New Jersey Children's System of Care Stakeholder Task Force: A Summary Report

In collaboration with the Center for Health Care Strategies (CHCS) and Casey Family Programs, the New Jersey Children's System of Care (CSOC) initiated a strategic planning process designed to define and shape the Division's core priorities. Sixteen stakeholders representing parents, providers, university partners, and advocates from across the state formed a short-term Task Force, facilitated by CHCS. The Task Force met four times from September through December 2019, reviewing and discussing various materials and initiatives. The process culminated in the development of key recommendations related to improved access and quality for CSOC programs and services.

CSOC was preparing the final draft of Stakeholder Task Force Summary report in February 2020 when the first effects of the COVID-19 pandemic were emerging in the United States and our region, and shortly before Governor Murphy issued Executive Order 103 declaring a Public Health Emergency in New Jersey. At that time, the Department of Children and Families (DCF) and CSOC shifted their focus to ensure access to essential services for children and families. For CSOC, this included working with its interagency governmental partners and contracted providers to maintain access to in-community services via telehealth, executing a continuity of operations plan for residential treatment services, and creating a guidance framework to promote safety while preserving essential services.

Throughout the first wave of the pandemic and the second wave this winter, DCF and CSOC continued to operate in alignment with their vision and values and moved into 2021 with a renewed focus on our strategic priorities. The impact of the pandemic on the mental health and well-being of children and families elevates the urgency of this work.

While this report summarizes the recommendations of department stakeholders prior to the pandemic, it remains relevant and will guide the work moving forward. CSOC will reconvene the stakeholder group in August 2021 to reflect upon the challenges and lessons learned in 2020 and how these may inform efforts to build upon the pre-pandemic foundation established by the task force.

The task force was formed to further the work initiated during the listening tour and series of regional forums conducted by the Department of Children and Families' Commissioner, Christine Beyer, from the fall of 2018 through the winter of 2019. Throughout these forums, families clearly expressed that while parts of the system are functioning well and meeting family needs, clear gaps exist in the service continuum. The primary themes that emerged regarding recommended additional services to be offered by CSOC directly and/or coordinated with other child-serving systems included:

- Early childhood mental health,
- Trauma-informed services,
- Improved support for emotional and behavioral health care,
- Improved services for individuals with autism, and
- Improved service coordination and integration.

During the same time Commissioner Beyer was hearing from families on her listening tour, Assistant Commissioner Mollie Greene was appointed to lead the CSOC division of DCF. Based on the information gleaned from the Commissioner's listening tour, combined with her own assessment of the service continuum available through CSOC, and the available data on system functioning, Ms. Greene established a set of priorities that the Task Force would focus on:

- Building capacity for integrated health
- Increasing the availability of evidence-based and best practice interventions and services
- Improving access to CSOC services and supports

Throughout the stakeholder process, DCF committed to creating a plan of action to address critical issues identified by families and stakeholders that were responsive to the information gathered through Commissioner Beyer's listening sessions and regional forums, while also addressing the unmet needs of children and families and continuing to build will and maintain trust with system partners.

Process Overview

A group of stakeholders was asked to participate in the Task Force by invitation to ensure representation from across the service continuum, while keeping the size of the group to a number that allowed for productive conversations. The meetings, facilitated by the Center for Health Care Strategies, were working sessions that required an environment in which participants felt engaged and heard.

Participants were asked to consider their role on this Task Force as a CSOC thought leader. At each of the first three sessions, participants identified strengths and challenges related to one of the priority areas outlined above. Quickly, the discussion turned to generating potential ways CSOC and system partners could address gaps and challenges through adjustments to financing structures, policy frameworks and/or programmatic design and functioning. Everyone received background materials in advance of each meeting, so individuals were prepared to address the agenda topics and get to work quickly.

All background materials, meeting summaries and other relevant documents were made available to the public through CSOC's website. The webpage was updated regularly throughout the convening series, and anyone interested was able to submit relevant and constructive thoughts or insights to the Task Force by emailing communications@dcf.nj.gov. This opportunity remains available.

Results

The key outputs from the Task Force are outlined by topic area below. This report also outlines the strengths and challenges identified by participants as well as the recommendations Task Force members felt would be most impactful. Throughout the four convenings, Task Force members emphasized a few points that are worth mentioning as cross-cutting considerations:

1) CSOC serves children with different and sometimes co-occurring needs: mental and behavioral health (MH/BH) concerns, intellectual and developmental disabilities (I/DD), and substance use disorders (SUD). Children across these three populations and their families may need different kinds of services at different times throughout their development and especially during transition to the adult system. As CSOC plans to implement recommendations, it is important that consideration be given to how strategies may need to differ based on population served.
2) As currently structured, CSOC-delivered services do not always have the capacity or policy enabling the Division to meet mental health needs of parents and caregivers of children being served. Often, families may need support and treatment in addition to – or alongside – the identified child.
3) Procurement rules shape the processes by which services are developed and maintained. As CSOC looks to make adjustments to services and supports, adherence to these rules ensures a fair and transparent process.
4) A focus on workforce development is necessary to ensure access and effective interventions across the system, regardless of service type or population served.

