NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

for ADVOCATES FOR CHILDREN OF NEW JERSEY

DCF / ACNJ Virtual Forum

Monday, November 9, 2026

DCF / ACNJ VIRTUAL FORUM – AGENDA

Duration	Agenda Item
5 minutes	**Opening and Welcoming Remarks** Mary Coogan, Esq., President & CEO, ACNJ
20 minutes	**DCF Vision, Direction and Strategic Initiatives** NJ DCF Acting Commissioner Joseph E. Ribsam Jr.
15 minutes	**Child Care and Start Strong NJ** Winifred Smith-Jenkins, Ed. D., Director of Early Childhood Policy and Advocacy, ACNJ
15 minutes	**NJ4S Update** NJ DCF Assistant Commissioner for the Division of Family and Community Partnerships Sanford Starr
5 minutes	Break
10 minutes	**Maternal Health Update** Winifred Smith-Jenkins, Ed. D., Director of Early Childhood Policy and Advocacy, ACNJ
15 minutes	**NJ's System of Care – Beginnings and Sustainability** Stacey Reh, CSOC Assistant Division Director of the Office of Integrated Health and Wellness
10 minutes	**Update on Federal Changes to SNAP and NJ FamilyCare / Medicaid** Mary Coogan, Esq., President & CEO, ACNJ
10 minutes	**Update on Task Force Efforts to Reform Mandated Reporting** Mary Coogan, Esq., President & CEO, ACNJ
5 minutes	**Closing Remarks** Mary Coogan, Esq., President & CEO, ACNJ

DCF Vision, Direction, and Strategic Initiatives

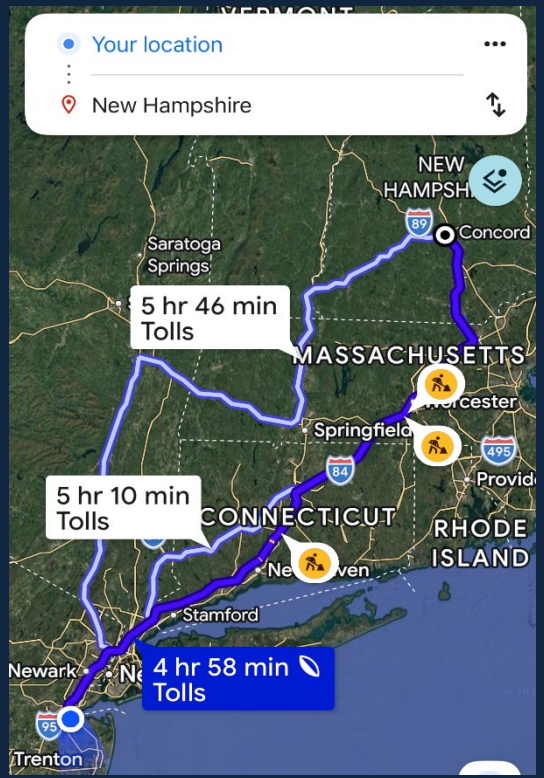
Joseph E. Ribsam Jr.
Acting Commissioner
NJ Department of Children and Families



Let Me (re)Introduce Myself

FAST FACTS ABOUT ACTING COMMISSIONER RIBSAM

- Began public service as a teacher in Trenton public schools
- Shifted to law; began working for NJ DCF in 2008 as an attorney.
- Became Asst. Commissioner for Legal, Regulatory & Legislative Affairs, and Deputy Commissioner.
- Left DCF in 2018 to serve as Director of the New Hampshire Division for Children, Youth, and Families.
- Became Director of Child Welfare and Juvenile Justice Policy at the Annie E. Casey Foundation in 2023.
- Rejoined NJ DCF as Acting Commissioner in 2026.



What CAN and SHOULD Child Welfare Be?

- Measured and controlled; seeking the least disruptive solution.
- Protective and forward-thinking.
- Collaborative and partnering; a navigator that empowers families.
- Respectful of families' dignity and humble enough to accept lived experience narratives to improve the system.
- Trying to put itself out of business.

What Should Child Welfare NOT Be?

- All things to all people.
- Stuck in “this is how it’s always been done.”
- Mandating to families instead of uplifting them.
- Ignoring lived expert voices and moralistic; “we know better.”
- Accepting of intergenerational trauma as the cost of doing business; we can’t sit by and accept that a pipeline of families coming to DCF generation after generation is just “normal.”

