Madeline Moore
Summer Camp Grant
2017

Behavioral Health Provider Agencies

Presented by the
Department of Behavioral Health and
Intellectual disAbility Services
DBHIDS
History

In 1998 several funded therapeutic summer camp programs closed leaving many children with Mental Health diagnosis no organized recreational programs for the summer.

- Parents requested help in finding summer programs for their children.
- Many families could not afford summer camp.
- Families wanted their children to attend programs in their communities.
- Children needed more age appropriate, “normal” fun and activities, and less school like structure and treatment.
- We started by funding 12 children in 1998 and have grown to funding over 1400 children each summer.
General Guidelines

- Children who reside in Philadelphia and receive behavioral health services funded by DBHIDS are eligible.
- Children must be between the ages of 6 and 17 years old at the time of application submission.
- Camps that have been approved by DBHIDS are considered Participating Camps.
- The grant offers up to four hundred dollars ($400.00) per child to attend a participating camp of the parent’s choice.
- Participating camps have a program that is 75% recreational.
- Provider Agencies are required to visit camps during the summer.
- Applications are accepted starting April 1 through May 31, on a first come first served basis.
Summer Camp Online

Steps to Online Application Processing

1. Register your agency
   - The user who registers the agency becomes the Super-Admin and should be designated by the Director or Manager of the provider agency.

2. Logon with your login credentials

3. Create and Submit camp applications
Step 1: Agency Registration

- Register your agency online at http://dbhids.org/summer-camp/Madeline-Moore-Grant

  You will need your CBH provider #.

  If you cannot locate your CBH provider # contact DBHIDS.

- Complete all Provider Agency Profile fields.
- Complete all Agency Contact fields.
- Username will be your email address.
- Create a unique password.
- You will receive a confirmation email when your agency has been approved.
Step 2: Logon

- Logon using your email address as the User name.
- Use the password you created during registration.
  
  - Forgotten password:
    Choose “Forgot Password”. The system will send you a temporary password. Cut and paste the temporary password into the password field.
  
  - Locked out:
    Send an email to SummerCamp_DBHIDS@phila.gov. Include agency name, person’s name and email address
  
  - SuperAdmin is no longer with agency:
    Send an email. Include the former SuperAdmin’s name and email address and the new SuperAdmin’s name and email address.
The Super-Admin assigns each user a role.

<table>
<thead>
<tr>
<th>Role</th>
<th>What it means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Super-Admin (should be designated by the Agency Director or Manager)</td>
<td>Primary contact with DBHIDS; has access to all parts of the Summer Camp online application. Can create other admins and users Can view all applications</td>
</tr>
<tr>
<td>Admin</td>
<td>Has access to all parts of the Summer Camp online application. Can create other admins and users Can view all applications except those created by the Super-Admin.</td>
</tr>
<tr>
<td>User</td>
<td>Can view and change applications that they have created.</td>
</tr>
</tbody>
</table>
Step 3: Create & Submit Applications

Creating a New Application

1. Select “Create New Application”.
2. A unique reference number is generated.
5. You may select the camp. However, this is not required at this step.
6. Save the application.
7. Print the application to give to parent for signatures and camp fees.
Print Grant Application

- Child information and Referral Source information should be complete when application is printed.
- Diagnosis will not display on the printed application.
- Camps have been instructed to reject applications that are blank, hand written, and those missing a reference # at the top.
Complete Camp Information

When the application is returned:

- Ensure Parent and Camp signatures are present
- Select reference number under “New to be Submitted”
- Complete all camp information.
- Camp fees on both the electronic application and signed application should agree. They must also be consistent with fees listed on the brochure and weeks listed on the camper’s registration form.
- When camp fees are inconsistent, application will be marked “Incomplete”.
- Save the application.
- At this point, the application has not been Submitted to DBHIDS.
Submit Camp Application

Scan and Attach supporting documents
Preferred method of including supporting documents
1. Scan supporting documents
2. Open the “New” application.
3. Attach the files to the application.
   - Select the appropriate Attachment type.
   - Attachments will appear in the PDF window.
4. Now your application is ready to be Submitted.
5. Select Submit tab.
6. Application will move to the “Submitted to DBHIDS” list.
7. It is not necessary to fax documents that have been attached to the application.

