



TRIWEST GROUP

Appendix B. Colorado Mental Health Institutes (CMHI) Alternatives Survey

Part I

December 29, 2000



**CATEGORY 1: Inpatient Care at a Psychiatric Hospital
or a General Hospital with a Psychiatric Unit**

A public or private, licensed hospital that provides 24-hour inpatient care to persons with a mental illness in a hospital setting. The unit may be locked or unlocked. The facility is 27-10 Designated. The facility may or may not also provide *less than 24-hour hospital observation*, which is defined as observation by mental health professionals in a hospital setting for less than 24 hours for emergency assessment and planning. The individual is not admitted to the hospital nor is mental health treatment provided beyond standard crisis intervention procedures.

Please identify all the facilities that are typically used by consumers from your service area where INPATIENT CARE is available at a psychiatric hospital or a general hospital with a psychiatric unit¹. If a facility has both locked and unlocked units, please list these as separate facilities and provide separate information for both.

	Name of the Facility		Name of the Facility				
Facility One:		Facility Five:					
Facility Two:		Facility Six:					
Facility Three:		Facility Seven:					
Facility Four:							
Current Status							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Is this facility lockable? Yes or no If a facility has both locked and unlocked units, please list these in separate columns.							
Please indicate the number of psychiatric beds available on any given day, by age group.							
Children Only							
Adolescent Only							
Mixed Child and Adolescent							
Adult (age 18 – 59)							
Older Adult (age 60 and over)							
Does the facility offer less than 24-hour hospital observation? ² If “Yes”, please note the capacity.							
Maximum length of a typical stay, by custom or policy							

¹ Please see the Definitions page for a description of this service. Do not include facilities that are not accessible to public mental health consumers.

² Please see the Definitions page for a description of this service. Do not include facilities that are not accessible to public mental health consumers.



Current Status							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Actual # of consumers served here FY99-00							
Estimated charges per inpatient day							
Typical wait for admission into program							
County where program is located							

Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate average % of use by payer for this facility or service. Note all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Other supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these facilities:



CATEGORY 2: Emergency Room Care with On-site Psychiatric Services

An emergency department of a medical facility that has mental health professionals on staff or on-call to respond to psychiatric emergencies, 24-hours a day.

Please describe the capacity to provide EMERGENCY ROOM³ services for consumers from your area. How many hospital emergency rooms are there in your service area where 24-hour, in person or on-call psychiatric service is available? Please specify.

	Name of the Facility			Name of the Facility			
Facility One:			Facility Five:				
Facility Two:			Facility Six:				
Facility Three:			Facility Seven:				
Facility Four:							
Current Status							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Please specify the number of psychiatrists who are available to provide same day response on a typical day at this facility							
For what age ranges are these services available?							
Actual # of consumers who received Emergent Psychiatric Care, during FY99-00, if known							
Estimated charges for Emergent Psychiatric Care, per episode							
Typical wait for care to be provided							
County where program is located							

³ Please see the Definitions page for a description of these categories. Do not include facilities that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to this service. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of this service:



CATEGORY 3: URGENT PSYCHIATRIC CARE

Psychiatric care outside of a hospital emergency room by a qualified medical doctor within the same day as the request for care is made.

Please describe the capacity to provide URGENT PSYCHIATRIC CARE⁴ for consumers from your area. How many facilities (outside of emergency rooms) in your service area offer access to urgent (same-day) psychiatrist appointments? Please specify.

	Name of the Facility				Name of the Facility		
Facility One:				Facility Five:			
Facility Two:				Facility Six:			
Facility Three:				Facility Seven:			
Facility Four:							
Current Status							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Please indicate when Urgent Psychiatric Care (outside of an emergency room) is available. Check all that apply.							
Weekdays							
Weekends							
Holidays							
Urgent Care not available							
Other (Please explain availability)							
For what age ranges are these services available?							
Please specify the number of psychiatrists who are available to provide same day response on a typical day							
Actual # of consumers who received Urgent Psychiatric Care, during FY99-00, if known							
Estimated charges for Urgent Psychiatric Care, per episode							
Typical wait for care to be provided							
County where program is located							

⁴ Please see the Definitions page for a description of these categories. Do not include facilities that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to this service. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of this service:



CATEGORY 4: COMMUNITY HOSPITAL ALTERNATIVE / ACUTE TREATMENT UNITS

A community-based, overnight facility outside of a hospital setting that offers 24-hour supervision and 24-hour medical staffing for consumers who need short-term supervised care and/or medical stabilization. Specially-trained staff is able to administer prn medications. The facility may or may not be 27-10 designated.