Building on Our Progress

- Progress in the child welfare space (at least in NJ) has been iterative – building on the best features of the previous administration.

- Ensuring sense of stability and flow for contracted partners and people being served.

- Establishing a mechanism to preserve institutional knowledge – to learn from the people who've been here
    - Pulling in feedback from the frontline staff, and creating opportunities for them to inform our path forward.

DCF Senior Executive Team



Bonny Fraser

Chief Legal Officer



Carmen Diaz-Petti

Chief of Operations

Steven Dodson

Chief Financial Officer



Anna D. Martinez

Asst. Commissioner, Division on Women



Sanford Starr

Asst. Commissioner, Division of Family and Community Partnerships

DCF Senior Executive Team



Alfonso “Nick” Nicholas

Deputy Commissioner



Clinton Page

Deputy Commissioner, CP&P



Ruby Goyal-Carkeek

Deputy Commissioner, CSOC



Nancy Carre-Lee

Chief of Culture, Leadership, and Collaboration



Patricia Teffenhart

Chief of Staff

Reorganizing Around Natural Partnerships

- Office of Culture, Leadership and Collaboration
  - Office of Community, Connection, and Leadership
- New Leadership Structures for DCP&P and CSOC – Deputy Commissioner and Asst. Commissioners
- Connections under Deputy Commissioner Nicholas
  - Financials in the same reporting line as OTPD – maximizing our ability to claim federal dollars.

Valuing our Clients' Dignity and Autonomy

- Exploring ways to embed lived experience in other day-to-day decisions.
    - New Hampshire invited lived experts onto staff hiring interview panels.
- Moving away from transactional to strategic, collaborative, and proactive.
- Staying rooted in our "why" and core principles, rather than being ruled by and responding to the emergency.

Responding to the Moment – Youth Mental Health

Every state in the nation is experiencing a crisis around youth mental health.

To respond, we must:

- Reconnect to the system of care principles.
- Establish CSOC as THE public mental healthcare system for young people under age 21.
- Develop a continuum of care approach – from NJ4S and prevention-forward strategies to deep clinical and therapeutic interventions.
- Bolster program capacity – right services for the right intensities of service.

Next Steps

- Continuing to learn from leaders, stakeholders, staff, and families served around their priorities, pain points, and ideas to move us forward.

- Open to input – everyone has a voice in advancing this work and developing programs and partnerships to improve outcomes.

- Further out, will explore more formal pathways to strategic plan that will guide us into the future.

NJ4S Update

Sanford Starr
Assistant Commissioner, Division of Family and Community Partnerships
NJ Department of Children and Families



Key Points

- Current Status
- Key Partners and Legislation
- DCF/DOE Shared Governance
- Priority Programming for Evidence-Based Prevention
- Addressing Clinical Needs
- Addressing Consistency across the NJ4S Network – Manualization of the Program
- Planned Outcomes Evaluation

NJ4S Status: Current Status, Reach and Engagement

- Current Status
  - NJ4S is fully operational while continuing to replace NJ4S hub staff who left between March and June 2026 due to job insecurity—concern about program ending.
  - Training new staff on evidence-based programs

• Schools **ELIGIBLE** for Tier 2 and Tier 3 services	1,135 across 599 districts
• Schools **REACHED** (school reps identified)	940 (83%) across 504 districts
• Schools **ENGAGED** (all time)	673 (59%) across 375 districts with 11,328 applications

Goals for Reach and Engagement for the 2026-2027 school year:

95% Reach = 1,078 schools

80% Engagement = 908 schools

Key Partners - Legislative Additions in the FY 27 Budget

(in thousands)

Kooth Digital Health (Leg. Ad.) $ 500
https://solunaapp.com/newjersey

- A free, confidential mental health and self-care mobile app for teens and young adults ages 13-18. Key Features include:
  - 1:1 Coaching and Therapy – Access to free drop-in coaching chats and scheduled video or text session with licensed mental health professionals
  - Self-care & interactive tools such as mood tracker, goal-setting, breathing exercises
  - Peer Support - Moderated, safe online community spaces to connect with other teens
  - Resource Directory

Key Partners - Legislative Additions in the FY 27 Budget

	(in thousands)
Hazel Health (Leg. Ad.) https://www.hazel.co/partnerships/new-jersey	$ 2,000

