

7029

2011-2012 Regular Sessions

I N A S S E M B L Y

April 11, 2011

Introduced by M. of A. SCARBOROUGH, JAFFEE, MILLMAN, TITONE, CASTRO, CLARK, LUPARDO, COOK -- Multi-Sponsored by -- M. of A. GALEF, GUNTHER, MAGEE, MAISEL, McENENY, MENG, PHEFFER, SCHIMEL, WEISENBERG -- 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:

1 Section 1. Section 483-c of the social services law, as added by
2 section 2 of part F2 of chapter 62 of the laws of 2003 and subparagraph
3 (i) of paragraph (a) of subdivision 3 as amended by section 63 of part A
4 of chapter 56 of the laws of 2010, is amended to read as follows:
5 S 483-c. Coordinated children's services for children with [emotional
6 and/or behavioral disorders] CROSS-SYSTEM NEEDS. 1. Purpose. The
7 purpose of this section shall be to establish a coordinated system of
8 care for children [with emotional and behavioral disorders] AND YOUTH,
9 and their families, who require assistance from multiple agency systems
10 to [appropriately maintain] ENABLE such children AND YOUTH TO REMAIN
11 with their families, in their communities and in their local school
12 systems, AND TO THEREBY REDUCE INAPPROPRIATE AND COSTLY RESIDENTIAL
13 PLACEMENTS. Such INTEGRATED system of care shall provide for the effec-
14 tive collaboration among state and local health, mental hygiene, educa-
15 tion, CHILD WELFARE, juvenile justice, probation [of care] and other
16 human services agencies [directed at improving] TO IMPROVE outcomes for
17 children [with emotional and/or behavioral disorders and their families
18 leading to full participation in their communities and schools. This
19 shall include children with co-occurring disorders. The absence of coor-
20 dinated care often results in inappropriate and costly institutional
21 placements and limited community-based services that support maintaining
22 the child in the community] AND YOUTH WHOSE SIGNIFICANT EMOTIONAL,
23 DEVELOPMENTAL, INTELLECTUAL, PHYSICAL, SOCIAL AND/OR BEHAVIORAL CHAL-

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

LBD10353-01-1

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

8 2. Definitions. As used in this section:

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

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

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

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

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

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

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

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

10 (ii) County tier II team] THERE IS HEREBY ESTABLISHED WITHIN THE COUN-
11 CIL ON CHILDREN AND FAMILIES A COORDINATED CHILDREN'S SERVICES INITI-
12 ATIVE COMMITTEE (HEREINAFTER REFERRED TO IN THIS SECTION AS "COMMITTEE")
13 COMPOSED OF THE COMMISSIONER OF CHILDREN AND FAMILY SERVICES, THE
14 COMMISSIONER OF MENTAL HEALTH, THE COMMISSIONER OF DEVELOPMENTAL DISA-
15 BILITIES, THE COMMISSIONER OF HEALTH, THE COMMISSIONER OF EDUCATION, THE
16 COMMISSIONER OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, THE COMMISSION-
17 ER OF TEMPORARY AND DISABILITY ASSISTANCE, THE DIRECTOR OF PROBATION AND
18 CORRECTIONAL ALTERNATIVES, AND THE CHAIR OF THE COMMISSION ON QUALITY OF
19 CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES. THE COMMITTEE SHALL
20 ALSO CONSIST OF YOUTH AND FAMILIES REPRESENTING CHILDREN WITH CROSS-SYS-
21 TEM NEEDS, WHO SHALL BE CHOSEN BY THE PARTICIPATING STATE AGENCIES.
22 OTHER REPRESENTATIVES MAY BE ADDED UPON A MAJORITY VOTE BY THE COMMIT-
23 TEE. THE COMMITTEE, WHICH SHALL BE CHAIRED BY THE EXECUTIVE DIRECTOR OF
24 THE COUNCIL, SHALL:

25 (I) ESTABLISH CROSS-SYSTEMS PRIORITIES;

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

28 (III) ADDRESS CROSS-SYSTEMS BARRIERS; AND

29 (IV) DEVELOP A REPORTING MECHANISM IN COLLABORATION WITH THE REGIONAL
30 AND COUNTY TEAMS TO TRACK OUTCOMES ACHIEVED BY THE COORDINATED CHIL-
31 DREN'S SERVICES INITIATIVE.

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

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

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

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

41 (IV) PROMOTE SERVICES THAT ARE CULTURALLY AND LINGUISTICALLY COMPE-
42 TENT.

