Center for Health Care Strategies

Re-Engineering School Linked Services Recommendations

Introduction/Purpose

In June of 2021, New Jersey Department of Children and Families (DCF) engaged the Center for Health Care Strategies (CHCS) to support the re-engineering process of School Linked Services. This effort aimed to provide a set of critical service model, policy, and financing recommendations to DCF, which would improve School Linked Services (SLS) by incorporating youth and family voice. Not only were the recommendations offered to make programming more responsive to the needs of youth and families, but they also aimed to identify desired outcomes and a measurement strategy. These recommendations were informed by an environmental scan, focus groups with a variety of constituencies – centering youth and family perspectives, a government partner discussion, and three stakeholder convenings (See Table 1).

More specifically, the purpose of re-engineering SLS was to identify student needs and priorities; identify parent supports to aid in student school success; support the development of an operational definition of success reflecting parent and student priorities and DCF requirements; identify barriers, facilitators, and opportunities to achieve DCF's goals; and promote evidence-based prevention strategies that facilitate youth success in school.

This process was designed to center youth and family voices and to reflect DCF's core values:

- Collaboration
- Equity
- Evidence (criteria)
- Family
- Integrity

The re-engineering of SLS also aligns with DCF's transformational goals of primary prevention of maltreatment and maltreatment-related fatalities and a fully integrated and inclusive Children's System of Care (CSOC).

To help guide the re-engineering effort, DCF convened a Stakeholder Group, facilitated by CHCS, to gain insight on several questions, key to ensuring that the programs meet the needs of New Jersey's children, youth and families:

- How can access to school-linked services be improved? What service delivery strategies can be employed to reach more students?
- How can linkage of students to community programs be improved?
- To what extent are services grounded in a risk and protective factors model (prevention-oriented), do they emphasize service delivery strategies that are evidence-based, are located in the communities that need them most, are not duplicative of other public services, and address the needs of students?
- What are school-linked services trying to achieve? What are the desired outcomes and with what target populations? What staffing is required to achieve these outcomes and with what qualifications?

Detailed information from stakeholders and key constituencies are included for reference in Appendix A.

What are School-Linked Services?

The New Jersey School-Linked Services (SLS) programs were initiated by the New Jersey Department of Human Services in 1987 and represented the first substantial state legislative effort to facilitate student success by linking schools and social services. Its' initial goal was to use prevention and early intervention services, health promotion, competence building, and positive youth development strategies to reduce risks and promote protective factors for all students. In 2007, the portfolio of SLS programs moved to the newly formed Department of Children and Families (DCF), Division of Family and Community Partnerships (DFCP), through the Office of Family Support Services (OFSS). SLS are a set of programs that include 90 School-Based Youth Service Programs (SBYSP), 38 Family Friendly Centers, 10 Adolescent Pregnancy Prevention Initiative programs (APPI), 8 Parent-Linking Programs (PLP), 5 School-Based Health Centers, and 3 Prevention of Juvenile Delinquency Programs. A key resource to NJ students and families, School-Linked Services operate in 64 out of 686 total NJ school districts , and serve approximately 25,000-30,000 students out of 1.3 million total NJ public school students (2.1%).

Purpose for Re-Engineering School-Linked Services

In the 35 years since the inception of New Jersey's SLS portfolio, much has been learned about factors influencing youth development and student success. During the same timeframe, New Jersey's schools and communities have experienced substantial change and now, efforts are underway to examine the School Linked Services network in the context of the evolving needs of today's students and their families.

Key observations of the current array of services include:

- The programs have not consistently adopted evidence-based approaches to prevention currently in use in many other parts of the United States.
- There is a heavy emphasis on the provision of mental health treatment services.
- The network is comprised largely of long-standing providers, many of whom have been awarded contracts consistently for up to 35 years without a subsequent competitive application or bidding process.
- The contracts, once awarded, remain with those schools leaving many districts and the vast majority of New Jersey's school buildings and students without access to these services.