- School-Based Telehealth: On-demand mental health care to students either at school or from home for K – 12th grade
- No Cost to Families: Hazel Health bills insurance or works through school districts and state partnerships to cover remaining costs
- Must have MOU with school districts for participation

S-4413 / A-5235 (P.L.2026, c.92) - SPARK

Establishes School-based Partnership for Access and Resilience for Kids (SPARK) program: ($8M in 2027 Budget)

- DCF will issue an RFP to provide a mobile mental health app that delivers universal, age-appropriate mental health information and resources specifically tailored to students in kindergarten through grade 12 and their families. DCF ensures that information and resources provided via the mobile app complement the services available to students and families through NJ4S and the SPARK pilot program

- Establishment of an 18-month pilot program, to begin January 2027, in up to 10 school districts. The purpose is to connect students who have been identified as requiring longer-term mental health needs or who have high-acuity behavioral health needs with a SPARK program navigator to connect to services

DCF and DOE SHARED GOVERNANCE for NJ4S

Areas expected to benefit from a shared governance approach:

- Communications
- New and emerging issues
- What schools need from NJ4S
- Programs to emphasize
- Feedback on what is working and what isn't
- Data
- Improved Alignment with DOE / School Policy, Processes, Expectations
- Training Needs

NJ4S Priority Programming

- Focus on Tier 2 and Tier 3 Programming
  - Maintaining Fidelity to the Model

All NJ4S Hubs are prepared to provide prevention and clinical interventions for:

- School Absenteeism/Refusal
- Bullying/Cyberbullying
- Eating Disorders
  - NJ4S is required to address by law.
  - Body Project
- School Staff Training/TA

Body Project Key finding: A recent trial found that The Body Project produced a **77% reduction** in future onset of eating disorders over a 2-year follow-up, the strongest prevention effect ever reported.

Eating Disorders: A-4984 / S-3862 (Session 2024-2025)

- The Department of Children and Families shall be authorized to expand the services provided by the NJ Statewide Student Support Services program to include eating disorder awareness, prevention, and counseling services, and to require a regional hub contracted with the Department to administer the NJ Statewide Student Support Services program, when conducting a community-based needs assessment of the available services pursuant to subsection b. of this section, to review and assess the information and services relating to the treatment and prevention of eating disorders.
- In consultation with its Advisory Group, a regional hub shall assess the needs of the community it serves for services relating to the treatment and prevention of eating disorders, including eating disorder awareness, prevention, and counseling services, determine whether the students in the community, grades K through 12, are receiving such services, and based on the results of the assessment, develop and adopt policies and procedures to provide students in grades K-12 with eating disorder awareness, prevention, and referral to counseling services and treatment, as appropriate.
- Approved January 2026 and Effective April 2026
- The bill can be found here: https://www.njleg.state.nj.us/bill-search/2024/A4984/bill-text?f=PL25&n=366_

Addressing Student Clinical Needs

- Our marketing research firm spoke to school personnel about the characteristics of student they were concerned about.
- A series of 14 archetypes were developed out of those interviews.
- NJ4S clinicians who reviewed the set of archetypes indicated that those were the students they were in fact seeing.

Shared Tools, Shared Language, Shared Practice

Rolling Out the NJ4S Program Manual for Year 4

Shared Tools — Manual resources, templates, and quality supports

Shared Language — Common terms, service flow, and model expectations

Shared Practice — Consistent implementation across hubs

Co-designing Standardization and the NJ4S Practice Model

- Consistent definitions
- Consistent referral pathways
- Consistent documentation
- Consistent workshop quality
- Clear expectations for hubs and providers

Planned Outcomes and Additional Data Collection – Phased In

Tier 1

- Exit info: What did you learn? What might you do differently? How can you use the information you heard?

Tier 2

- Pre-Post Assessments collected as part of an evidence-based program
- Survey data

Tier 3

- Focus on priority programs—eating disorders, bullying, absenteeism.

