



# Families Together in New York State Policy Priorities for 2018

***Families Together in New York State*** is a family-run organization that represents families of children with social, emotional, behavioral health and cross-systems challenges. Our goal is to ensure that *ALL* children and youth have the support they need in order to succeed. We represent thousands of families from across the state whose children have been involved in many systems including mental health, substance abuse, special education, juvenile justice, and foster care. Our board and staff are made up primarily of family members and youth who have been involved in these systems.

***Families Together 2018 Policy Agenda is created by families of children and youth with social, emotional, behavioral and cross-systems challenges.***

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## **THE FAMILY AND YOUTH PEER SUPPORT WORKFORCE:**

### **Expand and integrate Family and Youth Peer Support Services into all children's services.**

Family and Youth Peer Support Service programs are effective because they are family-driven, youth-guided, cross-systems, and community-based services that utilize the lived experience of families and youth to support other children and their families. Research has shown that children's services that integrate Family and Youth Peer Support professionals into their programs are more engaging, increase overall recipient satisfaction, and ultimately create better outcomes for children and families. New York State created a network of over 200 separate family support programs and approximately 400 professional trained and credentialed family peer advocates. State funding should be made available to support, expand, integrate and maintain these programs and agencies that utilize them as children's services transition into integrated Medicaid Managed Care.

**Cross-systems funding for cross-systems work.** Family and Youth Peer Support Services need funding from the Office of Alcoholism and Substance Abuse Services, Department of Health, and Office of Children and Families Services that reflects the true cross-systems nature of Family and Youth Peer Support Services. Family-run agencies and other providers of Family and Youth Peer Support Services understand that a child's complex needs cannot always be met by one system. Family Peer Support workers support and advocate for families in many child-serving systems yet there are no cross-systems funding streams outside the Office of Mental Health to support them.

**Add \$5.8 million to support the First 1000 Days on Medicaid Initiative,** prioritizing a proposal to pilot and evaluate Family Peer Navigators in multiple settings for at-risk families with young children. We support this proposal, and want it to build upon the existing infrastructure. Additionally, we support proposals to expand home visiting, parent/caregiver diagnosis as eligibility criteria for Dyadic therapy, require health plans to have a kids quality agenda, and add data systems for cross sector referrals.

**Offer financial incentives for counties and service agencies to adopt family-driven, youth guided practices** and develop family peer and youth peer advisory panels.

## **REFORM THE CHILD WELFARE SYSTEM:**

**Strengthen family-based care by emphasizing a Kin-First approach and ensure that children are placed in the best placement for that child, in those cases when foster care is necessary.**

- Expand and integrate Family Peer Support Services (FPSS) and Youth Peer Support Services (YPSS) into all children's services, including the child welfare system.
- Incentivise counties to increase foster & kinship family placements to reduce placements into high-cost residential facilities and build the State's inventory of family and kin homes for foster children as an alternative placement. Expenses covered could include
  - targeted recruitment of kin and foster families, transportation of children to court and visitation appointments,
  - respite care for foster and kin families,
  - placement stability through 24/7 crisis response services,
  - therapeutic interventions, dedicated support workers, family peer support and youth peer mentors.
- Improve licensing standards with expedited licensing for kin and model licensing standards for all.
- Preserve state funding and restore cuts made to the Foster Care Block Grant (FCBG) in last year's budget; Shift financing for the Kinship Guardianship Assistance Program from the Foster Care Block Grant by making it akin to adoption subsidies.
- Make significant investments in primary prevention and restore the state share of preventive/protective funding to 65%, as is written in statute.
- Ensure preventative support services and programming are available for all families within their communities, especially those at risk of or are currently involved with child protective services.
- Educate family court judges on importance of formal kin placements and encourage a review of efforts to set-up formal kinship care at every step of the legal process.

**Establish stronger supports for youth in foster Care or transitioning out of foster care.**

- Strengthen the housing subsidy for foster families and youth by raising the monthly subsidy allowance to \$600 per month, increase the upper age limit eligibility from 21 to 24 so that youth who age out of foster care at 21 can avail themselves of the subsidy program for up to 3 years; and allow flexibility so that youth may have roommates.
- Fully fund the Foster Youth College Success Initiative to support youth in foster care in pursuing higher education. The State must fulfill its responsibility to the youth entrusted to its care and ensure they are prepared to lead independent and fulfilling lives by funding FYCSI at \$6 million to support youth pursuing higher education who either are or have been in foster care.
- Fund Youth Peer Support Services for young people in foster care so they can receive guidance and support from young adults with similar lived experience in the child welfare system.

## **EXPAND ACCESS TO CHILDREN'S BEHAVIORAL HEALTH SERVICES:**

**Ensure high-quality community-based behavioral health care is available, timely, affordable, and sustainable** by ensuring adequate rates for children's clinics to maintain quality services and a well-trained workforce; make services available before a crisis or threat of hospitalization or residential placement; and improve coordination with other systems to ensure youth transitioning from treatment receive an appropriate education, connect with aftercare services and participate in ongoing recovery supports.

**Redirect \$11 million in Community Mental Health Reinvestment and expand State-aid funding toward community-based children's services as an emergency response to the 2-year delay in the children's transformation** to address capacity for effective, low-cost services like skillbuilding, respite, family peer and youth peer support in every community and children while they wait. The state must ensure all families, including non-Medicaid families, have access to these essential supports in a timely fashion.

**Preserve Medicaid funding, protections for pre-existing conditions, and the essential health benefits mandates** included in the Affordable Care Act and ensure that the Children's Health Plus program continues to fund children's behavioral health services.