43 (C) COORDINATED CHILDREN'S SERVICES COUNTY TEAMS (HEREINAFTER REFERRED
44 TO IN THIS SECTION AS "COUNTY TEAMS"). A county, or consortium of coun-
45 ties, choosing to participate in the coordinated children's services
46 initiative shall establish an interagency team consisting of, but not
47 limited to, the local commissioners or leadership assigned by the chief
48 elected official responsible for the local health, mental hygiene, juve-
49 nile justice, probation and other human services systems. The education
50 system shall be represented, AT A MINIMUM, by the district superinten-
51 dent of the board of cooperative educational services, or his or her
52 designee, and in the case of the city of New York, by the chancellor of
53 the city school district of the city of New York, or his or her desig-
54 nee, and appropriate local school district representatives as determined
55 by the district superintendent of the board of cooperative educational
56 services or such chancellor. Such team shall [be sensitive to issues of

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

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

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

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

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

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

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

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

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

22 (D) COORDINATED CHILDREN'S SERVICES FAMILY-BASED TEAMS (HEREINAFTER
23 REFERRED TO IN THIS SECTION AS "FAMILY TEAMS"). COUNTY teams, in cooper-
24 ation with a child OR YOUTH with [an emotional and/or behavioral disorder]
25 CROSS-SYSTEM NEEDS and his or her family, shall establish intera-
26 gency teams to work with such child OR YOUTH and family to develop an
27 individualized, strength-based family support plan and coordinate inter-
28 agency services agreed to in such plan. Such teams shall include such
29 child OR YOUTH and family and, based on the needs of the child OR YOUTH
30 and family, should also include a family support representative, repre-
31 sentatives from the mental hygiene, education, CHILD WELFARE, juvenile
32 justice, probation, health, and other county child and family services
33 systems.

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

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

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

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

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

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

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

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

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

54 (C) report on state level barriers to the effective delivery of coor-
55 dinated services and recommended changes to the state tier III team;

1 (D) report on outcomes using the mechanism developed by the state tier
2 III team;

3 (E) implement the goals and principles of the coordinated children's
4 services initiative; and

5 (F) make monies available consistent with subdivision five of this
6 section.

7 (iii) Each tier I team shall work collaboratively with the family to
8 develop an individualized family support plan that is:

9 (A) family-focused and family driven;

10 (B) built on child and family strengths; and

11 (C) comprehensive, including appropriate services and supports from
12 appropriate systems and natural supports from the community.] EACH TEAM
13 SHALL WORK COLLABORATIVELY WITH THE FAMILY TO DEVELOP AN INDIVIDUALIZED
14 FAMILY SUPPORT PLAN THAT IS:

15 (I) FAMILY FOCUSED AND FAMILY DRIVEN;

16 (II) BUILT ON CHILD AND FAMILY STRENGTHS;

17 (III) CULTURALLY AND LINGUISTICALLY COMPETENT; AND

18 (IV) COMPREHENSIVE, INCLUDING APPROPRIATE SERVICES AND SUPPORTS FROM
19 APPROPRIATE SYSTEMS AND NATURAL SUPPORTS FROM THE COMMUNITY.

20 4. Goals and principles of operation. (a) Goals. The coordinated chil-
21 dren's services initiative shall enable children AND YOUTH with
22 [emotional and/or behavioral disorders] CROSS-SYSTEM NEEDS, whenever
23 appropriate [for the child and family] to:

24 (i) reside with their families;

25 (ii) live and participate successfully in their communities;

26 (iii) attend and be successful in their local school systems; and

27 (iv) grow towards becoming independent, contributing members of the
28 community.

29 (b) Principles of operation. The [tier III and II] COORDINATED CHIL-
30 DREN'S SERVICES INITIATIVE COMMITTEE AND teams shall provide a system
31 for serving children AND YOUTH with [emotional and/or behavioral disor-
32 ders] CROSS-SYSTEM NEEDS that is:

33 (i) community-based, allowing children and families to receive
34 services close to their home;

35 (ii) culturally AND LINGUISTICALLY competent;

36 (iii) individualized and strengths-based in approach;

37 (iv) family friendly, involving the family as full and active partners
38 at every level of decision making, including policy development, plan-
39 ning, treatment and service delivery;

40 (v) comprehensive, involving all appropriate parties, including but
41 not limited to the family, child OR YOUTH, YOUTH AND FAMILY REPRES-
42 TATIVES, natural supports, provider agencies and other necessary commu-
43 nity services;

44 (vi) funded through multiple systems with flexible funding mechanisms
45 that support creative approaches;

46 (vii) unconditionally committed to the success of each child OR YOUTH;
47 and

48 (viii) accountable with respect to use of agreed on and measured
49 outcomes.

50 5. Funding. Counties and school districts, including boards of cooper-
51 ative educational services as requested by component school districts,
52 choosing to participate in the coordinated children's services initi-
53 ative, unless expressly prohibited by law, shall have the authority to:

54 (a) combine state and federal resources of the participating county
55 and educational agencies to provide services to groups or individual
56 children OR YOUTHS and their families necessary to maintain children

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

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

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

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

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

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

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

44 (b) [Tier I, II and III] ALL COORDINATED CHILDREN'S SERVICES team
45 participants shall protect the confidentiality of all individual identi-
46 fying case record and related treatment information, and prevent access
47 thereto, by, or the distribution thereof to, other persons not author-
48 ized by State or federal law.

49 S 2. This act shall take effect immediately.