



# Child & Adolescent Service System Program (CASSP) of Westmoreland County

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*"A SYSTEM OF CARE FOR CHILDREN AND THEIR FAMILIES"*

A Collaborative Effort of Westmoreland County:

Children's Bureau  
Drug and Alcohol Commission  
Intermediate Unit #7  
Mental Health/Mental Retardation  
and  
Regional Youth (Juvenile) Services

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## ***What Does CASSP Stand For?***

### **Child and Adolescent Service System Program**

#### ***What Is The Child/Adolescent Service System Program (CASSP)?***

CASSP was first initiated at the federal level through the National Institute of Mental Health. It was in response to the discovery that the many needs presented by seriously emotionally troubled children and adolescents were not being adequately addressed. As a result, treatment and service delivery was often fragmented and families experienced confusion and disruption when attempting to obtain services.

The National Institute of Mental Health then provided funding to the states with the charge to develop systems of care that would promote service provision to the child and his/her family in the community.

In 1986, the Pennsylvania Office of Mental Health responded to that charge and implemented CASSP. Utilizing the federal guidelines, Pennsylvania CASSP focused on youth up through 18 (21 if in special classes) experiencing serious emotional difficulties. The child may be adjudicated, dependent, delinquent, or unable to function in regular or special education settings. Also, he or she may be involved with, or needs to be involved with, more than one child-serving system.

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#### ***What Are The Guiding CASSP Principles?***

1. Children and adolescents deserve to live and grow in nurturing families.

2. Children and adolescent's needs for security, permanency and cultural ties 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 or hospitalization 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 all 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, social and cultural 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 local 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 child and family.
  10. Each child should have an advocate.
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## ***Who Is Involved?***

Five primary child-serving systems were designated to be part of the CASSP initiative in each county: In Westmoreland County, they are the following: Children's Bureau; Drug & Alcohol Programs; Intermediate Unit #7, Mental Health/Mental Retardation Program and Regional Youth (Juvenile) Services.

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## ***What Are The CASSP Components?***

To promote the CASSP principles, there are a number of committees and interagency collaborative links that have been established.

The ***CASSP Interagency Administrative Management Committee*** is composed of directors from the primary CASSP child-serving systems, mental health provider agencies, and family advocacy organizations. The committee meets on a periodic basis to review Westmoreland CASSP and to discuss systems issues and initiatives that need to be addressed at this administrative level.

**The CASSP Advisory Committee** also serves as the Children's Sub-Committee for the county Community Support Program. This committee meets on a routine basis to determine goals and activities that will promote a partnership among families, human service agencies and community members so that children and adolescents with emotional and behavioral disorders will be better served.

**The CASSP Community Teams** meet on a routine basis to review specific cases. The core team is composed of representatives from the five primary child-serving agencies, provider and case management agencies and family advocacy organizations. The family and other involved parties are important ad-hoc members for each respective meeting.

An issue or concern initiates the need for the referral to the CASSP Community Team. Referrals can be made by agencies, schools, families, etc. A strength-based format is utilized to gain a profile of the respective child/family's strengths and needs.

As a result of the strength-based service planning discussion, a service recommendation plan is developed. A lead CASSP case manager is identified at the conclusion of each meeting to assure that the recommended services are realized. All parties receive a copy of the CASSP case review. When necessary, follow-up meetings can be convened.

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***In order to achieve our goal of creating a well-integrated and effective system of care for the emotionally troubled child and adolescent, it is necessary to form partnerships of support. The goal of Westmoreland County CASSP is to provide the mechanism for such partnerships.***

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Please contact [Shannon Fagan](#), CASSP Coordinator at 724-830-3617 if you would like additional information about CASSP in Westmoreland County.

***The level of civilization attained by any society will be determined by the attention it has paid to the welfare of its children.***

B.F. Andrews, M.D.  
From *The Children's Bill of Rights, 1968*