School Satisfaction Survey

- Focus on perceived changes in condition / behavior (did attendance improve, behavioral incidents decrease, connect to treatment, knowledge of supports, value to school)

New Web Page and Previous Evaluation and Data Reports

New Portal
https://www.nj.gov/nj4s/

Evaluation and Data Reports
https://www.nj.gov/nj4s/saying/data-outcomes/index.shtml

- NJ4S Early Implementation Insights Report
- NJ4S Annual Report (2024-2025)
- NJ4S Annual Report (2023-2024)

FIVE-MINUTE BREAK

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NJ's System of Care – Beginnings and Sustainability

Stacy Reh
CSOC Assistant Division Director of the Office of Integrated Health and Wellness
NJ Department of Children and Families



System of Care

- Since the 1960s, repeated calls for reform in children's mental health have highlighted persistent issues: too few children receiving care, overly restrictive treatment settings, limited-service options, poor coordination across systems, lack of family involvement, and inadequate attention to cultural differences.*
- In response, the "System of Care" approach (SOC) was developed— emphasizing comprehensive, community-based, and coordinated services grounded in shared values, to address gaps in service delivery that reduce fragmentation and duplication and create shared accountability for quality and oversight of programs and services.**
- SOC is an organizing framework that ensures strategic, coordinated, and effective service delivery and is a responsive strategy to the growing public interest in diversion from deep-end systems like child welfare and juvenile justice, and for reducing health care costs- emergency department visits and inpatient treatment.
- Core Values - Youth and Family Driven - Community Based – Culturally and Linguistically Competent

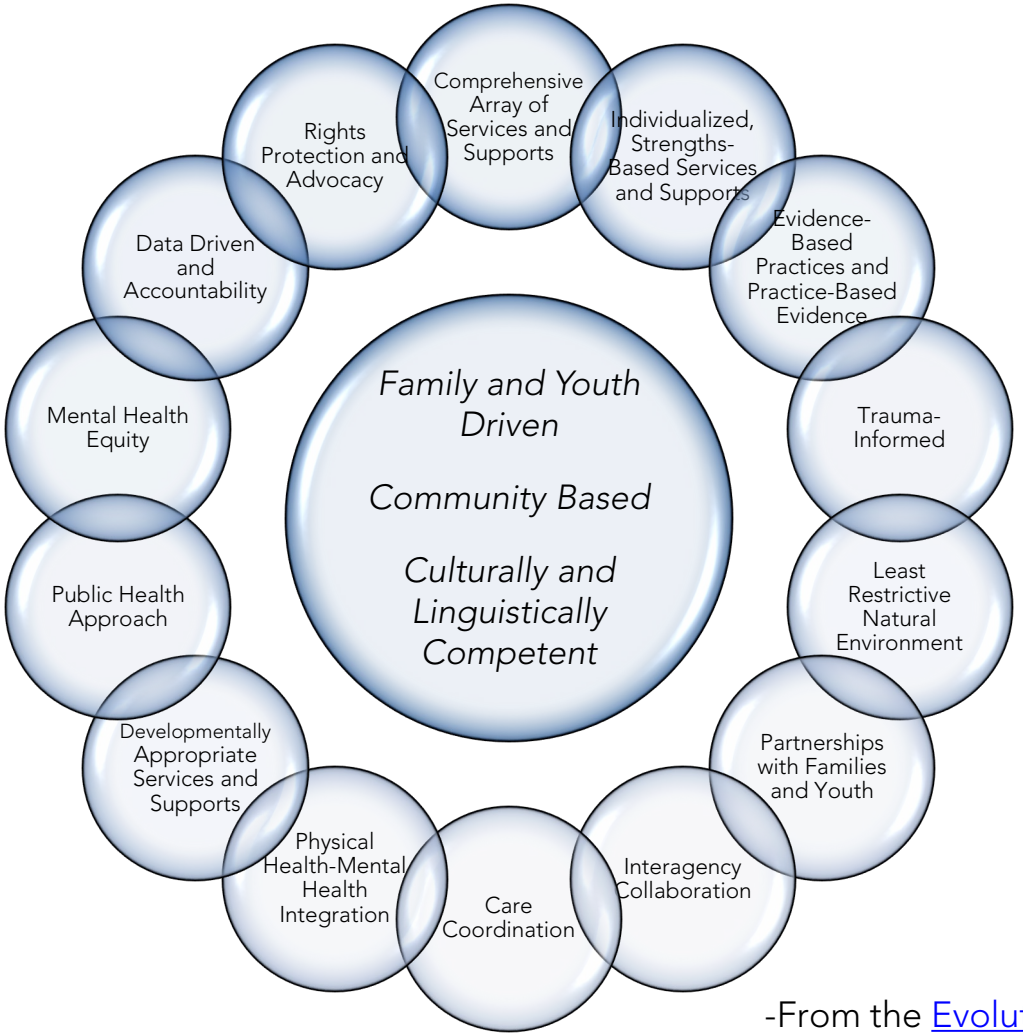
* Stroul, Beth and Blau, Gary; The system of care handbook: Transforming Mental Health Services for Children, Youth and Families, 2008, Paul H. Brookes Publishing Co., Inc.

