

	SFY 2011	SFY 2012		
	(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
Service Category				
Crisis Care/Bed Youth [see service definition below]	Yes <input type="radio"/> No <input checked="" type="radio"/> DK <input type="radio"/>	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Foster Care Adult	Yes <input type="radio"/> No <input checked="" type="radio"/> DK <input type="radio"/>	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Foster Care Youth [see service definition below]	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Residential Care Adult (ODMH Licensed) [see service definition below]	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Residential Care Adult (ODH Licensed) [see service definition below]	Yes <input checked="" type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Residential Care Youth [see service definition below]	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Respite Care/Bed Adult [see service definition below]	Yes <input checked="" type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Respite Care/Bed Youth [see service definition below]	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Permanent Supportive Housing (Subsidized Supportive Housing) Adult [see service definition below]	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Independent Community Housing Adult (Rent or Home Ownership) [see service definition below]	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Temporary Housing Adult [see service definition below]	Yes <input checked="" type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I D <input checked="" type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Forensic Service	Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I D NC DK	I D NC DK	I D NC DK
Inpatient Psychiatric Service Adult (Private hospital only)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>
Inpatient Psychiatric Service Youth (Private hospital only)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK <input type="radio"/>

	(Question 1)	(Question 2)	(Question 3)	(Question 4)
<b>Service Category</b>	Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
24/7 On-Call Staffing by Clinical Supervisors	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
24/7 On-Call Staffing by Case Managers	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Mobile Response Team	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
<b>Crisis Central Location Capacity for C&amp;A Consumers</b>				
Crisis Care Facility	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Hospital Emergency Department	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I D NC <input type="radio"/> DK	I D NC <input type="radio"/> DK	I D NC <input type="radio"/> DK
Hospital Contract for Crisis Observation Beds	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Partial Hospitalization, less than 24 hr.	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Community Psychiatric Supportive Treatment (Ind.)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK
Community Psychiatric Supportive Treatment (Grp.)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK
Assertive Community Treatment (Clinical Activities)	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Assertive Community Treatment (Non-Clinical Activities)	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Intensive Home Based Treatment (Clinical Activities)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK

	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
<b>Service Category</b>				
Respite Beds for Adults	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Respite Beds for Children & Adolescents (C&A)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
<b>Crisis Face-to-Face Capacity for Adult Consumers</b>				
24/7 On-Call Psychiatric Consultation	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
24/7 On-Call Staffing by Clinical Supervisors	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
24/7 On-Call Staffing by Case Managers	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Mobile Response Team	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
<b>Crisis Central Location Capacity for Adult Consumers</b>				
Crisis Care Facility	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Hospital Emergency Department	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
Hospital contract for Crisis Observation Beds	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK	I <input checked="" type="radio"/> D <input type="radio"/> NC <input type="radio"/> DK
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
<b>Crisis Face-to-Face Capacity for C&amp;A Consumers</b>				
24/7 On-Call Psychiatric Consultation	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK	I D <input checked="" type="radio"/> NC <input type="radio"/> DK
	<b>SFY 2011</b>	<b>SFY 2012</b>		

**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 *Non-Medicaid consumer usage*: How do you expect Non-Medicaid consumer usage to change?

Service Category	SFY 2011	SFY 2012			
	(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)	<input checked="" type="radio"/> Yes No DK	Intro E I <input checked="" type="radio"/> D NC DK	I D <input checked="" type="radio"/> NC DK	I <input checked="" type="radio"/> D NC DK	
Mental Health Assessment (non-physician)	<input checked="" type="radio"/> Yes No DK	Intro E I <input checked="" type="radio"/> D NC DK	I D <input checked="" type="radio"/> NC DK	I <input checked="" type="radio"/> D NC DK	
Psychiatric Diagnostic Interview (Physician)	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
BH Counseling and Therapy (Ind.)	<input checked="" type="radio"/> Yes No DK	Intro E I <input checked="" type="radio"/> D NC DK	I <input checked="" type="radio"/> D NC DK	I <input checked="" type="radio"/> D NC DK	
BH Counseling and Therapy (Grp.)	<input checked="" type="radio"/> Yes No DK	Intro E I <input checked="" type="radio"/> D NC DK	I <input checked="" type="radio"/> D NC DK	I <input checked="" type="radio"/> D NC DK	
<b>Crisis Resources &amp; Coordination</b>					
24/7 Hotline	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
24/7 Warmline	Yes <input checked="" type="radio"/> No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Police Coordination/CIT	Yes No <input checked="" type="radio"/> DK	Intro E I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	
Disaster preparedness	Yes No <input checked="" type="radio"/> DK	Intro E I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	
School Response	<input checked="" type="radio"/> Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
	<b>SFY 2011</b>	<b>SFY 2012</b>			

