



Mississippi Department of Mental Health

Branch of Coordinated Care

**Crisis Diversion IDD/SMI Home  
Competitive Grant**

Funding Opportunity Announcement FY24

Application Due Date: June 26, 2023

## **State of Mississippi Crisis Diversion Home**

The Mississippi Department of Mental Health (DMH) is committed to providing a person-centered, recovery-oriented system of care for all Mississippians in need of mental health services. Every person has the right to receive services in the community of his or her choice, and DMH's goal is to support all people in getting the help they need. The Crisis Diversion Home is a program that supports up to four (4) individuals with a primary diagnosis of IDD, twenty-four hours per day, seven days per week, who are either in crisis or at risk of being in crisis. Many times, this crisis occurs because a person has exhausted their current living arrangements and no place to live.

People who are admitted to the program participate in a Person-Centered Planning meeting along with any family or friends who may be able to participate. This meeting is conducted as soon as possible after admission with staff and interested parties. The topics discussed include but are not limited to the person's interests, preferences, abilities, skills, character, typical day, expectations, employment history, important goals, typical frustrations, plan of action, their concerns, and their dreams.

The Crisis Diversion Home is a short term (6 months or less) crisis transition home for males or females. Referrals can come from the Specialized Planning, Options to Transition (SPOT) Team or any other place; however, DMH's Branch of Coordinated Care (BCC) must approve all admissions. Residents must be 18 years of age, and not currently on the IDD Waiver.

As soon as possible after admission, the local regional center's Diagnostic and Evaluation Department will be contacted to conduct a psychological evaluation for the resident. Residents will be assisted by the Crisis Diversion Home staff with applying for government benefits which can include SSI, Medicaid, and SNAP benefits while long term placement is being sought. Two awake staff are to be available twenty-four hours per day, seven days per week with management supervision and oversight. Residents will have access to a physician or NP for medication management etc., and/or behavioral specialist must be provided as needed based on each person's need for the service while living in the Crisis Diversion Home. Residents will have opportunities to participate in meaningful day programs and must be involved in community activities.

Please note that all grants are contingent on the funding by the Mississippi State Legislature and/or the Federal Government. The submission of this application to the Department of Mental Health is not a guarantee of funding. Fiscal Year 2024 data will be monitored and evaluated on a monthly basis. Please note that the expectation is Fiscal Year 2024 data will be published on the DMH website.

**DMH/BCC is now accepting funding applications for the state fiscal year 2024. The rate for the Crisis Diversion Home is \$302.23 per bed per day. However, for individual's that require one-on-one supervision, a rate of \$465 may be used with approval from BCC. Total budget is \$441,255.80.**

**A. 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 3 pages) which addresses B – E.

**B. Outcome Measures.**

1. List the new goals and/or objectives for FY24.
  - a. Describe how the service will meet each goal/objective.
  - b. Describe how you plan to evaluate the effectiveness of the service.

**C. Project goals and expectations are person-centered**

1. Describe how individual needs are person-centered
  - a. Identify personally defined outcomes as defined by the person.
  - b. How the organization will ensure that the person's outcomes are identified and carried out in a person-centered manner.
2. Describe how opportunities for supports and services are sought
  - a. How services and supports will be sought for the person
  - b. How the quality of supports will be measured
  - c. How the supports are available in an emergency or crisis

**D. People are connected to the communities of their choice to the greatest extent possible.**

1. Provide information about the use of person-centered planning/discovery to maximize choice
  - a. Describe how the organization will ensure a meaningful day for the person receiving Crisis Diversion Home services.

**E. Staffing Requirements**

1. Two awake staff are required to be available twenty-four hours per day, seven days per week when there are residents in the home.
2. The higher rate for one-on-one supervision should not be requested until there are three or more residents in the home. (When there are one to two residents in the home, the staffing value is one to one.) Exceptions must be submitted with supporting documentation to BCC for review.

## **F. Performance Measures**

- Number of referrals
- Number of admissions
- Number of discoveries (face to face)
- Number of denials (reason for denial)
- Number discharges
- Average length of stay
- Number of open beds

## **G. Other Guidelines:**

1. In the event that a provider cannot accept referrals or admissions to the crisis home, the Branch of Coordinated Care must be notified so that a plan to rectify the situation can be implemented within 30 days.
2. Any travel reimbursement listed in the budget cannot exceed the current State of Mississippi reimbursement rate (currently \$0.65 per mile.)
3. Indirect/administrative costs listed in the budget cannot exceed 8% of the budget total.
4. 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).
5. Data reports required by this funding must be submitted monthly by the 10<sup>th</sup> of the following month.

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

1. Crisis Diversion Home Monthly Data Report
2. The Data Report must be submitted via email to Kristi Kindrex at [kristi.kindrex@dmh.ms.gov](mailto:kristi.kindrex@dmh.ms.gov) by the 10<sup>th</sup> of every month for the month just ended.

**Mississippi Department of Mental Health/Branch of Coordinated Care  
Monthly Crisis Diversion/Occupancy Report**

<b>Agency:</b>	<b>Month/Year</b>	<b>Grant #</b>
<b>Staff Preparing Report:</b>	<b>Phone #</b>	<b>Email Address</b>
<b>OCCUPANCY RATES</b>		
<b>Number or Referrals</b>	<b>Number of Admissions</b>	<b>Number of Discovers</b>
<b>Number of Denials</b>	<b>Number of Discharges</b>	<b>Average Length of Stay</b>
<b>Number of Current Open Beds</b>	<b>Other Information</b>	
<b>Client Currently receiving Services</b> <b>First Initial, Last Name:</b> <b>Location:</b> <b>Admitted:</b> <b>Discharged:</b>		
<b>Client Currently receiving Services</b> <b>First Initial, Last Name:</b> <b>Location:</b> <b>Admitted:</b> <b>Discharged:</b>		
<b>Client Currently receiving Services</b> <b>First Initial, Last Name:</b> <b>Location:</b> <b>Admitted:</b> <b>Discharged:</b>		
<b>Client Currently receiving Services</b> <b>First Initial, Last Name:</b> <b>Location:</b> <b>Admitted:</b> <b>Discharged:</b>		

## Branch of Coordinated Care Referral to Crisis Diversion Home

Name:	Date of Request:	
Medicaid Number:	SPOTT Representative:	Kristi Kindrex
DOB:	Contact Number:	601-359-6303
Person's Current Location:		
<input type="radio"/> Needs immediate specialized behavior services; history of harm to self or others or devastating destruction of property; needs a setting with 1:1 staff at higher reimbursement rate  <input type="radio"/> Needs immediate alternative residential arrangement due to death/permanent incapacitation of primary caregiver or other situations in which immediate care is not available		
<u>Summary of Current Situation (living/day/behavior/caregiver)</u>		
<input type="radio"/> Can take immediately <input type="radio"/> Discovery Visit (Required if cannot take immediately) <input type="radio"/> Denied (Explain rationale in detail below)		

Does the person have a conservator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date (if known):	
Has this person been evaluated by a D&E Team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	

If denied, please indicate why below.

Source(s) of Information:

SPOTT Representative Signature