

**NJ STATEWIDE STUDENT SUPPORT SERVICE (NJ4S) NETWORK
EXECUTIVE SUMMARY**

New Jersey’s students and their families have experienced some of the deepest, most protracted effects of the COVID-19 pandemic in the United States. As we transition out of the public health emergency, we have an extraordinary opportunity and an unprecedented responsibility to ensure access and equity in support for youth mental wellness. Responsively, DCF is launching a reform of the School Linked Services network.

In the 35 years since the inception of New Jersey’s School-Linked Services (SLS) portfolio, decades of research have yielded insight into factors influencing youth development and student success. Concurrently, New Jersey’s schools and communities have experienced substantial social, demographic and economic change. Today, the SLS network is limited in scope and reach. Of the nearly 1.4 million students in the New Jersey public school system, only 25,000-30,000 students (approximately 2% of the student population) are supported by the state’s School Linked Services Program annually. While the existing network provides meaningful support to many of the students it serves, it has not comprehensively adopted evidence-based approaches in use in many other parts of the United States, is not poised to be scalable to all school districts in the state, and – due to inconsistent operating models – it is not positioned to maximize federal funding streams.

The newly designed NJ Statewide Student Support Service (NJ4S) Network will modernize and expand New Jersey’s School Linked Services to increase its reach far beyond the 2% of New Jersey students that are currently engaged, while ensuring continuity of supports; will directly engage youth, parents, and community leaders in design and implementation of regional programming; will be formally integrated with other major youth-serving systems throughout the state; and will maximize resources through the use of an innovative statewide hub and spoke model. These reforms are timed to be fully operational for the 2023-2024 school year.

The following concept paper provides greater detail about this exciting reform. New Jersey has never backed down from challenges. We look forward to meeting the challenge of supporting our students head-on, with the passion, knowledge, and dedication for which we are known.

Christine Norbut Beyer, MSW
Commissioner

**NJ STATEWIDE STUDENT SUPPORT SERVICE (NJ4S) NETWORK:
ENSURING NEW JERSEY MEETS THE NEEDS OF SCHOOL AGED YOUTH**

INTRODUCTION

New Jersey is consistently ranked as among one of the best states in the nation for public education, serving the academic needs of a diverse population, both in terms of race and culture, but also in terms of socio-economic circumstances. Despite New Jersey’s success in the academic realm, stakeholders, administrators, educators, and students acknowledge that more needs to be done to address the emotional and behavioral well-being of students, in and out of the classroom. Like the rest of the United States, and indeed the globe, New Jersey’s students and their families have experienced deep and protracted effects of the COVID-19 pandemic, manifesting as increased rates of stress and anxiety among children and adolescents. As we face a world that looks different following these impacts, we have an extraordinary opportunity and an unprecedented responsibility to ensure access and equity in support for youth mental wellness.

New Jersey is well-positioned to fundamentally evolve the delivery and service model of the state’s school-linked services programming. Advancing the ways in which the state supports youth mental wellbeing will build upon decades of reformation of other public systems that foster children’s growth and development in conjunction with their education, including behavioral health care, juvenile justice, and child protection. With need and opportunity in alignment, now is the time for bold steps, to expand the necessary supports of school linked services beyond the limited groups of students it currently reaches, to leverage evidence-based approaches to building student wellness, and to ensure that New Jersey is stepping up to innovate supports for students inside and outside of academia – just as the state did 35 years ago when it launched the original school based programming in New Jersey.

Our goals are to build a network that provides support for all school-aged youth and their families, expanding support beyond the 2% that are served currently, and that offers deeper support and brief intervention to schools in communities with demonstrated higher levels of need. The network will ensure that services are evidence-based, culturally competent, and available in a variety of spaces, both in schools and in communities, to meet the wide range of New Jersey’s diverse youth, recognizing their identities, preferences, and needs. Finally, the system will center youth voice and experience, along with parents, school leaders, and communities to lead with agency and their invaluable perspective, ensuring services are meeting their needs and adapting with changing circumstances.

