

APPENDIX A

PENNSYLVANIA CASE MANAGEMENT SERVICES FOR CHILDREN AND ADOLESCENTS WITH SEVERE EMOTIONAL DISTURBANCE/DISORDERS AND THEIR FAMILIES

A. Core Values for the System of Care

1. The system of care should be child-centered, with the needs of the child and family dictating the types and mix of services provided;
2. The system of care should be community-based, with the focus of services as well as management and decision –making responsibility resting at the community level.

B. Principles of Services for Children & Adolescents in Pennsylvania

1. Children and adolescents deserve to live and grow in nurturing families;
2. Children and adolescents' needs for security and permanency in family relationships should pervade all planning;
3. The family setting should be the first focus for treatment for the child or adolescent. Out-of-home placement should be the last alternative. Young children should not need to be in a State hospital to receive appropriate mental health treatment;
4. Communities should develop a rich array of services for children and their families so that alternatives to out-of-home placement are available, such as home-based services, parent support groups, day treatment facilities, crisis centers and respite care;
5. Parents and the child should participate fully in service planning decisions;
6. The uniqueness and dignity of the child or adolescent and his/her family should govern service decisions. Individualized service plans should reflect the child or adolescent's developmental needs which include family, emotional, intellectual, physical and social factors. The older adolescent's right to risk should be considered. Children and adolescents should not need to be labeled in order to receive necessary services;
7. The community service systems which are involved with the child and family should participate and share placement, program, funding and discharge responsibilities;
8. The primary responsibility for the child or adolescent should remain with the family and community. Pre-placement planning should include a discharge plan;
9. Case management should be provided to each child and family to ensure that multiple services are delivered in a coordinated, time-limited and therapeutic manner which meets the needs of the child and family;
10. Each child should have an advocate.

The Pennsylvania Child and Adolescent Service System Program (CASSP)

The following guidelines form the foundation for blended case management services for children and their families:

1. The major thrust of the case management service shall be the commitment to permanency planning for each child and adolescent with severe emotional problems;
2. The relationship of the case manager with the family shall be one of a partnership, embodying the concept of “parents and professionals as partners”;
3. The process of providing case management services to children and adolescents and their families shall be based on the developmental needs and phases of the children and adolescents as they progress to adulthood;
4. The case manager will first utilize the normalizing community services as resources in serving the child and family rather than “specialty services”;
5. The case management services shall be delivered in the context of a systems approach, recognizing that case management services shall be integrated with the other child-serving agencies and systems serving the child;
6. The case manager needs to view the family as the primary care giver and recognize the family as the primary resource in the care and treatment of their children;
7. The role of the case manager most often will be that of teacher and consultant to the family.