S T A T E O F N E W Y O R K

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I N A S S E M B L Y

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Introduced by M. of A. SCARBOROUGH, JAFFEE, ESPAILLAT, MILLMAN, TITONE, JOHN, CASTRO, STIRPE, CLARK, LUPARDO -- Multi-Sponsored by -- M. of A. BARRON, GALEF, GUNTHER, MAGEE, MAISEL, McENENY, MENG, SCHIMEL, WEISENBERG -- (at request of the Council on Children & Families) -- read once and referred to the Committee on Children and Families

AN ACT to amend the social services law, in relation to coordinated children's services for children and youth with cross-system needs

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Section 483-c of the social services law, as added by section 2 of part F-2 of chapter 62 of the laws of 2003, is amended to read as follows:

S 483-c. Coordinated children's services for children with [emotional and/or behavioral disorders] CROSS-SYSTEM NEEDS. 1. Purpose. The purpose of this section shall be to establish a coordinated system of care for children [with emotional and behavioral disorders] AND YOUTH, and their families, who require assistance from multiple agency systems to [appropriately maintain] ENABLE such children AND YOUTH TO REMAIN with their families, in their communities and in their local school systems, AND TO THEREBY REDUCE INAPPROPRIATE AND COSTLY RESIDENTIAL PLACEMENTS. Such INTEGRATED system of care shall provide for the effective collaboration among state and local health, mental hygiene, education, CHILD WELFARE, juvenile justice, probation [of care] and other human services agencies [directed at improving] TO IMPROVE outcomes for children [with emotional and/or behavioral disorders and their families leading to full participation in their communities and schools. This shall include children with co-occurring disorders. The absence of coordinated care often results in inappropriate and costly institutional placements and limited community-based services that support maintaining the child in the community] AND YOUTH WHOSE SIGNIFICANT EMOTIONAL, DEVELOPMENTAL, INTELLECTUAL, PHYSICAL, SOCIAL AND/OR BEHAVIORAL CHAL-

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

LENGES REQUIRE THE INTEGRATION OF FAMILY-CENTERED INDIVIDUALIZED SUPPORTS AND SERVICES ACROSS MULTIPLE CHILD-SERVING SYSTEMS. SUCH SYSTEM OF CARE SHALL BE DESIGNED TO BE CULTURALLY AND LINGUISTICALLY COMPETENT AT EVERY LEVEL OF CARE. Establishing the coordinated children's services initiative statewide is intended to improve the manner in which services of multiple systems are delivered and to eliminate barriers to a coordinated system of care.

2. Definitions. As used in this section:

(a) "Child [with an emotional and/or behavioral disorder] OR YOUTH WITH CROSS-SYSTEM NEEDS" shall mean a person [under eighteen years of age, or a person under twenty-one years of age who has not completed secondary school, who has a mental illness, as defined in subdivision twenty of section 1.03 of the mental hygiene law, or is classified as a student with a disability pursuant to article eighty-nine of the education law or section 504 of the federal rehabilitation act, or is considered to have a serious emotional or behavioral problem, as considered by a tier I and/or tier II team representative pursuant to this section. Such term shall include children with co-occurring disorders] WHO HAS SIGNIFICANT EMOTIONAL, DEVELOPMENTAL, INTELLECTUAL, PHYSICAL, SOCIAL AND/OR BEHAVIORAL CHALLENGES THAT REQUIRE THE INTEGRATION OF FAMILY-CENTERED INDIVIDUALIZED SUPPORTS AND SERVICES FROM TWO OR MORE STATE DEPARTMENTS OR AGENCIES.

(b) "Individualized family support plan" shall mean a plan developed in conjunction with the family through a strength-based child and family assessment containing a summary of the strengths, needs and goals of a child OR YOUTH with [an emotional and/or behavioral disorder] CROSS-SYSTEM NEEDS, and the services and supports agreed to by the child OR YOUTH, family and the [tier I] FAMILY-BASED team representatives. SUCH PLAN SHALL BE CULTURALLY AND LINGUISTICALLY COMPETENT.

(c) "Family" shall mean, when appropriate, a child OR YOUTH with [an emotional and/or behavioral disorder] CROSS-SYSTEM NEEDS, his or her parents or those in parental relationship to the child OR YOUTH, blood relatives and extended family, including non-relatives identified by the child OR YOUTH and/or HIS OR HER parents OR THOSE IN A PARENTAL RELATIONSHIP TO HIM OR HER. Nothing in this section shall be construed to deny the child OR YOUTH, his or her parents or those persons in parental relationship to [the] SUCH child OR YOUTH of any rights [they are] HE OR SHE IS otherwise entitled to by law.

(d) "County" shall mean a county, except in the case of a county that is wholly included within a city, such term shall mean such city.