You will not be able to attach additional documents to the Submitted application.
Submit Camp Application

Faxing supporting documents
If you are unable to scan and upload, you may fax the supporting documents.

1. Open the “New” application.
2. Select “Print Letters” and print the Cover Sheet.
3. Select “Submit” tab.
4. Application will move to the “Submitted to DBH” list.
5. Fax supporting documents to 215-685-5564 using the printed Cover Sheet.
6. Documents for each application should be faxed separately.
7. Do not fax documents for applications that have not been “Submitted”. They will be rejected.
Supporting Documents

- Supporting documents must match the data entered on the electronic application
- Inconsistent data = "Incomplete" application
- Applications remain "Incomplete" until the provider agency corrects and re-submits the electronic application.
- DBHIDS does not review "Incomplete" applications.

Note: Be sure you can view supporting documents in the PDF view window. If you cannot see documents, DBHIDS cannot see them.
Supporting Documents

There are four required supporting documents.

1. Signed Grant Application
   Enter all camp fees from signed application onto the electronic application.
   - Must have parent and camp signatures.
   - Must have encampment dates.
   - Number of weeks/sessions.
   - Camp fees should be itemized.
   - Subsidies/grants should be entered in the “Other” field as a negative (-), with explanation.
Supporting Documents

2. Camp Brochure
   - Must be the camp brochure or flyer approved by DBHIDS.

3. Camper Registration Form
   - Must be the camper registration form approved by DBHIDS.
   - Complete camper registration packet is not required and should not be attached or faxed.
     (i.e. emergency contacts, medical forms, income statements, parent agreement, camp policies, etc.)

4. Authorization Letter
   - Letter on provider agency letterhead
   - Signature of a clinician
   - Dates of authorization
     - Children must be authorized during the encampment period to be eligible.
     - If a child is scheduled for a re-authorization, it must be indicated on the letter.
     - A standard form letter will be placed on the SummerCamp home page.
     - No other document will be accepted.
Authorization Letter

(Date)

Department of Behavioral Health and Intellectual disAbilities Services
Madeline Moore Summer Camp Grant
1101 Market Street, 7th Floor
Philadelphia, PA 19107

RE: Child’s name, DOB

Dear Summer Camp Grant Program,

The above child is currently receiving behavioral health services through our __________ program.

This child is authorized to receive services through the summer 2015 encampment.

His/Her authorization dates are: Start Date ___________ End Date ___________

Thank you,

Signed ________________________________
Title ________________________________
Print ________________________________

(Must be signed by a clinician.)

(Date)

Department of Behavioral Health and Intellectual disAbilities Services
Madeline Moore Summer Camp Grant
1101 Market Street, 7th Floor
Philadelphia, PA 19107

RE: Child’s name, DOB

Dear Summer Camp Grant Program,

The above child is currently receiving behavioral health services through our Outpatient program.

This child will be receiving services through the summer 2015 encampment.

Thank you,

Signed ________________________________
Title ________________________________
Print ________________________________

(must be signed by a clinician)
### Camp Application Statuses

Review “Submitted” application statuses on a regular basis.

<table>
<thead>
<tr>
<th>Status</th>
<th>What it means</th>
</tr>
</thead>
</table>
| NEW (Provider Agency queue)         | Not Submitted to DBHIDS  
Will not be reviewed by DBHIDS                                         |
| SUBMITTED                           | Submitted to DBHIDS                                                                                                                                  |
| PENDING                             | DBHIDS is reviewing the application                                                                                                           |
| INCOMPLETE (Provider Agency queue)  | Information is missing or inconsistent. Application must be reSubmitted to DBHIDS for review. Incomplete applications go to the end of the line. |
| APPROVED                            | Application has been approved                                                                                                                     |
| DENIED                              | Application has been denied                                                                                                                      |
| WITHDRAWN                           | To withdraw an application, email DBHIDS at SummerCamp_DBHIDS@Phila.gov                                                                       |
## DBHIDS Incomplete Responses

