



Council on Children and Families

52 Washington Street * West Building, Suite 99 * Rensselaer, NY 12144 * Phone: (518) 473-3652 * Website: <http://www.ccf.state.ny.us>

December 30, 2010

The Honorable David A. Paterson
Governor
State Capitol
One State Street
Albany, New York 12224

Dear Governor Paterson:

We are pleased to submit the enclosed report: *The New York State Children's Plan Update*, December 2010. This update to the original 2008 *Children's Plan* showcases a growing understanding that **family engagement, support, empowerment and youth voice play essential roles in ensuring the well-being of children**. It recognizes that there is no option for changing the odds for our children other than changing the way we do business. Accordingly, this report supports investments in prevention and early recognition, intervention and treatment in natural settings and calls for government to continue to work with youth and families and across traditional agency boundaries to develop effective solutions to challenging issues facing children and their families.

Chapter 413 of the Laws of 2008 charged the Council on Children and Families (Council) with submitting bi-annual *Children's Plan* updates to the Governor and Legislature that are jointly developed and signed by all of New York's child-serving agencies. We came together as the Commissioners' Committee on Cross-Systems Services for Children and Youth under the leadership of the Council and have met quarterly for the past several years. In addition, senior staff from our agencies and family and youth partners meet on a more frequent basis to advance pressing interagency work. The Commissioners' Committee has used the original *New York State Children's Plan* as a blueprint to move New York from intensive and expensive services for a few toward early intervention, collaboration with parents, reduced suffering and improved outcomes for all of New York's children, including its most vulnerable.



David A. Paterson
Governor

Council Member Agencies

State Office for the Aging * Office of Alcoholism and Substance Abuse Services
Office of Children and Family Services * Division of Criminal Justice Services * State Education Department
Department of Health * Department of Labor * Office of Mental Health
Office for People with Developmental Disabilities * Office of Probation and Correctional Alternatives
Commission on Quality of Care and Advocacy for Persons with Disabilities * Office of Temporary and Disability Assistance



Deborah A. Benson
Executive Director

Moving forward, the Commissioners' Committee will address:

- (1) the expansion and improvement of comprehensive early intervention models, such as through the New York State Early Childhood Advisory Council that has received nearly \$6 million in federal funding;
- (2) the development and strengthening of the network of community-based care, for example by making federal home- and community-based services more flexible to better serve youth and families and increasing access to respite services;
- (3) the continued implementation of the goals identified in the 2008 *Children's Plan*, including ensuring that integrated and effective services and supports are based on the ability to deliver individualized care; and
- (4) the adoption of a statewide system of care to ensure a coordinated network of services and supports, which is characterized by multi-system sharing of resources and responsibilities and which is family-driven, youth-guided, community-based, individualized, least restrictive, and culturally- and linguistically- competent.

This jointly-signed letter signifies the support of the health, human service, juvenile justice, and education agencies to continue critical interagency efforts under the leadership of the Council, and with the active participation of family and youth partners, so that effective solutions to tough problems will continue to be crafted to improve outcomes for New York State's children and their families.

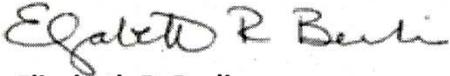
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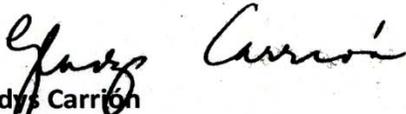
Deborah A. Benson
Executive Director
Council on Children and Families



Elizabeth R. Berlin
Executive Deputy Commissioner
Office of Temporary and Disability Assistance



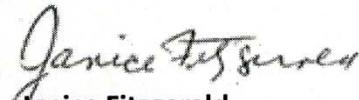
Karen M. Carpenter-Palumbo
Commissioner
Office of Alcoholism and
Substance Abuse Services



Gladys Carrion
Commissioner
Office of Children and Family Services



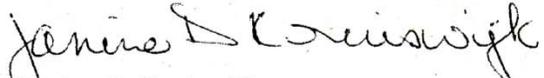
Max E. Chmura
Acting Commissioner
Office for People with
Developmental Disabilities



Janice Fitzgerald
Executive Director
Parent to Parent of NYS



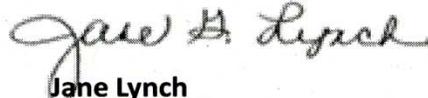
Michael F. Hogan, Ph.D.
Commissioner
Office of Mental Health



Janine D. Kruiswijk
Executive Director
Albany Chapter of the
Autism Society of America



Erika Leveille
Coordinator
Youth in Progress
Adolescent Services Resource Network
at the University of Albany