Priority One: Build capacity for integrated health

CSOC is interested in collaborating with partners in health and early childhood services to provide seamless coordination aimed at early identification of children at-risk of or experiencing developmental delays, childhood trauma and other social determinants of health. Task Force members agreed that the strengths of the system related to integration of physical and behavioral health include the fact that there is a single point of entry for needed

behavioral health services, the strong partnerships that exist within the CSOC system, the value the system places on parents and parent advocacy, and the rich expertise that exists within the system to serve children and families with complex needs.

Key challenges

- Collaboration and coordination among system partners, as well as availability of services, vary in terms of quantity and quality throughout the state;
- Key knowledge gaps exist between physical health, behavioral health, schools, law enforcement, etc. in terms of what service pathways exist, how to best serve families with trauma histories, and what supports families need as children grow and develop;
- There is a clear gap in service availability for children three to five years old;
- Transition-age services are not sufficiently robust;
- There is a shortage of child and adolescent psychiatrists in New Jersey available for children and youth served by CSOC;
- There is a distinction between services and supports that isn't always recognized – both are needed; and
- There is a need for a richer continuum of preventive services.

Recommendations that emerged:

Develop a more prevention-oriented approach by partnering more effectively with other child-serving systems

System Mapping: Stakeholders agreed that there is a lack of understanding regarding the full continuum of services available through CSOC, other DCF divisions, and outside of DCF. Coordination of MH/BH services for children and families, as well as SUD and I/DD programs, from prevention to high-end services, exists outside of CSOC. Awareness of the full service array and collaboration among responsible parties is essential. A full system-mapping process is the first step toward identifying key service gaps and potential redundancies and developing policies and procedures for cross-departmental coordination. The initial mapping process may be relatively easy, but the difficulty will come in implementing the critical steps of maintaining the map over time, communicating the map findings and most importantly, making decisions about gaps and opportunities indicated by the map. Following completion of a system mapping process, the Task Force recommended identifying Medicaid authorities or other funding options to fill in service gaps (e.g., emergency room alternative for children and youth in crisis, EBPs that can meet specific needs).

Coordination with Pediatric Primary Care Providers: Early screening and intervention in the primary care setting are significant for early identification and intervention. This is true for identifying I/DD or social/emotional challenges, the impact of childhood trauma and early indications of substance use disorder or risk of such. Better coordination between CSOC and primary care to regularly screen for adverse experiences was recommended as a method to identify risk factors such as toxic stress, social determinants of health, developmental issues, substance misuse, and other risk factors in order to identify and connect families to timely prevention and intervention. Appropriate screenings in the pediatric primary care setting will increase the identification of youth in need of moderate to high intensity services. Early identification will improve access and linkage to services based on an individual family's needs. Successful integration will require training, support, and education on best practices.

In Motion: Behavioral Health Homes

The Behavioral Health Home Initiative offers integrated and holistic treatment for youth. DCF plans to expand service integration to reach more youth and families statewide with comprehensive services

Systemic Coordination among Child- and Family-Serving Agencies: Responsibility for meeting the complex needs of families served by CSOC requires coordination with other publicly funded sectors such as education, law enforcement, social services, and other health care services. The development of clear policies and procedures related to cross-departmental coordination – through mechanisms such as Memorandums of Understanding (MOUs) – will provide roadmaps for professionals in these sectors to

follow and a place to highlight best practices. A key component of establishing new MOUs will be to inventory existing resources, clarify where new guidance is required and where an update to existing guidance will suffice. Also, implementation strategies must be considered so that these frameworks inform practice and support regular reviews of applicability to changing landscapes.

Provide families with more holistic services and supports

Address parent needs and functioning in the context of children's behavioral health services: Task Force members were clear that it is critical for services to become more holistic to address children's needs in the context of their families. Parents and caregivers need support, and where appropriate, connection to services and support, including treatment where needed. Successful support for whole families is likely to result in an increase in family satisfaction, decreased use of emergency services and a reduction in referrals for high-end support.

Invest in workforce development: The current children's behavioral health workforce needs additional resources and capacity building to ensure it is prepared to serve children with increasing needs and their families. This investment would be two-fold: (1) adequate and appropriate compensation to retain the current workforce and expand the future workforce, and (2) training and capacity building for current and new workforce participants to ensure providers are using culturally competent best practices and are able to address multiple needs.