To achieve these goals, DCF is taking necessary steps to modernize and expand New Jersey’s School Linked Services, evolving the portfolio to a new iteration as the NJ Statewide Student Support Service (NJ4S) Network, an innovative, statewide hub and spoke model, timed to be fully operational for the 2023-2024 school year. This Concept Paper describes the Department’s goals and initial plans for the re-engineering and evolution of the NJ4S network. Stakeholders and members of the public are invited to submit written comment by emailing NJ4SFeedback@dcf.nj.gov.

BACKGROUND

Understanding and Centering the Needs of New Jersey’s Students and Their Families

Understanding the identities and needs of students is fundamental in designing approaches to meet those needs in order to develop supports that recognize the incredible cultural and racial diversity of the student population and can be equitably applied. Programming aimed at supporting students cannot be designed around students alone; students live in the context of families, schools, and communities, and all three

environments matter. Concerns for youth mental health are well-founded and growing, recognizing that youth and their families experienced stressors prior to the pandemic that in many significant ways have been magnified. Importantly, youth who are struggling often reside in families in which at least one parent is struggling too, and efforts to support the students must also offer support to the whole family.

New Jersey is one of the most diverse states in the nation and state supports must recognize and account for this diversity as we try to best support all of New Jersey's 1.4 million school-aged children. A majority (55%) of youth under 18 are non-white, nearly half (40%) live in immigrant families, over one-third come from single parent households or are raised by adults other than their parents (30% and 4%, respectively), and over 10% of New Jersey children live in poverty.¹

While there is a growing national focus on youth mental health and student behavioral concerns, the crisis pre-dates the COVID-19 pandemic. Prior to the onset of COVID-19, the NJ Department of Education's (DOE) [Annual Report on Student Safety and Discipline in New Jersey Public Schools](#) included data that support the need for prevention programs in schools. The report found over 7,500 instances of school personnel reporting incidents to police, half of which were mandatory referrals. Additionally, most Harassment, Intimidation, and Bullying (HIB) incidents occurred on school grounds, and Asian and Black students, students with disabilities, and girls were more likely to be targets of HIB related to their identities. Finally, over 55,000 students were suspended from school that year on at least one occasion, with males and Black students facing disproportionately high suspension rates.

More recently, the United States Surgeon General issued a report, [Protecting Youth Mental Health](#), which highlights how the pandemic has altered the world that children and youth knew before. The report illustrates how COVID-19 increased isolation, altered access to services and the needed supports that help families thrive, and how direct impacts of sickness created long-term symptoms or caused the loss of loved ones, all of which have profoundly impacted youth mental wellness and development.

In order to learn more about the health and mental health of families in New Jersey as a result of COVID-19, DCF partnered with the Rutgers Center for State Health Policy to conduct a statewide survey from September 2021 through February 2022. Among other findings, this survey revealed a third (34%) of parents report that their school-aged children have poor or only fair mental health, 65% report they are very or somewhat concerned about their children's mental well-being, and 40% report they are very or somewhat concerned about their children's behavior because of COVID-19. Additionally, the survey demonstrated the impacts that family conditions have on youth wellness, as students struggling with mental health issues were more likely to be reported to live in households that were struggling economically and/or with a parent who is also experiencing mental health challenges. Around one quarter of parents reported being anxious (20%) or lonely (28%), while 14% reported being depressed in the last two weeks. Black and Hispanic parents were more likely to report their children had poor or only fair mental health and that as parents they experienced greater symptoms of anxiety, loneliness, and depression than white respondents. These findings are especially important given that [research](#) has shown that poor parental mental health is a top indicator for increased likelihood of Adverse Childhood Experiences (ACEs), poor youth mental health, and family poverty.

Existing Services and Supports Available to NJ Youth and Their Families

Through its Children's System of Care (CSOC) as well as partnerships with providers, other agencies, and public systems, DCF offers a wide range of services for children up to age 21 for behavioral health and

¹ [Annie E. Casey Foundation KidsCount database](#)

developmental disability needs. These services include community-based services, in-home services, out-of-home residential services, and family support services. In addition to existing services such as 24/7 mobile crisis response, care management, family support, and community and residential treatment networks, DCF continues to build out CSOC and its programming to meet the evolving needs of youth and their families in a variety of ways. A full list of these programs and supports can be found in Appendix A.

