non-Medicaid Consumer usage to change?
5) For SFY 2012 Number of Units & Beds for the Adults who are SPMI/SMI.

	SFY 2011	**SFY 2012**		
Service Category	**(Question 1)** **Offered Service Yes/No/Don't Know** *Circle the answer for each category*	**(Question 2)** **Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*	**(Question 3)** **Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*	**(Question 4)** **Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*
Pharmacological Mgt. (Medication/Somatic)	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Mental Health Assessment (non-physician)	(Yes) No DK	Intro E I (D) NC DK	I (D) NC DK	I (D) NC DK
Psychiatric Diagnostic Interview (Physician)	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
BH Counseling and Therapy (Ind.)	(Yes) No DK	Intro E I (D) NC DK	I (D) NC DK	I (D) NC DK

BH Counseling and Therapy (Grp.)	(Yes) No DK	Intro E (I) D NC DK	(I) D NC DK	(I) D NC DK
Crisis Resources & Coordination				
24/7 Hotline	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
24/7 Warmline	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Police Coordination/CIT	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Disaster preparedness	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
School Response	(Yes) No DK	Intro E (I) D NC DK	(I) D NC DK	(I) D NC DK
	SFY 2011	**SFY 2012**		
Service Category	**(Question 1)** **Offered Service Yes/No/Don't Know** *Circle the answer for each category*	**(Question 2)** **Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*	**(Question 3)** **Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*	**(Question 4)** **Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*
Respite Beds for Adults	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Respite Beds for Children & Adolescents (C&A)	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Crisis Face-to-Face Capacity for Adult Consumers				
24/7 On-Call Psychiatric	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK

Consultation				
24/7 On-Call Staffing by Clinical Supervisors	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
24/7 On-Call Staffing by Case Managers	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Mobile Response Team	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Crisis Central Location Capacity for Adult Consumers				
Crisis Care Facility	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Hospital Emergency Department	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Hospital contract for Crisis Observation Beds	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Transportation Service to Hospital or Crisis Care Facility	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Crisis Face-to-Face Capacity for C&A Consumers				
24/7 On-Call Psychiatric Consultation	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
	SFY 2011	**SFY 2012**		
Service Category	**(Question 1)**	**(Question 2)**	**(Question 3)**	**(Question 4)**

	Offered Service Yes/No/Don't Know *Circle the answer for each category*	**Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*	**Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*	**Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*
24/7 On-Call Staffing by Clinical Supervisors	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
24/7 On-Call Staffing by Case Managers	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Mobile Response Team	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Crisis Central Location Capacity for C&A Consumers				
Crisis Care Facility	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Hospital Emergency Department	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Hospital Contract for Crisis Observation Beds	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Transportation Service to Hospital or Crisis Care Facility	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Partial Hospitalization, less than 24 hr.	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Community Psychiatric Supportive Treatment	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK

(Ind.)				
Community Psychiatric Supportive Treatment (Grp.)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Assertive Community Treatment (Clinical Activities)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Assertive Community Treatment (Non-Clinical Activities)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Intensive Home Based Treatment (Clinical Activities)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK

Service Category	**SFY 2011** **(Question 1) Offered Service Yes/No/Don't Know** *Circle the answer for each category*	**SFY 2012** **(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*	**(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*	**(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer for each category*
Intensive Home Based Treatment (Non- Clinical Activities)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Behavioral Health Hotline Service	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Other MH Svc, not otherwise specified (healthcare services)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Other MH Svc.,	Yes No	Intro E I D	I D NC	I D NC

(non-healthcare services)	DK	NC DK	DK	DK
Self-Help/Peer Svcs. (Peer Support)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Adjunctive Therapy	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Adult Education	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Consultation	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Consumer Operated Service	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Employment (Employment/Vocational)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Information and Referral	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Mental Health Education	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Occupational Therapy Service	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Prevention	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
School Psychology	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Social & Recreational Service	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Community Residence	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Crisis Care/Bed **Adult** [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
	SFY 2011	**SFY 2012**		
Service Category	**(Question 1)** **Offered Service Yes/No/Don't Know** *Circle the answer for each category*	**(Question 2)** **Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK** *Circle the answer*	**(Question 3)** **Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know**	**(Question 4)** **Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know**

		for each category	**(DK** *Circle the answer for each category*	**(DK** *Circle the answer for each category*
Crisis Care/Bed **Youth** [see service definition below]	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Foster Care **Adult**	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Foster Care **Youth** [see service definition below]	Yes (No) DK	Intro E I D NC DK	I D NC DK	I D NC DK
Residential Care **Adult** (ODMH Licensed) [see service definition below]	Yes No (DK)	Intro E I D NC DK	I D NC DK	I D NC DK
Residential Care **Adult** (ODH Licensed) [see service definition below]	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Residential Care **Youth** [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Respite Care/Bed **Adult** [see service definition below]	Yes (No) DK	(Intro) E I D NC DK	I D NC DK	I D NC DK
Respite Care/Bed **Youth** [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Permanent Supportive Housing (Subsidized Supportive Housing) **Adult** [see service definition below]	(Yes) No DK	Intro E (I) D NC DK	(I) D NC DK	(I) D NC DK
Independent Community Housing **Adult** (Rent or Home Ownership) [see service definition below]	(Yes) No DK	Intro E (I) D NC DK	(I) D NC DK	(I) D NC DK
Temporary Housing **Adult** [see service definition below]	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Forensic Service	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Inpatient Psychiatric Service **Adult** (Private hospital only)	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK
Inpatient Psychiatric Service **Youth** (Private hospital only)	(Yes) No DK	Intro E I D (NC) DK	I D (NC) DK	I D (NC) DK