

# The Coordinated Children's Services Initiative: Principles, Achievements and Opportunities

## **CCSI Statewide Partners:**

**Family Representatives**

**Office of Mental Health**

**State Education Department**

**Office of Children and Family Services**

**Council on Children and Families**

**Division of Probation and Correctional Alternatives**

**Office of Alcoholism and Substance Abuse Services**

**Office of Mental Retardation and Developmental Disabilities**

**Department of Health**

**CCSI has a three tiered structure that emphasizes family participation at every level:**

**Tier I – Community Level Provides individual strength-based plans of action for children at risk.**

**Tier II – County Level Interagency leadership team made up of local government, service system, and family representatives.**

**Tier III – Statewide Level Team of agency and family representatives that work to identify systems level solutions to meet locally identified needs.**

The Coordinated Children's Services Initiative (CCSI) is an interagency initiative that supports localities in creating systems of care to ensure that children who are at risk of residential placement remain at home with their families and in their communities. The CCSI promotes a set of core principles at all levels of government, across a broad range of service agencies, and throughout the service planning and delivery process. These principles guide a process of cooperative interagency planning that develops and delivers individualized services to children and their families.

The CCSI philosophy leads to coordinated systems of care that:

### **Develop and plan for one child and family at a time**

Service plans are developed around individual needs, not program categories.

### **Provide supports and services in family and community settings**

Reduce over-reliance on restrictive and expensive out-of-home placements

### **Develop parent/professional partnerships**

Parents are involved at all levels of service planning and delivery.

### **Use strength-based approaches**

Focus on child and family strengths as opposed to problems or pathology.

### **Deliver services that are culturally competent**

Recognize that a family's cultural background might affect the determination of appropriate services.

### **Provide care that is unconditional**

Embrace the idea that services are provided to all in need regardless of how, when, or where they come in to the system.

The CCSI is unique in its ability to work across and within a broad range of child and family service systems. There is no prescribed programmatic component to the Initiative beyond the formation of local teams that develop individualized service plans and collaborate on system-wide coordination and improvement.

Localities are encouraged to develop approaches that will best serve their target populations and that compliment existing or anticipated efforts to improve services to children and their families.

## The Target Population:

A 1999 report by the U.S. Surgeon General found that 20% of children have an emotional, behavioral, or mental health disorder that is treatable; however, only 1/3 of youth with a mental health disorder are ever identified or receive any type of treatment.

CCSI targets children that have complex emotional and behavioral service needs, and have historically been ineffectively treated. Children referred to CCSI are at risk of placement in, or have already cycled through, intensive and expensive out-of-home placements. They often end up in long-term hospital settings and in juvenile justice facilities at great cost with limited success in preparing them to be productive adults.

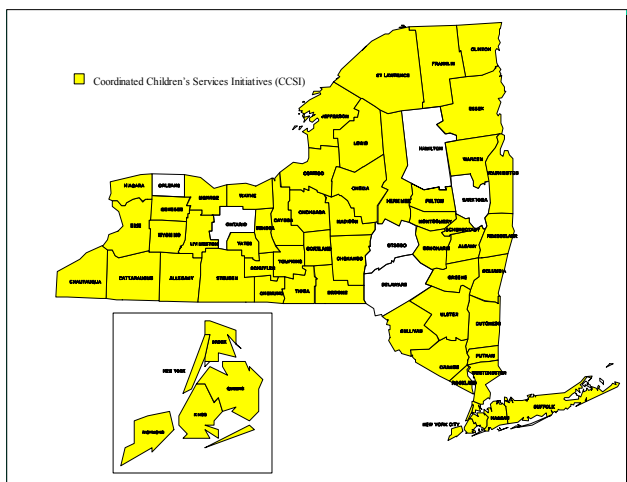
For example, at the beginning of 2001 there were 2,199 children in OCFS juvenile justice centers, placed at a cost of over \$112 million each year. The Surgeon General's study found that, nationally, 60% of juvenile delinquents have a mental health disorder. 74% of students who drop out of school and who are categorized as seriously emotionally disturbed are arrested within 5 years – a dropout is more likely to go to prison than a smoker is likely to get cancer.

## The CCSI Process:

The CCSI is not a service “program” in the traditional sense of the word; rather, the CCSI provides a structure and flexibility to promote locally designed interagency processes that lead to successful programs for the most vulnerable of children and their families. While the CCSI builds upon the unique strengths of each local service system, there are common features that can be found in participating counties across the state.

