NJ4S Summary & FAQ

DCF has received a number of questions and comments in response to the release of the concept paper on September 30. While we are continuing to review those comments and taking into account the feedback provided as we further develop the NJ4S plan, we want to provide additional information based on commonly asked questions we are receiving.

NJ4S represents one part of a multi-layered strategy to improve youth mental health and wellness during the current national emergency and beyond. The increase in youth mental health problems is well documented, on an unprecedented scale. NJ4S will provide a critical link between schools and the rest of the statewide infrastructure supporting youth mental health and family well-being, including:

- The NJ Children's System of Care (CSOC), which provides 24/7/365 access to Mobile Response and Stabilization Services; as well as access to a network of treatment and family support services for youth with behavioral health challenges, substance use disorders, and/or intellectual and developmental disabilities.
- The NJ Pediatric Psychiatric Collaborative, which enhances the availability of psychiatric support in primary care pediatric offices, providing pediatricians with quick access to psychiatric consultation and facilitation of referrals for accessing ongoing behavioral health care.
- The Children's Inter-Agency Coordinating Councils, which exist in each NJ county to foster cross-system service planning for children with behavioral health needs. Each CIACC supports an Educational Partnership Committee which provides a unique opportunity for school personnel to engage with youth-servicing agencies and programs and build relationships across the local prevention and intervention systems. The CIACCS are uniquely poised to collaborate with the Hubs and connect their students to needed treatment and support in their area.
- The statewide network of 57 Family Success Centers, which are welcoming, community-based hubs of support, service, social connection, and linkage to opportunities for families throughout New Jersey.
- The Traumatic Loss Coalition (TLC), which provides onsite trauma response assistance and suicide prevention to schools and communities following unfortunate losses due to suicide, homicide, accident, and illness. TLC ensures those supporting youth have up to date knowledge about mental health issues, suicide prevention, traumatic grief and resiliency enhancement.

WHAT IS A HUB?

As described on page 8 of the NJ4S Concept Paper, hubs are the administrators and connectors of services that will deliver prevention programs and mental health services as well as consultation services in schools and in other community-based locations, with the hub's prevention consultants and licensed mental health counselors.

A hub is a way of organizing help. Hubs will both develop and maintain strong connections to all of the other child and family serving systems in their service delivery area, and provide prevention, as well as mental health supports and other community programming. Services and supports will be offered to all schools, students, and families at no cost to the school or family.

Hubs will be responsible for effectively connecting youth and/or families to behavioral health care or social service supports. They will develop and maintain partnerships with networks and organizations such as Children's Inter-Agency Coordinating Councils, Human Services Advisory Councils, Family Success Centers, and other community networks and resources located in their catchment area to facilitate those connections for families in ways that avoid wasteful duplication of existing efforts in their community.

Hubs will also provide prevention, screening, brief clinical intervention and referral to treatment as well as other programming through both (a) professional staff that they employ, and (b) partnerships with clinics, organizations, civic groups and others throughout the areas they serve who already provide treatment and programming that is needed by students and their families.

WILL STUDENTS NEED TO TRAVEL TO A "HUB" TO GET HELP?

No, students will not need to travel to a hub to receive help. As described above, hubs are providers of and connecters to services, but **services will be delivered in places where students already go: schools, most importantly, but also community centers, libraries, and other trusted locations**. Virtual supports may also be available.

DCF MADE REFERENCE TO A SURVEY IN WHICH MANY STUDENTS SAID THEY PREFERRED TO RECEIVE SERVICES IN PLACES OTHER THAN SCHOOL. WHAT SURVEY IS THIS AND WHAT WAS THE ACTUAL DATA COLLECTED?

As described on page 5 of the NJ4S Concept Paper, this survey was conducted by School Based United, an organization comprising current School Based Youth Services program staff.

As the state agency responsible for the welfare of children, DCF is responsible for making sure that effective help and support is available at times, in locations, and using methods that meet the students' needs and that are responsive to students' preferences. Many youth prefer and will connect well with help in their school – and NJ4S hubs will deliver that help in school. However, many youth also prefer and will connect better with help outside of their school – and NJ4S hubs will deliver that help outside of schools to meet those students' needs as well.