Recent investments in CSOC have resulted in increased rates for individual and developmental services offered, achieving parity with the adult system. Similarly, increased investments in the NJ Pediatric Psychiatric Collaborative, the launching of 988 to connect people experiencing a mental health crisis to services and emergency response, as well as DCF participation in interagency and cross-sector partnerships to launch initiatives such as the DREAMS program in collaboration with DOE, and Garret Lee Smith suicide prevention training with DOH have all been important contributions to addressing the increased mental health needs of New Jersey youth and their families. It is critical that school linked services are fully connected and an integral part of this web of support services for families.

School Linked Services

New Jersey's School Linked Services programs were created 35 years ago, prior to the development of additional, major public programs for youth and their families like those described above. The current School Linked Services portfolio consists of a set of programs aimed to support various, distinct populations with some prevention programs designed for all students in participating schools. Collectively, the programs are operating in only 5% of New Jersey's schools (136 out of 2,493) and serving less than 3% of New Jersey's nearly 1.4 million K-12 students.

- **School Based Youth Services (SBYS)** (in 90 schools (3.6%)), launched in 1988, SBYS is intended to link schools with social service providers to provide a variety of supportive programs.
- **Family Friendly Programs** (in 38 schools (1.5%)), launched in 1999, to provide modest funding enhancements to afterschool programming in elementary and middle schools.
- **Parent Linking Programs** (in 8 of the SBYS sites), launched in 1989, intended to provide support to expecting and parenting teen mothers and fathers.
- **Adolescent Pregnancy Prevention Initiative** (in 10 of the SBYS sites), launched in 2000, intended to provide pregnancy prevention skills and knowledge to support the student's ability to achieve their educational goals.
- **School Based Health Centers** (in 5 schools), launched in 2005, intended to provide primary medical, dental, and behavioral health care services to students and families.
- **Prevention of Juvenile Delinquency Programs** (in 3 schools), launched in 2007, focusing on juvenile delinquency prevention strategies and self-regulation skills to prevent behaviors that can impede the student's achievement of their education and life goals.

RE-ENGINEERING SUPPORT FOR NEW JERSEY'S STUDENTS

In the 35 years since the inception of New Jersey's School-Linked Services (SLS) portfolio, decades of research have yielded insight into factors influencing youth development and student success. Concurrently, New Jersey's schools and communities have experienced substantial social, demographic, and economic change. Across those decades, the state's children's behavioral health, child protection, and community prevention systems have evolved, creating new capacity to support students and families in ways that did not exist previously. While we recognize that during its tenure, the SLS programs have provided meaningful supports to the students it has served and that youth who have interacted with SLS, including SBYS, have had positive experiences, the increasing youth mental health crisis has laid bare the need to evolve services to meet the needs of all students throughout New Jersey. The onset of the COVID-

19 pandemic has further served to highlight the need to create a more holistic, integrated, and statewide approach to student support, and importantly, an approach that can engage existing systems and community partners to reach vastly more than the 2% of NJ's students currently served by SBYS.

Accordingly, in Fall 2021, DCF launched a re-engineering effort for School-Linked Services to ensure that the state's system of services is meeting the needs of today's youth with comprehensive, universal, and sustainable supports. The effort set out with the goals of creating an action plan to identify student needs and priorities; identify parent supports to aid in student academic success; identify barriers, facilitators, and opportunities for achieving DCF's stated goals; and promote evidence-based prevention strategies that facilitate youth success in school. This work began with students and families. It was critical to have their lived experience to help DCF identify what was working and what wasn't with current programming, to build upon good work already taking place in school-linked programs, as well as to "think outside of the building" about how communities and schools can be better connected to students' needs.