1. CCSI interagency structure addresses multi-system children. The CCSI incorporates a three-tiered approach:
  - Tier I is a local service planning team that accepts referrals and develops individualized, strength-based plans of action for children and their families.
  - Tier II includes county government and service agency leaders, school officials, and parents that address local and state-level solutions to cross system's issues.
  - Tier III is a statewide board made up of family representatives and officials from eight state agencies. Tier III meets regularly to review and implement systems change at the State level.
2. CCSI uses a family focused and strength-based approach to working with families across systems.
3. CCSI involves families as partners at all points.
4. CCSI provides access to services based on need, not availability.

**Although CCSI currently exists in most counties, the level of implementation across counties varies greatly.**



"Since joining the CCSI in 1996, Broome County has reduced the number of children in out of home placements by 23% and the number of days of care by 21%. This dramatic reduction in care days is in large part attributable to the collaboration and partnerships developed at the local level through our CCSI participation. Anyone who works in a local probation, mental health, or social service agency can tell you that high risk children cycle through all of their agencies unless there is a coordinated effort at the local level to intervene. Our systems, if left to their own devices, have a tendency to pass these cases down the line. The CCSI process promotes better, and more coordinated, case planning at the local level that is focused on child and family needs and not on 'the system's' needs."

**Robert K. Houser, Commissioner,  
Broome County Department of Social Services**

## Results from Participating Counties

- 80% of Phase I counties admitted fewer children into congregate care settings in 2000 than in 1992 (the year before implementing the CCSI). These reductions were achieved despite increases in the number of new children and families referred to CCSIs.
- 80% of Phase I counties placed children in congregate care settings that were in greater need of services than in pre-CCSI years as measured by mental health and substance abuse assessment scores. Not only were counties placing fewer children in congregate care settings, but congregate care services were being reserved to serve a population with more intense needs.
- New York City reports that 81% of at-risk children served by the CCSI from 1998-2000 were either not placed in residential facilities or were discharged to their homes. The cost of a CCSI “intervention” was estimated at \$3,000; one month of care in a children’s psychiatric center can cost up to \$24,000. Total system-wide savings estimates from averting just 10 psychiatric center placements are \$2.3 million per year.
- In 2001, Onondaga County estimates that its CCSI saved participating systems \$1.04 million by coordinating services for 88 referred children and their families.
- Many CCSIs have established procedures to access flex funds that have been used to support a variety of “non-traditional” services that have been effective in maintaining children with their families, in their communities, and in their schools.

“Even the initial process of competing to be a CCSI County afforded our human service departments with the opportunity to come together to develop strategies to bring our joint resources together. Once we learned that we had been accepted as a CCSI county and began our Tier II activities, the energy intensified to identify areas where we needed to partner. A hearty collaborative process began with great ideas and great energy from the entire children's system. The creativity and eagerness was tremendous and the term ‘glitch busters’ took on new and wonderful meaning.”

**Lorraine Chesin, Commissioner**  
**Rensselaer County Department of Mental Health**

### CCSI Challenges:

- Despite several years of operation and expansion, the CCSI exists in varying levels of implementation and support in the participating counties.
- 44% of surveyed counties indicate that children being referred to their CCSI are increasingly more at risk of placement, have more complex needs, and are being referred at a younger age.
- The number of children with behavioral difficulties who need the services of multiple systems continues to grow at a time of dwindling resources.

“CCSI has been an asset to Westchester County. It is an important initiative for permanent, inter-agency change in our child serving system. Its shared vision and core values promote a strength-based, family-driven, culturally competent system of care that supports the individual child and family. At the same time, it connects the county to a statewide, cross-system structure that allows us to better address systemic barriers and issues.”

**Michael Orth, CCSI Coordinator**  
**Westchester County**

## **Coordinated Children's Services Initiative Statute: What Does the New Law Do?**

Governor Pataki signed legislation, effective September 1, 2002, that formally establishes the Coordinated Children's Services Initiative. The law:

- Establishes CCSI in Executive law under the Council on Children and Families.
- Codifies the CCSI principles, structure and process.
- Extends this structure to the State agency Commissioner level.
- Provides clear, consistent and effective principles for working with children and families across systems.
- Demonstrates state-level commitment to these principles.
- Includes parent/family involvement at highest levels.
- CCSI remains voluntary.
- Presents an opportunity for systems change.
- Tier III Committee will develop a set of guidelines for:
  - Developing flexible funding mechanisms
  - Family and family support involvement
  - Strength-based practices
  - Cultural competence
  - Coordinated Planning
  - Confidentiality
  - Tier I, II, and III operating procedures
- Tier III will develop outcome measures and coordinate technical assistance activities.
- Requires annual reporting to the Governor and Legislature.

"The CCSI Statute is an example of New York State's commitment to helping our most vulnerable children and families grow stronger and healthier together. Our goal is to reduce the number of children in out of home placements by coordinating State, county and community resources to provide the most appropriate home and community based preventive services for their families."

**Alana Sweeny, Executive Director**  
**New York State Council on Children and Families**

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