In the School Based United survey of 5,442 students (See Attachment 3), 33% of students expressed a preference to receive support and counseling at their school while 67% expressed a preference to receive support and counseling at home, or in an outside agency counseling office.[1] In the same survey, students reported preferences for receiving services via both in-person and technology-based methods.

This survey was not the only data that DCF used in its development of the NJ4S proposal. National data from scientifically valid research has also shown that youth want to be able to access services in a variety of spaces, that there are at least a third of youth who report not feeling comfortable seeking mental health help in school, and three-quarters of youth report a desire to have the option to seek out mental health

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[1] The survey results were shared with DCF via email from David Seegert, Director School Based Youth Services Program Brick Township High School; Co-Chair School Based United Executive Committee to Sanford Starr, Assistant Commissioner, Family and Community Partnerships on January 13, 2021.

resources anonymously.[2] NJ4S recognizes that supports funded by the state should meet youth where they are – in and out of school. For a full list of resources DCF used to inform the development of the NJ4S proposal, please see the final FAQ in this document.

MY SCHOOL CURRENTLY HAS AN EMBEDDED SBYS CLINICIAN AND YOUTH DEVELOPMENT SPECIALISTS. WOULD THIS CLINICIAN REMAIN IN MY SCHOOL UNDER NJ4S?

NJ4S will continue to provide clinical support in schools, where, and as needed. Under the new program, students will continue to receive services, just differently. NJ4S broadens access to support, making it available to all students in all public schools. Support will be organized into tiers, and districts will be asked to apply to the Hub for the tiers of support they feel are needed in their school(s). Clinicians and prevention specialists will be employed by hubs, and will continue to work in schools, in addition to community locations, and via remote technology in order to provide help in ways that students have expressed works best for them. The tiers are described in Appendix 2. DCF remains committed to continuity of supports for students and will work with programs to ensure students continue to have access to the services they need.

WHAT IS A LOCAL ADVISORY COUNCIL AND ITS ROLE?

Each NJ4S hub will be guided by an Advisory Council, comprising community and civic leaders, parent and youth representatives, school leaders and others. It is critically important that youth and parents be co-designers in shaping how the hub will develop services meant to support them. Community and civic leaders can help mobilize organizations and groups throughout the hub's service area to contribute to the effort to support student mental health and wellbeing. School leaders can help to guide development of programming and approaches that are realistic and grounded in the day-to-day reality of student life and the school environment.

The Advisory Council will provide support and direction to ensure that the hub is creating and delivering programming that best meets the needs of their community and is deliberately integrating with existing efforts in the community and does not replicate efforts or duplicate forms of help that already exist.

WHY DOES THE NJ4S CONCEPT PAPER EMPHASIZE THE ROLE OF EVIDENCE-BASED PROGRAMS? WHAT IS AN EVIDENCE-BASED PROGRAM AND WHY DOES IT MATTER?

An evidence-based intervention is one that has been independently studied using valid research methods, and proven to not only be effective, but also not to cause harm. Health care providers use evidence-based assessments to screen for heart disease, cancer, and other conditions. Over the last several decades, many evidence-based mental health treatments and social service programs have been developed and proven to be effective. A chart listing relevant Clearinghouses identifying evidence-based interventions is included as Appendix 1.

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[2] Youth Mental Health in America: Understanding Resource Availability and Preferences

When we are faced with a youth mental health crisis of the magnitude in front of us today, we need to prioritize the use of evidence-based prevention and intervention because those are the approaches that have been proven both to work, and to not cause harm. New Jersey's students and their families deserve access to the best-in-class approaches available.

The majority of SBYS programs do not use evidence-based treatment methods, evidence-based clinical assessment tools, or evidence-based/manualized prevention programming. SBYS programs are required to provide program activity data to DCF on a quarterly basis. During the last quarter of reporting, April 1 2022 – June 30 2022[3]:

- 37% of programs used an evidence-based assessment tool
- 20% of programs used an evidence-based treatment intervention
- 26% of programs used a manualized prevention curriculum
- 37% of programs did not use any evidence-based or manualized approaches at all

WHY DOES THE NJ4S CONCEPT PAPER EMPHASIZE STRATEGIES FOR BOTH PREVENTION AND INTERVENTION? WHAT IS THE DIFFERENCE?