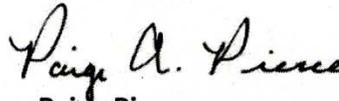
Jane Lynch
Chief Operating Officer
Commission on Quality of Care and
Advocacy for Persons with Disabilities



Robert Maccarone
Deputy Commissioner and Director
Division of Criminal Justice
Office of Probation and
Correctional Alternatives



Stephanie Orlando
Director
YOUTH POWER!
Families Together in NYS



Paige Pierce
Executive Director
Families Together in NYS



David M. Steiner
Commissioner
State Education Department

UPDATE ON THE NEW YORK STATE CHILDREN'S PLAN

INTRODUCTION

In 2006, the Children's Mental Health Act was enacted. This momentous legislation called for the development of a statewide *Children's Plan* with recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children through age 18. What started out as a plan focusing on children's mental health became a broad-based, cross-systems document that was committed to and jointly transmitted by the heads of New York's nine child-serving state agencies to the Governor and Legislature. ***The Children's Plan: Improving the Social and Emotional Well Being of New York's Children and Their Families*** (October 2008) presented a blueprint and an opportunity to help ensure that services and supports for children, youth and families are collaboratively planned, managed and delivered with family and youth involvement and engagement. As noted in the document, this plan challenges government to either continue spending public funds in "traditional ways" that lead to late intervention and poor outcomes OR to chart a new course of action.

During 2007, the Council on Children and Families (CCF) brought together the agency heads of the Office of Children and Family Services (OCFS), Office of Mental Health (OMH), Office for Persons with Developmental Disabilities (OPWDD), Office of Alcoholism and Substance Abuse Services (OASAS), State Education Department (SED), Department of Health (DOH), Office of Probation and Correctional Alternatives, Office of Temporary and Disability Assistance (OTDA) and Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) to address the multitude of issues related to children and families who need services from multiple systems. Together, they acknowledged their shared responsibility for all New York's State's children and committed to: engaging families and youth directly; working together more collaboratively and transparently; increasing the focus on effective prevention and comprehensive early childhood services as well as on children with intensive needs requiring services from multiple agencies; exploring new models for quality and continuity of care; and, supporting each other's individual agency goals relative to cross-systems children and youth. This group became known as the Commissioners' Committee on Cross-Systems Services for Children and Youth. They affirmed the role of CCF in providing the leadership to convene the group, brought family and youth representatives to the table as fully participating members of the Committee, and agreed to meet quarterly. In addition, they designated senior-level staff from each of their agencies to meet on a more frequent basis, with family and youth partners, to advance the pressing interagency work under the direction of CCF.

Since 2008, CCF has focused its efforts on implementing the recommendations contained in the *Children's Plan*. In recognition of the holistic view of child well-being and the interagency leadership role of CCF, the original Children's Mental Health Act was amended in 2009 to charge CCF with coordinating efforts to communicate the shared vision of promoting children's social and emotional development while engaging all New Yorkers in understanding and taking action to support this vision. In addition, the legislation requires the CCF to provide updates to the Governor and Legislature on the progress of the *Children's Plan* with the assistance of all the child-serving state agencies.

This report highlights the tremendous efforts undertaken to bring the *Children's Plan* to life in New York State. It demonstrates that state leadership on children's issues, commitment to collaboration as well as open and honest communication, and significant participation of family and youth within the collaborative framework can change the way we do business and ultimately improve the outcomes for youth.

It also showcases a growing understanding that family engagement, support, empowerment and youth voice play essential roles in ensuring the well-being of children. Reflecting this understanding, in 2009, two positions were reconfigured to implement the cross-systems efforts identified by the *Children's Plan*: A Children's Plan Statewide Director and a Statewide Systems of Care Director were designated and tasked with reporting to the heads of both CCF and Families Together in New York State, a voluntary, family-led organization. And, in 2010, regional youth partners were hired to serve as cross-systems peer support specialists, providers of technical assistance, while continually helping to ensure youth input.

Additionally, the *Children's Plan* recognizes the need for better and more frequent communication between principals and stakeholders at the state, regional and local levels. This need was repeatedly expressed at regional and local hearings leading up to the publication of the 2008 *Children's Plan*. CCF with partner agencies and family and youth partners responded to this resounding need by creating the **ENGAGE Communications Platform**, which includes the ENGAGE web portal page (www.ENGAGE.ccf.state.ny.us) and an interactive ENGAGE mailbox (at ENGAGE@ccf.state.ny.us), and by developing an ENGAGE e-Newsletter and e-Blasts to keep interested parties informed about valuable, up-to-date information on cross-systems work promoting social and emotional development and learning for the state's children and youth. This technology-based initiative has supplemented the regular, numerous and ongoing meetings and conversations with state, regional and local leaders in the interest of accomplishing the goals of the *Children's Plan*.

