

Staff Person for Submission: Ms. Lynda Stewart

PowerForm Link: <https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=9d1c0e53-0f07-445c-82cc-6fc4e1469fb1&env=na3&acct=f03caf0-d8b6-4e91-ba70-c12592a3e516&v=2>



Mississippi Department of Mental Health

Bureau of Behavioral Health Services

CRISIS STABILIZATION SERVICES

CHILDREN AND YOUTH Funding

Application Request Application Due

Date: **August 23, 2023**

CRISIS STABILIZATION SERVICES

FOR CHILDREN AND YOUTH

The Department of Mental Health/Bureau of Community Mental Health Services is now accepting requests for proposals for state fiscal year 2024.

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.

This proposal application is eligible to all Mississippi Department of Mental Health (DMH) certified providers who are in good standing. However, DMH certification is not a guarantee of funding. All submitted proposals will be evaluated by a panel of reviewers using the posted competitive grant scoring rubric. Not all submitted proposals may be funded, but comprehensive feedback will be provided to all providers, particularly if their application was not funded for the current fiscal year.

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.

Anticipated Total Available Funding: \$800,000

Number of Awards: 2

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

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 6 pages) which addresses B – E.

B. Program/Facility Description

1. Describe plans for acquiring the facility, home, or building if not already acquired.
 - a. Include the floor plan and number of beds, if not submitted prior to this application
 - b. Describe outreach and social marketing plans.
 - c. Describe how culturally competent services will be implemented.

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/Describe admissions and discharge procedures for those children/youth not in your catchment area.
 7. Establish/Describe 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 \$0.665 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. 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. Any questions regarding this grant can be emailed to lynda.stewart@dmh.ms.gov in the Division of Children and Youth Services.
2. The CSU Daily Census Report must be submitted into the bed registry daily by 5:00 p.m.

Appendix A: CSU Monthly Data Report



**Crisis Stabilization Units
Monthly Data Report**

Date Submitted: _____

Region: _____

Name of Unit: _____

Total Number of beds: _____

Month of Report: _____

Year: _____

Admissions Data:

1. Total Admissions into the CSU during the month: _____

2. Number of Males admitted during the month: _____
 Number of Females admitted during the month: _____

3. Referral Sources:
 Youth Court: _____ CMHC: _____ Law Enforcement: _____
 Medical Hospital: _____ Private MH Provider: _____ Self/Family: _____
 State MH Provider: _____ Veterans Admin: _____ Other: _____

4. Funding Source:
 Medicaid: _____ Medicare: _____ Private Insurance: _____
 Self-Pay: _____ Other: _____

6. Counties of Referral:

Note: County of Residence will be obtained through the Data Warehouse. Both County of Referral and County of Residence of the individual need to be collected. *

- 7. Number of individuals admitted that were being held in juvenile detention prior to admission to CSU _____
- 8. Number of individuals admitted that were being held in a holding facility prior to admission to CSU: _____
- 9. Number of children/youth in CPS custody at time of admission to CSU: _____
- 10. Number of children/youth previously admitted to a CSU: _____
- 11. Number of children/youth receiving mental health services from a CMHC prior to admission: _____
- 12. Number of children youth receiving mental health services from a private provider prior to admission: _____
- 13. Number of children/youth referred but NOT admitted to CSU (Circle all that apply):
 - a) Too Aggressive/Too Violent
 - b) Unstable Medical Condition
 - c) Sexually Inappropriate
 - d) Requires Higher Level of Care
 - e) Primary Substance Use Diagnosis
 - f) Lateral Transfer to CSU
 - g) Limited Staffing Coverage
 - h) No bed available _____
 - i) Other

Treatment Data:

- 14. Number of children/youth placed in seclusion: _____
- 15. Number of children/youth physically restrained (i.e., approved physical hold): _____
- 16. Number of admissions who left CSU against medical advice (AMA): _____

17. Discharge

- a) TOTAL Discharges _____
- b) Number of discharges referred to outpatient care at CMHC: _____
- c) Number of discharges referred to outpatient care at private MH provider: _____

d) Number of discharges sent to DMH psychiatric hospital: _____

e) Number of discharges referred to any other agency/setting: _____

f) Total number of treatment days for all children/youth discharged: _____

Staff Member's Name and Credentials Completing Report: _____

Contact Phone Number: _____

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 and indicate the names/types of illicit substances