Service Category	SFY 2011	SFY 2012			
	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	
Intensive Home Based Treatment (Non- Clinical Activities)	Yes No <input checked="" type="radio"/> DK	Intro E I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	
Behavioral Health Hotline Service	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Other MH Svc, not otherwise specified (healthcare services)	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Other MH Svc., (non-healthcare services)	<input checked="" type="radio"/> Yes No DK	Intro E I <input checked="" type="radio"/> D NC DK	I <input checked="" type="radio"/> D NC DK	I <input checked="" type="radio"/> D NC DK	
Self-Help/Peer Services (Peer Support)	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Adjunctive Therapy	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Adult Education	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Consultation	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Consumer Operated Service	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> 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 <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> 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 <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Prevention	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
School Psychology	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Social & Recreational Service	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Community Residence	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Crisis Care/Bed <b>Adult</b> [see service definition below]	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	



## ODMH 2012 Community Plan Adult Housing Categories

Please answer the following question for each category for your SPMI/SMI population:

**For SFY 2012, please indicate the number of planned Units & Beds for Adults who are SPMI/SMI.**

ODMH is also interested in knowing for each category how many beds/units are set-aside for the forensic sub-population and for those sex offenders who are a sub-population of SPMI/SMI.

Housing Categories	Definition	Examples	Number of SPMI/SMI (Please include Forensic & Sex Offender Sub-Populations)	Number of Units	Number of Beds
<b>Crisis Care</b>	Provision of short-term care to stabilize person experiencing psychiatric emergency. Offered as an alternative to inpatient psychiatric unit. Staff 24 hours' day/7 days a week. Treatment services are billed separately.	<ul style="list-style-type: none"> <li>• Crisis Bed</li> <li>• Crisis Residential</li> <li>• Crisis Stabilization Unit</li> </ul>	<b>Total #:</b>	0	0
			<b>Forensic #:</b>		
			<b>Sex Offender #:</b>		
<b>ODMH Licensed Residential Care</b>	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually agency operated and staffed; provides 24-hour supervision in active treatment oriented or structured environment.	<ul style="list-style-type: none"> <li>• Licensed as Type I, II or III (Residential Facility Care)</li> <li>• Residential Support</li> <li>• Supervised Group Living</li> <li>• Next-Step Housing from psychiatric hospital and/or prison</li> </ul>	<b>Total #:</b>	0	
			<b>Forensic #:</b>	0	0
			<b>Sex Offender #:</b>	0	0