Expanded Public Supports for Students and Families

Throughout the past few decades, NJ has made a substantial effort to address student's needs that provide supportive services to youth and families with a variety of mental, behavioral, developmental, and academic challenges. Some of those efforts have been made through the establishment of the Children's System of Care (CSOC), the implementation of 21st Century Community Learning Centers, the Juvenile Detention Alternative Initiative (JDAI), and pregnancy prevention programs funded by the NJ Department of Health (DOH).

Established in 2000 as a program in the NJ Department of Human Services, CSOC represents the type of change in the service landscape since the inception of the SLS Program that warrants a re-visiting of the focus of these DCF programs. CSOC includes Family Support Organizations (FSOs) which are county-based organizations run by families of youth ranging with emotional, behavioral, and/or developmental challenges that include youth partnerships, which are peer support groups for youth affiliated with an FSO. Children's Inter-Agency

Coordinating Councils (CIACC) - also inherent to CSOC - are local planning bodies that provide multidisciplinary, cross-system planning for youth with behavioral health needs with the goal of creating an integrated system of care for youth with a variety of challenges and needs. CIACC's address barriers to receiving effective services, while providing recommendations on programs and policies to ensure a comprehensive array of services are available to NJ youth and families. The services provided by these organizations are important examples of programs that were not available in communities when the SLS Program was created. These and others demand that resource allocation be revisited to ensure that there is both a comprehensive and coordinated array of programs to meet the needs of students and their families.

In 2004, NJ became the first jurisdiction to make a state-level commitment to the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI), which has drastically reduced the juvenile detention population, while subsequently increasing an array of detention alternatives for youth. In 2018, NJ became the first state to implement and expand the JDAI to every county. Prior to the JDAI initiative, NJ's detention system was overwhelmed, despite reductions in juvenile crime. From 2003 through 2017, the average daily population of juvenile detention centers has decreased by 70%.

Additionally, the 21st Century Community Learning Centers Program was established under Title IV, Part B of Every Student Succeeds Act (ESSA). This is a federally funded community learning program supported by the NJ Department of Education (NJDOE) which provides academic enrichment, youth development, family literacy, recreational and enrichment activities, and support services for NJ students. These programs are administered before and after school, as well as during the summer to assist students in meeting academic standards and offer a broad and flexible service array to both youth and families to enhance literacy and family engagement.

Lastly, the NJ Department of Health (DOH) currently funds a variety of pregnancy prevention programs, such as the NJ Personal Responsibility Education Program (PREP) and the NJ APE Title V Abstinence Education Program. NJ PREP funds assist in Adolescent Pregnancy Prevention Initiative (APPI) programs to implement evidence-based program models such as Making Proud Choices, Reducing the Risk and Wyman's Teen Outreach Program. NJ PREP and NJ AEP provide sexual health education programs including abstinence, contraception, healthy relationships, financial literacy, parent-child communication skills, and support services to teens, parents and professionals. Due to the implementation of the APPI program, rates of adolescent pregnancy have declined significantly.

As these examples show, the service landscape has changed significantly since the SLS Program was created.

Assessment of Student Needs

As mentioned above, student's needs have changed during the last 35 years, and other programs and services have been created to address some of those needs. However, some needs continue to be highly prevalent in NJ, especially since the COVID-19 pandemic, which will be further discussed in this section.

According to the Human Services Advisory Council (HSAC) Needs Assessment Synthesis Report for 2019-2020, DCF, along with human services leadership, identified thirteen areas of need for families among NJ counties, six of which were basic need areas including housing, food, health care, community safety, employment, career

services, and child care. Housing was the number one identified issue for youth and families among all 21 counties in NJ. Housing concerns included lack of awareness on housing services and shelters and limited resources about homelessness, emergency housing, voucher-based rental services, or long-term housing solutions resources available. Other areas identified, in order of priority, included health care, employment and career services, community safety, and access to food. This statewide needs assessment was conducted across each of the 21 counties in the state of NJ and consisted of a standardized survey of need areas provided by DCF, focus groups conducted within specific sub-populations, and key informant interviews.