Prevention refers to efforts to stop a problem before it occurs. In a health or social service context, prevention measures include efforts to promote healthy youth behaviors (e.g., social/emotional skills, good nutrition, healthy dating behaviors) before incidents of problems like bullying, substance use, violence, or suicidal ideation occur, and to improve surveillance of early signs of trouble (e.g., training teachers, coaches, and others who are often around children and youth about signs of depression or suicidality). **Intervention** refers to the responses that are used after a problem has been identified. In a health or social service context, interventions can be brief (e.g., crisis response, a few sessions of counseling, creation of safety plans) or long term (engaging in outpatient therapy, family therapy, or even more intensive forms of treatment such as partial hospitalization or inpatient treatment).

NJ4S is a platform to provide both prevention and brief interventions - because experts such as the US Surgeon General, the American Academy of Pediatrics, and NJ stakeholders have communicated that a public health approach encompassing both is needed.

HOW WILL SCHOOL DISTRICTS CONNECT TO NJ4S HUBS TO GET SUPPORT?

DCF's Division of Family and Community Partnerships will engage the NJ Department of Education, school superintendents, principals, and other school personnel to develop mechanisms for application to services and communication protocols that meet the needs of school districts and the hubs. The applications will be as streamlined as possible to ensure no burden on schools and processes will be put in place to ensure timely delivery of services. A NJ4S Information System is being built that will include a mechanized approach for school districts to apply for services and to receive feedback on scheduling of programs. The information system is expected to be ready for testing and deployment in April 2023. Participating schools will need to make space available to hold in-school programs. In a similar fashion, schools that want

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[3] SBYS Quarterly Reports.

students to be able to access mental health counselors will need to make a space for counselors to meet in person with students, and/or for students to have the space to contact the clinician virtually during school hours.

HOW DOES NJ4S ADDRESS EQUITY IN ACCESS?

Due to budget and program constraints of the current model, School Based Youth Services cannot be scaled to statewide capacity. That presents an equity issue.

A recent report from NJ Policy Perspective shows that access to mental health supports for Black students has decreased over the last decade. "Black youth suicide among 10- to 19-year-old boys has soared 60% since 2017, according to the American Academy of Child and Adolescent Psychiatry. Suicide has also plagued Black girls, with a 59% increase between 2013 and 2019. Black children younger than 13 are now twice as likely to die by suicide compared to white children of the same age."

Those numbers are devastating and unacceptable and we have a responsibility and the opportunity to ensure that we are reaching all students with a baseline of supports to change these trends and save lives.

NJ4S will create a statewide network that works with every school district in New Jersey, far beyond the only 63 that receive supports now. It will ensure that all students are receiving a base level of support from DCF, and will position Hubs to coordinate targeted and effective prevention programming to keep them from crisis, to and warmly coordinate access to deeper, ongoing, life-saving services for youth who need them. It will also help to ease the burden on teachers and school administrators who are increasingly trying to manage ever-more complex student mental and behavioral health needs in and out of the classroom.

WHAT FACTORS OR INFORMATION DID DCF CONSIDER IN DEVELOPING NJ4S? WHO DID DCF CONSULT IN DEVELOPING THE PROPOSAL?

In fall 2021, DCF convened a workgroup of stakeholders to launch a re-engineering process, with the stated goal of "soliciting key insights, guidance and recommendations for the future of School-Linked Services." The workgroup was facilitated by the Center for Health Care Strategies and the proceedings of this process were posted to DCF's website as the group undertook its work, at https://www.nj.gov/dcf/providers/fcp/sls/. Participants included:

Asm Louis D. Greenwald, Majority Leader, District 6/ David Galpern (Office of Asm Greenwald)
Sen. M. Teresa Ruiz, District 29/ Vereliz Santana, Ivonne Terrones (Office of Senator Ruiz)
Sen. Vin Gopal, District 11
Francisco Rodriguez, Superintendent, Long Branch School District
Bob Guarasci, CEO, NJ Community Development Corporation
Mary Pat Angelini, CEO, Preferred Behavioral Health Group
Gina Hernandez, Executive Director, Prevent Child Abuse New Jersey
Mary Abrams, Senior Policy Analyst, NJAMHAA
Liz Corsini, Vice President, Bergen Family Center
Grace Co-Ortega, CFO, Jewish Renaissance Foundation
Brenda Smaniotto, Administrative Director, Inspira IMPACT Program
Les Paschall, CEO, CFG Health Systems

