PHMC OST Intermediary

Quick Reference Guide on Community Behavioral Health (CBH) for referral engagement

(Rev as of 6/2025)

Services provided by Community Behavioral Health (CBH) and its Intensive Behavioral Health Services (IBHS), include mental and behavioral services (including therapy and behavioral interventions) for students. Supports can also be offered to the families of students as well as transfer of skills to the OST staff members that serve them through programming.

Community Behavioral Health (CBH) School based team contact:
OST Providers can contact these individuals directly to engage CBH and/or IBHS support; please notify PHMC via Technical Assistance Manager or your OST Program Coach of any outreach as well.

- *For insurance eligibility, provider contact information*, referrals or other IBHS concerns -
  - Shariff Blackwell, School Based Liaison (Shariff.Blackwell@phila.gov)

- For site-wide support following a critical incident –
  - Lori Paster, Clinical Coordinator, School Based Team (Lori.Paster@phila.gov)

- For back-up support (if Shariff or Lori are out of office) -
  - Amy Kincade, Supervisor School Based Team (Amy.Kincade@phila.gov)
  - Cale Schmoyer, Team Lead School Based Team (Cale.Schmoyer@phila.gov)

The goal of interventions is to help students maneuver their current space with the least restrictive support possible. If it is deemed that a student needs IBHS, a referral for an evaluation can be made using the attached OST referral form.

- For students **under 14,** a conversation must be had with the student's parent(s)/ caregiver(s) to explain the need and to get permission. Parents must consent for treatment (see conversation guides below).
- For students, **14 and over,** parent(s) can also be contacted but student can also self-refer. Students consent for treatment.

Once a student is authorized for IBHS, the IBHS Provider **should**:

- Share with OST staff an abridged individualized treatment plan (ITP), including the student's goal during OST and the behavioral interventions, and a safety/de-escalation plan.
- Provide services during OST and/or in the home as indicated in the ITP and authorized by CBH (including one or more of the following: mobile therapy, behavioral consultation, behavioral health technician).
- Support during a behavioral/mental health crisis (see below).
- Engage families as needed.
- Collaborate with OST and transfer skills to OST staff.
- Meet with OST to discuss referrals.

OST Providers **should not** expect the IBHS Provider to:

- Work with children that are not their clients.
- Stay alone with the classroom.
- Work as a substitute for OST staff.
- Escort the class to the bathroom.

- Bathroom their client (i.e. change diapers and help with toileting).
- Run after an eloping child without support from the school.
- Leave the building alone with eloping child.
- Restrain or use physical interventions.
- Call the parent to pick up the child.
- Provide services without a signed consent to treat.
- Take the lead in a behavioral health emergency.

Behavioral health needs and service delivery for high school students:

- Developmental needs and symptom manifestation may look different for adolescents.
- Teens typically require more Mobile Therapy than Behavioral Consultant support.
- Most high school students are old enough to consent to treatment.
- There are more therapeutic boundaries.
- Family engagement may be more challenging with some parents not being as involved.
- Some adolescents don't want to tell families they are seeking treatment.

IBHS Providers support students authorized for services by delivering targeted interventions designed to help them manage challenges and prevent crises. During a behavioral crisis, the IBHS Provider can offer additional support, however, this should not replace the OST programs' established protocol for individualized emergency support.

Signs that a student is in crisis:

- Cannot regulate.
- Unable to de-escalate.
- Suicidal or homicidal ideation.
- Auditory or visual hallucinations.
- Disoriented and confused.

OST Provider agencies should enhance their internal policy to also include a Behavioral Health Emergency plan. OST Providers' internal policy should help on-site staff to deescalate and circumvent a crisis, but also provide a blueprint on how to act if a student goes into crisis.

In order to avoid a crisis:

- IBHS should be brought in to consult with the OST team when concerns begin to arise.
- Develop internal policy on developing crisis plans for student and protocol to follow.
- IBHS individual treatment plans include crisis de-escalation plans that should be reviewed by all OST staff on site.

What to do during a crisis:

- Call mobile crisis or call a parent to pick up a child to take them to crisis. This **cannot** be done by an IBHS staff member.
- *Is the child already connected to behavioral health services?*
  - Contact the child's current behavioral health provider.
- *Does the child require urgent, same-day behavioral health evaluation?*
  - Refer family to: People Acting to Help (PATH) Urgent Care Phone: 215-728-4651
- *Does family require assistance or guidance regarding child's behaviors/emotions?*
  - Contact Philadelphia Crisis Line (PCL) Phone: 215-685-6440

- *Is child experiencing emotion/behaviors that may cause life-threatening injury to self or others?*
    - Contact Philadelphia Children's Crisis Response Center (PCCRC); CHOP Behavioral Health and Crisis Center

Referral vs Coaching

As an OST Provider it is important to monitor students and their behaviors during programming. There are often wide ranges of behaviors a students may exhibit, but not all behaviors necessarily reach the level of needing support from an IBHS Providers. Rather many behaviors can be supported through coaching and supplemental supports directly from PHMC and its additional partners (Tier one support). Below is a loose guide on when an IBHS referral should be made vs when tier one support should be sought.