(e) "Family [support] representative" shall mean [a volunteer who is also] a parent [or primary caregiver of] OR PERSON IN A PARENTAL RELATIONSHIP TO a child OR YOUTH with [an emotional and/or behavioral disorder] CROSS-SYSTEM NEEDS. The family [support] representative shall assist families throughout the process of developing and implementing [an] individualized family support [plan] PLANS as defined in this section.

(F) "YOUTH REPRESENTATIVE" SHALL MEAN A YOUTH WHO IS CURRENTLY, OR WAS PREVIOUSLY, ENGAGED WITH ONE OR MORE CHILD- AND FAMILY-SERVING HUMAN SERVICE SYSTEMS. THE YOUTH REPRESENTATIVE SHALL ASSIST YOUTH AND FAMILIES IN THE DEVELOPMENT OF INDIVIDUALIZED FAMILY SUPPORT PLANS AS DEFINED IN THIS SECTION.

3. [Interagency] COORDINATED CHILDREN'S SERVICES INITIATIVE structure; ROLES AND RESPONSIBILITIES. (a) [There shall be established a three tiered interagency structure, as follows:

(i) State tier III team. There is hereby established a state team designated as the "tier III team", which shall consist of the chair of the council, the commissioners of children and family services, mental health, health, education, alcohol and substance abuse services, and mental retardation and developmental disabilities, and the director of probation and correctional alternatives, or their designated representatives, and representatives of families of children with emotional and/or behavioral disorders. Other representatives may be added at the discretion of such team.

(ii) County tier II team] THERE IS HEREBY ESTABLISHED WITHIN THE COUNCIL ON CHILDREN AND FAMILIES A COORDINATED CHILDREN'S SERVICES INITIATIVE COMMITTEE (HEREINAFTER REFERRED TO IN THIS SECTION AS "COMMITTEE") COMPOSED OF THE COMMISSIONER OF CHILDREN AND FAMILY SERVICES, THE COMMISSIONER OF MENTAL HEALTH, THE COMMISSIONER OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, THE COMMISSIONER OF HEALTH, THE COMMISSIONER OF EDUCATION, THE COMMISSIONER OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, THE COMMISSIONER OF TEMPORARY AND DISABILITY ASSISTANCE, THE DIRECTOR OF PROBATION AND CORRECTIONAL ALTERNATIVES, AND THE CHAIR OF THE COMMISSION ON QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES. THE COMMITTEE SHALL ALSO CONSIST OF YOUTH AND FAMILIES REPRESENTING CHILDREN WITH CROSS-SYSTEM NEEDS, WHO SHALL BE CHOSEN BY THE PARTICIPATING STATE AGENCIES. OTHER REPRESENTATIVES MAY BE ADDED UPON A MAJORITY VOTE BY THE COMMITTEE. THE COMMITTEE, WHICH SHALL BE CHAIRED BY THE EXECUTIVE DIRECTOR OF THE COUNCIL, SHALL:

(I) ESTABLISH CROSS-SYSTEMS PRIORITIES;

(II) DEVELOP SHARED PRINCIPLES OF OPERATION, INCLUDING BUT NOT LIMITED TO A SYSTEM OF CARE THAT IS CULTURALLY AND LINGUISTICALLY COMPETENT;

(III) ADDRESS CROSS-SYSTEMS BARRIERS; AND

(IV) DEVELOP A REPORTING MECHANISM IN COLLABORATION WITH THE REGIONAL AND COUNTY TEAMS TO TRACK OUTCOMES ACHIEVED BY THE COORDINATED CHILDREN'S SERVICES INITIATIVE.

(B) COORDINATED CHILDREN'S SERVICES REGIONAL TEAMS (HEREINAFTER REFERRED TO IN THIS SECTION AS "REGIONAL TEAMS"). THE COMMITTEE SHALL ESTABLISH REGIONAL TEAMS. MEMBERSHIP ON THE REGIONAL TEAMS SHALL INCLUDE REGIONAL STAFF OF PARTICIPATING STATE AGENCIES, AS WELL AS FAMILY AND YOUTH REPRESENTATIVES. THE REGIONAL TEAMS SHALL:

(I) ACT AS A LIAISON BETWEEN THE COMMITTEE AND COUNTY TEAMS;

(II) ASSIST WITH THE RESOLUTION OF CROSS-SYSTEMS BARRIERS;

(III) PROVIDE CROSS-SYSTEMS TRAINING AND TECHNICAL ASSISTANCE ON A LOCAL AND REGIONAL LEVEL; AND

(IV) PROMOTE SERVICES THAT ARE CULTURALLY AND LINGUISTICALLY COMPETENT.

