Family Therapy and Consultation Services

STRENGTHENING COMMUNITIES, ONE FAMILY AT A TIME
Mission, Philosophy, and Approach

- Family Therapy and Consultation Services' philosophy rests on the belief that families offer the most valuable resource for their children and all youth and families have inner strengths and natural healing resources resulting in a tendency towards positive growth.

- Our mission is to strengthen families to be full participants in the solution of problems resulting from individual disability or mental health issues and/or family and community disruption.

- Family Therapy and Consultation Services seeks to establish the family, school, and community as the primary support for their children, thereby achieving outcomes that eliminate need for further services from artificial supports. To this end, FTxCS/UFS staff assist parents/guardians to establish control and guidance of their families, identify natural supports in their family, school, and community and to learn and practice skills needed to negotiate through the years leading to adulthood.

- While our approach and mission center on strengthening families (and we often encourage the utilization of interventions such as Structural family Therapy and PCIT), our therapists are trained in several different types of individual interventions and techniques, including: CBT, trauma-focused CBT, DBT, behavioral approaches, the nurtured heart approach, narrative therapy, motivational interviewing, and more.
History:

- Family Therapy and Consultation Services was developed as a provider of Intensive mental health services in 2004 in Southern New Jersey.
- From the beginning, main service has been Intensive in-community mental health services for children and adolescents, typically conducted in home, community, and school.
- Currently, Family Therapy and Consultation Services serves over 900 families in Southern and Central New Jersey, Philadelphia, and surrounding PA counties.
- In the years since, we have established several new types of services within our agency, including:
Services offered through Family Therapy and Consultation Services

- IBHS individual services in Philadelphia, Bucks, Montgomery, Delaware, and Chester Counties
- Outpatient mental health clinic in Southern New Jersey
- Intensive In-community services in Southern and Central New Jersey
- ABA services in Southern and Central New Jersey
- Child psychiatric services
- Addiction, Biopsychosexual, and Biopsychosocial assessment for children and adolescents.
  - Coming Soon:
- Group and ABA services in Philadelphia and surrounding counties
- Outpatient mental health clinic in Philadelphia and surrounding counties
Mission And History

Rooted in a tradition of care and compassion, the Mission of CORA Services is to assist children, youth and families experiencing emotional, academic and social challenges which impede their development and productivity. A private, not-for-profit service organization located in Philadelphia, PA, CORA Services provides an array of comprehensive professional services focused on prevention, intervention, remediation and referral assistance.

Founded in 1971 by Sr. Charity Kohl, a Sister of the Good Shepherd, CORA remains part of the Good Shepherd global ministries service women and children in 72 countries on six continents.

Having spent most of her professional and religious life to that point in congregate care, Charity's intent was to form an intervention service response that addressed children's and families' distress earlier in the cycle. Her desire was to disrupt its progression and avert the need to remove children from their homes and communities as well as from more intensive and costly formal system services as appropriate.
Mission and History

Hers was a bold move in 1971, as most GS services were residential since their founding in France in 1832. That tradition was carried to the US in 1842 and expanded to Philadelphia ten years later where four programs, known collectively as the House of the Good Shepherd, operated from 1852 through 1972 with a deep connection to Family Court.

CORA began with a $200,000 one-year federal grant to divert "police remedials" from the Juvenile Justice system and served 600 families with ten staff in that first year. Fifty years later, with a $29M budget, 21,000 children and families are served annually through 34 service programs in 13 service categories in 5 service divisions delivered by 390 staff in 218 schools and community locations.

In 1971, CORA's Services were primarily pre-diagnostic psychoeducational interventions and MH and AOD treatment programs were added in ensuring years as the need became apparent. Even today, that model persists and expands as service trends and needs emerge. CORA is also a provider of AOD Treatment services, OST and Early Childhood Education Center services and IBHS under license.

As we celebrate CORA's 50th birthday, we honor Charity and her vision and the 70 members who have served on our Board, the 2500 staff who have served our 400,000 clients over these years and we celebrate the hundreds of City, State and Federal stakeholder agencies and staff who have continued to make our service to Philadelphia’s children and families thrive.
Programs and Services

Services are provided at CORA’s main facility in Fox Chase and in 86 SDP sites, 45 Schools of the Archdiocese of Philadelphia, 15 Early Childhood Centers, 23 Private Schools, 24 Charter Schools, and 6 Community Centers. CORA’s service array includes:

- Student Assistance Program - Behavioral Health Assessment/Consults/Case Management in SDP/AOP schools
- Counseling, Educational support, Psychology, and Speech services in Non-Public Schools
- Occupational/Physical Therapies & Specialized Instruction in Charter Schools & Early Childhood Centers
- CORA Early Years Early Childhood Education Programs
- Out of School Time Programs - CORA YouthCOR in SDP and AOP sites and Phila Parks & Rec Centers
- Truancy Intervention & Prevention Services in SDP sites
- Alcohol & Other Drug Early Intervention Services
- Family Advocacy/Mental Health Intervention – the original and enduring CORA service
- Alcohol & Other Drug Outpatient Treatment Services/Case Management/Recovery Supports
- Intensive Behavioral Health Intervention Services through CBH in SDP and Charter school sites
- Alcohol and Other Drug Prevention/Education
- Access Center/Learning Pods during Pandemic Closures
- Good Shepherd Mediation Services in SDP schools, Family Court, neighborhoods and agency settings
Our mission is to passionately serve the emotional needs of children and families beginning in early childhood. We meet children where they are and help them reach their full potential regardless of their challenges.
Core Values