Specialized service needs included behavioral/mental health services for adults and children, substance use disorder and prevention services, domestic violence services, and parenting skill services. According to the HSAC Needs Assessment Report, some of the barriers to accessing the above specialized services include long wait lists, lack of available transportation, expensive treatment, cultural barriers, available treatment services catering to a one-size-fits-all approach and not meeting individual needs, stigma, etc. Fourteen out of 21 NJ counties identified a need for behavioral/mental health services for children. The following demographics impacted by this need include Black and Latino children, undocumented families, youth with intellectual and developmental disabilities, youth transitioning into adulthood, and LGBTQ+ youth. Black male children were less likely to receive an accurate behavioral/mental health diagnosis compared to their white male counterparts and were more likely to be restrained by school administrator staff, suspended, or placed in out-of-district school programs. Hispanic/Latinx students were more likely to express dissatisfaction with services compared to their Non-Hispanic/Latinx counterparts, which can be due to a lack of bilingual service providers available in the state. Due to the fear of deportation and stigma, undocumented families were less likely to seek mental and behavioral health support. There is also a demonstrated gap in services among youth transitioning into adulthood and LGBTQ+ youth. The HSAC Needs Assessment Report has identified the need for school administrators and CSOC staff to receive training related to LGBTQ+ issues to address the high suicide rates among this population.

Additionally, the Rutgers Eagleton Center for Public Interest Polling conducted a statewide survey analysis for DCF between late 2021 and early 2022. This survey assessed potential characteristics for general child behavioral health concerns since the COVID-19 pandemic. These survey findings are consistent with the focus group and survey results, which will be discussed more below. The Rutgers state-wide survey report also identifies areas where SLS can provide support to youth and families and further emphasizes areas of student and family need. These surveys were conducted online and via phone interviews to adults with at least one child between the ages of 6-17. Respondents were asked to report about their child's mental health and how it has been impacted by the pandemic. Questions were related to household composition, respondent's employment status, health and wellness of the child and respondent, access to health services before and during the pandemic, coping strategies of respondents since the pandemic, social support/isolation, available concrete supports of respondents, and the relationship between household members. According to the survey results, respondents who were more likely to report fair or poor mental health concerns lacked social, educational, and financial resources also faced larger challenges. Larger challenges included relationship among household members, behavioral health issues among household members, higher need for school services, lower feelings of safety in their neighborhood and home, poor access to medical care, housing, employment stress and quality of childcare, in comparison to respondents who reported good, very good, or excellent child mental health.

SCHOOL BASED UNITED SURVEY DATA

At the end of the 2020 academic calendar year, a student outreach questionnaire was organized by the School-Based United Committee, which outreached to about 5,500 students in 45 SBYSP's throughout NJ. Questions in the survey pertain to mental health changes since the COVID-19 pandemic, whether students have considered counseling, preferred methods for attending counseling, along with barriers to attending SBYSP, and increasing the likelihood of attending SBYSP.

Of the 5,500 students that completed the survey, 46% of students identified as white, 30% identified as Hispanic/Latino, 9% identified as Black/African American, 7% identified as Other, and 4% identified as Asian. About 50% of students reported that they were feeling emotionally "not great, but not awful" and just "getting by." Seventy-five percent of students responding reported that they did not consider seeking supportive counseling within the last six months of 2020. Barriers that prevented students from seeking SBYSP counseling included the stigma of seeking counseling, having no privacy at home for virtual counseling, and student's parents either not allowing them to seek counseling or feeling unsure of their parent's response to seeking services. Most students reported that they preferred seeking counseling via email, text messaging, and during in-person school hours. Students reported that to increase the likelihood of seeking out SBYSP services, additional in-person and texting availability would be helpful.

