



# *Office of the County Executive*

Monroe County, New York

**Adam J. Bello**  
*County Executive*

November 12, 2024

The Honorable Kathy Hochul  
Governor of New York State  
NYS State Capitol Bldg.  
Albany, New York 12224

Dear Governor Hochul:

In Monroe County and across the state, youth with complex intellectual and developmental disabilities (I/DD), behavioral health, and/or mental health needs are being repeatedly hospitalized for extended periods of time. They languish on waitlists, sit in detention, and are often driven into foster care or forced into out of state placement for residential care not available through other systems. The dearth of meaningful and available community-based services and the lack of residential options has resulted in a current continuum of care that is not meeting the needs of youth, families or the community.

**On September 16, 2024, Monroe County held a Cross Systems Convening focused on concrete action to urgently generate and pursue practical solutions aimed at ensuring youth and families have access to safe, appropriate, effective, and compassionate care and services that are close to home.** Monroe County partnered with Senator Samra Brouk, Assemblywoman Sarah Clark, UR Medicine, Rochester Regional Health, and Hillside Children's Center to invite leaders across systems to work together. Almost 100 individuals answered the call. Leaders from OPWDD, OMH, OCFS, DOH, and SED joined lawmakers, leaders from neighboring counties, service providers, advocates, parents, and other partners from across the state to assess the issues, learn from other examples, and commit to shared next steps.

Together we engaged in a [data walk](#) that included data to help participants understand the scope and impact of the challenge and a parent shared [recorded testimony](#) with the hope that other families would not have to resort to placing a child in foster care to access needed services. We learned from leaders in other states, including California, Virginia, Colorado, and Ohio, about how they are creatively solving similar challenges. We created initial next steps for continued connection, communication, and collaboration. Information from the convening is available on a [landing page](#) with shared resources. A Cross Systems Action Team was established to move ideas forward.

**Five consensus themes and priority recommendations emerged from the cross systems convening process.** We appreciate your commitment to youth mental health. Our recommendations align with action you have already taken, including the announcement of a \$90 million, five-year investment aimed at addressing complex mental health issues in adolescents. This investment is a great start to reducing extended hospital stays and providing personalized, community-based care. As you plan the agenda and priorities for 2025, we ask that you incorporate the following recommendations to accelerate policy and practice solutions to further support young people and families currently falling through the cracks:

## **1. Centralize intake, eligibility, decision-making, and accountability for youth with complex needs.**

We need a centralized, unifying body with the authority and responsibility to compel the relevant statewide agencies to work together and simplify access to care. Multidisciplinary teams, including family, should be convened when a child is at risk of hospital boarding or inappropriate placement. This should include peer support partners for parents. Current mechanisms exist under specific agency umbrellas, but no one system can solve this complicated challenge.

- Invest resources to enhance the clinical expertise and overall capacity of the Council on Children and Families' Interagency Resolution Unit to take a lead role and responsibility in directing multidisciplinary teams, in the creation and execution of individualized family service plans for referred youth with multi-system or elevated needs. The Council will emphasize shared responsibility in addressing individual and system-level barriers, while recognizing organizational-level duties, authorities, and roles with a goal of quick, coordinated decision-making and rapid response as needed (similar to [Virginia's Go Teams](#)).
- Streamline and expand the OMH/OASAS/DOH Integrated Licensure Project and include OPWDD and OCFS for youth services.

## **2. Create flexible funding options.**

Funding and licensing silos have created unnecessary barriers to youth accessing the right care at the right time with a particular challenge around eligibility to therapeutic residential interventions. Sometimes a service can meet a child's needs, but the child or family is not eligible for the system that funds that service. Waiver flexibility and exceptions to regulatory limitations would allow for braided or blended funding strategies that could better coordinate and connect families to services. Funding should follow the youth based on their needs as opposed to the constraints of a particular system or program in which an individual has been placed for services.

- Create a flexible funding pool that counties can quickly access to fund gap services when eligibility is still being determined or fund customized service delivery when individualized need exceeds program design or capacity.

## **3. Increase service capacity across the continuum.**

In addition to high-quality therapeutic residential capacity to effectively serve children with complex needs, families need access to high quality respite care, more intensive in-home supports, skill-building, and care coordination, similar to what was previously available through the successful Bridges to Health Medicaid Waiver program.

- Fund and remove implementation barriers to the pilot enhanced residential treatment model as proposed by Hillside and Northern Rivers.
- Explore a crisis respite program pilot for children, with/without a diagnosed mental illness, exhibiting behaviors that require high-intensity support such as increased staffing and modifications to the living environment.

## **4. Develop technology solutions.**

There is a need for shared data across systems as well as the development of technological tools to support collaborative solutions. Navigation apps, shared dashboards, and universal intake applications were examples of gaps technology could address.

- Establish a confidential online portal to facilitate the coordination of behavioral health services to children and adolescents. Providers, payors, and state agencies should have access to real-time data regarding youth boarding in hospitals, and awaiting discharge to an appropriate foster home, congregate care/residential treatment or community-based programs.
- Create a joint agency dashboard to facilitate information sharing and problem solving.
- Support legislation (see 2023-S8679A, A8846) that requires every court, public board, commission, institution, or officer charged with duties related to abandoned, delinquent, destitute, neglected or dependent to maintain a record denoting any developmental disability. Legislation would also require a study of the number of children in foster care with developmental disabilities.

## 5. Invest in the workforce.

Many existing programs and services, including Youth ACT (treatment without walls) and in-home crisis intervention could do more with a sufficient workforce. In addition to appropriate financial incentives and support, we must address the gap in training and expertise in dealing with young people that have I/DD coupled with mental health challenges, and aggressive behaviors. The lack of a uniform background check system delays hiring and onboarding of new staff. We must invest in a skilled workforce.

- Leverage the new federal Youth Mental Health Corps planning grant, starting in 2025, to build workforce pipeline specific to children's behavioral health and incentivize licensure and certification completion.
- Create a coordinated, cross-systems recruitment campaign for workers across the full spectrum of child and family services, including those under OMH, OCFS, OPWDD, OASAS, and DOH to improve access to services.

We appreciate the opportunity to share these results and recommendations, and we look forward to partnering on next steps to ensure the state budget, regulations, and legislation reflects our share commitment to transform the policy and practice infrastructure and improve the experiences and outcomes for youth and families with unmet complex needs.

Sincerely,



Adam J. Bello  
Monroe County Executive

Cc: JW Cook, Finger Lakes Regional Representative, NYS Executive Chamber  
Senator Samra Brouk, 55<sup>th</sup> S.D.  
Assemblywoman Sarah Clark, 136<sup>th</sup> A.D.  
Cross Systems Action Team