In partnership with the Center for Health Care Strategies (CHCS), DCF underwent a comprehensive stakeholder engagement process, creating a workgroup inclusive of school leaders, parents, youth, government stakeholders, and representatives from the provider network. Together, the workgroup worked through a discovery phase inclusive of literature review, focus groups, and survey data collection, between October 2021 and January 2022.² Additional data sources available to DCF included the School-Based United December 2020 student survey which surveyed 5,500 6th-12th grade NJ students, the U.S. Surgeon General's Advisory on Protecting Youth Mental Health, the NJ Department of Education Tiered System of Supports framework, and leading research on youth mental health needs and best practices.

Findings from the stakeholder engagement and research process included:

- **A majority of students** report that they prefer to receive mental health support or counseling remotely or in a non-school location rather than in their school (66%, according to the School Based United survey). Additional research has shown that youth want a variety of options for accessing mental health services, but also found that one-third of youth would not feel comfortable seeking mental health services on campus, clearly demonstrating the need to ensure a diversity of access points in schools, communities, and virtually so that students can seek help in the spaces that will best meet their needs.³
- **Educators and others working in schools** are particularly concerned about reported increases in violent behavior and substance use/abuse.
- **School Administrators** reported the need to enhance professional development for staff, including trainings on cultural sensitivity and trauma-informed practices; the importance of implementing curriculum-based approaches and school program enhancements; and the value of trauma-informed counseling and family therapy in schools, parent education workshops, substance use/vaping prevention support and gang/violence prevention programs.
- **Multiple groups** reported a need to build stronger collaboration across state and public systems, and between schools and communities to enhance efficiency and expand service capacity.

The process also identified several outcomes that school linked services should seek to achieve for students, families, schools, and communities to holistically support youth development, mental health wellness, academic achievement and career preparation, and community connectedness. These include

² For additional information regarding the summaries of the findings and stakeholder convenings, please visit the DCF website at <https://www.nj.gov/dcf/providers/fcp/sls>.

³ [Youth Mental Health in America: Understanding Resource Availability and Preferences](#)

reduced stigma for accessing mental health services, academic improvements including higher grades and graduation and college acceptance rates, reduced youth violence in schools and communities, and improved community connectedness including engaging in community events and community service projects and building generational connections, such as those with the aging population. These outcomes can be measured through pre- and post-tests as appropriate, analysis of school and police records, and advancement of policies that demonstrate a positive impact on community and school wellness.

MOVING AHEAD: NJ STATEWIDE STUDENT SUPPORT SERVICE (NJ4S) NETWORK

Having undertaken this thorough internal and external discovery and stakeholder engagement process, DCF has drafted its plan for the evolution of the state’s school-linked supports for students and their families. This next phase of the program’s life, NJ Statewide Student Support Service (NJ4S) Network, will create an innovative, statewide network of support that is fully integrated in schools and communities at the local and state levels. DCF will strengthen and expand the reach of school-linked services with an approach that is not bound by bricks and mortar and that holistically addresses the diverse needs of today’s students and their parents/caregivers especially as they face a changing landscape stemming from the pandemic. Evidence-based programming; student and parent voice and engagement; and connections between schools, students, parents, and communities will all be centered in the work. This evolution of school-linked services further seeks to ensure continuity of supports for students; ensure universal access to services to all schools in New Jersey; and holistically connect the youth mental wellness programs, providers, and supports throughout the state into a comprehensive and collaborative system that meet youth where they are at and in the accessible and supportive environments that youth desire.

The primary goals of NJ Statewide Student Support Service (NJ4S) Network are:

- **Create a statewide network** of supports for students and their families offered to all New Jersey school districts.
- **Recognize the whole family** –in addition to the individual student – as the focus of support and to increase academic achievement.
- **Provide a standard set of supports and services, with local adaptations**, that leverage the best approaches the field has to offer, so that no matter where a New Jersey student lives, they can be assured of accessing a core set of high-quality services and programming.
- **Involve communities in design and implementation** and ensure integrated programming.
- **Intentionally integrate with existing statewide and community-based services and supports for school aged youth**, to maximize public funding and avoid duplication of services.