Please identify all the COMMUNITY HOSPITAL ALTERNATIVES or ACUTE TREATMENT UNITS⁵ that are regularly accessible by consumers from your area.

	Name of the Facility		Name of the Facility
Facility One:		Facility Five:	
Facility Two:		Facility Six:	
Facility Three:		Facility Seven:	
Facility Four:			

	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Current Status							
Is the facility 27-10 certified? Yes or no							
Please indicate the number of beds available on any given day, by age group.							
..... Children Only							
..... Adolescent Only							
..... Mixed Child and Adolescent							
..... Adult (age 18 – 59)							
..... Older Adult (age 60 and over)							
Level of staffing (ratio of direct care staff to patients)							
Maximum length of a typical stay, by custom or policy							
Actual # of consumers served here FY99-00							
Estimated charges per bed day							
Typical wait for admission into program							
County where program is located							

⁵ Please see the Definitions page for a description of this service. Do not include facilities that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status Please indicate average % of use by payer for this facility or service. Note all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Other supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these facilities:



CATEGORY 5: ACUTE PARTIAL CARE or DAY TREATMENT

A mental health program in a hospital or other facility that provides 4-12 hours of daily care in a structured therapeutic environment, several times a week. Overnight care is not provided.

Please identify the ACUTE PARTIAL CARE or DAY TREATMENT programs that are typically accessible for consumers from your area.⁶

	Name of the Facility		Name of the Facility
Facility One:		Facility Five:	
Facility Two:		Facility Six:	
Facility Three:		Facility Seven:	
Facility Four:			

	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Current Status							
Is this program in a hospital setting? Yes or no							
Please indicate the daily capacity of the program, by age group.							
----- Child Only							
----- Adolescent Only							
----- Mixed Child and Adolescent							
----- Adult (age 18 – 59)							
----- Older Adult (age 60 and over)							
Level of staffing (ratio of direct care staff to patients)							
Range of hours of care typically provided daily (e.g., 4-6 hours)							
Number of days a week that program is typically available							
Maximum length of a typical enrollment, by custom or policy							
Actual # of consumers served here in FY99-00							
Estimated charges per day							
Typical wait for admission into program							

⁶ Please see the Definitions page for a description of this service. Do not include facilities in your service region that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status Please indicate average % of use by payer for this service. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Other supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these services:



CATEGORY 6: RESIDENTIAL TREATMENT CENTER (RTC)

A 24-hour, residential service for children and youth primarily under the age of 18, at least 50% of whom are admitted with a diagnosable mental illness. The primary purpose of the RTC is to provide individually planned programs of mental health treatment services in conjunction with residential care for its residents. The clinical program is directed by a psychiatrist, psychologist, social worker or psychiatric nurse.

Please identify all the RTC's that are physically located in your service region.⁷

	Name of the Facility		Name of the Facility
Facility One:		Facility Five:	
Facility Two:		Facility Six:	
Facility Three:		Facility Seven:	
Facility Four:			

	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Current Status							
Please indicate the daily bed capacity of the RTC, by age group.							
Child Only							
Adolescent Only							
Mixed Child and Adolescent							
Is the RTC 27-10 Designated? Yes or No							
Level of staffing (ratio of direct care staff to children)							
Maximum length of a typical stay, by custom or policy							
Actual # of consumers served in FY99-00							
Estimated charges per bed day							
Typical wait for admission into program							
County where program is located							

⁷ Please see the Definitions page for a description of this service. Do not include facilities in your service region that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate average % of use by payer for this service. Check all that apply.							
Medicaid recipients							
Privately insured							
Uninsured consumers							
Other supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these centers:



CATEGORY 7: MOBILE CRISIS TEAM

A crisis team staffed by mental health professionals that is able to respond to a consumer in crisis at the consumer's location within one hour in urban areas and within two hours in rural areas.

