

The Children's Mental Health Act of 2006 required the development of a statewide Children's Plan containing among other things, short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children through age 18.

Engaging All New Yorkers

The Office of Mental Health presents this Plan to showcase an understanding that family engagement, support and youth voice play essential roles in developing the emotional well-being of children. The federal Child and Adolescent Service System Program (CASSP) principles were also embraced to ensure that every aspect of this Plan is built from a foundation of strengthening and supporting families. In recognition of this commitment, the symbol chosen to represent the New York State Children's Plan is ENGAGE.



Child and Adolescent Service System Program (CASSP) Values

CASSP values have substantial influence on services and supports provided to children, youth and families. The values reflect an important regard for services that are:

Child-centered: Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child's family and community contexts, are developmentally appropriate and child-specific, and build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

Family-focused: The family is the primary support system for the child and it is important to help empower the family to advocate for themselves. The family participates as a full partner in all stages of the decision-making and treatment planning

process including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents, other relatives, and other adults who are committed to the child. The development of mental health policy at state and local levels includes family representation.

Community-based: Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious, cultural organizations and other natural community support networks.

Multi-system: Services are planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems and the family col-

laborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

Culturally competent: Culture determines our world view and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

Least restrictive/least intrusive: Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.