Community Behavioral Health

A DIVISION OF DBHIDS
cbhphilly.org

CBH MEMBER SERVICES
888-545-2600

PHILADELPHIA CRISIS LINE
215-685-6440

PHILADELPHIA INTELLECTUAL DISABILITY SERVICES (IDS)
215-685-5900

CRISIS RESPONSE CENTERS FOR ADULTS:

EINSTEIN MEDICAL CENTER
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5501 Old York Road

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215-829-5433
Spruce Building
801 Spruce Street
1st Floor

FRIENDS HOSPITAL
215-831-4600
4641 Roosevelt Boulevard

TEMPLE UNIVERSITY HOSPITAL EPISCOPAL CAMPUS
215-707-2577
100 E Lehigh Avenue

CRISIS RESPONSE CENTERS FOR CHILDREN:

PHILADELPHIA CHILDREN'S CRISIS RESPONSE CENTER
215-878-2600
3300 Henry Avenue
Falls Two Building

MESSAGE FROM THE CEO

Dear CBH Member,

At Community Behavioral Health (CBH), we aim to make sure all Philadelphians have access to high-quality, cost-effective, and recovery-oriented services that meet all their needs. We have a full team of member services representatives that will help guide you through the process of accessing behavioral health services in Philadelphia.

Navigating your treatment path can be challenging and confusing. That's why we started this newsletter: To help answer some of your behavioral health questions and to illustrate how the CBH Member Services team can assist you in making the best decisions when it comes to your behavioral health.

In this issue of the Member Services Newsletter, we're going to focus on children's services. This edition will explore the types of services available to you, what those services look like, and how to access them.

It can be hard to know what to do when you are first seeking treatment for your or your child's behavioral health needs, but the CBH Member Services Team is available to help you 24 hours a day, seven days a week. Though CBH does not directly provide you with services, we have a large provider network and can work with you to find a provider that best fits your treatment needs. To get started, reach out to a CBH Member Services representative by phone at 1-888-545-2600.

Sincerely,

Faith Dyson-Washington
CEO
Community Behavioral Health

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CHILDREN'S SERVICES

What will this school year look like?

All Philadelphia public schools and Archdiocese schools began in-person learning on Tuesday, August 31, 2021. All teachers and students must wear masks. Public school spaces have air purifiers for each room, as well as hand sanitizing stations. Masks must also be worn on school buses and public transportation.

What does this mean for my child's services?

In 2019 and 2020, the school district, parents, behavioral health providers, family groups, and CBH participated in meetings to change Behavioral Health Rehabilitation Services (BHRS) and School Therapeutic Services (STS) to Intensive Behavioral Health Services (IBHS). One of the goals of this change was to have one behavioral health provider work with children in specific areas of Philadelphia. Providers chose their preferred area/region. This process is called regionalization. There are 44 regions, also known as "clusters," in the Philadelphia area. Providers who were interested in offering IBHS had to create a detailed plan explaining how they planned to offer services to CBH for consideration. Staff from departments at the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) reviewed the plans and choose those that they felt best matched the needs of the children we serve. Twenty-seven providers were selected. IBHS took the place of BHRS and STS on August 30, 2020. IBHS is offered for children up to age 21.

Behavioral health providers offering IBHS can and should provide services for children wherever there is a need. This includes individual work in the school, home, and community settings, as well as work with the parents, teachers, and other caregivers. Providers will develop a unique plan for each child, working on goals identified by the child and family. Providers will work with the child, as well as support parents, teachers, and other caregivers to help them learn how to put the plan in place. While support may look different for each family, children authorized for IBHS are able to receive support from their assigned behavioral health provider as needed.

THERE IS HELP

Where Can I Find It?

For more information regarding IBHS, please visit:

https://cbhphilly.org/cbh-providers/ibhs/

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If you have insurance, you can contact your insurance company and request information regarding local resources. If you live in Philadelphia and have Medicaid, CBH is your insurance for behavioral health service. You can contact CBH Member Services at 1-888-545-2600, 24 hours a day, seven days per week to request assistance with connecting to resources.

You can also visit the CBH website at **cbhphilly.org** or the DBHIDS website at **dbhids.org** to review behavioral health resources.

Glossary of Terms

Crisis: a behavioral health emergency in which someone's life may be in danger

Assessment: an in-depth interview to figure out what services a person needs

Telehealth: services provided over the phone or internet using video calls

ARE THERE OTHER SERVICES AVAILABLE FOR CHILDREN?

