

# CHILDREN & FAMILIES EMERGENCY SERVICES

## FUNDING SOURCE CODES:

- 44-E: Expanded Children's Services - Federal CMHS Block Grant Funds  
(Effective January 1, 2002 in Upstate and Long Island Counties and July 1, 2001 in New York City, the funding source codes that are to be reported on the Consolidated Budget Report and the Consolidated Claims Report for the Federal CMHS block grant are 41 for Adult programs and 44 for Children and Families programs.)
- 46-E: Expanded Children's Services - General Funds
- 46-B: Mobile Crisis MH Teams - General Funds
- 44-I : Home-Based Crisis Intervention - Federal CMHS Block Grant Funds  
(Effective January 1, 2002 in Upstate and Long Island Counties and July 1, 2001 in New York City, the funding source codes that are to be reported on the Consolidated Budget Report and the Consolidated Claims Report for the Federal CMHS block grant are 41 for Adult programs and 44 for Children and Families programs.)
- 46-I: Home-Based Crisis Intervention - General Funds

Beginning July 1, 1997 in New York City and January 1, 1998 in Upstate and Long Island counties, the ***Children and Families Emergency Services*** funding source packet will include the fiscal policy control points for the Expanded Children's Services, Mobile Crisis Mental Health Teams, and Home-Based Crisis Intervention funding sources.

As indicated in the *OMH State Aid Approval Letter General Provisions* and the *OMH Fiscal Contracting Guidelines*, the additional Fiscal Policy Control Points that are included herein apply to all counties, OMH direct contract agencies, and to all subcontract agencies who receive these funds.

The Expanded Children's Services and Home-Based Crisis Intervention programs are funded in part with Federal Community Mental Health Services (CMHS) block grant funds whose Catalog of Federal Domestic Assistance number is 93.958. **All counties, OMH direct contract agencies, and subcontract agencies who receive these funds must comply with the Federal Funds Guidelines that are included in the *OMH State Aid Approval Letter General Provisions* and the *OMH Fiscal Contracting Guidelines*. Particular attention must be given to the section entitled "Prohibited Uses of Federal Funds."**

### **Program Description:**

#### Expanded Children's Services

Pursuant to Mental Hygiene Law §41.49 and 14 NYCRR 507.1 et seq., Expanded Children's Services funds are to be used to enhance local child and adolescent service systems in several areas of the State. Local Governmental Units (LGU's) will develop programs in priority areas with the goals of decreasing hospital admissions, decreasing lengths of stay in hospitals, and integrating or

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## **Program Description** (Cont'd.)

### Expanded Children's Services (Cont'd.)

coordinating both mental health and non-mental health children's services for the seriously emotionally disturbed population. Additional priority will be given to programs that are specifically targeted to the under twelve population. The State participation rate is 100 percent.

Mental Hygiene Law §41.49 requires LGU's that receive these funds to maintain or exceed their use of local tax support of expenditures for net operating costs in any local fiscal year for local or unified services provided to children and youth with psychiatric disabilities.

### Mobile Crisis Mental Health Teams

Children & Families Mobile Crisis Mental Health Teams help reduce emergency admissions to children's inpatient programs through early intervention. The function of these teams is to respond on-site to a child in psychiatric crisis (at home, with a foster or family based treatment family, in school, in a group home or community residence). Services provided by the teams will include crisis triage and assessment, stabilization, and if necessary, referral linkages. Each mobile crisis team will have linkage arrangements with other children's psychiatric emergency services (e.g. crisis residential beds, home-based crisis intervention programs, psychiatric emergency rooms), acute inpatient programs, and the array of other children's mental health services available in the community. The State participation rate is 100 percent.

### Home-Based Crisis Intervention

Home-Based Crisis Intervention funds are to be used to assist families with children in crisis by providing an alternative to hospitalization. Families are helped through crisis with intense interventions and the teaching of new effective parenting skills. The overall goal of the program is to provide short term, intensive in-home crisis intervention services to a family in crisis due to the imminent risk of their child being admitted to a psychiatric hospital. The target population for the HBCI program is families with a child or adolescent ages 5 through 17 years of age, who is experiencing a psychiatric crisis so severe that unless immediate, effective intervention is provided, the child will be removed from the home and admitted to a psychiatric hospital. Families referred to the program are expected to come from psychiatric emergency services. The State participation rate is 100 percent.

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## Fiscal Policy Control Points

The budget, cash flow, desk audit, and field audit control points that are included in the *OMH State Aid Approval Letter General Provisions*, the *OMH Fiscal Contracting Guidelines*, and the additional fiscal control points that are listed below apply to this funding source.

### **Additional Budget Control Points:**

1. Expanded Children's Services, Mobile Crisis Mental Health Teams, and Home-Based Crisis Intervention funds are not interchangeable.
2. The following staffing model applies to the Home-Based Crisis Intervention (HBCI) program. No waiver from this model is permitted.

<u>Item</u>	<u>Full-Time Equivalent</u>
Administrator	.2
Psychiatrist	.1
Supervisor	1.0
Counselor	4.0
Clerical	1.0

HBCI funds may also be used to fund fringe benefit and other than personal service expenses for these staff positions, and client service dollars.

Agencies who wish to hire a full or part-time parent advocate to team with counselors may submit proposals to reconfigure staffing patterns. This must be done within existing funds and does not reduce expectations regarding the level of service provided to individual families or the total number of families served during the year. The parent advocate should function as a fully integrated member of the HBCI team, providing services to HBCI families individually and in groups in support of the goals and objectives of HBCI.

3. Budgeted amounts for the HBCI program must be reported under program code 3040 on the CBR.
4. Budgeted amounts for the Mobile Crisis MH program must be reported under program Code 0680 (Mobile Treatment Team) on the CBR beginning July 1, 1997 in New York City and January 1, 1998 in Upstate and Long Island counties.
5. Budgeted amounts for client service dollars must be reported on the CBR under program code 2820.

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## **Fiscal Policy Control Points (Cont=d.)**

**Additional Cash Flow Control Points:** None.

## **Additional Desk Audit Control Points:**

1. Expanded Children's Services, Mobile Crisis Mental Health Teams, and Home-Based Crisis Intervention funds are not interchangeable.
2. Expenditures for the HBCI program must be reported under program code 3040 on the CCR and CFR.
3. Expenditures for the Mobile Crisis MH program must be reported under program Code 0680 (Mobile Treatment Team) on the CCR and CFR beginning July 1, 1997 in New York City and January 1, 1998 in Upstate and Long Island counties.
4. Expenditures of client service dollars must be reported on the CCR and CFR under program code 2820.

## **Additional Field Audit Control Points:** Pursuant to Mental Hygiene Law '41.49:

1. grants provided under this section shall only be used to expand existing services or to create new services for seriously emotionally disturbed children and shall not supplant existing services for such individuals;
2. to qualify for funding, Local Governmental Units shall assure that local contributions for expenditures in any local fiscal year for local or unified services shall be equal to or greater than the amount expended by such LGU in the last complete local fiscal year.
3. OMH may reduce payments to a county that has received these funds in the following local fiscal year if local expenditures are not maintained.
4. Staffing for the HBCI program must be maintained at model level described above. Agencies must make a good faith effort to maintain filled positions consistent with the model.
5. Client service dollars must be spent in accordance with the provisions of the Client Service Dollars funding source packet (See packet 43).