

About Pressley Ridge

Since 1832, Pressley Ridge, has understood that all children can change and grow and that all families can use support. We help more than 5,400 individuals annually and touch the lives of thousands more in our work to provide families with Educational Opportunities, Foster Care Connections, Residential Options, and Community-based Support in Pennsylvania, Delaware, Maryland, Ohio, Virginia and West Virginia.



Who Qualifies to Receive this Service?

Youth (ages 3-18) with Medicaid and a mental health diagnosis who need coordinated mental health services. Many times, youth in this program have experienced difficulties at home, school or in the community.

What does it look like?

Our goal is to help youth with behavioral and emotional challenges stay safe in their own homes and schools.

When you begin Targeted Case Management, your family will have a dedicated care coordinator who helps you work through family challenges and crises, connects you with other local resources, and navigates complex systems to get your child additional services he or she needs in order to be successful.

Some of the many ways we can help your family:

- Work with you to assess your child's needs
- Create a personalized plan to help your family work through challenges and reach goals
- Advocate for your child's mental health needs
- Connect you with more comprehensive services in the community. Just a few examples include:
 - Individual, family and/or group counseling
 - Behavior Analysis
 - Psychological or psychiatric evaluations
 - Medication monitoring
 - Mentoring
 - Medical Care
 - Training/Employment

How can I find out if we are eligible and begin receiving services?

Contact Pressley Ridge to ask if your child/family qualify for these services. Educators, counselors and other professionals can also recommend children who may benefit from this program.

Mary Beth DeMartino, LCSW-C

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Level	Level 1	Level 2	Level 3
Maximum Caseload	15	15	8
Eligibility	<p>Two (2) or more:</p> <ul style="list-style-type: none"> Not linked to services Lacks basic supports (food, school, etc) Transition from L2 Needs coordination to remain in the community with treatment & services 	<p>Three (3) or more:</p> <ul style="list-style-type: none"> Not linked to services Lacks basic supports (food, school, etc) Transition from L3 Needs coordination to remain in the community with treatment & services At risk for homelessness Transitioning from RTC, Rehab, or 1915i Due to multiple stressors history of: psychiatric hospitalization, ER visits, Crisis beds Previously level one and experiences one: form of abuse, neglect, family disruption or stressors 	<p>At least one:</p> <ul style="list-style-type: none"> Enrolled in the 1915i for 6 months or less Level 1 or 2 and experiences one: form of abuse, neglect, family disruption or stressors <p>AND, must meet the following:</p> <ul style="list-style-type: none"> Clinical evidence of SED Behavioral health d/o amenable to active treatment resulting from a face to face psychiatric evaluation Psychosocial exhibits significant impairment in functioning 4 or 5 on ECSII or 5 or 6 CASII score which indicates: <ul style="list-style-type: none"> If a 5 on CASII must be transitioning from RTC or 3 or more inpatient psychiatric hospitalizations in past 12 months 4 on ECSII must be referred from an inpatient or have 2 or more inpatient psychiatric in past 12 months
Maximum units/month	Twelve 15-minute units/ month (equivalent to 3 hours)	Thirty 15-minute units/month (equivalent to 7.5 hours)	Sixty 15-minute units/month (equivalent to 15 hours)
Face to face	Two 15-minute units/ month	Four 15-minute units/ month	Six 15-minute units/ month
Assessment units	Initial month: four 15-minute units Every 6 months: four 15-minute units	Initial month: four 15-minute units Every 6 months: four 15-minute units	None
Child & Family Team meetings	Every 6 months Within 7 days following a crisis event	Every 3 months Within 7 days following a crisis event	Every 45 days Within 7 days following a crisis event

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