



Mississippi Department of Mental Health  
Bureau of Behavioral Health Services  
**CRISIS STABILIZATION SERVICES**  
**CHILDREN AND YOUTH**  
Funding Application Request  
Application Due Date: April 24, 2019

# **CRISIS STABILIZATION SERVICES**

## **FOR CHILDREN AND YOUTH**

Crisis Stabilization Services are time-limited residential treatment services provided in a Crisis Stabilization Unit (CSU). CSUs provide psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to children and youth ages 6-18 who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. Crisis Stabilization Services must be designed to prevent civil commitment and/or longer term inpatient psychiatric hospitalization by addressing acute symptoms, distress, and further decompensation. The content of Crisis Stabilization Services may vary based on each individual's needs but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.

**The Department of Mental Health/Bureau of Behavioral Health Services is now accepting funding applications for state fiscal year 2020 ( July 1, 2019– June 30, 2020.)**

**Anticipated Total Available Funding:** \$500,000

**Number of Awards:** 1

**Eligible Applicants:** DMH/CMHC and DMH/Private Providers certified for Children and Youth Mental Health Core Services.

Applications can be submitted via email to Sandra Parks ([sandra.parks@dmh.ms.gov](mailto:sandra.parks@dmh.ms.gov)) or hard copy mailed to the following address:

Department of Mental Health  
239 North Lamar St.  
1101 Robert E. Lee Building  
Jackson, MS 39201  
ATTN: Sandra Parks

Faxed submissions WILL NOT be accepted.

**Application Guideline Requirements: Please submit the following required forms which can be found in the MS Department of Mental Health's Service Provider Manual.**

1. Proposed Budget Summary Form: 100-1
2. Proposed Budget Personnel Form: 100-2
3. Proposed Budget Line Item Form: 100-3
4. Budget Narrative/Justification.
5. Program Narrative (not to exceed 6 pages) which addresses B – E.

## **B. Program/Facility Description**

1. Describe plans for acquiring the facility, home, and/or building.
  - a. Include the floor plan if possible and number of beds.
  - b. Provide a timeline for implementation of the service (facility/building repair or renovation, hiring staff, facility opening, etc.).
  - c. Outreach and social marketing plans.

## **C. Specific Requirements:**

1. Service Requirements
  - a. Providers must comply with all Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Disorders Community Service Providers. To include but not limited to Part 2: Chapters 1-17, 19.5, 19.6, and 19.7.
  - b. Providers must also comply with Program Requirements for the Crisis Stabilization Units which are as follows;
    1. CSU must have no more than (16) sixteen beds;
    2. take admissions to the facility twenty -four hours per day, seven days per week;
    3. take referrals and admissions across the State;
    4. screen all admissions for medical conditions which are not appropriate for treatment at the Crisis Stabilization Unit. These conditions must be stabilized at a medical facility prior to admission to the Crisis Stabilization Unit;
    5. serve both male and female patients simultaneously;
    6. develop admissions and discharge procedures for those children/youth not in your catchment area;
    7. establish working relationships with Youth Courts, Chancery Courts, Acute Psychiatric Hospitals, and Psychiatric Residential Treatment Facilities serving children/youth;
    8. maintain working relationship with the state operated psychiatric facilities (Oak Circle Center and Specialized Treatment Facility) regarding admission, discharge and transfer of patients between facilities; and
    9. operate under DMH approved staffing patterns.

#### **D. Other Guidelines:**

1. Any travel reimbursement listed in the budget cannot exceed the current State of Mississippi reimbursement rate (currently \$0.58 per mile.)
2. Indirect/administrative costs listed in the budget cannot exceed 8% of the budget total.
3. Provide a list of staff from the Proposed Budget Personnel Form 100-2 which also provides a portion of their time to other grant funded services, to include; the grant funded service, the position the staff holds, and the percentage of time the staff will be providing the other service(s).
4. Data reports required by this funding must be submitted monthly by the 15<sup>th</sup> of the following month
5. If your agency is not regularly and accurately submitting required data to the Department of Mental Health's Central Data Repository (CDR), reimbursement for this service may be suspended until data submission is current and within the acceptable error rates as defined in the DMH Provider Manual.
6. Funding allocation for this service in the subsequent fiscal year may be based on the data provided to the CDR during the previous fiscal year.
7. Agencies that are not able to meet the required goals/objectives of this service funding and are not able to submit timely and accurate data as required by DMH may not be eligible for future funding for this service.

#### **E. Required Data Report(s):**

1. The CSU Monthly Data Report must be submitted through the DMH CSU database by the 10<sup>th</sup> of the following month (Appendix A).
2. The CSU Daily Census Report must be submitted daily by 5:00 p.m. through the DMH CSU database (Appendix B).

## **Appendix A: CSU Monthly Data Report**

**Crisis Stabilization Units  
Monthly Data Report**

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

Name of Unit: \_\_\_\_\_

Month being reported: \_\_\_\_\_

**Admission**

1. Total Admissions: \_\_\_\_\_

2. Males: \_\_\_\_\_

3. Voluntary: \_\_\_\_\_

Females: \_\_\_\_\_

Committed: \_\_\_\_\_

4. Referral Source

Youth/Chancery Court: \_\_\_\_\_  
Law Enforcement: \_\_\_\_\_  
Private MH Provider: \_\_\_\_\_  
State MH Facility: \_\_\_\_\_  
Other: \_\_\_\_\_

CMHC: \_\_\_\_\_  
Hospital (Acute care): \_\_\_\_\_  
Parent/Caregiver: \_\_\_\_\_  
PRTF: \_\_\_\_\_

5. Funding Source

Medicaid \_\_\_\_\_  
Private Insurance \_\_\_\_\_  
Other \_\_\_\_\_

Self-pay \_\_\_\_\_

6. County of Referral

_____	_____	_____
_____	_____	_____
_____	_____	_____



e) Number of discharges sent to DMH psychiatric hospital: \_\_\_\_\_

f) Number of discharges referred to any other agency/setting: \_\_\_\_\_

g) Total number of treatment days for all individuals discharged: \_\_\_\_\_



## **Appendix B: Daily Census Report**

Crisis Stabilization  
Unit  
Daily Census  
Report

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

CSU  
Name: \_\_\_\_\_

Month Reported: \_\_\_\_\_

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Daily Census																																

Please enter the number of residents in the Crisis Stabilization Unit at 5 p.m. each day.

Total Number of Admissions for the Month Testing Positive for Illicit Substances \_\_\_\_\_