NJ Statewide Student Support Service (NJ4S) Network will consist of a hub-and-spoke model (HSM) network. HSM was designed to increase the effective and efficient use of resources by offering a centralized, regional location (hub) that is set up to receive requests for an array of services. From the hub, services are provided at the local sites (spokes).

Hubs will employ key staff, including a hub director, assistant director, support staff, prevention specialists, and mental health counselors to provide universal resources and targeted support aimed at promoting positive mental health, teaching, and strengthening social, emotional, and behavioral skills, and supporting a positive school climate and staff well-being. The primary focus will be on prevention: substance use, suicide, bullying and violence, pregnancy, and other prevention-focused areas of need. Hubs will deliver a variety of supports and programming to the schools in their region:

- **Universal support provided to all NJ schools:** Hubs will regularly share or make available relevant and useful information and resources to all school communities (K-12) in their service area.

Communications will come in the form of email listservs, webinars, flyers, etc. School districts can opt in or out of information sharing.

- **Targeted Support:** While DCF will partner with the DOE to support evidence-based social emotional learning programs in elementary schools, targeted supports are directed at junior and senior high school students. Hubs will deliver, manage, or coordinate the delivery of tiered services to specific school communities based on identified needs and eligibility. Services will include evidence-informed prevention and clinical interventions aimed at addressing more serious student mental health concerns and providing short-term interim interventions while youth and/or families are connected to ongoing community support services. Service provision and delivery will be organized into tiers:
 - **Tier 1** includes universal prevention interventions that benefit all students. Services can be delivered through school-/district-wide programming or curriculum efforts 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, Signs of Suicide, Botvin/Life Skills Training, Success for Kids and Project KIND.
 - **Tier 2** includes early identification and focused prevention interventions. Services can be delivered through small group interventions, brief individualized early intervention services, 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), Botvin/Life Skills Training, and Success for Kids.
 - **Tier 3** includes 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.

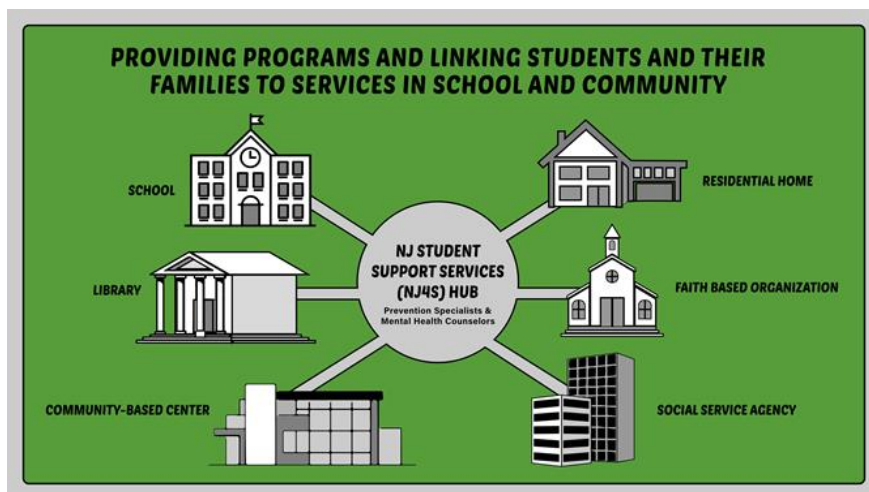
Tiered services will be delivered at times, in locations, and using methods that work best for students and their families as determined by the advisory group (see below) and community engagement. This will include programming in school buildings but can also include remote services and programming in community locations off school grounds, such as Family Success Centers (NJ's statewide network of 57 one-stop shops that provide wrap-around resources and supports for families), community centers, libraries, businesses, or other locations in which the hub establishes relationships and partnerships that are accessible and convenient to students and their families. To achieve this, hubs will be required to demonstrate formal relationships with a wide range of community programs, including mental health treatment providers, that can benefit students and their parents.

Each NJ4S hub will be required to establish and maintain an **advisory group** comprised of students, caregivers, school personnel, social service agencies, businesses, faith-based organizations, and other community leaders. This group will be required to be established at the formation of the hub, and will provide ongoing input on hub design areas of focus, supportive community resources, etc.