The following sections of this report detail:

- 1 – the cross-systems initiatives currently underway;
- 2 – the interagency workgroups that are advancing the *Children's Plan*; and
- 3 – the future *Children's Plan* work.

CROSS-SYSTEMS HIGHLIGHTS AND EFFORTS UNDERWAY

The *Children's Plan* has helped renew interagency relationships and efforts to improve services for children and families in New York State. From the activities that marked the development and production of the 2008 *Children's Plan*, such as the regional hearings and conversations conducted around the state to present day implementation efforts, "listening" has been a key commitment.

Enhancing Youth Voice through Regional Youth Partners

During the *Children's Plan* development in 2008, youth input was essential. The youth helped shape recommendations for a person-centered, family-driven and youth-guided system of care. Youth expressed a great need to increase the use of peer support programs and services, to share their ideas to improve the systems of care they had experienced. In addition, having youth serve as trainers, advocates, and policy makers, they said, would not only improve the system, but enable youth to attain the necessary developmental and professional skills they required for their own success.

In recognition of the important role of youth in helping to strengthen recovery-oriented services and supports, this year, through Families Together in New York State, young people are being hired and introduced into OMH regions as "Regional Youth Partners." The Regional Youth Partners are responsible for supporting local youth groups, hosting regional forums for youth to connect with each other and network, and providing technical assistance and training. The Regional Youth Partners received training for this new role on cross-system structures, youth leadership and engagement, and core skills necessary to help young people develop their peer and systems advocacy competencies. Regional Youth Partners bring their own unique experiences with receiving mental health services and use them in developing as peer support specialists for children and youth engaged in services.

Promise Zones for Urban Education

Nationally recognized practices for school success are being piloted in New York State via the Promise Zones initiative. Through targeted delinquency prevention funding from the New York State Division of Criminal Justice Services, the Promise Zones Initiative promotes school engagement and success for high-risk youth. A collaboration spearheaded by OMH, SED and CCF, this initiative aims to mitigate the powerful risk factors for time out of school due to truancy, suspension, expulsion, or arrest, and poor school performance. Implemented in Syracuse, New York City, and Buffalo in the fall of 2010, the designated Promise Zones strive to connect at-risk youth with necessary community-based supports; create learning environments that engage students so that they are on task and ready to learn, and alter school culture and climate in ways that foster individual social and emotional competencies, school attendance and achievement.

The sites have each completed a planning process focused on obtaining an external change partner to coach participating schools and facilitate access to community resources, ensuring that the right services are available at the right time for students with behavioral, academic, and/or socio-emotional challenges. In addition, the sites have put in place plans for instructional and student support teams that will be better able to address student risk factors. Improvement in academic achievement and increases in high school graduation rates are hallmarks of what is to be strived for under Promise Zones. At the same time, a challenge for the sites is to identify the core components

necessary for replicating success while taking into account the unique needs and priorities of local districts. The partnership at the State level will help to incorporate evidence-based practices that are associated with student engagement, academic achievement, and dropout prevention in schools serving at-risk children with high need.

Strengthening Family Support

Compared to traditional clinical care for mental health problems, family support services uniquely aid parents in better understanding their own needs; in feeling less isolated, stress and self-blame; and, in taking an active role in the provision of services to their children. It is expected that family support services will continue to expand, particularly because they are adaptable to family need, able to be tailored to individual need, more cost-effective, and serve as a natural link to mental health services for parents who might otherwise avoid engagement because of stigma or negative experiences with care. A new development in the area of family support services is the movement toward professionalization of the services, making them billable as mental health services, and the creation of credentials that enable parent providers to deliver the services. In light of rising workforce shortages, the role of family support specialists is likely to provide the service system with highly qualified professional family advisors that are able to deliver effective family support services.

Work is in progress to ensure that New Yorkers have access to effective family support services through access to a growing cadre of qualified family support specialists. In collaboration with Families Together in New York State and Columbia University, as well as with representatives of local family organizations and mental health providers, OMH is putting in place a credentialing program that takes advantage of the Parent Empowerment Program (PEP) model. PEP basic training includes a focus on engagement skills, information and education, emotional support, advocacy support, and workforce integration. The goal of the 40-hour training program is to enable family advocates to more effectively address the needs of families whose children have mental health difficulties.

While credentialing requirements are being finalized, the completion of PEP basic training will be a core component. To help meet the need for family peer advocates basic training, Families Together in New York State is working with others to continue to deliver PEP trainings across the state.

New York City Children's Plan Roundtable and Initiatives

In December 2009, New York City held a Roundtable discussion that brought together youth, families, city and local state representatives, and state agency representatives to address the needs of transition age youth, ages 16 to 25 years, and young children, birth to five years of age. Participants were organized in groups to facilitate cross-agency collaboration and were tasked to share agency perspectives on a critical issue for these two populations. Identified issues were prioritized and each group offered innovative and feasible collaborative cross-system initiatives or practices that could improve service delivery for the two priority populations.