ANNIE E. CASEY FOUNDATION KIDS COUNT DATA

According to the Annie E. Casey Foundation KIDS COUNT database, there were 1,375,829 NJ school-aged children as of the 2019-2020 academic school year. Twenty-eight percent (N=535,663) of NJ children were Hispanic or Latino. 45% (N=874, 287) of the NJ child population identified as non-Hispanic white. Additionally, 13% (N=258, 605) of children were identified as non-Hispanic Black. Ten percent of NJ children were identified as Non-Hispanic Asian. As of the 2018-2019 academic school year, 40% (N=788,000) of children are either immigrants or reside with at least one immigrant parent and 10% of children in immigrant families experienced difficulty speaking English.

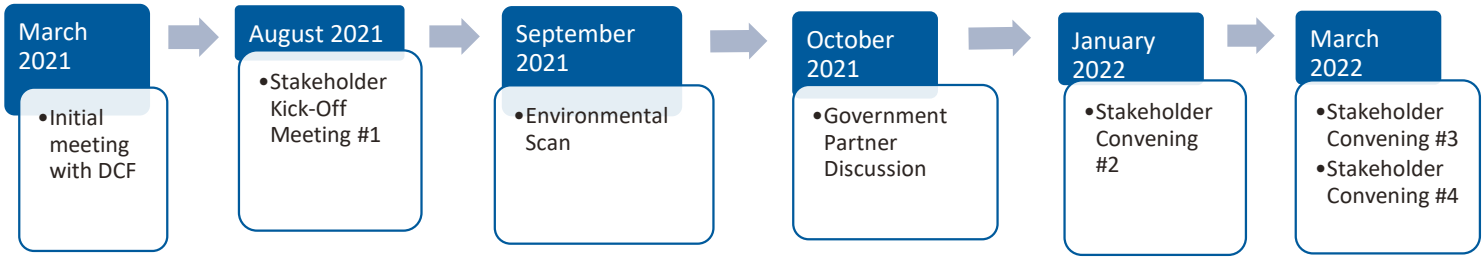
While the KIDS COUNT data highlights the diversity of NJ families, it also points to the economic difficulties they experience, including the disproportionate challenges facing families of color. In 2019, 12% (N=235,470) of NJ children were living in poverty and between 2015 – 2019, 7% (N=145,000) of children were residing in high-poverty areas throughout NJ. In 2019, 22% (N=433,000) children had parents that lacked secure employment. As of June of 2020, 326,357 children were on the Supplemental Nutrition Assistance Program (SNAP). Additionally, 30% of NJ children were residing in a single-parent household. As of March 2021, the database indicated that 57% of NJ Black or African American families and 61% of Latino families experienced difficulty paying household expenses, compared to 29% of their white counterparts. Regarding food insecurity, 23% of Black or African American households and 21% of Latino households with children reported that they sometimes or often did not have enough food to eat, compared to 7% of Non-Hispanic white households.

According to the Center for Health Analytics, Research and Transformation at NJ Hospital Association, from 2019 – 2020, SUD challenges have increased by 91% among NJ youth, along with a 74% increase in anxiety and an 85% increase in depression. As demonstrated above from multiple data sources, financial barriers, housing, food insecurity, and mental health challenges continue to be significant challenges in NJ, especially brought on by the COVID-19 pandemic.

Together, the findings from these reports provide an important input to the re-engineering effort. They indicate that to achieve student success, parent/caregiver support and access to community-based resources are critical counterparts to the services provided directly to students; and they align with the findings from the focus groups and surveys conducted by CHCS.

SLS Re-engineering Project Process

In March 2021, Division of Family and Community Partnerships leaders shared their priorities for the re-engineering of SLS with CHCS and engaged the latter to develop a process to gather information through a series of stakeholder convenings, focus groups and interviews with an emphasis on incorporating student and family voice. The process was designed to identify the needs of students and their families and inform a set of recommendations for the re-engineering of SLS. The following section describes the process and the milestones associated with this work.