** https://www.casey.org/soc-issue-brief/

What is a System of Care?

"A system of care is a **comprehensive spectrum of effective services and supports** for children, youth, and young adults with or at risk for mental health or other challenges and their families that is organized into a **coordinated** network of care, builds meaningful **partnerships with families and youth**, and is **culturally and linguistically responsive** in order to help them to thrive **at home, in school, in the community**, and throughout life…"

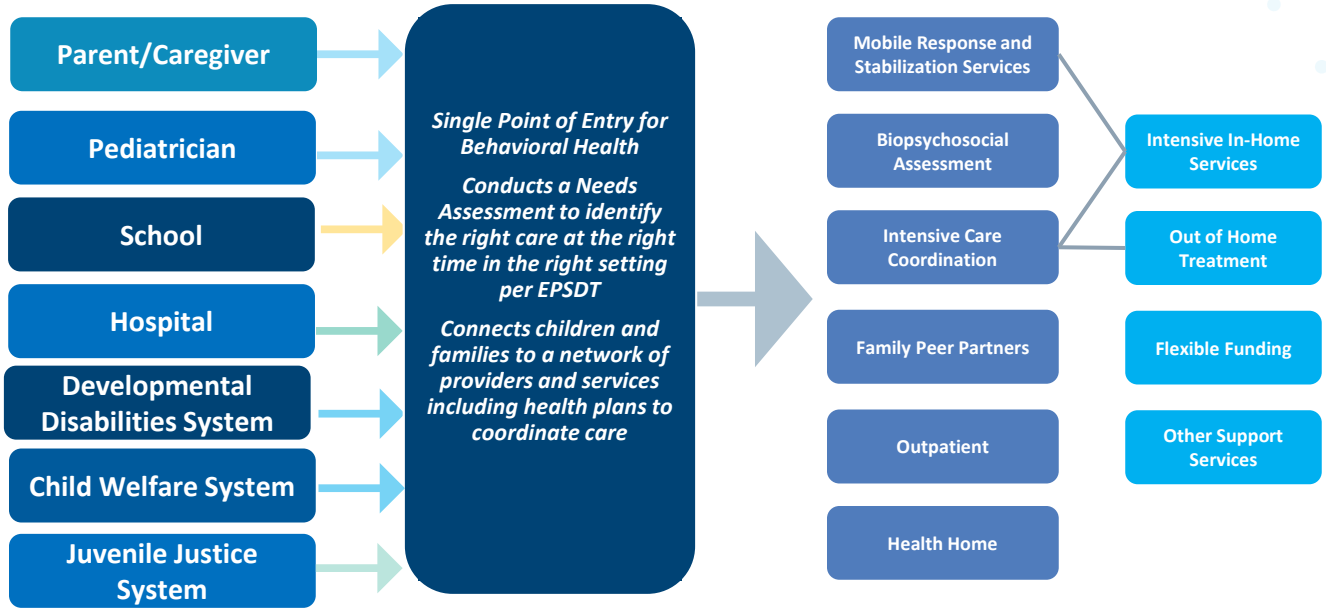
-From the Evolution of the System of Care Approach



System of Care Core Values **and** Guiding Principles

-From the [Evolution of the System of Care Approach]

Comprehensive Children's Behavioral Health Care System with a Single Point of Entry: *Investment in Infrastructure*



Summary of Children's Initiative Concept Paper, January 2000

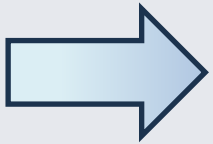
The Children's Initiative concept operates on the following abiding principles:

- The system for delivering care to children/youth must be restructured and expanded
- There should be a single point of entry and a common screening tool for all troubled children
- Greater emphasis must be placed on providing services to children in the most natural setting, at home or in their communities, if possible
- Families must play a more active role in planning for their children
- Non-risk-based care and utilization management methodologies must be used to coordinate financing and delivery of services