<table>
<thead>
<tr>
<th>Response</th>
<th>What it means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp fees inconsistent.</td>
<td>Camp fees are not the same on signed application, electronic application, brochure and/or registration form.</td>
</tr>
<tr>
<td>Trips cost not listed on brochure.</td>
<td>Trips fees have been entered on the application, however they are not outlined on the brochure.</td>
</tr>
<tr>
<td>Number of weeks missing.</td>
<td>The number of weeks the child will attend camp is missing from the application.</td>
</tr>
<tr>
<td>Encampment dates inconsistent.</td>
<td>Camp dates are different on the signed application, electronic application, brochure and/or registration form.</td>
</tr>
<tr>
<td>Authorization letter missing.</td>
<td>No authorization letter was submitted or document submitted is not in an acceptable form.</td>
</tr>
<tr>
<td>Authorization letter missing. (Template can be found on the SummerCamp homepage)</td>
<td>No authorization letter was submitted or document submitted is not in an acceptable form.</td>
</tr>
<tr>
<td>Breakdown of camp fees.</td>
<td>Weekly rate or session costs have not been entered on the application.</td>
</tr>
</tbody>
</table>
DBHIDS Incomplete Responses

Read the Incomplete response from DBH before resubmitting the application.

Application has been marked Incomplete.
Review reason(s) checked below and/or DBH comments.

PLEASE DO NOT RESUBMIT APPLICATION WITHOUT PROVIDING THE NEEDED DOCUMENTATION

<table>
<thead>
<tr>
<th>Missing Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant application</td>
</tr>
<tr>
<td>Camp brochure which includes camp fees, dates and camp activities</td>
</tr>
<tr>
<td>Camp registration form</td>
</tr>
<tr>
<td>Letter on your provider agency letterhead signed by a clinician, stating the child’s eligibility and authorization period</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Missing Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent signature is missing</td>
</tr>
<tr>
<td>Camp signature is missing</td>
</tr>
<tr>
<td>Encampment dates are missing</td>
</tr>
<tr>
<td>Breakdown of camp fees is missing</td>
</tr>
<tr>
<td>Referral source information is missing</td>
</tr>
</tbody>
</table>

DBH Comments:
Incomplete
Letter to parents submitted as a brochure caused the application to be marked Incomplete.
Incomplete

Inconsistent camp fees caused application to be marked Incomplete.

Signed Grant Application

Electronic Application
# Entering Camp Fees

## Subsidies

**Camp Info**

Boys & Girls Club-Sullivan  -  PARTICIPATING

5300 Ditman,
Philadelphia, PA - 19124
Phone: 2672582442,
Fax: 2157258549
Email:

**Camp Dates and Fees**

- Fiscal Details
- Encampment Dates

<table>
<thead>
<tr>
<th>Membership fee</th>
<th>Registration fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fees for [Week]</th>
<th>$ 137</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fee x number of weeks</th>
<th>6</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>T-Shirt</th>
<th>$ 0</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Meals</th>
<th>$ 0</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Before care</th>
<th>$ 0</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other, please specify</th>
<th>$ 222</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BGCP subsidy</th>
<th>$ 695</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total cost of camp</th>
<th>$ 600</th>
</tr>
</thead>
</table>

- Amount being requested (maximum of $600 for a preferred camp/$300 for non-preferred)

<table>
<thead>
<tr>
<th>Amount Approved</th>
<th>$ 600</th>
</tr>
</thead>
</table>

If total encampment fees exceed limit, who is responsible for payment of balance? BGCp Subsidary/pare

<table>
<thead>
<tr>
<th>Camp Signature</th>
<th>Signed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>mother</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signed By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6/16/2014</td>
</tr>
</tbody>
</table>
Entering Camp Fees

Multiple weekly camp rates

YMCA-Northeast Family
Status: PARTICIPATING
11088 Knights Road,
Philadelphia, PA - 19154
Phone: 2158320100,
Fax: 2158321484

Encampment Dates
From: 08/30/2014
To: 08/10/2014

Camp Fees
Membership Fees: 0
Registration fee: 0
Session type: Entire Summer
Fee per session: 1015
Number of sessions: 0
T-Shirt: 0
Trip: 0
Transportation: 0
Meals: 0
Before Care: 0
After Care: 0
Other: 0

Other Details:
YMCA
1 Week @ 140.00
5 Weeks @ 175.00

Total cost of camp: 1015
Amount being requested: 600
Amount Approved: 600
Submitted By: Marianne O'Keefe

Fiscal Details
<table>
<thead>
<tr>
<th>Status</th>
<th>Check Number</th>
<th>Check Date</th>
<th>Check Amount</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid</td>
<td>69435</td>
<td>6/3/2014</td>
<td>600</td>
<td>600</td>
</tr>
</tbody>
</table>
Camp Monitoring Form

- A camp visit is required for each child that has been approved for the grant.

