Cumberland-Perry MH.IDD
Mental Health . Intellectual & Developmental Disabilities

REFERRAL PROCEDURE CHECKLIST FOR CASSP I REVIEW

☐ Child/Adolescent meets criteria for CASSP Level I review

ELIGIBILITY CRITERIA – must meet numbers 1 and 2 plus number 3, 4 or 5.

☐ 1. Birth to 18 years of age *(to age 21 if receiving Special Education services)*.

☐ 2. Significantly diminished functioning in physical, cognitive, emotional, behavioral, or social areas.

☐ 3. Receiving services from two or more child-serving agencies, each having difficulty serving/managing care. The individual's school will be considered as one of the child serving agencies only if the person is experiencing significant difficulties in the school setting.

☐ *4.* Out of home placement is anticipated or recommended: *(Specify)*

_____

☐ *5.* Pending discharge or transfer from an out-of-home placement: *(Specify)*

_____

☐ Referring worker explained the purpose of a CASSP review to the custodial parent, grandparent, or guardian, and at least one parent or guardian agrees to attend/participate in the CASSP meeting.

☐ Custodial parent, grandparent, or guardian signed the CASSP release of information form.

☐ Adolescent 14 years of age or older signed CASSP release of information form.

☐ Referring worker attached most recent evaluations and/or reports.

☐ Referring worker completed referral form and mailing list.

☐ Referring worker reviewed referral with agency supervisor or core team representative.

OR

☐ Referral sources with school districts, intermediate unit and other agencies discussed referral with CASSP Coordinator prior to submitting referral.

☐ Referring worker submitted referral packet to the CASSP Coordinator.

☐ Referring worker notified custodial parent, grandparent, or guardian of the date and time of the CASSP meeting and confirmed their willingness/ability to attend.

CORE PRINCIPLES: Child and Adolescent Service System Program (CASSP)

Pennsylvania's Child and Adolescent Service System Program (CASSP) is based on a well-defined set of principles for mental health services for children and adolescents with or at risk of developing severe emotional disorders and their families. These principles, variously expressed since the beginning of CASSP, can be summarized in six core statements. When services are developed and delivered according to the following principles, it is expected that they will operate simultaneously and not in isolation from each other.

1. Child-centered

Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child's family and community contexts, are developmentally appropriate and child-specific, and also build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

2. Family-focused

Services recognize that the family is the primary support system for the child. The family participates as a full partner in all stages of the decision-making and treatment planning process, including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents and other relatives, and other adults who are committed to the child. The development of mental health policy at state and local levels includes family representation.

3. Community-based

Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious and cultural organizations and other natural community support networks.

4. Multi-system

Services are planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems and the family collaborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

5. Culturally competent

Culture determines our world view and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

Note: Pennsylvania's cultural competence initiative has focused specifically on African Americans, Latinos, Asian Americans and Native Americans who have historically not received culturally appropriate services.

6. Least restrictive/least intrusive

Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

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CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP)

CUMBERLAND / PERRY COUNTIES

Referral Form for Level I Review

I. Consumer Information:

_____ - _____ - _____
S.S. #

_____ _____ _____ _____
Consumer Name | Age | Gender | D.O.B.

_____ _____
Address | County of Residence

_____ _____
Township

_____ _____ _____
School/Alternative | School District | Grade

Has child been referred for a Special Education process? ☐ Yes ☐ No

Check any Special Education Services provided: ☐ Emotional Support ☐ Learning Support ☐ 1:1 Aide

Check the box below and provide a contact person if the child is or has been involved with either agency.

☐ CYS Contact: _____ ☐ JPO Contact: _____

Circumstances/conditions leading to CASSP referral: _____

_____

_____

_____

_____

What previous mental health services have been tried? *(List below)*

Type of Service	Provider	Dates

What are the consumer's strengths?

II. Family Information:

What are the family's strengths?

Who does the consumer live with? *(List members of household below)*

Name	Relationship	Age

Who has legal custody of the consumer?

☐ Parents share custody ☐ Mother ☐ Father ☐ Children & Youth Services

☐ Other *(specify):*

What significant people or community organizations other than agencies (i.e. natural supports) are being utilized to support this consumer?

Social and Family History:

Are there significant family/cultural issues of which the team should be aware?