At a statewide level, DCF will provide comprehensive management and technical assistance to the NJ4S Network and will work with hubs collectively and individually to **ensure appropriate linkages and collaboration**, to schools and other major public service networks, including the statewide Family Success Centers, CSOC, and relevant programming offered through the Departments of Education, Health, and Human Services. Utilizing American Rescue Plan funds allocated in the FY2023 Budget, DCF will also identify opportunities to maximize federal revenue and will invest in a **data system** to support the work of the hubs and spokes.

The Spokes

While hubs provide the expertise and staffing for program delivery, the spokes are sites where programming will be delivered. This will include school and will also include additional spaces utilized by the community, such as Family Success Centers, community centers, libraries or other locations that are accessible and conducive to the programming offered. It also includes the community services to which students, or their parents/caregivers may be referred.



Transitioning to Regional Hubs

The transition to regional hubs will occur during the 2022-2023 school year with no change or disruption to current school-linked service provision through June 30, 2023. All components of the school-linked services will continue uninterrupted through the current state fiscal year, ending June 30, 2023. DCF will ensure through the transition that students currently receiving services will continue to be supported.

After the review of public comments related to this Concept Paper, DCF will release a Request for Proposals (RFP), with awards planned for early 2023. Following awards, Hubs will have approximately 6 months to fully staff and address start-up activities, including a requirement to form and maintain its community advisory committees. The expectation is that 15 hubs will become fully operational prior to the beginning of the 2023-2024 school year (September 2023). It is anticipated that New Jersey schools may begin submitting applications for Hub programming in April 2023, for the 2023-24 school year.

CONCLUSION

In the past several decades, New Jersey has advanced major reforms in the children’s behavioral health care system, juvenile justice system, and child protection system that have created an atmosphere of transformation, eroding previous institutional barriers to restrict or prevent change. Emerging from the COVID-19 pandemic, New Jersey is facing a unique opportunity to evolve its supportive services for school-

aged youth and their families, to create a statewide network of supports for students and their families that recognizes the whole family without losing sight of the needs of the individual student, that creates vital connections to the community, and that offers the promise of school linked programming on a much wider scale.

The reformation outlined in this paper will allow for rapid expansion to a universally accessibly statewide system of evidence-based, culturally responsive, and consistent supports across the entire network, while giving individual hubs the ability to adapt to the needs of their unique communities. This is the promise and vision of the NJ4S Network – that schools, in many cases the center of their community, be empowered, so that they are not just enriching the academic growth of their students, but also providing the skills and supports to foster resiliency, social development and emotional maturity – that we position New Jersey’s students to achieve success and live happy, fulfilling lives.

Appendix A: Existing Network of DCF Youth Mental Health Programs and Supports

24/7 Support

9-8-8

As of July 2022, 9-8-8 became the national dialing code for people experiencing a mental health crisis, and it will connect callers to suicide prevention and mental health crisis counselors.

2ND FLOOR

2NDFLOOR (888-222-2228) is a confidential and anonymous helpline for New Jersey's youth and young adults, which is available 24/7 365 days a year to help youth find solution to the problems they face.

PerformCare

PerformCare (877-652-7624) is available to help families connect to services for children and teens with emotional and behavioral health care challenges and their families.

Mom2Mom

Mom2Mom (1-877-914-MOM2) offers 24/7 peer support to parents of youth with special needs.

Suicide prevention

Zero Suicide

The Children's System of Care (CSOC) has been granted the opportunity to work with the Educational Development Center (EDC) on Zero Suicide, which is a Transformational Framework for Health and Behavioral Health Care Systems. The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable.

Garrett Lee Smith Suicide Prevention Training

Awarded to the NJ Department of Health (DOH) in November 2020. DCF is partnering with DOH on the Garrett Lee Smith grant to increase training for system partners and community-based youth-serving organizations related to suicide prevention and management/ treatment of suicide ideation and attempts. An additional DCF component of the grant is the Regional Care Coordinator program which will connect youth and families with services prior to discharge from the hospital for suicide ideation and/or attempt and includes follow-up with the youth & family in the weeks post-discharge.