- The Camp Monitoring Form is printed from the SummerCamp Website. The form is completed during the camp visit.

  1. Open the Approved application
  2. Select the “Print Letters” button
  3. System will fill in reference #, child and camp information.
  4. Fax completed forms for each reference # individually to 215-685-5564.
    - No cover sheet

- Forms must be faxed to DBH by August 30.
Fax Cover Sheet

- Use the system generated Fax Cover Sheet when faxing supporting documents.
- Additional cover sheets are not needed.
- Cover sheet is not needed when faxing the Monitoring Form.
Technical Prerequisites

- Web Browser (at least one of)
  - Internet Explorer 8 or above
  - Firefox 3.6 or above
  - Google Chrome 2.x
- Adobe PDF reader version 9
- Must have email address at the agency
- Scanner or Fax Machine
  - Scanner to attach documents (preferred)
  - Fax machine to fax documents
Contact Info

- Access Summer Camp Online at
  
  http://dbhids.org/summer-camp/Madeline-Moore-Grant

  Go to the website to obtain a copy of this presentation

- Fax camp applications, supporting documents and monitoring forms to

  215-685-5564

- Questions? Email us at

  SummerCamp_DBHIDS@phila.gov
Behavioral Health Supports in Summer Camps

CBH
CB-CAFS

Suzanne Heise– CBH
267-602-2249
Suzanne.heise@phila.gov
Introductions

Overview of Group TSS/Lead Clinician

Next steps

Specialized camp settings

Questions/Comments
Why Group TSS and LC in Camps?

- Opportunity to increase independence and promote group social skills in a non academic, yet structured, environment.

- Increased accountability (When a TSS calls out ill, quality concerns, etc.)

- Complaints from camps about number of individual TSS workers at camps.
Provider Expectations

- Provider will meet with Camp Administration prior to start of camp to review issues such as:
  - Policies and Procedures
  - Staff Roles and Ratios
  - Field Trips and Scheduling

- Provider will identify back-up staff to cover shift in event TSS worker is unable to report to camp.
2017 Summer Requests

- Providers can submit a list with required info (dates, location, etc) for any child with an auth that spans the summer, and we will authorize camp services.

- Any request for more hours than authorized during the school year would require an evaluation or addendum.

- CBH cannot guarantee the number of children who require behavioral health supports in camps. This number varies from camp to camp.
LOCUS OF ACCOUNTABILITY IS WITH ONE PROVIDER AND INCREASE CONSISTENCY OF TREATMENT.

PROVIDER AND CAMP STAFF COLLABORATION TO MEET THE THERAPEUTIC NEEDS IN A CAMP ENVIRONMENT.

FLEXIBLE SCHEDULING AND USE OF LCS AND GROUP TSS.

CAMP HAS IMPROVED MANAGEMENT AND UNDERSTANDING OF CHILDREN WITH BEHAVIORAL HEALTH NEEDS.
COMMUNICATION BETWEEN HOME BHRS AND GROUP TSS PROVIDERS

HELPING CAMPS UNDERSTAND ROLES AND PARAMETERS OF BHRS

VARIATIONS IN CAMP ENROLLMENT.
Notify Suzanne of Camp Partnership as early as 3/2/17 or by the 4/3/17 deadline

Include the following information

<table>
<thead>
<tr>
<th>Name of Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Camp Director/Contact</td>
</tr>
<tr>
<td>Dates of Operation</td>
</tr>
<tr>
<td>Hours of Operation</td>
</tr>
</tbody>
</table>

Was this camp with another provider last year?

- If so, Camp Director MUST contact Suzanne. Otherwise, I will default to previous provider if two agencies report partnership with the same camp.
What's Next?