Please indicate whether you have one or more MOBILE CRISIS TEAMS that cover your service area.⁸

	Name of the Team		Name of the Team
Team One:		Team Five:	
Team Two:		Team Six:	
Team Three:		Team Seven:	
Team Four:			

	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Current Status							
Please indicate the age groups that the team is qualified to serve.							
Children Only							
Adolescent Only							
Mixed Child and Adolescent							
Adult (age 18 – 59)							
Older Adult (age 60 and over)							
Number of staff assigned to the team per week.							
Typical number of contact hours provided per consumer, by custom or policy							
Actual # of consumers served by the team FY99-00							
Estimated cost of team <u>annually</u>							
Typical wait for admission into program							
County where program is located							

⁸ Please see the Definitions page for a description of this category. Do not include facilities that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to this service. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these teams:



CATEGORY 8: ENHANCED CRISIS INTERVENTION TEAM

An intensive intervention that is triggered by an escalation of problem behaviors that puts the consumer at imminent risk of a more restrictive level of care. Emergency personnel are available to respond at a consumer's home, a mental health facility, a hospital emergency room, or other location where a consumer in crisis might present. Depending on the situation of the individual, the team may provide 2-10 hours of service, often over several days. In some cases, the contact may extend to several weeks.

Please indicate whether you have one or more ENHANCED CRISIS INTERVENTION TEAMS that cover your service area.⁹

	Name of the Team		Name of the Team
Team One:		Team Five:	
Team Two:		Team Six:	
Team Three:		Team Seven:	
Team Four:			

	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Current Status							
Please indicate the age groups that the team is qualified to serve.							
Children Only							
Adolescent Only							
Mixed Child and Adolescent							
Adult (age 18 – 59)							
Older Adult (age 60 and over)							
Number of staff assigned to the team per week.							
Typical number of contact hours provided per consumer, by custom or policy							
Actual # of consumers served by the team FY99-00							
Estimated cost of team <u>annually</u>							
Typical wait for admission into program							
County where program is located							

⁹ Please see the Definitions page for a description of this category. Do not include facilities that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to this service. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these teams:



CATEGORY 9: HIGH INTENSITY COMMUNITY TREATMENT TEAMS

A community-based, team approach to care for adult consumers with high levels of need, such as Assertive Community Treatment (ACT or PACT) teams. The multi-disciplinary team is staffed by clinicians and a psychiatrist, and the ratio of staff to consumers is no more than 1:15. The majority of services must be provided outside of a mental health office. The team must either provide 24-hour coverage or 24-hour coverage is actively coordinated by the team with another mobile response unit.

Please indicate whether you have one or more HIGH INTENSITY COMMUNITY TREATMENT TEAMS that cover your service area.¹⁰

	Name of the Team		Name of the Team
Team One:		Team Five:	
Team Two:		Team Six:	
Team Three:		Team Seven:	
Team Four:			

	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Current Status							
Please indicate the daily capacity (treatment slots) available							
Please indicate the age range served by the treatment team.							
Level of staffing (ratio of direct care staff to consumers)							
Typical number of contact hours per <u>month</u> provided per consumer, by custom or policy							
Actual # of consumers served by the team FY99-00							
Estimated cost of team <u>annually</u>							
Typical wait for admission into program							
County where program is located							

¹⁰ Please see the Definitions page for a description of this category. Do not include facilities that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to these teams. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these teams:



CATEGORY 10: INTENSIVE, COMMUNITY-BASED, FAMILY-ORIENTED, CLINICAL SERVICES

An intensive, home-based approach to working with families in which a child is at risk of an out of home placement. The clinical approach may involve the family’s community network, including schools, clergy, and social service agencies. The treatment team has the capacity to provide 6 or more hours of service per week when the family requires it. Examples of this category would be Multisystemic Therapy Teams or highly-intensive family preservation services.