Society for the Prevention of Teen Suicide

The State has provided the Society for the Prevention of Teen Suicide (SPTS) \$1.2 million in federal funds to expand dissemination of critical crisis and behavioral health toolkits to support caregivers in building awareness of youth mental health needs and crisis supports. SPTS aims to provide materials to families of fifth graders across the entire state as a prevention tool, as well as hospitals and mobile response units to support caregivers when youth are experiencing a mental health crisis, particularly a suicide attempt.

Clinical Service expansion and improvement

Promising Path to Success

CSOC has received two consecutive SAMHSA grants that have allowed DCF to promote the evidence based Six Core Strategies and the Nurtured Heart Approach throughout CSOC, community-based organizations, the state's child protection system, and DCF Office of Education schools. These approaches rely on a layering method of training and coaching to support and engage staff while assisting them in creating healing-centered environments for youth, ultimately increasing opportunities for young people experiencing challenges to be successful.

Attachment, Self-Regulation and Competency (ARC) Training for IIC Providers

The ARC Framework is a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma. ARC Grow is a caregiver skill building intervention designed to enhance resilient outcomes for families who are impacted by chronic adversity or stress. ARC's foundation is built upon four key areas of study: normative childhood development, traumatic stress, attachment, and risk and resilience. Drawing from these areas, ARC identifies important childhood skills and competencies which are routinely shown to be negatively affected by traumatic stress and by attachment disruptions, and which – when addressed – predict resilient outcomes. DCF is currently making ARC training available to providers of Intensive In-Community (IIC) treatment.

Intensive In-Home Clinical Capacity Building

CSOC maintains a network of Intensive In-Home (IIH) Services for youth with intellectual and developmental challenges, services that include multiple modalities of supports. In order to increase the capacity of the IIH Clinical/Therapeutic program, CSOC is contracting for service capacity in the use of DIR Floortime, an approach proven to be effective for children and youth with educational, social-emotional, mental health, and/or developmental challenges, including autism spectrum disorders.

Infant and Early Childhood Mental Health-Zero to Five: Helping Families Thrive

In partnership with the Center for Autism and Early Childhood Mental Health at Montclair State University, DCF is currently implementing an initiative entitled “Zero to Five: Helping Families Thrive”. Through this multiyear initiative, cohorts of clinicians and frontline Mobile Response and Stabilization Services (MRSS) staff will be trained in an infant mental health framework, and clinicians will have the additional opportunity to become certified in Child-Parent Psychotherapy, an effective evidence-based treatment model. This professional formation will enable DCF to develop capacity to support families of infants and young children, ages 0 to 5, with urgent, and/or complex needs.

Community Resource Development programs

CSOC makes Community Resource Development funds available annually to the Care Management Organizations to support the development of resources that promote the resiliency of youth and families, in particular, in communities that are disproportionately impacted by the social determinants of health.

Cross-Sector partnerships to support youth and their families

DREAMS: (Developing Resiliency with Engaging Approaches to Maximize Success)

A collaboration between DCF and DOE, DREAMS, which was first piloted in the 2021-2022 school year, provides access to new and innovative approaches for educators to support youth and families during the public health crisis and in the aftermath to help youth through the recovery and resiliency process. DREAMS promotes healthy and healing school environments by reducing restraints and disciplinary acts and providing teachers with resources and support to ensure job satisfaction and classrooms that are conducive for youth/student learning.

Pediatric Psychiatry Collaborative

The Child Mental Health Collaborative (CMHC), commonly referred to as the Pediatric Psychiatry Collaborative (PPC), increases the capacity of pediatric primary care providers to identify and manage child mental health and substance use disorders, and to connect children and families with specialty care services when clinically indicated. The program is leveraging two innovative approaches at a time when the importance of child substance use and mental health identification and early intervention is increasingly recognized: integrated primary and behavioral health care and the use of telehealth as an extender of specialty care to increase access to child psychiatry services.