Build out service array for children 0-5: Task Force members identified the lack of services specifically geared toward young children as a gap in the CSOC service array. Services aren't always readily available for young children with serious emotional needs. Investment in infant mental health services is critical. Additionally, more capacity for screening and early diagnosis of intellectual and developmental disabilities is needed for children. NJ is behind the national average in diagnosis of autism by age three (although recent changes are designed to address this). Coordination with other healthcare and early childhood system partners, such as Early Intervention, is key to success in filling existing service gaps to ensure access to services for children and youth.

In motion: Aligning Early Childhood and Medicaid Initiative

New Jersey is one of eight states currently participating in CHCS' Aligning Early Childhood and Medicaid (AECM) initiative. The 20-month learning collaborative supports cross-state and cross-agency opportunities to develop and test the alignment of state programs and investments between Medicaid and other early childhood systems to drive more strategic, evidence-based investments for infants and toddlers in low-income families and demonstrate the value of early childhood cross-sector alignment for improving near- and long-term health and social outcomes of low-income infants, young children, and families.

Priority Two: Increase the availability of evidence-based and best practice interventions and services

CSOC is committed to delivering services with effective treatment models. Task Force members agreed that the current system includes many strengths related to the use of evidence-based practices (EBPs), such as the successful use of EBPs and treatments with specific populations throughout the state, a committed network of providers eager to achieve positive outcomes, national leadership in the use of family peer support, and leadership committed to continued improvement. The group also discussed the importance of thinking through the nuances of evidence-based practice implementation and acknowledging when elevating best-practices, as opposed to specific EBP utilization, is appropriate.

Key challenges

- Barriers exist for successful implementation of some EBPs, such as:
  - Cost,
  - Workforce capacity and training requirements,
  - Transportation for families to practice sites, and
  - Accountability and costs for providers and CSOC, including workforce development and fidelity monitoring.

- Coordination can be challenging between system partners (e.g., DCF, other state departments, and other behavioral health services), which may lead to duplication of services or confusion between service plans, including behavioral health treatment plans and Individual Education Plans.
- There is an opportunity to develop standardized outcome metrics across the system at each level and by population – systems, service lines, agencies, and individual programs - to help understand what services are delivering the desired results.

Recommendations that emerged:

Increase the use of services that achieve positive outcomes

Realign provider capacity with identified needs: This recommendation aligns with the system mapping process recommended above. It is important that there is an adopted formal procedure to coordinate provider capacity for delivering particular services, especially EBPs, with child, family, and system needs. EBPs are currently being delivered across a variety of service lines, but mechanisms don't necessarily exist for tracking and monitoring where they are provided, if there is fidelity to the models used, and if they are producing the desired outcomes. Once there is clear identification of what is being used and where in the state, CSOC can take the steps necessary to fill gaps and connect children and families where appropriate.

In motion: ChildStat

In 2019, the Children's System of Care (CSOC) began participating in the Department of Children and Families' data driven, county-based, continuous quality improvement process, called ChildStat. The purpose of the initiative is to facilitate open discussion about system needs both locally and statewide, in a collegial and solutions-focused forum to establish solutions to access, barriers and challenges.

Establish quality metrics: While assessments such as the Child and Adolescent Needs and Strengths (CANS) are used to identify treatment progress and the achievement of treatment goals, not all services, nor the system as a whole, have comprehensive and consistent quality metrics. Where EBPs are concerned, programs may have stated outcomes, but consistent system-wide metrics are needed to understand if overall services are achieving the intended results. CSOC service providers and its contracted systems administrator implement quality assurance and improvement activities that can inform the development of system metrics. Data-driven decision making is vital to understanding if state and federal resources are being utilized in a way that aligns with system goals and key outcome trajectories are moving in the right direction.

Assess how payment structures impact service delivery and outcomes

Evaluate procurement process: The contracting process in New Jersey, as it currently exists, presents some real barriers for private agencies interested in making long-term investments in programs and services. Cost-reimbursement contracts limited to one-year, the inability to roll unspent funds into future-year contracts and a lack of regular rate increases to keep up with inflation and new mandates, limit a provider's ability to make multi-year investments in workforce capacity and develop innovative programming.

In motion: Rate-setting workgroup and capacity expansion forecasting

The Department of Children and Families is committed to providing adequate rates to its providers and rate setting is an area to explore. The process for rate setting is confidential, advisory, and deliberative. In December 2019, CSOC conducted an open public forecasting meeting to share information with providers about current service capacity needs and anticipated requests for proposals.

Explore paying differently: Traditional fee-for-service funding models have limitations and do not always provide the right incentives or flexibility to providers. Different funding models exist for various federal and state funding streams that change provider behavior to be more aligned with best practice and may also open up expanded funding opportunities. Alternative payment models that align purchasing decisions with quality outcome measures have the potential to drive toward better outcomes for families while giving service providers flexibility in program structure Task Force members thought that CSOC should explore opportunities to use alternative payment models.