	housing. Includes room and board, with referral and access to treatment services that are billed separately.	<ul style="list-style-type: none"> <li>• Homeless county residence currently receiving services</li> <li>• Persons waiting for housing</li> <li>• Boarding Homes</li> <li>• YMCA/YWCA (not part of a supportive housing program)</li> </ul>	<p><b>Forensic #:</b></p> <p><b>Sex Offender #:</b></p>	0	0
<b>Board/Agency Owned Community Residence</b>	Person living in an apartment where they entered into an agreement that is NOT covered by Ohio tenant landlord law. Rules in program or service agreement attached to housing. Refers to financial sponsorship and/or provision of some degree of on-site supervision for residents living in an apartment dwelling. Treatment services are billed separately.	<ul style="list-style-type: none"> <li>• Service Enriched Housing</li> <li>• Apartments with non-clinical staff attached</li> <li>• Supervised Apartments</li> <li>• No leases: NOT covered by Ohio tenant landlord law</li> </ul>	<p><b>Total #:</b> 20</p> <p><b>Forensic #:</b></p> <p><b>Sex Offender #:</b></p>	0	0
<b>Permanent Supportive Housing (Subsidized Supportive Housing) with Primary</b>	Person living in an apartment where they entered into a lease with accordance to Ohio tenant landlord law or a mortgage and, in instances where ODMH allocated funds have been used, an exit strategy	<ul style="list-style-type: none"> <li>• HAP</li> <li>• Housing as Housing</li> <li>• Supervised Apartments</li> <li>• Supportive Housing</li> <li>• Person with Section 8 or Shelter Plus Care Voucher</li> </ul>	<p><b>Total #:</b></p> <p><b>Forensic #:</b></p>	3	3

	<p><u>Type 1</u>: Room &amp; Board; Personal Care; Mental Health Services  <u>Type 2</u>: Room &amp; Board; Personal Care  <u>Type 3</u>: Room and Board</p>				
<p><b>ODH Licensed Residential Care</b></p>	<p>Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually operator owned and staffed; provides 24-hour supervision in structured environment.</p>	<ul style="list-style-type: none"> <li>• Adult Care Facilities</li> <li>• Adult Family Homes</li> <li>• Group Homes</li> </ul>	<p><b>Total #:</b></p>	<p><b>Forensic #:</b></p>	<p><b>Sex Offender #:</b></p>
<p><b>Respite Care</b></p>	<p>Short-term living environment, it may or may not be 24-hour care. Reasons for this type of care are more environmental in nature. May provide supervision, services and accommodations. Treatment services are billed separately</p>	<ul style="list-style-type: none"> <li>• Placement during absence of another caretaker where client usually resides</li> <li>• Respite Care</li> </ul>	<p><b>Total #:</b></p>	<p><b>Forensic #:</b></p>	<p><b>Sex Offender #:</b></p>
<p><b>Temporary Housing</b></p>	<p>Non-hospital, time limited residential program with an expected length of occupancy and goals to transition to permanent</p>	<ul style="list-style-type: none"> <li>• Commonly referred to and intended as time-limited, short term living</li> <li>• Transitional Housing</li> </ul>	<p><b>Total #:</b></p>		

<p><b>Supportive Services On-Site</b></p>	<p>for the subsidy has been developed. Treatment services are billed separately. (The landlord may be a housing agency that provides housing to mental health consumers.)</p>	<ul style="list-style-type: none"> <li>• Tenant has lease</li> <li>• <b>Supportive Services staff primary offices are on-site and their primary function are to deliver supportive services on-site; these staff many accompany residents in the community to access resources.</b></li> </ul>	<p><b>Sex Offender #:</b></p>	<p>0</p>	<p>0</p>
<p><b>Permanent Supportive Housing (Subsidized Supportive Housing) with Supportive Services Available</b></p>	<p>Person living in an apartment where they entered into a lease with accordance to Ohio tenant landlord law or a mortgage and, in instances where ODMH allocated funds have been used, an exit strategy for the subsidy has been developed. Treatment services are billed separately. (The landlord may be a housing agency that provides housing to mental health consumers.)</p>	<ul style="list-style-type: none"> <li>• HAP</li> <li>• Housing as Housing</li> <li>• Supervised Apartments</li> <li>• Supportive Housing</li> <li>• Person with Section 8 or Shelter Plus Care Voucher</li> <li>• Tenant has lease</li> <li>• <b>Supportive Services staff primary offices are not on-site; supportive serve staff may come on-</b></li> </ul>	<p><b>Total #:</b></p>	<p>2</p>	<p>7</p>
			<p><b>Forensic #:</b></p>	<p>0</p>	<p>0</p>
			<p><b>Sex Offender #:</b></p>	<p>0</p>	<p>0</p>