CCTC is committed to:

• Providing high quality, comprehensive mental and behavioral health services to all children and families in Philadelphia;

• Being a leader in providing trauma and evidence-informed services that address the effects of abuse, neglect, traumatic events and other challenges to childhood development; and

• Providing services in a culturally sensitive environment that embraces Philadelphia’s diversity.
## CCTC Programs

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The vision of WES Health System is for every person in the culturally diverse communities it serves to have access to the critical services that promote the attainment of their full emotional, intellectual, and physical potential.
• Began in the 1970 under former organization Dr. Warren E. Smith

• Named for prominent African American psychiatrist who was committed to providing quality behavioral health care to the underserved in Philadelphia

• In 1992 formed the current organization WES Health System

• Focus is providing critical behavioral health services to disenfranchised families in urban environments

• Currently have operations in Chicago, Camden, and Atlanta
WES Comprehensive Services

Child and Adolescent Outpatient Programs
Adult Outpatient Programs
IBHS
Mobile Crisis Team
Family Based Teams
High School Outpatient Programs
Teen Reach Program*
Clinically Supervised Visitations*

Adult Case Management
OMY Day Treatment
Adolescent Substance Abuse Program
Intellectual Disability Programs*
Senior Living Apartments
Maternal Family Case Management*
SBBH*
School Based Behavioral Health Services in Philadelphia

5/21/2021
Pre-cursor to formal School Based Behavioral Health Services:

EPSDT (Wrap-Around)

- The product of lawsuits

- The Life Program (1993 - 94)
**EPSDT**

- Automatic 35 hours per week (*and more*)

- CBH born 2/1/97
  - Continued this approach

- By 1999, extreme levels of TSS in schools, multiple agencies and schools were overwhelmed
First School Based Behavior Health Program (Funded by the Behavioral Health System) -

School Based Behavioral Health Services

“SBBH”
In 2000, CBH announced rate cuts to address dramatic increases in utilization. The state rejected these changes.
SBBH

CBH installed a multi-stakeholder committee to create an alternative School Based Model.

Co-Chaired by CBH Medical Director and a Provider Representative
SBBH

Included (per school)

- On-site Supervisor
- Care Coordinator
- AA
- 7-BHWS
- 3- Clinicians
- Psychiatry
SBBH

- Paid on a per diem
- Clinicians determined hours of Service
- On-site Clinical Supervision
- Performance Indicators
SBBH

School Based Partnership

Participated in
- School Staff Meetings
- School Climate
- Staff development
- Back to School Nights
SBBH

- Model began for 21 children
- Was expanded based on:
  - BHW: 3 to 1 ratio
  - Clinicians 10-11 to 1 ratio
- Included initial assessment and observation period
SBBH

- Community and Home Based Intervention

- Moved services from an individual staff model to a team approach!
SBBH “Lite” 2006

- Created a 2nd level within SBBH Programs
- Only MT and GMT
School Therapeutic Services
STS 2008

- Leadership changes at CBH
- SBBH was too expensive for expansion into more schools
- With a move to 3 levels, CBH’s Clinical Services Department gained a larger role in determining services for children
Associated Changes

- No Care Coordination
- Spread Leadership (Adm & Clinical) over more schools
- Created 3 Levels
- Remained “per diem”
- Team vs. Individual approach
- Employed vs. Fee for Service
CARE 2002-2012

- Based on the Re-Ed Model
- Regional
- 3 Agencies with 3 classrooms each in a Philadelphia Public School serving each of the 3 regions
CARE Included:

- 1 Special Education Teacher, 1 Clinician and 1 BHW per classroom

- 2 Care Coordinators per team managing intakes and discharges

- Extended discharge process
In 2009, the following services existed simultaneously in Philadelphia Schools:

- SBBH
- STS
- CARE
- Consultation & Education
- SAP
In 2011, CBH RFP

- Added over 50 schools to the STS continuum, increased the number of providers, no existing providers were eliminated

- Converted all SBBH programs to STS
Unintended Changes/Challenges

- Team vs. BHRS Approach
- Employed staff vs. Fee For Service
In 2014-2015, STS was converted from a “per diem” to face to face fee for service

- **Unintended Consequences**
  - Increased administrative demands
  - ie: increased notes in order to document each activity/event

- Providers moved further from employed staff to fee for service
More Recently

- Pilot models 2018
- Evidence Based Practices
- IBHS RFP 2020
- Regionalization
- Expanded Evidence Based Practices
“How’s it going?”

**Strengths**
- Training
- APA
- Slimmed Down Authorization Process
- Telehealth Options
- Care Managers
- P&I Staff

**Challenges**
- Work Force Crisis
- MOU
- Provider Voice
- School Investment
- Clear Messaging of what IBHS Is and Is Not

**COVID 19 Pandemic**