Jian Bland, Director of Community Youth Services, New Brunswick Tomorrow
Yolanda Moore Camden Program Coordinator, SBYSP Director for Eastside High School in Camden.
Beverly Canady, Site Director, The Bridget/Irvington School Based Program
Svetlana Shpiegel, Assoc. Professor, Montclair State Univ./NJTFCAN Prevention Committee member
Jeannette Collins, Executive Director, NJCAP
Maureen Brogan, State Coordinator for the Traumatic Loss Coalition (TLC)
Gary Nelson, - SBYSP Director for Willingboro HISH school
David Seegert, SBYS Program Director/Preferred Behavioral Health
Silvia Abbato, Superintendent, Union City Public Schools
Douglas Mentzer, Superintendent, Trenton Public Schools
Dr. Patrick Michel, Superintendent, Salem City School District
Katrina Mccombs , Superintendent, Camden City School District

That process generated information from key stakeholder interviews, focus groups and discussion, which was combined with the following additional inputs:

- Information from over 8,000 NJ youth, parents, professionals, and other stakeholders:
    - Output from **work DCF commissioned from the Center for Health Care Strategies** in 2021-22: facilitated discussions with a working group, key informant interviews, survey and focus group output, and results of a literature review of evidence-based practices https://www.nj.gov/dcf/providers/fcp/sls/
    - **DCF HSAC Needs Assessments** were conducted between November 2019 and January 2021 and utilized survey design, focus groups, and key informant interviews to gather information regarding basic needs and specialized service needs in all 21 counties. The Needs Assessment methodologies, in total, gathered input from NJ residents: https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html
    - **DCF Commissioner Beyer's 2018-19 listening tour**, through which she met directly with 616 parents and youth receiving services provided by the Department of Children and Families. https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/ListeningTourReport.pdf
    - Results of a **DCF commissioned survey** that was executed by the Rutgers Center for State Health Policy/ Eagleton Institute, measuring family strengths and stressors; 1,447 NJ parents-caregivers of children under 18 were contacted via phone from September 2021 to February 2022.
- Advisories and guidance from national experts, including:
    - **The US Surgeon General's report** Protecting Youth Mental Health: The U.S. Surgeon General's Advisory (2021)
    - American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association Declaration of a National Emergency in Child and Adolescent Mental Health AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health
- Information about existing NJ students and systems, including:
    - DOE Annual Report on Student Safety and Discipline in New Jersey Public Schools
    - School Based United survey (January 2021)
    - Information gathered directly from SBYS providers through DCF's provider survey, issued quarterly from December 2021 to present;
    - Information from existing SBYS-specific quarterly program reports
    - Data regarding existing SBYS programs from Cityspan data system

- Data from the Annie E Casey Foundation KidsCount Data Center: https://datacenter.kidscount.org/
- Best practices in implementation of evidence-based programs, including:
  - Youth.gov https://youth.gov/evidence-innovation, and
  - the National Implementation Research Network https://nirn.fpg.unc.edu/national-implementation-research-network.

APPENDICES:

1. **List of evidence-based clearinghouses**
2. **Description of NJ4S Tiered Services**
3. **School Based United survey**

APPENDIX 1: CLEARINGHOUSES OF EVIDENCE-BASED CLINICAL AND SOCIAL SERVICE PROGRAMS

Clearinghouse	Website
Blueprints for Healthy Development	https://www.blueprintsprograms.org/program-search/
California Evidence-Based Clearinghouse	https://www.cebc4cw.org/search/by-program-name/
Crime Solutions	https://www.crimesolutions.gov/Programs.aspx#view-programs
Office of Juvenile Justice and Delinquency Prevention	https://www.ojjdp.gov/MPG/Program
Teen Pregnancy Prevention Evidence Review (TPPER)	https://tppevidencereview.aspe.hhs.gov/FindAProgram.aspx
Top Tier Evidence and Social Programs that Work	https://evidencebasedprograms.org/programs/
What Works Clearinghouse (WWC)	https://ies.ed.gov/ncee/wwc/FWW/Results?filters=,K-12
Title IV-E Prevention Clearinghouse (FFA)	https://preventionservices.acf.hhs.gov/
National Registry of Evidenced Based Programs and Practices	http://www.nrepp.samhsa.gov/
What Works for Health Clearinghouse	What Works for Health | County Health Rankings & Roadmaps
Youth.Gov	https://youth.gov/evidence-innovation#program-directory
Evidence For Essa	https://www.evidenceforessa.org/programs/social-emotional