<p><b>Independent Community Housing (Rent or Home Ownership)</b></p>	<p>Refers to house, apartment, or room which anyone can own/rent, which is not sponsored, licensed, supervised, or otherwise connected to the mental health system. Consumer is the designated head of household or in a natural family environment of his/her choice.</p>	<p><b>site to deliver supportive services or deliver them off-site.</b> (In this model a primary mental health CPST worker may be delivering the supportive services related to housing in addition to treatment services.</p>	<p><b>Total #:</b> unknown</p>	
		<ul style="list-style-type: none"> <li>• Own home</li> <li>• Person with Section 8 Voucher (not Shelter Plus Care)</li> <li>• Adult with roommate with shared household expenses</li> <li>• Apartment without any public assistance</li> <li>• Housing in this model is not connected to the mental health system in any way. Anyone can apply for and obtain this housing.</li> </ul>	<p><b>Forensic #:</b> 0</p> <p><b>Sex Offender #:</b> 0</p>	



**Additional ODMH Requirements  
(Formerly Community Plan – Part B)**

**ODADAS Waivers**

**Waiver Request for Inpatient Hospital Rehabilitation Services**

Funds disbursed by or through ODADAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds. Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempt from this waiver.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION
No waivers requested at this time.		

**B. Request for Generic Services**

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with ODADAS funds without a waiver from the Department. Each ADAMHS/ADAS Board requesting this waiver must complete this form and provide a brief explanation of the services to be provided

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION
No waivers requested at this time.			

**This section is no longer applicable.**

**Notification of Election of Distribution — SFY 2012**

The \_\_\_\_\_ Alcohol, Drug Addiction and  
Mental Health Services Board or Community Mental Health Board has decided the following:

\_\_\_\_\_ The Board plans to elect distribution of 408 funds.

\_\_\_\_\_ The Board plans not to elect distribution of 408 funds

Signed: \_\_\_\_\_  
\_\_\_\_\_ Executive Director  
\_\_\_\_\_ Alcohol, Drug Addiction and Mental Health Services Board or  
\_\_\_\_\_ Community Mental Health Board

Date: \_\_\_\_\_

**ODMH-Board negotiated bed days for SFY 2012 on file.**

**State Hospital Inpatient Days**

<b>BOARD NAME _____</b>	
<b>2012 Planned Use of State Hospital Inpatient Days By Hospital/Campus</b>	
<b>1. Regional Psychiatric Hospital Name</b>	
<b>Total All State Regional Psychiatric Hospitals Inpatient Days</b>	

\* When specifying a Regional Psychiatric Hospital, please indicate a particular campus.

Signed \_\_\_\_\_  
ADAMH/CMH Board Executive Director

**CSN Services**

I anticipate renewing contracts for CSN services.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Board Forensic Monitor and Community Linkage Contacts**

a. Please provide the name, address, phone number, and email of the Board's Forensic Monitor:

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Lynn Porter	108 W. Main Street Suite A	Lancaster	43130	(740) 654-0829 Ext. 228	Lynn@ohiopps.org

Check with Lynn about alternate phone number

b. Please provide the name, address, phone number, and email of the Board's Community Linkage Contact:

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Lynn Porter	108 W. Main Street Suite A	Lancaster	43130	(740) 654-0829 Ext. 228	Lynn@ohiopps.org