Please indicate whether you have one or more INTENSIVE, COMMUNITY-BASED, FAMILY-ORIENTED, CLINICAL SERVICES that cover your service area.¹¹

	Name of the Team		Name of the Team
Team One:		Team Five:	
Team Two:		Team Six:	
Team Three:		Team Seven:	
Team Four:			

	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Current Status							
Please indicate the daily capacity (treatment slots) of the team.							
Please indicate the age range served by the treatment team.							
Is the team <u>certified</u> as a Multisystemic Therapy (MST) team?							
Typical number of contact hours per family per month, by custom or policy							
Level of staffing (ratio of direct care staff to families)							
Actual # of consumers served by team in FY99-00							
Estimated cost of team <u>annually</u>							
Typical wait for admission into program							
County where program is located							

¹¹ Please see the Definitions page for a description of this category. Do not include facilities that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to these teams. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these teams:



CATEGORY 11: INTENSIVE CASE MANAGEMENT

An approach to intensive case management for any age group where case managers have a limited number of cases, but with less intensity or comprehensiveness than the previous two categories.

Please describe your capacity to provide INTENSIVE CASE MANAGEMENT.¹²

	Name of the Team		Name of the Team
Team One:		Team Five:	
Team Two:		Team Six:	
Team Three:		Team Seven:	
Team Four:			

	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Current Status							
Please indicate the daily capacity (treatment slots) of the team.							
Please indicate the age range served by the treatment team.							
Please indicate ratio of direct care staff to consumers for this team (e.g., 1:15 or 1:35)							
Typical number of contact hours per month provided per consumer, by custom or policy							
Actual # of consumers served at this level of intensity FY99-00							
Estimated cost of case management per consumer (do this by day, month or year, but please specify units used)							
Typical wait for admission into program							
County where program is located							

¹² Please see the Definitions page for a description of this category. Do not include facilities that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Team One	Team Two	Team Three	Team Four	Team Five	Team Six	Team Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to this service. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of this service:



CATEGORY 12: NURSING HOME CARE

A licensed nursing home facility that is able to accommodate mental health consumers.

Please identify all the NURSING HOMES that are physically located in your service region and that accept residents diagnosed with a major mental illness¹³.

	Name of the Facility		Name of the Facility		Name of the Facility		Name of the Facility	
Facility One:			Facility Five:					
Facility Two:			Facility Six:					
Facility Three:			Facility Seven:					
Facility Four:								
Current Status								
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven	
Is this nursing home considered secure (i.e., lockable)? Yes or No								
Please indicate the age range served								
Level of overall staffing (ratio of direct care staff to residents)								
Level of mental health staffing ON SITE, from CMHC or other provider (ratio of direct mental health care staff to consumers)								
Is psychiatric back-up available? Note ON CALL or IN PERSON								
Maximum length of a typical stay, by custom or policy								
Actual # of consumers served here FY99-00								
Adolescent (age 13-18)								
Adult (age 18-59)								
Older Adult (age 60 and over)								
Number of Mental Health Service hours a typical consumer receives per month.								
Estimated charges per bed day (nursing home plus mental health care)								
Typical wait for admission into program								
County where program is located								

¹³ Please see the Definitions page for a description of this category. Do not include facilities that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to these facilities. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these facilities:



CATEGORY 13: RESIDENTIAL SERVICES

A residential, facility with 24-hour AWAKE staff (different from facilities already specified) in conjunction with a minimum of 10 hours/week IN-HOUSE mental health services. NURSING care is available. Group homes, alternative care facilities, and board-and care homes may fall under this category if adequately staffed. Other residential facilities with less than 24-hour AWAKE staffing will be addressed in Part II of the Survey.

Please identify the number of mental health consumers that you have the capacity to serve in a residential facility with 24-hour AWAKE staff and some level of NURSING CARE (different from facilities already specified).¹⁴

	Name of the Facility		Name of the Facility
Facility One:		Facility Five:	
Facility Two:		Facility Six:	
Facility Three:		Facility Seven:	
Facility Four:			

	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Current Status							
Is this a secure (i.e., lockable) facility? Yes or no							
Please indicate the number of beds available, by age group:							
Children Only							
Adolescent Only							
Mixed Child and Adolescent							
Adult (age 18 – 59)							
Older Adult (age 60 and over)							
Level of staffing (ratio of on duty direct care staff to residents)							
Number of OVERALL treatment hours provided weekly to typical resident							
Number of ON-SITE treatment hours provided weekly							
How many hours a day are psychiatrists available IN PERSON.							
How many hours a day are psychiatrists available ON CALL.							