In response to this roundtable, New York City created five workgroups: (1) the Early Childhood Workgroup; (2) Accessing Information Workgroup; (3) Cross-Systems Youth Voice Workgroup; (4) Housing Workgroup; and (5) Skill Set Building for Transition- age Youth Workgroup. Through the

creation and work of these Workgroups, cross-systems collaboration to address cross-agency priorities has been strengthened; resources have been pooled and work is being done more efficiently; families and youth are being engaged in new and meaningful ways; new methods of peer accountability, including a quarterly reporting schedule to Roundtable participants and members of the *Children's Plan* Governance and Citywide Oversight Committee of the Coordinated Children's Services Initiative (CCSI), have been created. Additionally, the current Workgroups have identified a liaison to facilitate communication, information sharing and support between CCF, the Commissioners' Senior Staff and Family and Youth Partners Committee, and the New York City *Children's Plan* roundtable participants.

Integrating Treatment for Youth with Co-Occurring Disorders through Research, Practice and Training

Co-occurring substance abuse and mental health disorders are highly prevalent in adolescents and are difficult to treat. Without effective interventions, youth with co-occurring disorders generally have poor outcomes and are at greater risk for medical problems, contact with the criminal justice system, school difficulties and dropout, unemployment, poor relationships, and suicide. Work continues on implementing recommendations from the March 2009 OMH and OASAS Task Force on Co-occurring Disorders Subcommittee on Youth and Adolescents Report. A copy of this report is available at:

http://www.omh.state.ny.us/omhweb/resources/publications/co_occurring/TaskForceOn_COD_YouthSubcommitteeReport.pdf

Since issuing this report, OMH has continued its partnership with OASAS, facilitating use of an evidence-based substance use screening tool in outpatient settings. It has also held joint statewide train-the-trainer training for clinicians on adolescence and co-occurring disorders with a cadre of chemical dependency and mental health providers. Future activities include ongoing training to promote integrated care across systems, consideration of motivational enhancement training, and opportunities to advance the Task Force recommendations.

The Children's Ambulatory Workgroup

Composed of providers, state agency representatives, advocates, family members and youth—the Children's Ambulatory Workgroup is providing feedback about the ambulatory system for children and their families. The Workgroup has recommended improvements in day treatment, home- and community-based waiver and case management services, and to the single point-of-access (SPOA) initiative. In 2011, stakeholders will look in more detail at models for improving waiver, case management and SPOA. It is anticipated that new day treatment regulations will be advanced in 2012. Synergy created through these efforts and a strong network of family advocacy and support have continued to promote and sustain a system that concentrates on prevention, early intervention and home and community care, while striving to provide inpatient and residential care for children in need of intensive services.

The Children's Telepsychiatry Initiative: Increasing Access to Services

A growing body of literature suggests that telepsychiatry has the potential to help address the workforce shortage that directly affects access to care, especially in remote and underserved areas.

Provided by live, interactive communication and videoconferencing, telepsychiatry has become an important modality for providing care and education. The Children's Telepsychiatry Initiative, which provides psychiatric consultation services, particularly in the more rural counties of the State, continues to expand. In recognition of a growing need for this service, the OMH Division of Child and Family Services has established the New York Child and Adolescent Telepsychiatry (NYCAT) program. Services are being delivered by the Columbia University Division of Child and Adolescent Psychiatry to the OMH regions of New York City, Long Island and the Hudson River. The Upstate Medical University Professional Practice Group is covering the Western and Central Regions.

NYCAT is a key component of the OMH goal to increase access to appropriate and effective services. Consultation services are now available for young people who receive outpatient treatment in any OMH-licensed clinic, day treatment or partial hospitalization program. Residential treatment facilities are also able to benefit from these services. Among services offered are evaluation by a child and adolescent psychiatrist, diagnostic consultation, treatment planning, medication management, and discharge planning. To learn more go to:

<http://www.westchestergov.com/MentalHealth/pdfs/AnnualReport2009.pdf>.

NY ACTS: A Comprehensive Resource for Individuals with Autism Spectrum Disorders (ASD) and their Families

Individuals with ASD and their families now have a single comprehensive resource to go to for information: www.NYacts.org. New York ACTS (An Initiative for Adults and Children on the Spectrum) is a website developed by the New York State Interagency Task Force on Autism, a partnership of eleven New York State agencies, with leadership provided by *Children's Plan* representatives.