STAKEHOLDER WORKGROUP

In August of 2021, CHCS facilitated an inaugural meeting with a stakeholder workgroup comprised of individuals identified by DCF to participate in the Re-Engineering of School-Linked Services effort. The charge for the workgroup was to provide key insights, guidance, and recommendations for the SLS portfolio. The August convening was the first of four. During that initial meeting, participants were provided an overview of engagement, and DCF's core values that will guide the re-engineering process. CHCS provided an overview of the pending environmental scan (described in detail below), the centrality of incorporating youth and family voice, the role of the stakeholder workgroup, and anticipated project timelines.

This group was reconvened three additional times – in January 2022 and in March 2022 – and the findings from each phase of the work were shared with them for consideration and reflection. This group was also asked to provide recommendations regarding program components, workforce development, system collaborations, and funding. As it relates to program considerations, the group was asked for feedback related to primary prevention models, including the New Jersey Department of Education (DOE) Multi-Tiered Support Systems (MTSS) model. MTSS is the umbrella term describing an approach that addresses the academic, behavioral, and emotional needs of all students. Underlying principles for each tier are problem prevention and wellness promotion, and the framework includes screening to identify students with greater needs and evidence-based

strategies that match those needs. It also uses data to drive decisions and monitor progress. Feedback from the stakeholder group regarding this model and other preliminary considerations are included in Appendix A.

ENVIRONMENTAL SCAN

An environmental scan was conducted in September 2021 to review existing school-linked services and co-located programs - in addition to SLS - both in-state and nationwide. The environmental scan focused on programs that foster academic enrichment, career development, community skill-building, mental health and substance abuse, and school-based health centers. The environmental scan also included reviewing clearinghouses to identify existing evidence-based and promising practices that can be delivered within or in connection to schools, and related models and frameworks. The clearinghouses include the Blueprints for Youth Development, the National Child Traumatic Stress Network, and the National Institute for Justice CrimeSolutions database. The full content of the environmental scan is included in Appendix B.

Overall, there are a variety of evidence-based practices, overarching models and frameworks, along with state and local programs identified in the environmental scan that address student's challenges, academic performance, while utilizing a risk and protective factor framework. The evidence-based and promising practices identified in the environmental scan include the Blues Program, Achievement Monitoring, Strengthening Families, and Good Guiding Choices which address student's mental and behavioral health challenges. Additionally, some state and local programs identified include Cornerstone Youth Programs, NYC Beacon Youth Programs, and the Kentucky Family Resource and Youth Services Center Program, which provide academic support, community skill-building, and life skill programming to students.

GOVERNMENT PARTNER DISCUSSION

In October 2021, CHCS facilitated a discussion between DCF and state government partners with either a fiscal or shared population interest in SLS to reflect on the government partners' experience with SLS, the benefits and challenges of any existing partnerships, their vision for SLS, and to better understand the impact other agency's program requirements have on the re-engineering of SLS. The discussion centered around four themes: funding sources, state agency collaboration, program content, and workforce development. These themes subsequently informed CHCS' focus group conversations with school administrators, providers, youth, parents, and caregivers along the same themes, while soliciting input around other areas of need, success, or concern.

Data Collection: Interviews, Focus Groups and Surveys

During the data collection phase of the project, CHCS conducted numerous interviews, focus groups, and surveys to ensure the inclusion of diverse perspectives and experiences of those administering, delivering, and receiving SLS services – in addition to those who could benefit – from these programs. The chart below shows the number of participants for each method of participation.

