

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?
- 5) For SFY 2012 Number of Units & Beds for the Adults who are SPMI/SMI.

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)	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	

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	
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)	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	
Crisis Face-to-Face Capacity for Adult Consumers					
24/7 On-Call Psychiatric Consultation	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 Clinical Supervisors	<input checked="" type="radio"/> Yes No 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	<input checked="" type="radio"/> Yes No 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	
Crisis Central Location Capacity for Adult Consumers					
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	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 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 No 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	
Crisis Face-to-Face Capacity for C&A Consumers					
24/7 On-Call Psychiatric Consultation	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	

	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>	
Service Category					
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	<input checked="" type="radio"/> Yes 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	
Crisis Central Location Capacity for C&A Consumers					
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	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 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 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 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 (Grp.)	<input checked="" type="radio"/> Yes 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 (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 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	

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 <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"/>	
Behavioral Health Hotline Service	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"/>	
Other MH Svc, not otherwise specified (healthcare services)	<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"/>	
Other MH Svc., (non-healthcare services)	<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"/>	
Self-Help/Peer Svcs. (Peer Support)	<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 NC <input checked="" type="radio"/> DK <input type="radio"/>	I D NC <input checked="" type="radio"/> DK <input type="radio"/>	
Adjunctive Therapy	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"/>	
Adult Education	<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"/>	
Consultation	<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"/>	
Consumer Operated Service	<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"/>	
Employment (Employment/Vocational)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/>	Intro E <input checked="" type="radio"/> I D NC 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"/>	
Information and Referral	<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"/>	
Mental Health Education	<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"/>	
Occupational Therapy Service	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"/>	
Prevention	<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"/>	
School Psychology	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"/>	
Social & Recreational Service	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"/>	
Community Residence	<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"/>	
Crisis Care/Bed Adult [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"/>	

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

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