Project TEACH: Supporting Primary Care Physicians in Treating Children and Their Families

Through funding provided under the *Children's Plan* and in collaboration with DOH, the Conference of Local Mental Hygiene Directors, the American Academy of Pediatrics and the New York State Academy of Family Physicians, psychiatric consultation is being made available to primary care physicians (pediatricians and family physicians) who treat children and youth.

Project TEACH aims to link primary care physicians with child mental health experts across the State. The goals of Project TEACH are to provide: (1) ongoing training and consultation services to better meet the mental healthcare needs of children seen in primary care practices; and (2) a mechanism for systematic referrals to specialists for treatment or supports for children requiring complex care and their families.

Project TEACH services are being provided by the University of Buffalo's University Psychiatric Practice (UPP) and the Four Winds Foundation. The UPP represents an innovative and unprecedented partnership of academic medical centers to support this initiative: the psychiatry departments from the University of Buffalo, University of Rochester, Columbia University, State University of New York Upstate Medical University, and Long Island Jewish/North Shore University Health System.

The partnership also includes the Resource of Advancing Children’s Health (REACH) Institute, which is supporting the training component for this Project. From these academic centers, consultation and training is being provided to physicians in their respective geographic regions.

NY Project LAUNCH: Energizing Systems Serving Children and Their Families in Westchester County

Building off of previous collaborative successes, NY Project LAUNCH is a collaborative project with Westchester County’s Community Network—a unique countywide wraparound service system for children and families—to strengthen and enhance early childhood systems in three county locations: Yonkers (a large city), Port Chester (a small city), and Ossining (a village). This approach is enabling New York to see how municipalities of different sizes, with different infrastructures and resources, can support a holistic approach to childhood wellness. The three target areas comprise significant immigrant and minority populations that include diverse cultural and linguistic communities. Families are often medically underserved, with parents often holding two or three jobs and struggling with acculturation issues, especially when English is their second language.

A public health approach is helping to engage the health, mental health, education, child care, and Head Start communities via intensive promotion, prevention, and social marketing activities. The aim is to integrate programs that together provide a complete range of developmentally supportive services to families with young children. Health care, home visiting, parenting education, and early care and education programs are being expanded to locations where they are missing, strengthened where they exist, and integrated across disciplines to achieve the vision articulated in two State plans—the *Early Childhood Plan* and the *Children’s Plan*. Each of these plans has received strong endorsement from New York State’s child- and family-serving agencies.

NY Project LAUNCH builds on existing innovative approaches in Westchester County, as well as those being proposed for future implementation in an expanded system of care for young children. These compliment the considerable body of work at the State level designed to provide the fundamentals of a statewide approach for young children and their families. Aligned with the State’s Early Childhood Advisory Council, the project is a collaborative effort led by the state CCF, DOH, OMH, and OCFS, and several partner organizations in Westchester County.

To learn more about NY Project LAUNCH, go to: <http://projectlaunch.promoteprevent.org/>. To learn more about the Westchester County Children’s System of Care, go to: http://mentalhealth.westchestergov.com/index.php?option=com_content&task=view&id=688&Itemid=1441

Promoting Wellness in the Early Years: Early Childhood Initiatives

The *Children’s Plan* highlights the growing need to comprehensively support young children. Historically, the children’s mental health system has not played an active role in early childhood programs and services for children under the age of five and their families. But, recently, OMH has become more engaged in two early childhood efforts through its participation in two early childhood initiatives: the State Early Childhood Comprehensive Systems (ECCS) Initiative and the Early Childhood Advisory Council (ECAC). In addition, OMH is working with CCF, OCFS, DOH, the

Early Care and Learning Council and several local child-serving agencies on a community demonstration project to support training and implementation of social and emotional development consultation in four early childhood programs in the State.

Finally the Social Emotional Development Consultation Work Group, including staff from the New York State CCF, DOH, OCFS and OMH, formed to develop recommendations for social and emotional development consultation in early childhood settings. The Work Group met to review noteworthy programs around the state as well as conduct a literature review for proven methods of delivering social and emotional development consultation. In October 2010 the Work Group published recommendations that endorse the adoption of a *“Framework for Supporting the Social Emotional Development of Young Children”* for all young children across the state.

As well, since 2003, CCF and DOH have collaborated on the Early Childhood Comprehensive Services (ECCS) Initiative, laying the foundation for a comprehensive early childhood plan for the State. More recently, the collaboration has emphasized building a state-level cross-systems infrastructure for early childhood work. A federal requirement that each state designate an ECAC prompted New York’s ECAC formation in 2009. New York’s ECAC includes: representatives with expertise in early childhood, health care, child welfare, and mental health programs; representatives from advocacy organization, parents, higher education, unions, state agencies; and others involved in the provision of comprehensive services to young children and their families. Today, the ECAC oversees the ECCS Initiative.

