“What can you do if the Best Practice Guidelines are not being practiced”

You can:

- Contact the provider regarding your concerns and if they still are not able to meet the best practice guidelines you can contact Magellan at 1-866-238-2311 or file a Compliant on www.magellanhealth.com
- Contact Corinna Labish at Lehigh County CASSP at 610-782-3502 or corinnalabish@lehighcounty.org for assistance.

For information about Lehigh County Children’s Mental Health and many other resources please visit the Lehigh County website at www.lehighcounty.org

CASSP Principles

- Child-Centered: services are planned to meet the individual needs of the child. Services consider the child’s family and community, are developmentally appropriate and build on strengths.
- Family-Focused: the family participates as a full partner in all stages of the decision-making and treatment planning process including implementation, monitoring and evaluation.
- Community-Focused: whenever possible, services are delivered in the child’s home community, drawing on formal and informal resources to promote successful participation in the community.
- 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 and provide appropriate support to the child and family.
- Culturally-Competent: services that are culturally competent are provided and respect the behavior, beliefs, ideas, attitudes, values, customs, language, ritual, ceremonies and practices characteristic of a particular group of people.
- Least Restrictive/Least Intrusive: services take place in the settings that are the most appropriate and natural for the child and family and are least restrictive and intrusive available to meet the needs of the child and family.
“What you can expect when your child is in treatment”

You can expect:

- that you and your child will be active participants in the decision-making and treatment planning process
- that you will participate in bi-weekly family sessions
- weekly progress updates and immediate incident reports
- a treatment team meeting to occur every 30 days and a reauthorization meeting to occur every 45 to 60 days
- the ability to include family and friends as part of the treatment team
- that county involved systems will be active participants in the treatment team meetings
- that your child and family’s strengths will be included in the treatment plan
- that the treatment plan will have measurable goals
- that goals are addressed in understandable language
- that educational goals will be included in the treatment plan

“What you can expect in the discharge planning process”

You can expect:

- that a discharge plan will be addressed from the time of admission and at all on-going treatment planning meetings
- that a discharge planning meeting will be held 60 to 90 days prior to discharge
- that all treatment team members will be invited to the discharge planning meeting
- that your home school district will ensure an appropriate classroom setting and supports for your child
- that a follow up medication management appointment will be scheduled within seven days of discharge
- that community-based mental health services will be coordinated prior to discharge
- that you will be made aware of community resources and supports for recovery
- that a safety and crisis plan will be included in the discharge plan
- that separation issues from staff and peers will be addressed by the therapist prior to discharge