- Contact and Establish Relationship with a Camp
- Notify Suzanne at CBH of Partnership
- Have preliminary meeting to set parameters
- New partnership? Include CBH
- Madeline Moore Grant Applications
- Request and Approval of Group TSS Services
- Provide BHRS Services
MADELINE MOORE SUMMER CAMP GRANTS

• Policy around “Participating Camps”

http://www.dbhids.org/summercamp/
SummerCamp_DBHIDS@phila.gov

Questions? Concerns?
Summer programming designed to address the needs of children who can benefit from structured, therapeutic individual and group intervention with a clear mental health treatment focus.

STAP provides a range of developmentally appropriate specialized therapies and community integration activities provided in a camp environment.

These services further a child’s individualized therapeutic goals and are integrated into their overall mental health treatment.
CGRC

CREATE Program

- 2901 Island Ave., Philadelphia, PA 19153
- 6/26/17-7/21/17
- 2:00 PM- 5:00 PM
- ISPT start date: 3/6/17
NET

STAP

- 458 N. 2nd St.,
  Philadelphia, PA 19123

- Session 1: 6/26/17-7/21/17

- Session 2: 7/24/17-8/18/17

- ISPT start date: 3/6/17
SPIN

STAP

- 1642 Orthodox St., Philadelphia, PA 19124
- 10521 Drummond Rd., Philadelphia, PA 19154
- Session 1: 6/26/17-7/21/17
- Session 2: 7/24/17-8/18/17
- ISPT start date: 3/6/17
CCTC

Tentative:

- 3300 N 3rd St, Phila, PA 19140, 215-291-8825
- 7/3/17-8/4/17
- 9:00 am - 3:00 pm
- ISPT start date: 3/6/17
Additional Resources

Healthy Minds Philly

http://healthymindsphilly.org/mhfa

Philadelphia Network of Care

http://philadelphia.pa.networkofcare.org/mh/
## CBH Child and Family Programs by Developmental Level

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Infancy</th>
<th>Early Childhood</th>
<th>Childhood</th>
<th>Early Adolescence</th>
<th>Adolescence</th>
<th>Young Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural and Community Based Supports, Prevention programs via DHS/DBH/OVR/OAS/IDS/Courts/School District</td>
<td></td>
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<tr>
<td>Community Treatment Supports</td>
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<tr>
<td>Case Management (BCM, ECM)</td>
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<tr>
<td>HiFi Wrap (JJ involved Youth 10-17)</td>
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<tr>
<td>Assessment</td>
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<tr>
<td>Provider Based Assessments (CBE, EAS, FBA)</td>
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<tr>
<td>Crisis Response Center</td>
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<tr>
<td>Community Based Child and Family Treatment</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Outpatient Treatment (Individual, Family Group, trauma therapy, PCIT, TF-CBT, CBT, ESFT, CFTSI)</td>
<td></td>
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<tr>
<td>Behavioral Health Rehabilitation Services (BSC, MT, TSS, CIRT, CTSS)</td>
<td></td>
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<tr>
<td>School Based Interventions (STS, TESC,)</td>
<td></td>
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</tr>
<tr>
<td>Therapeutic Summer and Afterschool Programs (ASP, STAP and Group TSS Camps)</td>
<td></td>
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<tr>
<td>Therapeutic Preschool</td>
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<tr>
<td>Long Term Partial</td>
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<tr>
<td>Family Services (FBS, FFT, MST-PSB, PHIICAPS)</td>
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</tbody>
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| Alcohol and other Drug Treatment                |         |                |           |                  |             |             |
| Outpatient                                     |         |                |           |                  |             |             |
| Intensive Outpatient Treatment                 |         |                |           |                  |             |             |
| Short and Long Term Residential                |         |                |           |                  |             |             |
| Residential Services                           |         |                |           |                  |             |             |
| Community Residential Rehabilitation- Host Home |         |                |           |                  |             |             |
| Residential Treatment Facility                  |         |                |           |                  |             |             |
| Residential Treatment Facility- Adult          |         |                |           |                  |             |             |
| Acute Services                                 |         |                |           |                  |             |             |
| Acute Partial Hospital                         |         |                |           |                  |             |             |
| Acute Inpatient Hospital                       |         |                |           |                  |             |             |
QUESTIONS?

SUZANNE HEISE
267-602-2249
SUZANNE.HEISE@PHILA.GOV