Building Bridges Initiative (BBI): Aiding Youth Transitions

The Building Bridges Initiative (BBI) is a growing national effort taking hold in New York State to advance a set of values, principles, and practices for comprehensive, coordinated, strategic, and collaborative approaches for residential and community programs to better respond to and serve children and youth with emotional and/or behavioral health challenges, and their families.

Focusing on smoothing children’s transitions across levels of care with increased attention to the roles each stakeholder will assume in serving the child and supporting the family, BBI is organized under the auspices of the Child, Adolescent and Family Branch of the Center for Mental Health Services within the United States Substance Abuse and Mental Health Services Administration (SAMHSA). BBI recently held its third Summit, which was attended by approximately 170 youth, family members, advocates, residential and community services providers, as well as public agency staff. The New York BBI effort has recently come under the purview of CCF and the *Children’s Plan*.

Finding Community Solutions in Brooklyn

OMH and OCFS announced a comprehensive solution to address the chronic need for community-based mental health alternatives in Brooklyn for children and their families. The overall plan also responds to a lack of intensive residential treatment in New York City for court-involved youth who have mental health problems.

The plan is designed to dramatically improve mental health care for children and youth, creating the first-of-its kind State-operated comprehensive mental health center to serve 600 children and their families each year, helping to avoid disruptions to families caused by the overuse of institutional care. Located at the Brooklyn Children’s Center, the new center will offer clinic

services, counseling and family therapy, community-based brief crisis care for youth, intensive day treatment and family and home-based support.

The plan also calls for the first residential treatment facility in the State dedicated to serving youth in the juvenile justice system with major mental health needs. Currently, many of these children are far from home in upstate facilities. The new 24-bed residence will be located on the campus of Brooklyn Children's Center in a distinct space separate from the outpatient mental health programs.

Finally, the plan will expand the overall mental health services' capacity in the other boroughs of New York City. It will create a new State-operated mental health clinic at the Bronx Children's Psychiatric Center to serve 250 children and expand intensive case management services in Queens and in the Bronx. It will also add eight beds at the Bronx Children's Psychiatric Center, two beds at Queens Children's Psychiatric Center, and two at South Beach Psychiatric Center on Staten Island.

Set for implementation in 2011, this initiative is being hailed as bringing New York City and New York State in closer alignment with the *Children's Plan*, and will serve as an example of the systems change that has long been advocated—mental health services that are accessible, better, integrated, and provided close to the homes and in the communities of the children and families being served.

'Start to Finish' Cross-systems Training Plus Training Database

The Division of Advocacy and Outreach within CQCAPD maintains a training database. In 2009, the Office of Probation and Correctional Alternatives began including CQCAPD training announcements in their E-Focus and E-YASI (Youth Assessment Screening Instrument) newsletters. Since that time, 167 probation officers have received the *Start to Finish: Steps to Successful Special Education Services* training. These cross-systems initiatives show a steady growth in attendance due to consistent inclusion of announcements in each newsletter. This is an activity of the *Children's Plan*.

Strengthening Regional Technical Assistance Teams (RTAT) and Other Regional Initiatives

Regional Technical Assistance Teams (RTATs) serve as a training and resource link between the State and localities. The RTAT's four primary objectives are to: act as a liaison between CCF and county teams; assist with resolution of cross-systems barriers; provide cross-systems training and technical assistance on a local and regional level; and promote services that are family-driven, youth-guided, and culturally and linguistically-competent. To bolster the presence of activity, CCF and Families Together in New York State have initiated monthly telephone meetings with RTAT leaders and other frequent communications, including meeting whenever feasible and/or warranted. A retreat and strategic planning session was held in June 2010 to help energize RTAT leaders and enhance coordination of implementation activities under the *Children's Plan*.

Clinic Plus-Probation Joint Initiative-Partnership to Facilitate Mental Health Evaluations

Data obtained from the Statewide Youth Assessment Screening Instrument (YASI) indicates that roughly 15 percent of PINS and JD youth show indications of substance abuse issues, and 45 percent of PINS and JD youth show indications of being at risk of recidivism due to mental health issues.

To address the staggering number of juvenile delinquent (JD) or persons in need of supervision (PINS) youth at risk of recidivism due to mental health issues, the Office of Probation and Correctional Alternatives and OMH have partnered to provide designated Clinic Plus providers with additional resources to make it possible for mental health staff to be on site at probation departments.

To date, counties participating in this initiative include: Monroe, Onondaga, Niagara, and Albany.

Creating a Statewide Parent Education Initiative

Since 2007, the New York State Parenting Education Partnership (NYSPEP) has been organizing professionals from family support, family resource and parenting education programs dedicated to enhancing parenting skills, knowledge, and behavior into a strong, statewide network that promotes and improves parenting education.