Covered Services, Children and Adolescents (Up to age 18, or 21 for some services)

Absolutely! Services offered can be thought of in three different ways:

"Emergency" or "Emergent" is where a lack of care could result in loss of life. "Urgent" is when lack of care **within 24 hours** could result in loss of life. "Routine" is where care can be delivered without result of loss of life.

Emergency Services

Crisis Intervention

Crisis Walk-in Services

Crisis Walk-in Services (delivered at a Crisis Response Center (CRC)) include an emergency crisis evaluation to determine if a person is eligible for inpatient hospitalization or in need of another service.

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Children's Mobile Crisis Team

These services are provided in the community for up to 72 hours for a child aged 21 and under experiencing a behavioral health crisis. These services will help to stabilize the situation and reduce immediate risk of danger. Services are available 24 hours per day and may include:

- Crisis assessment and safety planning
- Engagement with youth and family
- Referral and linkages to established services

Urgent Services

Adolescent Drug and Alcohol Residential Rehabilitation

These are short- or long-term residential services for children ages 13 to 18 with substance use challenges. These services may include:

- Individual, family, and group therapy
- Medication management
- Aftercare planning

Mental Health Inpatient Services

Acute Inpatient Psychiatric Hospitalization

These are services provided in a hospital setting for a short time to help a child or adolescent become stable enough to return to the community, including:

- Medication management
- Individual and group therapy
- Aftercare planning

Crisis Intervention (non-emergency)

Children's Mobile Intervention Services (CMIS)

These services are resolution-focused, short-term crisis management services provided in the home for children up to age 21 following a CMCT assessment or discharge from the CRC. The CMIS team includes a master's level therapist, case manager, and a psychiatrist, or certified nurse practitioner, to provide the following services two or more times weekly:

- Assessment

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- Case management
- Medication management
- Family therapy
- 24/7 on-call support

Clinical Transition and Stabilization Services (CTSS)

These services are provided in the community for a maximum of 90 days to address the mental health and stabilization needs of children in foster care. Services may include:

- In-home individual and family therapy
- Crisis intervention
- Medication management
- Coordination of needed services

Non-Urgent Services

Mental Health Outpatient Services

Mental Health Outpatient Services

These services are provided for children under age 18 in an office setting, often once a week and may include:

- Assessments and evaluations
- Medication management
- Individual, family, and/or group therapy

Acute Partial Hospital Program

These are short-term services provided for children ages 5 to 17 in a hospital setting during daytime hours to assist with stabilization and may include:

- Medication management
- Individual, family, and/or group therapy
- Aftercare planning
- Educational services

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Psychological Testing

These are services provided by a psychologist to assist with determining diagnosis, IQ, and level of functioning.

Drug & Alcohol Outpatient Services

Substance Abuse Outpatient Services

These services are provided for children up to age 18 in an office setting, often once a week, to help with alcohol or other substance use challenges and may include:

- Assessment and evaluation
- Individual, family, and/or group therapy
- Medication management

Substance Abuse Outpatient Services

These are services provided for children up to age 18 in an office setting at least six hours per week for a higher level of support with alcohol or substance use challenges, including:

- Individual therapy
- Group therapy
- Medication management

Case Management Services

Case Management Services

These are services (Blended Case Management and Enhanced Case Management,) provided in the community for children up to age 18 to help access and coordinate resources and may include:

- Scheduling and keeping physical and behavioral health appointments
- Helping with budgeting and using public transportation
- Reminding to take medications

Hi-fidelity Wraparound/Joint Planning Team

These are services provided in the community for families of children ages 10 to 17 who are in a Residential Treatment Facility (RTF) or are at risk for RTF placement. Services may include:

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- Development of crisis plans
- Peer support
- Family support

Know Your Rights

If at any point during this process you feel you are treated unethically, please contact the Member Services Department immediately at 1-888-545-2600. Member Service Representatives are your advocates for behavioral health and are available 24 hours per day, seven days per week.

E.P.I.C. ASK FOR IT BY NAME

Parent Child Interaction Therapy (PCIT)

Help is available!

Parent Child Interaction Therapy (PCIT) is a parent coaching model for young children with behavioral challenges. PCIT is usually offered in outpatient therapy. In PCIT, parents are taught specific skills to strengthen a nurturing and secure relationship with their child while teaching positive discipline and behavioral management techniques. The caregiver receives coaching and direct feedback from the clinician during the session using an earpiece to aid in the development of effective parenting skills. PCIT is shown to avoid further involvement of the child and family in the behavioral health and other child serving systems.