¹⁴ Please see the Definitions page for a description of this category. Do not include facilities in your service region that are not accessible to public mental health consumers.



	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
How many hours a day are nursing staff available IN PERSON.							
How many hours a day are nursing staff available ON CALL.							
Maximum length of a typical stay, by custom or policy							
Actual # of consumers served here FY99-00							
Estimated cost per bed day							
Typical wait for admission into program							
County where program is located							

Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Facility One	Facility Two	Facility Three	Facility Four	Facility Five	Facility Six	Facility Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate average % of use by payer for this facility or service. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Other supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of these facilities:



CATEGORY 14: DAYTIME RESPITE CARE

Non-clinical, respite care for caregivers of mental health consumers provided by a clinician or paraprofessional for at least four (4) hours in the family's home.

Please indicate whether DAYTIME RESPITE CARE is available to families in your geographic service area¹⁵.

	Name of Service		Name of Service
Service One:		Service Five:	
Service Two:		Service Six:	
Service Three:		Service Seven:	
Service Four:			

	Service One	Service Two	Service Three	Service Four	Service Five	Service Six	Service Seven
Current Status							
Please indicate the age groups that the service is qualified to serve.							
Children							
Adolescents							
Adults (age 18-59)							
Older Adults (age 60 and over)							
Available IN-HOME or OUT-OF-HOME? Please specify							
Number of staff available to provide respite care							
Typical number of respite hours provided per episode, by custom or policy							
Actual # of respite care episodes provided FY99-00							
Estimated cost of respite care per hour or episode (please specify units used)							
Typical wait for this service to become available							
County where program is located							

¹⁵ Please see the Definitions page for a description of this category. Do not include services in your region that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Service One	Service Two	Service Three	Service Four	Service Five	Service Six	Service Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to this service. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of daytime respite care:



CATEGORY 15: OVERNIGHT RESPITE CARE

Non-clinical respite care for caregivers of mental health consumers provided by a clinician or paraprofessional overnight, either at the family's home or another location.

Please indicate whether OVERNIGHT RESPITE CARE is available to families in your geographic service area.¹⁶

	Name of Service		Name of Service
Service One:		Service Five:	
Service Two:		Service Six:	
Service Three:		Service Seven:	
Service Four:			

	Service One	Service Two	Service Three	Service Four	Service Five	Service Six	Service Seven
Current Status							
Please indicate the age groups that the service is qualified to serve.							
Children							
Adolescent							
Adult (age 18-59)							
Older Adult (age 60 and over)							
Number of staff available to provide overnight respite care							
Typical number of respite hours provided per overnight episode, by custom or policy							
Actual # of respite care overnights provided FY99-00							
Estimated cost of respite care per night							
Typical wait for this service to become available							
County where program is located							

¹⁶ Please see the Definitions page for a description of this category. Do not include services in your region that are not accessible to public mental health consumers.



Role of Each Facility as Potential CMHI Alternative							
Please rate clinical effectiveness in this role on the scale 1 = Not effective 2 = Somewhat effective 3 = Effective 4 = Very effective							
	Service One	Service Two	Service Three	Service Four	Service Five	Service Six	Service Seven
Prevents CMHI admission by supporting on-going needs							
Diverts CMHI admission by providing alternative care setting							
Shortens length of stay by acting as CMHI step-down or transition							
Impact of Insurance Status							
Please indicate the payers for which consumers typically have access to this service. Check all that apply.							
Medicaid recipients							
Medicare recipients							
Privately insured							
Uninsured consumers							
Consumers with supplemental funding, e.g., DOC, DYC, DSS, etc.							
Please specify the source of supplemental funding.							

Additional comments about the accessibility, capacity or adequacy of overnight respite care: