

Westmoreland County Behavioral Health & Developmental Services



CHILDREN'S BEHAVIORAL HEALTH and EARLY INTERVENTION OVERVIEW



Westmoreland County BH/DS Vision and Mission Statement



Vision Statement

Our vision is one in which adults, children, and families have the opportunity and right to choose services and supports which continually promote hope, growth, recovery, quality of life, and full participation in society.

Mission Statement

To partner with individuals, families, human service agencies, community agencies, and advocacy organizations to build a high quality network of community based resources that best assist individuals to live independently, be self-directed, promote healthy development, self reliance, foster hope, facilitate and strive for recovery.

Governmental Agencies and Statutory Base



AT THE FEDERAL LEVEL

- Substance Abuse and Mental Health Services Administration (SAMHSA)

AT THE STATE LEVEL

- Department of Human Services (DHS)
 - ❑ Office of Mental Health and Substance Abuse Services (OMHSAS)
 - ❑ Children's Bureau
 - ❑ Bureau of Human Services Licensing (residential providers)

AT THE COUNTY LEVEL

- Westmoreland County Behavioral Health and Developmental Services office
 - ❑ Adult Behavioral Health Department
 - ❑ **Children's Services Department (Children's Behavioral Health and Early Intervention)**
 - ❑ Intellectual and Developmental Disabilities Department

Statutory Base

- ❑ Pennsylvania Public Welfare Code of 1967 and its revisions
- ❑ Mental Health/Mental Retardation Act of 1966 as amended
- ❑ Mental Health Procedures Act of 1976 as amended
- ❑ YOUTH AGE OF CONSENT FOR MENTAL HEALTH TREATMENT: 14 YEARS

Pennsylvania's Guiding Principles of Children's Behavioral Health



- CASSP- Child and Adolescent Service System Program
- Developed in 1985 from a federal CASSP grant; goal was to establish CASSP Coordinators in each county
- CASSP was developed to:
 - Help children and adolescents with severe emotional disturbances gain access to needed services
 - Services would be planned collaboratively with the child/adolescent's family, the mental health system, the school and other agencies
 - Provide technical assistance to provider agencies
 - Increase communication among all those who serve children in Pennsylvania

Recovery and Resiliency



Child and Adolescent Service System Program (CASSP)



- **CASSP (Child & Adolescent Service System Program) Principles**
 - Child Centered
 - Family Focused
 - Community Based
 - Multi-System
 - Culturally Competent
 - Least Restrictive/Least Intrusive

- **CASSP Team Meetings: Multi System collaboration and discussion for children & adolescents with or at risk for developing serious emotional disorders and their families; three CASSP teams in Greensburg, New Kensington, and Monessen**

- **Referral and team meeting process:**
 - Discussion with family about CASSP
 - Complete CASSP Referral and send to CASSP Coordinator or CASSP Representative
 - Team meeting is scheduled
 - Team meeting conducted
 - CASSP team recommendations are generated

Frequently Used Terms



- HealthChoices-Pennsylvania's managed care program for medical assistance consumers (Westmoreland's MCO is Value Behavioral Health of Pa)
- Medical necessity criteria-approved by the Commonwealth; criteria that serves as a guide for the delivery of services at all levels of care
- Base Service Unit-core service organization; includes case management services. Can serve as the entry point into services and as a navigator to ***accessing, identifying, locating, and linking*** individuals to many community services.



COMMUNITY BASED TREATMENT SERVICES

Child & Adolescent Mental Health Treatment Services



- Least restrictive to most restrictive
- Services delivered in home or community based service centers
- Public and Private Insurances Accepted
- Treatment services include:
 - ✓ Outpatient (clinic and school based)
 - ✓ Partial Hospitalization Services
 - ✓ Behavioral Health Rehabilitation Services (BHRS)
 - ✓ Family Based Mental Health (FBMH) services
 - ✓ Multi-Systemic Therapy (MST)
 - ✓ Children's Community Residential Rehabilitation (CRR)
 - ✓ Residential Treatment Facilities (RTF)
 - ✓ Diversion & Stabilization
 - ✓ Inpatient hospitalization

Outpatient Services



- Can be clinic based (in a community) or school based (in a school setting)
- Least restrictive and most utilized service for children, adolescents, and families
- Outpatient treatment usually is an individualized mode of treatment which may occur in a clinic setting or in the offices of a private practitioner and involves the interaction between the therapist and consumer in order to resolve a concrete problem in daily living or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and or experiences.
- Outpatient Services include:
 - Individual, family, or group therapy
 - Medication administration and monitoring
 - Evaluation services
- Start of services: a few days to 1 week for therapy; longer for evaluation services

Children's Partial Hospitalization Program (PHP)



- What is a Children's PHP?
 - Non-residential treatment programs that serve children in need of treatment for serious emotional or behavioral disorders
 - These children require treatment for less than 24 hours a day, however they need more intensive and comprehensive services than they can receive in an outpatient setting.
- The Medical Assistance program, administered by the Department of Public Welfare, is the primary funding source for treatment
- Students are referred to PHP from several different sources including:
 - Schools
 - Medical system
 - Family/self placement
 - The program can be located and operate within a public schools or can be a separate and distinct building outside of a school district
 - Children's educational needs will be met by the partial program; most students who attend PHP will return to their home schools.
 - Average length of stay varies but is generally not longer than one school year
 - Start of services: up to 2 weeks depending on capacity

Behavioral Health Rehabilitative Services (BHRS)



- Also known as “wraparound”
- **Prescribed Service**-must be prescribed by a psychiatrist or psychologist; services begin with an evaluation and treatment recommendations
- Includes an Interagency Services Team Planning (ISPT) meeting (*not required for those with private health care insurance*)
- Services are delivered in the home, community, or school based on the treatment plan
- Staffing may include a combination of:
 - Behavioral Specialist Consultant
 - Mobile Therapist
 - Therapeutic Staff Support
 - Start of services up to 2 months due to evaluation and meeting process that is required



COMMUNITY/HOME BASED TREATMENT SERVICES

Family Based Mental Health Services (FBMH)



- Team delivered (two child mental health professionals or one mental health professional and a child mental health worker)
- Prescribed by psychiatrist and/or psychologist
- Primarily delivered in family's home; services can extend to community
- Time limited (treatment course is up to 32 weeks)
- Services include but are not limited to:
 - Individual Therapy
 - Family Therapy
 - Crisis Intervention and Stabilization
 - Emergency Availability (24 hours a day/7 days a week)
 - Clinical Services from each member of the Treatment Team
 - Parental Support
 - School Based Consultation and Intervention
 - Referral, Coordination and Linkage to other Agencies
- Start of services is immediate; first contact 48 hours after referral

Multi-Systemic Therapy (MST)



- Intensive family and community-based treatment that addresses multiple determinants of serious antisocial behavior
- Target population: Youth ages 12 to 17 with chronic behavioral and emotional disturbances including violent behaviors, and/or substance abuse/use (does not serve children with Autism Disorders)
- Youth must be at risk for out of home placement
- Start of services-days, depending on capacity
- Prescribed service and includes ISPT meeting discussion
- MST interventions typically aim to improve:
 - Caregiver Discipline Practices
 - Enhance Family Affective Relations
 - Increase Youth Ability to Avoid Negative Peer interactions
 - Increase Youth Association with Pro-social Peers
 - Improve Youth School or Vocational Performance
 - Engage Youth in Pro-social Recreational Outlets
 - Develop and Indigenous Support Network of Extended Family, Neighbors, and Friends
- Services are typically delivered from 5-20 hours per week, last from 4-6 months, and include on call crisis availability 24/7

RESIDENTIAL TREATMENT SERVICES

Children's Community Residential Rehabilitation (CRR)



- Specialized therapeutic family care services for children and adolescents (therapeutic foster care)
- This service provides treatment to an individual within a specialized therapeutic home environment and will help the child to build a consistent support system that will increase his/her self esteem, learn how to function in a positive family living situation, maintain appropriate educational services, and increase the child's ability to access community resources.
- Discharge to the natural family, if possible, is the ultimate goal

Accessing CRR Services

- Completion of a comprehensive psychiatric/psychological evaluation
- Diagnosis and prescription
- Interagency Services Planning Team (ISPT) meeting that identifies the strengths and clinical needs for the child and family prior to the start of services
- Start of services begin after the ISPT meeting and authorization; this entire process can take up to 2 months

Residential Treatment Facilities (RTF)



- 24 hour services in a licensed facility
- therapeutic interventions and specialized programming in a controlled environment with a high degree of supervision
- Individual, family, and/or group therapies
- May include therapeutic activities in the community
- Residential treatment services are less intensive than inpatient treatment
- School services provided on site or at another academic location
- A psychiatrist is available for medication administration and monitoring

Residential Treatment Facilities (RTF)



- Target population: not a “one size fits all”
- Depending on the RTF’s service description they may provide RTF services for a specific population that may include but not limited to the following:
 - Age
 - Gender
 - Autism Spectrum Disorder
 - Sexual Maladaptive Behaviors

Accessing RTF Services

- Completion of a comprehensive psychiatric evaluation (*only a psychiatrist may prescribe residential treatment services*)
- Diagnosis and prescription
- Interagency Services Planning Team (ISPT) meeting that identifies the strengths and clinical needs for the child and family prior to the start of services
- Services start following the evaluation and ISPT meeting; this process may take up to 2 months, depending on child’s needs and provider capacity

CRISIS SERVICES

Diversion & Stabilization



- Voluntary, short term therapeutic residential treatment facility environment in a community setting.
- Diversion-from acute inpatient care or longer term RTF
- Stabilization-stabilize or minimize the exacerbation of the symptoms of their illness.
- Psychiatric services are offered on site and will be coordinated with an existing psychiatrist in the child/adolescent's treatment team.
- The Short-Term RTF Acute Stabilization Unit also coordinates care with existing treatment services and makes referrals/linkages to any additional services or supports recommended by the psychiatrist and treatment team.
- Start of services is immediate and following recommendation from child's psychiatrist/treatment team member

Diversion & Stabilization



- Time limited –generally up to 28 days Care management staff will determine, based upon continued stay and discharge criteria, when transition to a different level of care might be indicated.
- Must be at the recommendation and referral of a treatment professional such as the child’s psychiatrist or psychologist; consultation and review will be provided by a professional advisor in those cases where medical necessity criteria may not be clear.
- Acute Stabilization and Diversion program can offer
 - Individual, group and family therapy
 - Nursing services
 - Case management services
 - A therapeutic milieu designed to stabilize a child/adolescent’s psychiatric symptoms and facilitate a smooth plan to return the child/adolescent to his/her home environment with appropriate community-based treatment services in place.
- **This admission is not to substitute a CYF or JPO placement.**

Inpatient Hospitalization



- Most intensive level of psychiatric care
- Services are provided in a 24-hour secure and protected, medically staffed, and psychiatrically supervised treatment environment
- Individuals in need of this level of care may also pose a significant danger to themselves and/or others or to destruction of property
- Hospitalization may be on a voluntary (201) or involuntary basis (302)

Crisis Services



- **Mental Health Crisis Intervention Hotline – 1-800-836-6010**
 - 24/7 "hotline" support for individuals in crisis; this service provides crisis counseling, consultation and referrals
 - A trained counselor is available to assist callers with their identified mental health crisis or issue (depression, suicide, self-injury, etc)

- **Mental Health Crisis Intervention Mobile Program -1-800-836-6010**
 - face-to-face intervention when a mental health crisis is taking place. This service is an expansion of the Mental Health Crisis Hotline and assists callers needing immediate assistance. Response time is contingent upon “emergent”, “urgent” or “routine” priority indicators. These indicators also determine whether or not police back up is sent to accompany the Mobile Team

- **Crisis Response Center**
 - Walk in crisis service located at Excelsior Health Westmoreland Hospital; services may include on site clinical screening and assessment, counseling, and assistance accessing community services

Voluntary Commitment (201)



Patients who are willing to be hospitalized voluntarily should be offered the opportunity to sign Voluntary Commitment, Section 201 Commitment.

Who may apply?

- *Patients who are 13 and under may be signed into treatment by a parent or guardian.*
- *A child age 14 thru 18 can be signed into treatment as a voluntary by the parent, guardian, even though the child objects. At the time of admission, the hospital is to provide notice to the child of the right to object by requesting a hearing pursuant to ACT 147.*
- *Anyone over 18 years of age can sign a 201 Commitment.*
- *A Power of Attorney (POA) can only sign a person for whom they are POA into treatment if the POA document specifically gives the POA that authority.*

Who may not apply?

- *A guardian of an adult (18 or over) CANNOT sign a person for whom they are guardian into psychiatric treatment other than by 302.*
- *A Power of Attorney (POA) CANNOT sign a person for whom they are POA into treatment if the POA document DOES NOT specifically gives the POA that authority.*

Involuntary Commitment (302)



- **What condition may result in an involuntary hospitalization?**

Persons may be subject to involuntary examination and treatment under Section 302 of the Mental Health Procedures Act when it is determined that the person is both severely mentally disabled and a clear and present danger to himself/herself or others.

*Danger to others
Unable to care for self
Suicide attempt/risk
Self injurious behaviors*

Child and Family Support Services



Child & Adolescent Mental Health Services in Westmoreland County



- Services offer the child/adolescent and their families case management, support, and advocacy
- Supports-clinically based but not treatment
- Supportive services include:
 - ✓ Case Management Services
 - ✓ Parent Mentor Program
 - ✓ Parent Advocate Program
 - ✓ Respite
 - ✓ Student Assistance Program (SAP)
 - ✓ Crisis Services
 - ✓ Drop in Center

Advocacy/Parent Mentor Program



- Westmoreland County offers
 - ❖ **Educational Parent/Child Advocate**-designed to address a child's mental health needs in the educational system
 - ❖ **Parent Mentor Services**-designed to support parents and caregivers raising a child with mental health needs; parent and child driven goals with emphasis on self-sufficiency
- Provides education, support, advocacy to parents/caregivers, on behalf of a child
- Examples of services:
 - assist parents/caregivers in understanding and accessing child system services (education, mental health, juvenile justice, child welfare)
 - serve as a liaison between parents and school districts (example: understanding educational rights and attending IEP meetings with parent)
 - Support parents and caregivers-professional friend
 - Give families a voice for the best interests of their child
- Voluntary service; child and/or parent must be active with the base service unit for participation in program
- No cost to family
- Referral to services are made by child and/or parent's case manager at the base service unit
- Immediate start of services based on case capacity

Respite



➤ What is Respite?

- short-term, temporary care provided to children/youth, ages 0-21, diagnosed with serious emotional or behavioral challenges in order that their families/caregivers can take a break from the daily routine of care giving.
- can be based out of the family's/caregivers home or out in the community and is often referred to as caregiver relief or respite sitter. Depending on the child's needs, respite services can vary from a few hours to overnight care.
- Child must be receiving services from base service unit-child's case manager will assist in accessing respite for child and family

• Respite May Include:

- Respite sitter hours in family/child's home
- Respite sitter hours outside of the child's home or in the community (i.e. playgrounds, local parks, and libraries)
- Respite overnight services (in or out of child's home) by a respite caregiver who meets all respite care/sitter qualifications and eligibility criteria
- Non-planned respite for unseen circumstances (i.e. medical condition, death in family)

Respite



- Respite Does Not Include:
 - Therapeutic interventions
 - Crisis Interventions for the child/youth.
 - Respite funds cannot pay for recreational fees or supplies (i.e. YMCA memberships, karate lessons, admission tickets, summer camps, horseback riding lessons, durable goods, etc.)
 - Respite funds cannot be used for child care services such as day care, and/or before and after school programs.
 - Vacations
 - Funding for siblings who do not meet eligibility criteria

- Who Can be a Respite Caregiver? (For those seeking reimbursement)
 - Persons interested in becoming a respite caregiver and/or sitter must meet the following eligibility criteria:
 - 18 years of age or older
 - Valid Child Abuse Clearances (persons 14 years of age and older)
 - Valid Criminal Clearances (persons 14 years of age and older)
 - FBI Fingerprinting (all persons 18 years of age and older)

Family members seeking reimbursement to provide respite cannot reside in the same home as the child that will be receiving the respite services.

Student Assistance Program (SAP)



- Process involving a team of school professionals (guidance counselors, teachers, nurses, principals) and a SAP liaison
- Program goal is to identify non-academic barriers to learning, conduct screening of student, and to refer identified student for assistance to enhance school success
- Liaisons are employed at three agencies:
 - ✓ Excelsa Health-Westmoreland Hospital;
 - ✓ Southwestern Pennsylvania Human Services, Inc. (SPHS)
 - ✓ Family Services of Western Pa.
- SAP teams are in all public middle and high schools; some elementary schools have SAP process
- Referrals are made directly to the child's school SAP team
- Screenings occur within one week after receipt of parental consent

Drop-in-Center



- Transitional Age Drop-in-Center
 - Social, supportive and educational program that encourages its members to become independent, empowered and to advocate for themselves.
 - Anyone who receives, or has received behavioral healthcare and/or drug and alcohol services, and is between the ages of 16 and 26 years old can be eligible to become a member.
 - To become a member all you need to do is fill out an application at the Drop-in Center and complete and intake through Westmoreland Case Management and Supports, Inc. (WCSI).
 - The center's activities are determined by its members

Consumer access to children's behavioral health services



Have child begin at Base Service Unit (Westmoreland Case Management & Supports)

- **How can the base service unit help:** they will begin with an assessment the child and family needs and strengths to determine the need for services as well assist in accessing an array of mental health treatment and support services, early intervention, and community resources. This includes case management coordination for children, adolescents and adults (Targeted/Blended Case Management, Administrative Case Management, Early Intervention, Out of School Youth Job Training)
- **Population Served:** Children, adolescents and adults
- **Where is Service Provided?** Home and community; specialized case managers can be located in local inpatient hospitalization programs (child & adult), at Torrance State Hospital, and at Westmoreland County Prison
- **Insurance:** Private and Public
- **Referral Process:** Intake appointment at one of three satellite offices (Greensburg, New Kensington, and Monessen)

To contact a mental health delegate after normal business hours, call the crisis hotline at 1-800-836-6010

Mental Health Delegate is a county behavioral health staff member



**EVENING/WEEKEND
CONTACT
INFORMATION**

Pearls of wisdom



- **RECOVERY IS AN INDIVIDUALIZED JOURNEY TOWARDS A MEANINGFUL LIFE; OUR MENTAL HEALTH AND WELLNESS IS ONE PART OF THE INDIVIDUAL**
- **DIAGNOSIS DOES NOT DEFINE THE PERSON; CHILDREN AND ADULTS ARE UNIQUE INDIVIDUALS-COMplete WITH VARIOUS TALENTS, SKILLS, AND ABILITIES**

Contact Information



Westmoreland County BH/DSChildren's Services
Coordinator

Renee Raviart Dadey, LSW

724-830-3097

dadeyr@westmoreland.swsix.com

Westmoreland Case Management & Supports Inc.

Intake/Admission: 724-837-8290

THANK YOU!

Westmoreland County Behavioral Health & Developmental Services



**EARLY
INTERVENTION
INFANT/TODDLER
PROGRAM (BIRTH
TO THREE YEARS)**



Governmental Agencies and Statutory Base



AT THE FEDERAL LEVEL

- Federal Individuals with Disabilities Education Act OF 2004 (IDEA); part C

AT THE STATE LEVEL (two programs: infant/toddler and preschool)

- Department of Human Services (DHS)
 - ❑ Office of Child Development and Early Learning (OCDEL)
 - ❑ Department of Education (PDE)
 - ❑ Bureau of Early Intervention Services (BEIS)

AT THE COUNTY LEVEL

- Westmoreland County Behavioral Health and Developmental Services office
 - ❑ **Children's Services Department** (Children's Behavioral Health and Early Intervention)

Statutory Base

- ❑ Pennsylvania Public Welfare Code; Chapter 4226 (Early Intervention Services)
- ❑ Pennsylvania Act 212: Early Intervention Services System Act of 1990
- ❑ Family Educational Rights and Privacy Act (FERPA)
- ❑ **Westmoreland County BH/DS office manages the Infant/Toddler program; the Westmoreland Intermediate Unit #7 manages the Preschool program (3 to 5 years)**

Early Intervention Service Goals



- Services and Supports to help families with children who have developmental delays or disabilities; may include:
 - ❖ Information about how children develop (parent/caregiver education)
 - ❖ Family supports
 - ❖ Developmental and instructional therapies to assist child development

Practices of Early Intervention Services



- Infant/Toddler Early Intervention Services are:
 - ❖ Highly individualized
 - ❖ Provided in the home and/or community (natural environment)
 - ❖ Delivered as part of the child's daily routine
 - ❖ No cost to the family
 - ❖ Respectful of the family's strengths, values, diversity and competencies
 - ❖ Recognizes that the parent is the expert about their child
 - ❖ Helpful in linking families to other community services and support
 - ❖ Helpful during the transition period when a child turns three years and may require ongoing early intervention services from the preschool program

Managed by the Westmoreland County Infant/Toddler Early Intervention Coordinator at the Westmoreland County BH/DS office

Frequently Used Terms



- **Tracking**-a systematic process to monitor the development of at-risk children to determine whether they have become eligible for early intervention services
- **Screening** (Ages and Stages)-Quick and easy process about the child's development. Helps to determine if a multidisciplinary evaluation is needed.
- **Multidisciplinary Evaluation**-procedures used by qualified personnel to determine a child's initial and continuing *eligibility* for tracking and early intervention services
- **Individualized Family Services Plan (IFSP)**-a written plan for providing early intervention services to an infant or toddler with a disability and the child's family. If a child participates in the Preschool program, they will have an Individualized Education Plan (IEP)
- **Service Coordination Organization/Service Coordinator (SCO/SC)**- the organization/coordinator that assists and enables a child and the child's family to benefit from the rights and procedural safeguards and to receive the services that are authorized and appropriate based on the child's eligibility. *Westmoreland Case Management and Supports (WCSI) is the SCO for the Infant/Toddler Early Intervention Program and can serve as the single point of contact*



REFERAL PROCESS FOR INFANT/TODDLER EARLY INTERVENTION SERVICES

Referral Process



Intake

Screening

Evaluation

- **Referrals are made to the SCO by calling 724-837-8290 in Westmoreland County or by calling the CONNECT Helpline at 1-800-692-7288**
- **The program is VOLUNTARY; parents must agree to the intake and evaluation** (**unless the child is in the legal custody of child welfare authorities; in these situations, efforts will be made to include the biological family in the intake, evaluation, and service delivery process when appropriate and in accordance to all regulations**)
- **An intake will be scheduled; screening services will be conducted at this time, if desired**
- **A multidisciplinary evaluation is then scheduled, if warranted and desired, to determine eligibility**



ELIGIBILITY AND EVALUATION SERVICES

The Multidisciplinary Evaluation Process



- **MULTIDISCIPLINARY EVALUATION**
 - *Independent team of assessors*
 - *Use the Battelle assessment to determine eligibility*
 - *Scheduled by the Service Coordinator; families availability*
 - *Evaluation is typically conducted within 7 to 14 days after intake*
 - *Completed only with parental written permission/consent*
 - *Immediate results of evaluation, including eligibility scores*
 - *Therapy recommendations are discussed with family; other community services are offered to support family and child*
 - *Strategies and information about typical child development are offered to family to promote child's development*
 - *Assesses child's development areas of physical, cognitive, communication, social/emotional, and adaptive skills*

****If the child is eligible for EI services, the evaluation meeting will move immediately into the development of the child's Individualized Family Service Plan*

How eligibility is determined for Infant/Toddler EI Services



- 25% delay in one area of development OR 1.5 standard deviation below the mean of a standardized test
- OR
- A diagnosed condition which has a high probability of resulting in a developmental delay (example: down syndrome diagnosis)
- OR
- Through informed clinical opinion of the assessment team (used rarely, only at initial evaluation with substantial documentation)

Infant/Toddler Waiver Eligibility-child must have a qualifying score of a 50% delay in ONE area or a 33% delay in TWO or more areas.

How eligibility is determined for Preschool EI Services



- 25% delay in one area of development OR 1.5 standard deviation below the mean in one or more areas of development

OR

- Any of the following physical or mental disabilities:
autism/pervasive developmental disorder; serious emotional disturbance; neurological impairment; deafness/hearing loss; specific learning disability; intellectual disability; multiple disabilities; other health impairment; physical disability; speech impairment or blindness/visual impairment

OR

- Are in need of special education and related services



AFTER ELIGIBILITY IS DETERMINED

Service Types



- After eligibility is determined the Individualized Family Service Plan is developed and the family will select an Early Intervention Provider from the statewide list
- The child may require one or more of the following EI Services:
 - Physical Therapy (musculoskeletal needs)
 - Occupational Therapy (functional needs, sensory)
 - Speech Therapy (communication, swallowing)
 - Vision Therapy (visual functioning)
 - Hearing Therapy (deaf/hearing loss/hard of hearing)
 - Nutritional Services (dietary, feeding, food habits)
 - Special Instruction (skill acquisition, designing of environment, information sharing, curriculum planning, support)

Service Delivery



- The IFSP will identify the **TYPE** of EI services that the child will receive, the **FREQUENCY** of service sessions, **INTERVENTION STRATEGIES** that will be utilized to address delay or disability, and **GOALS** for the child and family to achieve
- Services will begin within 14 days after eligibility is determined **AND** the family selects a treatment provider
- Service delivery location will be determined by the family and treatment team; services should occur in the child's natural environment and as part of their daily routine (home, park, day care, etc)
- Child will be re-evaluated on an **ANNUAL** basis; the process for re-evaluation is the same

Transition to Preschool



TRANSITION IS A PROCESS THAT OCCURS THE YEAR BEFORE THE CHILD TURNS THREE YEARS OF AGE

- When the child is between 2 years/three months, and 2 years/nine months of age, the child's treatment team will begin to discuss and plan for transition
- Transition services may be:
 - Transition to other early care and education settings such as Head Start or child care programs
 - Transition from the Infant/Toddler program to the Preschool program

ELIGIBILITY FOR PRESCHOOL EARLY INTERVENTION SERVICES WILL REQUIRE AN EVALUATION AS PART OF THE TRANSITION PROCESS; FOR INFORMATION ABOUT PRESCHOOL EI SERVICES, PLEASE CONTACT THE WESTMORELAND INTERMEDIATE UNIT AT 724-836-2460

Funding Streams



- THREE FUNDING SOURCES
 1. MEDICAL ASSISTANCE- Can pay for child's evaluation services, all therapy services (except special instruction) and service coordination activities
 2. COUNTY/BASE FUNDING-covers **all** services for children with private insurance, no insurance, or those who are not covered by medical assistance.
 3. INFANT/TODDLER WAIVER- Federal dollars pay for special instruction services; state medical assistance funding pays for all other services

THERE IS NEVER A COST TO FAMILIES FOR
INFANT/TODDLER EARLY INTERVENTION SERVICES-
NEVER!!!!

**IMPORTANT REFERRAL AND CONTACT
INFORMATION**



**For Infant/Toddler (birth to three) referrals:
Contact Westmoreland Case Management (SCO) by calling
724-837-8290 in Westmoreland County or by calling the
CONNECT Helpline at 1-800-692-7288**

**For children ages three to 5 years of age:
CONTACT THE WESTMORELAND INTERMEDIATE UNIT AT
724-836-2460**

Questions



Children's Services Coordinator

Renee Raviart Dadey, LSW

724-830-3097

dadeyr@westmoreland.swsix.com or

Michele Jones, EI Coordinator

724-830-3919 or jonesm@westmoreland.swsix.com

THANK YOU!

WESTMORELAND COUNTY BEHAVIORAL HEALTH (BH) DEPARTMENT
40 North Pennsylvania Avenue, First Floor ~ Suite 110, Greensburg, Pa 15601 ~ (724) 830-3617

Renee Raviart Dadey
Children's Program Coordinator/CASSP Coordinator
724 830-3097

Patrick Showman
Children's Program Specialist
[724-830-3585](tel:724-830-3585)

- **Child and Adolescent Service System Program (CASSP)**
 - Community Team Meetings (Greensburg and New Kensington Teams)
- **Prevention/Advocacy/Education**
 - Parent Support Groups/Parent Education
 - Parent/Child Advocate Services
 - Parent Mentor Services
- **BHRS Exception Programs**
 - Multi-systemic Therapy (MST)
- **Family Based Mental Health Services**
- **Community Residential Rehabilitation (CRR) Program**
- **Residential Treatment Facilities (RTF)**
 - Short Term/Diversion & Stabilization
- **Children's Respite & Children's Family Support Services (FSS)**
- **Inpatient Hospitalization**
- **Hospital Transition Liaison**
- **Transition Age Services (ages 16 to 26)**
 - Children's Psychosocial Rehabilitation / Community Outreach through Resources and Education (CORE) Program
 - Drop In Center/Giving Tree
- **Mental Health Delegate**
- **Grievance Level II Representative**

Jason Stangl
Children's Program Specialist
[724-830-3657](tel:724-830-3657)

- **Child and Adolescent Service System Program (CASSP)**
 - Community Team Meetings (Monessen Team)
- **School Based Behavioral Health Services**
 - Student Assistance Program (SAP)
 - School Based Outpatient Behavioral Health Treatment
- **Partial Hospitalization Program Services**
- **Outpatient/Specialized Outpatient**
 - Clinic Based Outpatient Behavioral Health
 - Trauma Focused Outpatient Services
 - Parent Child Interactional Therapy
- **Behavioral Health Rehabilitation Services (BHRS)**
- **BHRS Exception Programs**
 - Summer Therapeutic Activities Program (STAP)
 - Site based autism social skill groups
- **Mental Health Delegate**
- **Grievance Level II Representative**

Michele Jones
Early Intervention Coordinator
[\(724\) 830-3919](tel:724-830-3919)

- **State and Local Interagency Coordinating Council**
- **Early Intervention Provider Monitor**
 - Rehab Care
 - Neurological Therapy Specialists
 - Accessabilities
 - Therapy Connections
 - Westmoreland ARC
 - Western Pa School for Deaf
 - Positive Steps
 - Childhood Enrichment Therapy
 - Therapeutic Early Intervention Services (TEIS)
 - Westmoreland Case Management & Supports (WCSI)-Service Coordination
 - Developmental Therapy Associates