(C) COORDINATED CHILDREN'S SERVICES COUNTY TEAMS (HEREINAFTER REFERRED TO IN THIS SECTION AS "COUNTY TEAMS"). A county, or consortium of counties, choosing to participate in the coordinated children's services initiative shall establish an interagency team consisting of, but not limited to, the local commissioners or leadership assigned by the chief elected official responsible for the local health, mental hygiene, juvenile justice, probation and other human services systems. The education system shall be represented, AT A MINIMUM, by the district superintendent of the board of cooperative educational services, or his or her designee, and in the case of the city of New York, by the chancellor of the city school district of the city of New York, or his or her designee, and appropriate local school district representatives as determined by the district superintendent of the board of cooperative educational services or such chancellor. Such team shall [be sensitive to issues of

cultural competence, and shall] include representatives of families of children AND YOUTH with [an emotional and/or behavioral disorder] CROSS-SYSTEM NEEDS. Regional state agency representatives may participate when requested by such team.

[(iii) Family-based tier I team. Tier II] TEAMS SHALL COORDINATE THE COORDINATED CHILDREN'S SERVICES INITIATIVE AT THE LOCAL LEVEL. SUCH TEAM SHALL:

(I) COORDINATE CROSS-SYSTEMS TRAINING AND PROVIDE LINKAGES TO OTHER COUNTY AND SCHOOL DISTRICT PLANNING FOR CHILDREN;

(II) ADDRESS LOCAL AND REGIONAL BARRIERS TO THE COORDINATION OF SERVICES;

(III) REPORT ON STATE LEVEL BARRIERS TO THE EFFECTIVE DELIVERY OF COORDINATED SERVICES;

(IV) REPORT ON OUTCOMES USING THE MECHANISM DEVELOPED BY THE STATE-LEVEL COORDINATED CHILDREN'S SERVICES INITIATIVE COMMITTEE;

(V) IMPLEMENT THE GOALS AND PRINCIPLES OF THE COORDINATED CHILDREN'S SERVICES INITIATIVE;

(VI) ENSURE THAT SERVICES ARE CULTURALLY AND LINGUISTICALLY COMPETENT; AND

(VII) MAKE MONIES AVAILABLE CONSISTENT WITH SUBDIVISION FIVE OF THIS SECTION.

(D) COORDINATED CHILDREN'S SERVICES FAMILY-BASED TEAMS (HEREINAFTER REFERRED TO IN THIS SECTION AS "FAMILY TEAMS"). COUNTY teams, in cooperation with a child OR YOUTH with [an emotional and/or behavioral disorder] CROSS-SYSTEM NEEDS and his or her family, shall establish interagency teams to work with such child OR YOUTH and family to develop an individualized, strength-based family support plan and coordinate interagency services agreed to in such plan. Such teams shall include such child OR YOUTH and family and, based on the needs of the child OR YOUTH and family, should also include a family support representative, representatives from the mental hygiene, education, CHILD WELFARE, juvenile justice, probation, health, and other county child and family services systems.

[(b) Roles and responsibilities of teams. (i) The state tier III team shall coordinate statewide implementation of the coordinated children's services initiative. Such team shall:

(A) coordinate planning across the health, mental hygiene, education, juvenile justice, probation and human services systems;

(B) address barriers to the effective delivery of local interagency services;

(C) coordinate the provision of technical assistance and training for the effective implementation of the coordinated children's services initiative;

(D) develop an appropriate reporting mechanism to track the outcomes being achieved. Such mechanism shall be developed in concert with participating counties; and

(E) report results and recommendations for change to the governor, legislature and state board of regents, as appropriate.

(ii) The tier II teams shall coordinate the coordinated children's services initiative at the local level. Such team shall:

(A) coordinate cross-systems training and provide linkages to other county and school district planning for children;

(B) address local/regional barriers to the coordination of services;

(C) report on state level barriers to the effective delivery of coordinated services and recommended changes to the state tier III team;