## Board Membership Catalog for ADAMHS/CMHS Boards

Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member Tom Alexander		<u>Appointment</u> County
Mailing Address (street, city, state, zip) 1548 Autumn Drive Lancaster, OH 43130		<u>Sex</u> M
Telephone (include area code) (740) 653-2460		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> Hispanic or Latino (of any race)
Occupation Pastor		<u>Representation: select all that apply:</u>
Term First	Year Term Expires 12/31/13	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member Jay Bahnsen		<u>Appointment</u> County
Mailing Address (street, city, state, zip) 415 Lake Street Lancaster, OH 43130		<u>Sex</u> F
Telephone (include area code) (740) 654-8246		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> Vice-Chair
Occupation School Psychologist – Retired		<u>Representation: select all that apply:</u>
Term First	Year Term Expires 2012	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member Cindy Bender		<u>Appointment</u> County
Mailing Address (street, city, state, zip) 8210 Garden Drive Pickerington, OH 43147		<u>Sex</u> F
Telephone (include area code) (614) 920-1022		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> Secretary
Occupation RN		<u>Representation: select all that apply:</u>
Term First	Year Term Expires 2012	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member		<u>Appointment</u> County
Mailing Address (street, city, state, zip)		<u>Sex</u>
Telephone (include area code)		<u>Ethnic Group</u>
County of Residence		<u>Officer</u>
Occupation		<u>Representation: select all that apply:</u>
Term	Year Term Expires	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member Tom Feisel		<u>Appointment</u> County
Mailing Address (street, city, state, zip)  325 Lynwood Lane Lancaster, OH 43130		<u>Sex</u> M
Telephone (include area code) (740) 205-3420		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> <u>Hispanic or Latino (of any race)</u>
Occupation RN		<u>Representation: select all that apply:</u>
Term First	Year Term Expires 2012	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member John Hoag, Ph.D.		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip) 3052 Wheeling Rd, NE PO Box 484 Lancaster, OH 43130		<u>Sex</u> M
Telephone (include area code) (740) 654-4264		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> <u>Hispanic or Latino (of any race)</u>
Occupation Professor		<u>Representation: select all that apply:</u>
Term First	Year Term Expires 2013	<u>Mental Health</u> <input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member Patrick Marshall		<u>Appointment</u> County
Mailing Address (street, city, state, zip) 832 N. Columbus Street Lancaster, OH 43130		<u>Sex</u> M
Telephone (include area code) (740) 687-0577		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> <u>Hispanic or Latino (of any race)</u>
Occupation Business Owner		<u>Representation: select all that apply:</u>
Term First	Year Term Expires 2014	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member Robert Masone		<u>Appointment</u> ODADAS
Mailing Address (street, city, state, zip)  1612 Bush Hill Drive Lancaster, OH 43130		<u>Sex</u> M
Telephone (include area code) (740) 687-2451		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> <u>Hispanic or Latino (of any race)</u>
Occupation Physician		<u>Representation: select all that apply:</u>
Term Partial 6/25/10 to 6/30/11	Year Term Expires 2011	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member Phillip Prior, M.D.		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip) 9613 Oakland-Stoutsville Road Stoutsville, OH 43154		<u>Sex</u> M
Telephone (include area code) (740) 969-4794		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> Hispanic or Latino (of any race)
Occupation Physician-Addictionologist		<u>Representation: select all that apply:</u>
Term First	Year Term Expires 2011	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input checked="" type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member Sheri Perry		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip) 825 Third Street Lancaster, OH 43130		<u>Sex</u> F
Telephone (include area code)		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> Hispanic or Latino (of any race)
Occupation		<u>Representation: select all that apply:</u>
Term First	Year Term Expires 2014	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Fairfield County ADAMH Board</b>		Date Prepared 12/22/2010
Board Member Marian Reitano		<u>Appointment</u> County
Mailing Address (street, city, state, zip) 13195 Coventry Avenue Pickerington, OH 43147		<u>Sex</u> F
Telephone (include area code)		<u>Ethnic Group</u> Caucasian
County of Residence Fairfield		<u>Officer</u> Hispanic or Latino (of any race)
Occupation Realtor		<u>Representation: select all that apply:</u>
Term First	Year Term Expires 2015	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Advocate
Board Name		Date Prepared
Board Member		<u>Appointment</u>
Mailing Address (street, city, state, zip)		<u>Sex</u>
Telephone (include area code)		<u>Ethnic Group</u>
County of Residence		<u>Officer</u> Hispanic or Latino (of any race)
Occupation		<u>Representation: select all that apply:</u>
Term	Year Term Expires	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