APPENDIX 2: DESCRIPTION OF NJ4S TIERED SERVICES

Tier 1 includes universal prevention interventions that benefit all students. Services can be delivered through school-/district-wide programming or curriculum efforts deployed by Hub staff, or through partnerships with others - through workshops, webinars, assemblies, trainings, and evidence-based interventions. Focus areas for interventions include mental health/well-being, social connections, job readiness/career exploration, and classroom management/disruptive behaviors. Examples of evidence-based interventions include Peers Making Peace, Teen Outreach Program (TOP), Good Behavior Game, Sources of Strength, Mental Health First Aid, Botvin/Life Skills, Signs of Suicide, Success for Kids, and Project KIND

A student receiving Tier 1 supports might expect that:

- Her parents can opt-in to a distribution list that regularly emails psycho-educational materials, resource links, and tips.
- Hub employees train educators at her school in classroom management, disruptive behaviors, and mental health first aid.
- Hub employees deliver workshops and trainings at her school open to anyone who has an interest in the topic.
- She is able to participate in an evidence-based prevention program such as Success for Kids, All Stars, Life Skills Training, etc. Programs like these may be delivered by hub employees, and/or hubs may make partnership agreements with community-based organizations to deliver these evidence-based programs. Programs would be available in a location that the advisory committee of her hub has recommended is a best fit for young people in her community such as her school, church, or community center.
- She is able to access job readiness/career exploration programming, similarly in "spoke" locations that may include her school but may also include other community locations. These may be delivered by hub employees, but may also be delivered via linkages with existing community programs or civic groups that have been engaged by the Hub Advisory Committee to support collaborative efforts to improve youth mental health.

Tier 2 includes early identification and focused prevention interventions. Services can be delivered through small group student and/or family interventions, mentoring, and low-intensity classroom support to students identified as at risk. Services also include linkages to existing programming and/or community resources. Focus areas for interventions include mental health/well-being, social connections, job readiness/career exploration, and classroom management/disruptive behaviors. Some examples of evidence-based interventions include but are not limited to Across Ages, Familias Unidas, Aggression Replacement Training, Strengthening Families, Triple P Positive Parenting Program (Group and Success for Kids. Importantly, Tier 2 interventions can be delivered by a trained prevention specialist and do not require a licensed clinician.

A student receiving Tier 2 supports might expect that:

- He can access all the supports identified for Tier 1, above, and
- He may participate in Aggression Replacement Training, or a similar intervention, which can be delivered by a hub employee at his school or another community "spoke" location

- His family can participate in Triple P, Familias Unidas, Strengthening Families or other evidence-based family interventions, delivered by a hub employee at his school or at another community "spoke" location; and/or delivered by a community-based organization with a linkage agreement to the hub.

Tier 3 includes screening, assessment and brief individualized clinical interventions to youth to improve overall mental health/well-being while they are being referred and connected to a community provider to support ongoing mental health needs, including referral for further evaluation and/or on-going mental health counseling.

A student receiving Tier 3 services might expect that:

- They have access to a clinician who can be deployed to the school on a routine basis to provide evidence-based clinical interventions (e.g., cognitive behavioral therapy, motivational interviewing) directly with youth in the school setting; and that the clinician team will be well versed in interventions that are proven to be effective with students from the cultures and family backgrounds that are present in their catchment area.
- Have access to a clinician via telehealth, if preferred.
- Staff in a school receiving Tier 3 supports can expect access to the clinician for consultation on behavior management, school routines, etc. for individual students.
- The student's family can access the clinician for urgent brief counseling and referral to ongoing treatment as needed.

APPENDIX 3: School Based United Survey