

Provider Points

September Newsletter

Volume 2015 Issue 9

CCIS of Delaware County
20 South 69th Street, 4th Floor
Upper Darby PA 19082
Phone: 610-713-2115
Fax: 610-713-2233/2333

Information Corner

Free or low-cost health insurance for kids up to age 19!

APPLY OVER THE PHONE for MA or CHIP

Call PCCY @ 215-563-5848 x17

Upcoming Health Fairs

Chichester School District Annual Parent and Community Resource Fair

Tuesday, September 29, 2015— 5:00pm-7:00pm

Chichester High School/ 3333 Chichester Ave., Boothwyn, PA

5th Annual Women's Commission Wellness Event for Women Resource Fair

Wednesday, September 30, 2015- 10:00am-1:00pm

County Government Center/ 201 Front Street, Media, PA

Braskem America Health Fair 2015

Thursday, October 1, 2015- 11:00am-2:00pm

Braskem America / 750 West 10th Street, Marcus Hook, PA

Upper Chichester Health and Safety Fair

Saturday, October 3, 2015- 10:00am-1:00pm

Upper Chichester / 8500 Furey Road, Boothwyn, PA

Havertown Seventh Day Adventist

Saturday, October 11, 2015- 10:00am-4:00pm

Havertown Seventh Day Adventist / 2 North Edmunds, Havertown, PA

Community Day

Saturday, October 24, 2015- 10:00am-2:00pm

Upper Darby High School/ 601 North Lansdowne Ave., Upper Darby, PA

9th Annual Wellness Fair

Saturday, November 7, 2015- 10:00am-1:00pm

Strath Haven High School/ 205 South Providence Road, Wallingford, PA

September Invoices are Due in the CCIS Office October 5, 2015 to be Eligible for the October 20th Check Mailing Date.

PLEASE submit your invoice the 1st through the 5th of the month.

Invoices cannot be accepted prior to the last

Attention All Providers:

Faxed Invoices

If you fax your invoice by the 5th of October, please call no later than Monday October 5th, 2015 to ensure that we have received your invoice. If you fax your invoice, it is YOUR responsibility to ensure receipt.

Please call the CCIS office to CONFIRM that your invoice was received. Please do not assume because you have a confirmation your fax was received. We often receive faxes that are blank or too dark to be read. If you have the confirmation and we can't read your fax—We did NOT receive it. However, please wait at least 5 hours after faxing your invoice before calling the CCIS office for confirmation.

The waiting period will ensure that we have ample time to log all the invoices received. If you find that we did not receive your invoice **AFTER** you faxed it: You will need to provide the confirmation sheet (that has the OK) along with your resubmitted invoice by

Tuesday Afternoon October 6, 2015.

******* Invoice submission*******

CCIS of Delaware County has established an email account for invoice submission. You will receive an email confirmation within one business day. **We encourage Providers to scan and submit monthly invoices by email to:**

CCISDelCo-Invoices@delcohsa.org

Youth Mental Health First Aid Training for the Employees of the Department of Human Services and Stakeholders

Date: Wednesday, October 14, 2015

Time: 8:30am to 4:30 am

Place: Delaware County Intermediate Unit

200 Yale Avenue Room 163

Morton, PA 19070

DCIU is a smoke-free facility

Registration opens at 8:00 am

Training begins promptly at 8:30 am



A light breakfast and a boxed lunch will be served.

Training overview:

Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.

The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.

There is no registration fee however space is limited
pre-registration is required

REGISTRATION FORM

Youth Mental Health First Aid

October 14, 2015

Name _____ Title/Role _____

Agency _____ Phone # _____

Mailing Address _____ e-mail Address _____

Please specify any special accommodations you may require: _____

Questions and registrations forms can be sent to: Sarah Sentell, Delaware County OBH,

20 S. 69th Street, Upper Darby, PA 19082 Fax: 610-713-2378 email: SentellS@delcohsa.org