Communication and Paradigm Shift: Language is Important

Not System of Care Language

- Clients, cases, consumer, patient
- Mom and dad
- Placement
- Motivated
- Close, terminate
- Runaway
- Home visit



System of Care Language

- Children, youth, families
- Parents / caregivers
- Treatment / Out of Home Care
- Engagement
- Transition
- Missing
- Family time

New Jersey Children's System of Care

- Serves children/youth under 21 with emotional and behavioral health care needs, intellectual/ developmental disabilities, Autism, and/or substance use challenges
- CSOC is committed to providing these services based on the needs of the child/youth and family in a family-centered, community-based environment.
- Statewide services with access through **single point of entry**
- Voluntary
- Medicaid platform
- Local System partners are located in the community and **aligned** with Court Vicinages to assure seamless connections and coordination of care, particularly where youth have multisystem involvement

Children's System of Care Objectives
To Help Children and Youth Succeed…



At Home

Successfully living with their families and reducing the need for out-of-home treatment settings.



In School

Successfully attending the least restrictive and most appropriate school setting close to home.



In the Community

Successfully participating In the community and becoming independent, productive and law-abiding citizens.



Out of home treatment is an intervention, not the final destination!

Out of Home Care

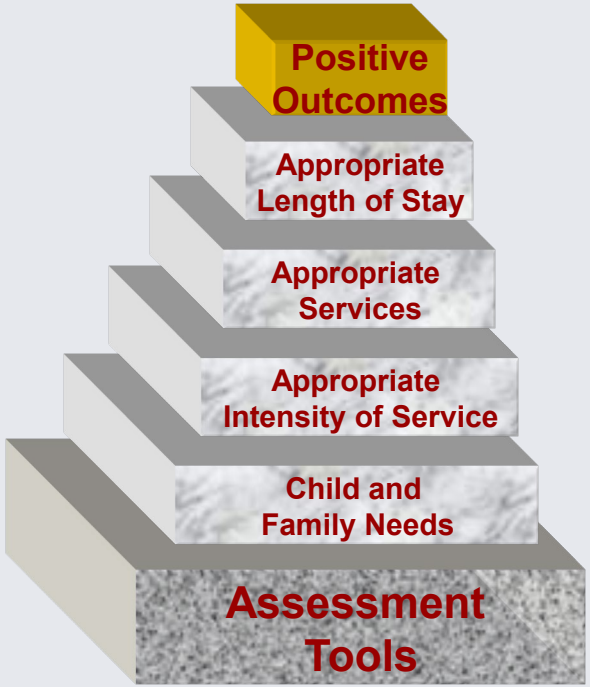
Key points to remember....

- ***Removing a child from their natural environment is a life altering decision***
- ***The pursuit of out of home treatment is a Child Family Team (CFT) decision that should be made with clear purpose AND expectations***

The Role of Assessment within CSOC

The *vision* of CSOC is to create positive outcomes by:

- **Identifying the child/youth and family's strengths & needs**
- Determining the **most appropriate Intensity of Service**
- Delivering the **most appropriate services** for the **most appropriate length of time**
- Using **standard assessment** tools – the foundation of the Children's System of Care.



Training and Technical Assistance

Rutgers University

- Training to all system partners and families
- Certification on CANS
- Certification for service lines
- DD/SU and Behavioral Health training
- Youth Conference
- Biennial Conference
- Annual CQI Fair
- Consultants
- Coaching

NJ MRSS Program Structure



24/7 Community Response – Where You Are, Anywhere in NJ in 1 Hour, *Family Defined Crisis*



72 Hour Intervention



Up to 8 Week Stabilization Period



Provider Network



Community, locally based Organization within System of Care Structure



Training, certification and supervision



Crisis assessment tool (CAT)



Local system collaboration

System Collaboration

- Screening Centers can call CSA to request MRSS if youth are not hospitalized
- Initiative with DCP&P: MRSS for every youth placed in a resource home
- Can provide services as part of Station House Adjustment

Family Support Organization

Support, Education and Advocacy for Families and Youth

- Individual peer support for families of youth with moderate and high needs
  - CFT co-facilitator
  - FANS
  - Family Action Plan
- Youth Partnerships
  - Youth voice, building leadership, advocacy and life skills
- Community Supports
  - Warmline Support
  - Support Groups
  - Advocacy and Outreach