**Ensure that trauma informed care is practiced in behavioral health facilities** and that practices such as forced medication and restraint and seclusion are not imposed onto youth.

**Encourage service providers to offer parents services, supports and skill-based learning** that run parallel to their young person's treatment.

**Support legislation (S1156) to require insurers and health plans to submit data relevant to behavioral health insurance parity** to the Department of Financial Services and the Commissioner of Health as part of the annual Consumer Guide to ensure compliance with federal and state behavioral health parity laws.

**Promote greater integration of programs under the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services** to better serve youth, young people and their families and more effectively support their recovery journeys.

**Ensure the availability of safe and affordable housing for young people in transition,** including integrated supportive housing.

**Expand service capacity for community-based prevention, treatment and recovery-orientated addiction programming,** including the establishment of new Youth Clubhouses, Family Support Navigator Programs, and public education campaigns.

**Support legislation (S.263) to prohibit mental health professionals from engaging in sexual orientation change efforts** with a patient under the age of eighteen years and expand the definition of professional misconduct with respect to mental health professionals. We urge the State Education Department to prohibit licensees from engaging in this traumatizing and harmful practice.

**Invest \$100 Million toward the Nonprofit Infrastructure Capital Investment Program** to meet the capital and technology needs of child-serving nonprofits.

## **REFORM THE JUSTICE SYSTEM:**

**Support implementation of the ‘Raise the Age’ Initiative passed in the FY 2017-18 Enacted Budget** by including the \$100 million proposed in the Executive Budget to fund a continuum of juvenile-justice related services and \$50 million for capital needs. While we appreciate the Governor’s critical investments in raise the age, other proposed Executive Budgetary actions such as the elimination of funding for the Close to Home Initiative (\$31 million) undermine the ability of jurisdictions around the state to deliver essential juvenile justice services and implement raise the age effectively.

**Pass the Humane Alternatives to Long-Term (HALT) Solitary Confinement Act** to create alternatives, restrict criteria for placement, and end the practice of long-term isolated confinement. Individuals placed in solitary confinement are held from 22 to 24 days, sometimes resulting in months or even years in isolation. This legislation would ban special populations from isolated confinement including youth under 21 and people with a mental, physical or medical disability.

**Support efforts to reform the bail system, enhance the right to a speedy trial, and improve discovery** procedures to assure youth are not held for indeterminate lengths of time because an inability to afford bail or unnecessary court delays.

**Extend eligibility for the Youthful Offender status from 18 to 20 years of age**, allowing eligible offenders to have their record sealed at the court’s discretion.

**Ensure all justice system contacts are trained on trauma-informed approaches, de-escalation tactics**, and understand behavioral health and developmental challenges, with an emphasis on diversion to treatment over punitive approaches.

## **PROVIDE QUALITY EDUCATION FOR ALL:**

**Bolster school-based children’s behavioral health capacity and support the community school expansion** to build partnerships among school districts and community-based service providers. Funding should be allocated toward more school-based behavioral health services, treatment and supports to meet the needs of children and families facing significant behavioral health challenges that impact their academic performance. We recommend the State:

- Add \$14 million to the proposed \$250,000 for behavioral health supports in community schools.
- Use the additional funding to include behavioral health supports at the 57 Small City School Districts
- Allow community based organizations to apply for the grant funding and contract with interested and qualified school districts for a menu of services that help address social determinants of health

**Require the Board of Regents to provide multiple pathways to a diploma beyond passing five regents exams and simplify graduation options.** Alternatives to high-stakes Regents exams include a portfolio-based graduation option allowing students to demonstrate mastery of the coursework without relying on high-stakes exams that are not always conducive to deeper learning.

## **Ensure that schools are safe and supportive environments for students by:**

- Promoting the use of restorative justice and other alternative disciplinary approaches to reduce suspensions.
- Providing schools with resources and training on positive behavior interventions and trauma-informed approaches.
- Provide educational programming for students and their families on behavioral health, trauma, resiliency-based skills, and wellness.
- Increasing support for transitions from settings such as the juvenile justice placement, in-patient mental health and substance use, residential treatment centers, and other situations that disrupt a student's education.
- Supporting school and community-based anti-bullying efforts.
- Improving support for parents and students as they develop their Individualized Education Plans.
- Increasing access to and improve the quality of pre-school and kindergarten programs.

## **OUR GUIDING PRINCIPLES**

1. Families and youth must be active participants in planning services for their family and in developing and monitoring policies and services within their communities and within the state. When families and youth are involved, services are more engaging, overall satisfaction increases, outcomes improve, and the need for expensive hospitalizations and residential placements are greatly reduced.
2. All children, youth and their families must have timely, affordable access to appropriate services within their community. Services must be cross-systems and ensure care is provided in the most integrated and appropriate setting possible. A study from the *Journal of Adolescent Health* estimates that 70% children and youth in need of mental health services *do not* receive the treatment they need.
3. Children and youth must receive an appropriate education in the least restrictive environment possible. The education system must provide a safe and supportive environment for all students, promote emotional wellness and social learning, and embrace creative, collaborative problem-solving including community-based and restorative justice approaches to school discipline.
4. Families should never have to relinquish custody of their children in order to receive care and treatment for mental health and substance use challenges. Without funding for appropriate services, youth often end up in hospitals, residential treatment and in the juvenile justice system. Parents may voluntarily or may be forced to relinquish custody of their children to access these placements.
5. A trauma-informed perspective must be central to all policies impacting families and young people and should seek to prevent traumatization when possible, reduce re-traumatization, and preserve the dignity of the family and young person.