This story highlights how PCIT helped a grandmother to learn effective skills and to grow a stronger bond with her grandson. Ms. Williams started caring for her grandson Sam* at birth. Having already raised four children, she felt confident that she could raise Sam just as she had her other children. Ms. Williams reports that she realized she needed help when she started to see behavioral issues including aggression and tantrums. Ms. Williams described feeling overwhelmed which led her to ask her pediatrician for help. She was then connected to PCIT at Bethanna. The following is an interview with Ms. Williams about her experience with PCIT.

**Pseudonyms provided to minors to protect their identity.*

EPIC: How did you get connected to PCIT?

Ms. Williams: After having already raised four kids, I thought of course I have this; there's nothing to this. You provide shelter, food, love. I wasn't quite prepared for the behavioral issues. I don't remember having these issues with

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my other children in this manner. Trying to deal with the daily tantrums he was having including being defiant and aggressive. He had poor social skills on the playground and in preschool. I decided due to my age (58) that I would reach out to the pediatrician for help. I talked to Dr. Cruz at Philadelphia FIGHT where Sam goes to the doctor and they gave me a PCIT pamphlet from CBH. I still have that pamphlet! I keep it in my "to-keep" box. On the back of the pamphlet was the address and phone number of Bethanna. I called the very next day to make an appointment. And that's how I got connected to PCIT.

EPIC: How were you motivated by the therapist to participate?

Ms. Williams: For me, there was one word that was important, and that word was *pride*. Ms. Tina would keep reminding me of this word. I just focused on that. Pride stands for praise, reflect, imitate, describe, and enjoy. Even when I doubted myself, Ms. Tina kept telling me, "You got this, you got this." It was just wonderful. She was patient, kind and compassionate.

EPIC: What was different about PCIT for your child, as compared to others? Or what did you think when you started the treatment?

Ms. Williams: I must admit I was a little skeptical at first. I asked myself how is coming to therapy and playing with Sam going to correct his behavior problems? How is this going to stop his tantrums and defiance? I don't see this working, but I was willing to try it because I needed help.

EPIC: What was your favorite part?

Ms. Williams: Sam's favorite part was going to Bethanna because he knew we would have our special play time together. He loved to see Ms. Tina. He wanted to not only please me but also to please Ms. Tina. He grew to love her like I did. He was very sad when we graduated. Ms. Tina had to explain to him the whole process and that he had graduated and that he and I didn't need to see her anymore. My favorite part of PCIT was how I learned that giving Sam five to 10 minutes a day of my undivided attention could have such a positive effect on our relationship and his behavior. It's important that he knows that I'm not just hearing him, but I'm listening to him. We get so caught up in our daily tasks like shopping, homework, and cleaning that we don't give complete answers to our children. That was the best thing because it helped strengthen our relationship. I learned parenting skills that promoted positive behaviors in him. The negative behavior reduced drastically. The play changed our lives. I couldn't believe that you could accomplish that much with play. The stress of parenting is much lower now.

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EPIC: What was the hardest part?

Ms. Williams: The hardest thing for me was learning to give direct commands to Sam. I would always start what should be a command with the word "would." "Would you put this down?" And he wouldn't want to do that. Ms. Tina told me in the earpiece to give a direct command: "Please put that away." Switching from Child Directed Interaction (CDI) to Parent Directed Interaction (PDI) was the hardest part for Sam. That's where we saw the defiance, and he would have tantrums and would have to be put in time-out. I didn't want to see him cry. Ms. Tina would help me through his crying by saying, "You have to follow through."

EPIC: What was the biggest change you saw in your child after PCIT?

Ms. Williams: He has no more tantrums, and he is great at listening and minding when I give those direct commands. He wants to make sure he does what he is supposed to do and obeys the command because he wants to make sure that nothing interferes with his special play time with me. His social skills have improved at school and at home.

EPIC: What was the biggest change you saw in your parenting after PCIT?

Ms. Williams: Parenting is now less stressful. I have become a better parent for Sam now that we have gone through PCIT. I'm able to implement the behavior management skills that Ms. Tina taught me during PCIT, and in doing so it has promoted such positive behavior in Sam because we practiced at home and on our way to and from school. The bond has strengthened. He loved me before, but now we feel it more. He's a kid that loves to cuddle.

EPIC: What would you say to someone skeptical of PCIT?

Ms. Williams: I would say "try it" and if you put the time and energy into the whole concept of PCIT, it really works! Sometimes I sit with parents and nannies after school, and I can't say enough about PCIT. I referred one parent to PCIT. I was just talking to another parent last month, and they are doing PCIT. I told her how well it worked for us. She said she hopes it does the same for her and her child.

CONTACT CBH

For questions about available services, behavioral health providers, or general information, contact CBH Member Services at 1-888-545-2600. The CBH Member Services phone line is available 24 hours a day, seven days a week.