Seek an IBHS referral when a student has:

- Elopement/unsafe behaviors.
- Frequent fighting and argument.
- Self-isolation with other symptoms, such as withdrawal, weepy/crying, etc.
- Noncompliant behaviors that pose a serious health and safety risk.
- Pattern of repeated inability to self-regulate or de-escalate.
- Pattern of bullying.
- Pattern of being targeted.

Seek tier one support (coaching or support from Variety) when a student:

- Fidgeting/hyperactivity.
- Calling out/cursing.
- Lack of social interaction.
- Not following directions.
- Gets upset but can recover and engage in activities.
- Teases/bothers peers occasionally without a pattern or causing harm.
- Gets teased by peers without a pattern of continual bullying.

If a student does meet the criteria for a referral the steps taken should be:

Referral Process

1. OST staff discusses referral with family/youth to ensure they agree with referral being made to IBHS.
   If needed, here is a sample introduction for reaching out to parents on completing a referral:

   "Hello
   My name is [Name], and I am a [Position] from [Name of organization]. I'm reaching out to continue the ongoing effort around the (Behavioral or Mental) challenges [Child's name] is exhibiting during OST programming. [Child's names] challenges have led to [list any behavioral or mental concerns], which is negatively impacting your child's ability to fully and successfully engage with their peers, and safely function within OST programming. When these concerns became apparent within our programming, we implemented [list of Accommodations that have been implemented], but unfortunately little to no progressed has been made. With that said [Name of your organization] remains committed to creating a safe and health space, inclusive of all children, and therefore we would like to take the

additional steps to engage a third-party provider to help support your child's needs. Intensive Behavioral Health Services (IBHS) are offered by outside providers who also works in the child's school. Supports may include behavioral counseling, mobile therapy, and/or behavioral health technician planning and support. IBHS works with the child in any environment where there are challenges and can help to ensure you child is has proper supports to be successful in school, out of school, or at home. In order to get this process started we would like to get your approval to submit an IBHS referral form. Filling out the referral form can help to initiate an evaluation for services and confirm whether costs for these services can be fully or partially covered.

With your permission I can begin to fill out the form and begin the IBHS process.

Please let me know your thoughts."

2. OST Provider reaches out to School Based Team (SBT), Shariff.Blackwell@phila.gov, to check insurance eligibility and obtain IBHS Provider information.
3. Shariff will confirm eligibility and provide assigned IBHS provide contact information.
4. OST Provider completes and submits referral form to identified IBHS Provider.

If needed, here is a sample introduction for reaching out to IBHS Providers when completing a referral:

"Hello,
My name is [Name], and I am a [Position] from [Name of organization]. In my role I help to provide Out of School Time (OST) programming throughout the City of Philadelphia, providing a variety of activities to the youth of the city, and instilling the proper pillars they need for childhood and while growing into adults. I am reaching out because Community Behavioral Health identified that you are the IBHS Provider assigned to our students who are enrolled at [name of regular school]. The student(s) attend OST at [Name of OST site] and we have noticed that one or more of our students may need these supports during OST programming. If possible, I would like to build a partnership between your agency and my organization to establish a regular channel of communication for referrals on students and to strengthen the partnership between all parties involved.
Please let me know about any availability you may have at your earliest convenience.

Thanks "

Authorization Process

1. Upon receipt of referral, IBHS Provider reaches out to family or youth 14 + for consent.
2. If consented, IBHS conducts intake to determine if and IBHS assessment is appropriate
3. If so, IBHS provider submits Written Order (WO) to CBH for Initial Assessment and Initial Treatment.
4. Once authorized, IBHS Provider conducts initial assessment and treatment for up to 30 days (or 45 days for child with an Autism Spectrum Disorder diagnosis).
5. Assessment determines what IBHS supports are needed. FBA needs to be completed if requesting BHT. IBHS Provider completes a treatment plan. Packet gets submitted to CBH for authorization.

If you need assistance with getting connected with the correct IBHS Provider, you believe you would benefit from technical assistance or coaching, or need support on properly reaching out to Variety, please reach out to your Program Coach or Greg Davis, OST Technical Assistance Manager (Gdavis@phmc.org).