Care Management Organizations (CMO)

- CMOs are agencies that provide **intensive care coordination using** Wraparound model in care planning for children/youth and their families with moderate and high needs and are responsible for facilitating access to a full range of treatment and support services

- They facilitate and work within **child-family teams** to develop individualized plans of care based on assessment; youth focused, family driven; child/youth and family voice and choice

- Responsible for facilitating access to a full range of treatment and support services

Child Family Team (CFT)

- A cross-sector team of family members, professionals, and significant community residents identified by the family and organized by the care management organization to design and oversee implementation of the Individual Service Plan.
- CFT members should include, but are not limited to, the following individuals:
  - Child/Youth/Young Adult
  - Parent(s)/Legal Guardian
  - Intensive Care Coordination Provider
  - Peer Partner
  - Natural supports as identified and selected by youth and family
  - Treating Providers (in-home, out-of-home, etc.)
  - Educational Professionals
  - Physical Health Provider (pediatrician, specialist)
  - Probation Officer (if applicable)
  - Child Welfare Caseworker, if applicable



CSOC and Courts

- Ongoing formal and informal training to the judiciary, prosecutor's office, public defender, probation, law guardians, mental health attorneys, hospital staff and all local CSOC system partners.
- Ongoing training to CSOC System Partners by CSOC staff, Rutgers University Behavioral HealthCare and local court partners.
- Co-Development of the cross-training materials, such as the JJC Informational Packet, Glossary and Evaluation and Assessment Guide.

Services for Youth Involved with Juvenile Court

- Biopsychosocial Assessment through Juvenile Detention Centers
- 14 Day Plan (N.J.S.A. 2A:4A-43)
- Legal Guardian can request services directly through CSA
- Mobile Response and Stabilization Services (MRSS) through Station House Adjustment Program
- Some county specific services to reduce reliance on out of home treatment services (MST, FFT)

NJ'S Children's System of Care Impact

- ✓ *Less children in institutional care*
- ✓ *Less children accessing inpatient treatment*
- ✓ *Closure of state child psychiatric hospital (Arthur Brisbane) and state operated institutional RTC's (Woodbridge, Ewing and Vineland)*
- ✓ *Reduction from over 350 + youth in out-of-state facilities to 0 youth in BH out of home setting*
- ✓ *Children in out of home care have more intense needs than prior to the system of care development*
- ✓ *Less youth in detention centers (11 closed)*
- ✓ *Wraparound model works!!*

Nationally recognized model for a System of Care!

System of Care Results

From		To
Fragmented service delivery	→	Coordinated service delivery
Categorical programs/funding	→	Multidisciplinary teams and blended sources
Limited services	→	Comprehensive service array
Reactive, crisis-oriented approach	→	Focus on prevention/early intervention
Focus on “deep end,” restrictive settings	→	Least restrictive settings
Children out of home	→	Children within families
Centralized authority	→	Community-based ownership
Creation of “dependency”	→	Creation of “self-help” and active participation
Child- or youth-only focus	→	Family as focus
Needs/deficit assessments	→	Strengths-based assessments
Families as “problems”	→	Families as “partners” and therapeutic allies
Youth as “problems”	→	Youth as partners
Cultural blindness	→	Cultural and linguistic competence
Highly professionalized	→	Coordination with informal, natural supports
Child and family must “fit” services	→	Individualized/Wraparound approach
Input-focused accountability	→	Outcome/results-oriented accountability
Funding tied to programs	→	Funding tied to populations

Source: Adapted from https://gucchd.georgetown.edu/products/PRIMER2ndEd_FullVersion.pdf

Sustaining a System of Care

- Develop cross-system partnerships to improve access to behavioral health services that are outside of the child welfare or juvenile justice systems.
- Involve the experts — children/youth and families — in the system re-design and throughout their care.
- Expand the availability of home and community-based services array.
- Increase the behavioral health workforce capacity to support the unique needs of children and youth with behavioral health needs, including children with intellectual and developmental disabilities (i.e., increasing knowledge and skills of the workforce).
- Develop sustainable financing strategies to support a comprehensive behavioral health service preventing multi-system involvement as defined by child welfare and juvenile justice involvement.