§ 483-c. Coordinated children's services for children with emotional and/or behavioral disorders. 1. Purpose. The purpose of this section shall be to establish a coordinated system of care for children with emotional and behavioral disorders, and their families, who require assistance from multiple agency systems to appropriately maintain such children with their families, in their communities and in their local school systems. Such system of care shall provide for the effective collaboration among state and local health, mental hygiene, education, juvenile justice, probation of care and other human services agencies directed at improving 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. 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" 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.

(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 with an emotional and/or behavioral disorder, and the services and supports agreed to by the child, family and the tier I team representatives.

(c) "Family" shall mean, when appropriate, a child with an emotional and/or behavioral disorder, his or her parents or those in parental relationship to the child, blood relatives and extended family, including non-relatives identified by the child and/or parents. Nothing in this section shall be construed to deny the child, his or her parents or those persons in parental relationship to the child of any rights they are 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 a child with an emotional and/or behavioral disorder. The family support representative shall assist families throughout the process of developing and implementing an individualized family support plan as defined in this section.

3. Interagency structure. (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, alcoholism and substance abuse services, and the office for people with developmental disabilities, and the director of the office 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. 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 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 with an emotional and/or behavioral disorder. Regional state agency representatives may participate when requested by such team.

(iii) Family-based tier I team. Tier II teams, in cooperation with a child with an emotional and/or behavioral disorder and his or her family, shall establish interagency teams to work with such child 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 and family and, based on the needs of the child and family, should also include a family support representative, representatives from the mental hygiene, education, 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.

4. Goals and principles of operation. (a) Goals. The coordinated children's services initiative shall enable children with emotional and/or behavioral disorders, 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 teams shall provide a system for serving children with emotional and/or behavioral disorders that is:

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

(ii) culturally 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, 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; 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 and their families necessary to maintain children with emotional and/or behavioral disorders 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 shall develop guidelines for the flexible use of funds in implementing an individualized family support plan.

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

(a) The tier III team 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 report to the governor, the legislature and the state board of regents on or before the first day of July 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 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, who are not compensated for attendance as part of their employment, shall be compensated for their tier III team 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 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.