III. Physical and Behavioral/Mental Health Information:

Specialists:

Primary Care Physician

Psychiatrist

Other *(specify)*

DSM IV Multi-axial Diagnoses:

Axis I

Axis II

Axis III

Axis IV

Axis V

Evaluated By:

Evaluator

Date of Evaluation

Facility

Address

Phone

Medications: Dosage: Prescribing Physician:

Type of Insurance Coverage:

☐ Medical Assistance:

☐ Status: ☐ Current ☐ Applied or pending MA#:

☐ Other *(specify):*

Other information which the referring agency believes to be relevant includes:

Referring Worker Phone Date

Prior review by agency core team member

(Education personnel contact CASSP Coordinator 240-6320)

CUMBERLAND/PERRY CASSP – Level I

Mailing List

Referring Worker: Please list all individuals who should be invited to a review for referred consumer. Please be sure that listed individuals or agencies are included on the signed release of information.

Date

Consumer Name | Age

Address | Phone

☐ Perry County Core Team ☐ Cumberland County Core Team

Type of Relationship:

☐ Custodial ☐ Foster

Parent(s) Name

Address *(if different from above)* | Phone

email

Type of Relationship:

☐ Custodial ☐ Foster

Additional Parent(s) Name *(if applicable)*

Address *(if different from above)* | Phone

email

School and/or Intermediate Unit Information:

Primary Contact Name | Contact Title

School Building | School District

Address | City | State | Zip

Other School or IU Personnel:

Name:	Title:	Phone:	email:

Other Involved Agencies: (C&Y Services, Mental Health, Mental Retardation, Drug & Alcohol, Juvenile Probation, etc.)

Referring Worker | Relationship / Title

Agency | Phone | email

Address | City | State | Zip

Primary Contact | Relationship / Title

Agency | Phone | email

Address | City | State | Zip

Primary Contact | Relationship / Title

Agency | Phone | email

Address | City | State | Zip

Primary Contact | Relationship / Title

Agency | Phone | email

Address | City | State | Zip

Primary Contact | Relationship / Title

Agency | Phone | email

Address | City | State | Zip

The following individuals are significantly involved with this child and could be included to the child's benefit in service planning: *(be sure to include on signed release).*

Name | Relationship | Phone

Agency | email

Address | City | State | Zip

Comments:

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Consumer _____ Date of Birth _____

Parent(s) or Guardian _____

I hereby authorize the following agencies or individuals to participate in the CASSP meeting:

School District *(specify):* _____

Alternative School: _____

Other Agencies *(out patient providers, psychiatrist, JPO, etc):* _____

Other Supports *(family, friends, relatives, mentors, etc):* _____

☐ Perry County Core Team ☐ Cumberland County Core Team

I also authorize the disclosure of the following documents or reports relevant to the named individual above:

☐ Psychological Evaluations ☐ Psychiatric Evaluations ☐ Social History

☐ Treatment Plans ☐ Progress Reports ☐ School Records

☐ Family Service Plans ☐ Medical Records ☐ Other

☐ Vocational Evaluations ☐ Behavior Modification Plans

Please note the CASSP Core Team consists of the following professionals: Capital Area IU, Cumberland/Perry County CYS, Cumberland/Perry County JPO, Geisinger Holy Spirit, Cumberland County Aging, Cumberland/Perry County D&A, Cumberland/Perry County MH/IDD, Merakey Stevens Center, PerformCare MCO, and Perry Human Services. Information at the CASSP meeting will be held in strict confidence and used for the purpose of assessment of needs, planning and coordination of services, and evaluation of progress and effectiveness of services. The CASSP Core Team will not disclose any information to any agency or service provider and all materials gathered at the CASSP meeting will be collected at the end of the meeting and shredded. The CASSP Coordinator will assist with treatment teams & families identified in the aftercare service plan.

This authorization will expire in one year subsequent to the date of signature, unless revoked by a written request of the consumer (if over the age of 14) or consumer's parents or legal Guardian.

Signature of Consumer if 14 or older _____ Begin Date _____ End Date _____

Signature of Parent or Guardian _____ Begin Date _____ End Date _____

Witness _____ Begin Date _____ End Date _____

Verbal Consent: We, the undersigned, certify that the above named consumer and legal guardians understand the nature and provision of this authorization and has freely given his/her verbal consent in lieu of signature.

Signature of Witness _____ Title _____ Begin Date _____ End Date _____

Signature of Witness _____ Title _____ Begin Date _____ End Date _____