NYSPEP has conducted ten professional development events across the state over the past eight months called *Strong Roots Last a Lifetime*. Reaching almost 350 parenting educators, early childhood practitioners, family support staff, librarians and others, 90 percent of participants stated that the *Strong Roots* conference day was relevant and useful for their professional lives and would attend similar training in the future. NYSPEP conducted a train the trainer institute for 25 more workshop leaders in October 2010 and is planning to repeat the one day program in ten additional sites in 2011.

NYSPEP is also interested in identifying and addressing the gaps between the need for parenting education as defined by parents and the availability and accessibility of programs. To determine the need, access and barriers to parenting education, NYSPEP and Families Together in New York State combined to conduct ten focus groups with parents who had attended parenting education and those who had not. While many participants had children with social- emotional/behavioral needs, lack of education program awareness and logistical/financial barriers were among the common findings.

Bigelow Corners: A Neighborhood Cross-Systems Collaboration Informed and Inspired by the *Children's Plan*

A primary objective of the CCF and the *Children's Plan* is to foster and support successful, local cross-systems collaborations. The Bigelow Corners Project is a shining example of such a collaboration.

Inner city neighborhoods of the 21st century are especially challenged by the economic strife of current times. The Bigelow Corners area in Schenectady is a neighborhood with a disproportionate number of youth and families at risk, due to a high rate of poverty among its residents.

The Bigelow Corners Project is an innovative community-born and bred initiative. Five forward thinking community organizations formed a cross-systems partnership to reverse the downward trend in that neighborhood and improve the quality of life for those who receive services there. The Bigelow Corners Project seeks to increase the academic, social, emotional and behavioral skills of children served through best-practice instruction methods. They have increased and enhanced the

involvement of families in their children's development and created a comprehensive network of supports for the well-being of families.

At this point, the partnership includes the following organizations:

- Schenectady Community Action Program;
- Capital District Child Care Council;
- Parsons Child and Family Center;
- Schenectady Board of Education; and
- Schenectady Foundation.

Together these agencies serve 900 children in the 25-acre city parcel that is the Bigelow Corners area.

The work of the *Children's Plan* increasingly relies upon and takes advantage of recent scientific evidence and recommendations to focus efforts on key strategies such as working across systems; emphasis on children's social and emotional development with foci on prevention, early intervention, youth development, family and youth support and engagement; and spreading community-based care models to achieve desired outcomes.

INTERAGENCY WORKGROUPS TO ADVANCE THE WORK OF THE CHILDREN'S PLAN

Commissioners' Senior Staff and Youth and Family Partners Workgroup

The commissioners of the state's child-serving agencies are committed to collaboratively developing and implementing joint solutions to improve the lives of children, youth and families. Accordingly, under the leadership of the CCF, these commissioners designated senior staff to form a Workgroup with representatives of youth and families. This Workgroup meets monthly and reports to the Commissioners' Committee each quarter.

The Workgroup, which is chaired by the CCF, is made up of senior staff from the following state entities:

- Office of Alcoholism and Substance Abuse Services (OASAS)
- Office of Children and Family Services (OCFS)
- State Education Department (SED)
- Department of Health (DOH)
- Office of Mental Health (OMH)
- Office for People with Developmental Disabilities (OPWDD)
- Office of Probation and Correctional Alternatives, Division of Criminal Justice Services (OPCA)
- Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD)
- Office of Temporary and Disability Assistance (OTDA)

In addition, family and youth partners on the Workgroup are from the following organizations:

- Albany Chapter—Autism Society of America
- Families Together in NYS (FTNYS)
- Parent to Parent of New York State
- Office for People with Developmental Disabilities (OPWDD)
- Youth in Progress
- YOUTH POWER!

The Workgroup meets monthly to share information and provide updates on cross-systems work and provide updates on individual workgroups, as well as work to improve communication and public transparency, and share information from regional colleagues. These meetings are very well attended and there is a great deal of enthusiasm and energy among all agencies. These meetings provide an opportunity to share information, receive invaluable input from our family and youth partners and communicate with commissioners through agency senior staff. This group is a team that works together to fulfill the goals of the *Children's Plan*.

Cross-systems Training Workgroup

The Navigating Multiple Systems Workgroup is working on creating an online video series to help train and inform service coordinators, case managers, educators, parents and youth on how to obtain services and supports for children and youth with complex needs and their families from multiple child serving systems.

This video series will provide presentations on each of New York State's child serving systems, offering important information about the services and supports each system offers, eligibility requirements and how to apply for such services and supports, among other things. There will also be separate segments for youth and family members that will offer practical guidance on how to obtain emotional and technical support from other youth and families, advocates and other members of the community. This 13 episode video series will be free of charge.