Priority Three: Improve access to CSOC services and supports

Equitable access to services across the CSOC service continuum is a clear priority. Task Force members were clear that mobile response and stabilization services are a huge strength of the CSOC service array in terms of helping families in crisis access needed services quickly and to help mitigate need for higher-end, long term services. In recent years, utilization has increased for some categories of service (e.g., care management, mobile response and stabilization, and family service peer support), but access disparities still exist across racial, socioeconomic, linguistic, and cultural lines and even regionally within the state. Additionally, services for children with intellectual and developmental disabilities are particularly challenging to access.

Key challenges

- A lack of awareness inside CSOC and among system partners about how implicit bias and structural discrimination impact the engagement of families in services as well as how service delivery decisions are made;
- For children with I/DD, system navigation can be difficult in a variety of ways:
    - The application process is burdensome,
    - There isn't always alignment with education evaluation timelines - there is associated financial burden with obtaining assessments and reports at different cadences,
    - Caregivers don't always feel supported through the process and their own mental health needs aren't addressed, and
    - Concrete support services to promote normalcy and support resiliency are not adequately resourced or easily accessed.
- Youth with substance use disorders are thought to be under-identified. There is a perception that services are difficult to access and there is a lack of awareness of what is available and how to connect youth to needed services and supports;
- The system can be crisis-driven instead of being prevention focused; and
- Resource families caring for children in the child welfare system have reported difficulty accessing CSOC services.

Recommendations that emerged:

Increase understanding of how disparities (e.g., race, class, gender, sexual identity) impact services to families

Address implicit bias within the system: Addressing inequities that exist within CSOC and among service providers is critical to ensuring children and families receive the services they need when they need them. Implicit bias contributes to inequities, so steps must be taken to raise awareness and address its impact, throughout CSOC and the provider community. Utilizing disaggregated data is an important component to this so the system understands where to intervene – demographic data isn't always easily attainable. It is critical that staff understand the value of collecting this information so disparities can be identified and addressed.

Evaluate access to services and supports for children with intellectual and developmental disabilities

Reduce the complexity of the application process: Families report that the application process for I/DD services is confusing and burdensome. Review of the current process and identifying areas of streamlining and an improved application process is needed. Families need support to orient them to the application process, which services they may qualify for and mentoring through each step of the process.

Increase concrete supports: Confusion persists regarding the realignment of services for children enabled under the Family Support Act that were previously managed by the Department of Human Services. From the outside, the perception has been that these supports are less available now that they are accessed through CSOC, although CSOC's transition to a fee for service prior authorization and payment method has increased equity of access within available budget authority. Concrete supports are critical to help build resiliency for families of children with life-long needs related to their disability.

In motion: Family Liaison Position created

DCF established a position within the Children's System of Care to address the needs of youth and families with Intellectual and Developmental Disability needs. The Family Liaison position was created to provide support for families, help them gain access to treatment, programs and services and streamline the I/DD application process.

Address changing needs as a child grows: Needed services and supports change as a child with I/DD grows and develops. Parents and caregivers often need help anticipating the changes that occur with each life-stage and planning for changes to a child's service plan that may result. CSOC can do better in helping families navigate the intricacies of the system, including as youth transition to adulthood, through an approach aligned with developmental needs.

Evaluate Substance Use Disorder service array and access

Increase access to more individualized services for youth and families: Services available to youth with SUD through CSOC do not always adequately meet the needs of the youth or their families. Because lower-intensity and acute mental health and substance use services are not managed through CSOC, it can be more challenging to identify and access services for youth who are transitioning from higher-acuity services. Tailored services are often needed to meet the needs of youth with SUD, especially ones with co-occurring mental health issues or I/DD. Task Force members acknowledged the workforce capacity challenge that exists in this service sector. CSOC is very committed to addressing issues related to the SUD service continuum and will make it a clear priority moving forward.

Assess point of entry: The referral flow for youth presenting with substance use service needs is not clear to families and system partners. Attention must be paid to where youth access services, engagement strategies used by professionals working with youth who engage in substance misuse, and how to connect youth in need with the right service at the right time.

Raise awareness of available services: Youth and families are not always aware of how and where to access clinically appropriate SUD services, and professionals from other systems like physical health and education are not always aware of how to engage youth with substance use concerns and connect youth and families to services. Cross-departmental coordination to increase access to and awareness of available, quality services is key.

What's next

DCF will convene the members of the CSOC Stakeholder Task Force to update the group on CSOC's progress during the last year on the outlined priorities, the impact of the pandemic on operations, and a review and realignment of priorities to ensure that the work is responsive to the mental health and well-being of youth and families whose needs have been exacerbated by social isolation, economic crisis, civil unrest, illness, and loss in recent months. We look forward to continued collaboration to advance an enduring vision to ensure that all residents of New Jersey are safe, healthy, and connected.