(D) report on outcomes using the mechanism developed by the state tier III team;
(E) implement the goals and principles of the coordinated children's services initiative; and
(F) make monies available consistent with subdivision five of this section.
(iii) Each tier I team shall work collaboratively with the family to develop an individualized family support plan that is:
(A) family-focused and family driven;
(B) built on child and family strengths; and
(C) comprehensive, including appropriate services and supports from appropriate systems and natural supports from the community.] EACH TEAM SHALL WORK COLLABORATIVELY WITH THE FAMILY TO DEVELOP AN INDIVIDUALIZED FAMILY SUPPORT PLAN THAT IS:
(I) FAMILY FOCUSED AND FAMILY DRIVEN;
(II) BUILT ON CHILD AND FAMILY STRENGTHS;
(III) CULTURALLY AND LINGUISTICALLY COMPETENT; AND
(IV) COMPREHENSIVE, INCLUDING APPROPRIATE SERVICES AND SUPPORTS FROM APPROPRIATE SYSTEMS AND NATURAL SUPPORTS FROM THE COMMUNITY.
4. Goals and principles of operation. (a) Goals. The coordinated children's services initiative shall enable children AND YOUTH with [emotional and/or behavioral disorders] CROSS-SYSTEM NEEDS, whenever appropriate [for the child and family] to:
(i) reside with their families;
(ii) live and participate successfully in their communities;
(iii) attend and be successful in their local school systems; and
(iv) grow towards becoming independent, contributing members of the community.
(b) Principles of operation. The [tier III and II] COORDINATED CHILDREN'S SERVICES INITIATIVE COMMITTEE AND teams shall provide a system for serving children AND YOUTH with [emotional and/or behavioral disorders] CROSS-SYSTEM NEEDS that is:
(i) community-based, allowing children and families to receive services close to their home;
(ii) culturally AND LINGUISTICALLY competent;
(iii) individualized and strengths-based in approach;
(iv) family friendly, involving the family as full and active partners at every level of decision making, including policy development, planning, treatment and service delivery;
(v) comprehensive, involving all appropriate parties, including but not limited to the family, child OR YOUTH, YOUTH AND FAMILY REPRESENTATIVES, natural supports, provider agencies and other necessary community services;
(vi) funded through multiple systems with flexible funding mechanisms that support creative approaches;
(vii) unconditionally committed to the success of each child OR YOUTH; and
(viii) accountable with respect to use of agreed on and measured outcomes.
5. Funding. Counties and school districts, including boards of cooperative educational services as requested by component school districts, choosing to participate in the coordinated children's services initiative, unless expressly prohibited by law, shall have the authority to:
(a) combine state and federal resources of the participating county and educational agencies to provide services to groups or individual children OR YOUTHS and their families necessary to maintain children

[with emotional and/or behavioral disorders] AND YOUTH, WHO HAVE SIGNIFICANT EMOTIONAL, DEVELOPMENTAL, INTELLECTUAL, PHYSICAL, SOCIAL AND/OR BEHAVIORAL CHALLENGES THAT REQUIRE THE INTEGRATION OF FAMILY-CENTERED INDIVIDUALIZED SUPPORTS AND SERVICES ACROSS MULTIPLE CHILD-SERVING SYSTEMS, in their homes, communities and schools, and support families in achieving this goal, as long as the use of the funds is consistent with the purposes for which they were appropriated; and

(b) apply flexibility in use of funds, pursuant to an individualized family-support plan, or for collaborative programs, an agreement among the county, city and school districts or the board of cooperative educational services, monies combined pursuant to paragraph (a) of this subdivision may be used to allow flexibility in determining and applying interventions that will address the unique needs of the family. The [tier III team] COORDINATED CHILDREN'S SERVICES INITIATIVE COMMITTEE shall develop guidelines for the flexible use of funds in implementing an individualized family support plan.

6. Administration and reports. (A) The [council shall be responsible for the administration of the provisions of this section.

(a) The tier III team] COMMITTEE shall submit a report [to the council] detailing the effectiveness in reaching the goals and objectives of the program established by this section. Such report shall include recommendations, based on the experience gained pursuant to the provisions of this article, for modifying statewide policies, regulations or statutes. [The council shall forward such] SUCH report SHALL BE SUBMITTED to the governor, the legislature and the state board of regents on or before the first day of [July] NOVEMBER of each year[, including the recommendations of the tier III members regarding the feasibility and implications of implementing the recommendations].

(b) The [tier III team] COORDINATED CHILDREN'S SERVICES INITIATIVE COMMITTEE shall have authority to receive funds and work within agency structures, as agreed to by member agencies, to administer funds for the purposes of carrying out its responsibilities.

(c) [Parents and representatives of families] YOUTH AND FAMILY REPRESENTATIVES, who are not compensated for [attendance] PARTICIPATION as part of their employment, shall be compensated for their [tier III team] COORDINATED CHILDREN'S SERVICES INITIATIVE COMMITTEE participation and reimbursed for actual expenses, including, but not limited to, child care.

7. Confidentiality. (a) Notwithstanding any other provision of state law to the contrary, [tier I, II and III] team participants in the coordinated children's services system shall have access to case record and related treatment information as necessary to support the purposes of this section, to the extent permitted by federal law.

(b) [Tier I, II and III] ALL COORDINATED CHILDREN'S SERVICES team participants shall protect the confidentiality of all individual identifying case record and related treatment information, and prevent access thereto, by, or the distribution thereof to, other persons not authorized by State or federal law.

S 2. This act shall take effect immediately.