Members of the workgroup include representatives from:

- CCF
- New York State Developmental Disabilities Planning Council (DDPC)
- YOUTH POWER!
- Parent to Parent of New York State
- OASAS
- OCFS
- DCJS
- SED
- DOH
- OPWDD
- OMH
- CQCAPD
- OPCA
- OTDA

Regulatory Impediments Workgroup

The Regulatory Impediments Workgroup has been charged by the Commissioners' Committee with identifying state and federal laws and regulations that impede efficient planning between service systems; present obstacles in the development and provision of needed services and supports for children, youth and families; and produce wasteful state and local practices.

Current members of the workgroup include representatives from the following family and youth organizations and state agencies:

- Autism Society of America, Albany Chapter
- CCF
- DDPC
- OMH
- OPWDD
- YOUTH POWER!

Social Marketing Workgroup: Strengthening Children's Social and Emotional Development and Learning

Under the leadership of CCF, state and community agencies, and family and youth partners have joined together to promote the importance of children's social-emotional well-being. The workgroup is chaired by CCF and composed of the following organizations:

- CCF
- OCFS
- FTNYS
- YOUTH POWER!
- DOH
- OMH
- OPWDD
- Prevent Child Abuse New York
- SED

On June 18, 2010, the workgroup held a roundtable discussion with Ben Tanzer, a national, social marketing consultant to gain information on ways to better plan, implement and evaluate social marketing tools and opportunities to achieve an effective, high-quality marketing campaign. The workgroup is investigating the best ways to reach people with positive and helpful messages.

Respite Care and Services Workgroup

The Respite Workgroup is co-chaired by CCF and CQCAPD, with members from the following agencies:

- CCF (co-chair)
- CQCAPD (co-chair)
- OCFS
- FTNYS
- DOH
- OMH
- OPWDD

Respite care is a very complex issue, particularly when looking at it from a cross-systems perspective. To begin to find a solution to improving access to respite care, the workgroup first began its work by defining the most common types of respite:

- Hourly: Typically one on one with a qualified individual.
- Half or Full Day: Half or full day respite with a qualified individual.
- Overnight Respite: Respite care away from home in a foster home, IRA, or other arrangement.
- Emergency/Crisis Respite: An unplanned emergency response is required to prevent further deterioration in family system, or respond to a familial crisis. This typically can last from 1-21 days in a variety of settings.

Various systems are conducting surveys within their own systems to better understand the scope of the issue and respite workgroup members are meeting with RTATs to enhance communications with the state's regions and localities.

LOOKING FORWARD

Looking forward, under the leadership of the CCF, the heads of the child-serving state agencies with the active participation of family and youth partners and other stakeholders, will continue on the following paths that demonstrate fidelity to the values and principles undergirding the *Children's Plan* and related *ENGAGE* activities:

- Implementing the themes and goals identified in the 2008 *Children's Plan*, including but not limited to ensuring that integrated and effective services and supports be collaboratively planned, delivered and based on the concept of one family, one plan whenever feasible;
- Expanding, strengthening and improving comprehensive early intervention models. For example, with the recent acquisition of nearly \$6 million federal grant to fund the New York State ECAC, early intervention will be further promoted in accordance with the *Children's Plan*;
- Growing and strengthening the network of community-based care, i.e., by making federally approved home- and community-based services more flexible to better serve youth and families and increasing access to respite services; and
- Developing and adopting an approach to cultivating a statewide system of care to ensure a coordinated network of services and supports characterized by multi-system sharing of resources and responsibilities that embraces the values of family-driven, youth-guided, community-based, individualized, least restrictive, and is culturally and linguistically competent. Providing regular attention and training and technical assistance services packages to regions and localities throughout the state will help build needed capacities and improve sustainability outlooks.

Children and families remind us that they bear the ultimate costs when service systems fail to meet their needs. Collectively, the agencies that serve children must work efficiently and effectively to provide comprehensive supports that promote child well-being. There is no option for realizing improved results for our children other than changing the way we do business. It is a time when new opportunities continue to emerge for helping to keep children and their families at the center of the system of care. Recent research, including a 2009 study by the Institute of Medicine*, support arguments that prevention and early recognition and intervention and treatment in natural settings yield better results; and that investments in children's social and emotional development produce success and avoid costly, long-term future failures.

At a time when state fiscal challenges are profound and the evidence on cost-offset is so strong, the need to reprioritize our investment and reinvestment strategies is paramount. Our call to action is urgent and requires state leadership, collaboration, and honest communication among all participants. In New York State, the Council on Children and Families, with the support and commitment of the state's health, human services, juvenile justice, and education agencies, and

family and youth partners and other stakeholders, will continue to drive the development of effective solutions to challenging problems facing children and their families.

*Institute of Medicine of the National Academies, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, March 12, 2009