Table 1: Number of Participants by Constituency and Method of Participation

Constituency	Number of Individual Interviews	Number of Survey Responses	Number of Individuals who Attended Focus Groups	Total Number of Responses
School Administrators	5	21	0	26
Providers	0	10	18	28
Youth	5	20	7	32
Parents/Caregivers	4	12	8	24
Total Responses/All Constituencies				110

SCHOOL ADMINISTRATORS

The school administrator focus group and survey questions pertained to their observations of student and family needs and challenges, along with recommendations for prevention programs and supportive services – both within and outside of the school- to address student and family needs. Responses were organized based on student challenges, family challenges, programs and program components, workforce development, system collaborations, and funding.

Between November 2021 and March 2022, a total of 26 responses were collected from school administrators via focus groups and surveys, slightly exceeding the target of 20 responses. Twenty-one responses came from South NJ (Cape May, Ocean, and Gloucester counties) and 5 responses came from North NJ (Bergen, Middlesex, and Passaic counties). The following needs and challenges were identified through school administrator focus groups and surveys:

- Challenges:
    - Student challenges included mental and behavioral health issues among students, fighting, bullying, and difficulty managing behavior in class.
    - Family challenges included limited parent engagement with their child's school, lack of understanding the value of education, financial barriers such as lack of or inconsistent employment, and lack of reliable transportation.
- Needs:
    - The need for vaping and substance abuse prevention workshops, education on emotional regulation and social skills, parent education workshops, and family therapy available in schools.
    - Enhanced professional development training for staff, which include cultural sensitivity and trauma-informed care training.
    - System collaborations such as renewed partnerships with other state agencies such as APPI and PLP and formalizing those partnerships.
    - Increased funding to hire additional mental health counselors in school.

PROVIDERS

Similar to the school administrator focus groups and survey questions, the provider questions also pertained to the observations of student and family needs or challenges, along with recommendations for prevention

programs and supportive services both within and outside of the school, in order to address student and family needs.

Between November 2021 and March 2022, a total of 28 responses were collected from school administrators via focus groups and surveys. Fourteen responses came from South NJ (Cape May, Ocean, Atlantic, and Gloucester counties) and 11 responses came from North NJ (Bergen, Middlesex, and Passaic counties). Three responses came from Central NJ (Monmouth and Mercer counties). Provider focus groups and survey responses highlighted the following needs and challenges:

- Challenges:
    - Student challenges included limited social-emotional skills, difficulty managing behavior in classrooms, physical aggression and fighting, and financial difficulties with rent and utility payments.
    - Family challenges included lack of reliable transportation, high stress due to financial barriers and unemployment, and limited parenting skills and parent engagement within school and programs.
- Needs:
    - Peer mentorship programs for students, recreational and after-school activities, and a substance abuse and vaping prevention program.
    - Professional development training for staff, including cultural humility training and competitive staff salaries to reduce high staff turnover rates.
    - Stronger partnerships among DCF, DOE, and DOL.
    - Additional funding to provide competitive salaries, fill counseling positions, and to support professional development opportunities for school staff.

YOUTH

Youth who participated in focus groups and surveys had the opportunity to share their observations, peer and family challenges; positive and negative aspects of programs; specific characteristics that made the program and/or activity a positive or negative experience; and barriers or challenges that youth, parents, and caregivers experienced that prevented them from participating in a program/activity. Youth were also asked about some strategies that the community can take to be more involved with the school.

Between January 2022 and March 2022, a total of 32 responses were collected from youth via focus groups and surveys. This exceeded the target of 20 responses. Five youth responses were from Central NJ, 11 were from South NJ, and 16 were from North NJ. The following needs, challenges, and experiences highlighted in youth focus groups and survey responses:

- Challenges:
    - Mental health challenges among students such as anxiety and depression, increased substance use, and financial barriers.
    - Family challenges such as high stress due to financial barriers, such as lack of or inconsistent employment and inability to pay rent and utilities, specifically due to the COVID-19 pandemic.
    - Lack of reliable transportation to attend programs and mental health stigma that prevent some students from seeking counseling.
- Needs:

- Parent education workshops to families to enhance parent engagement, grief resources to students and school administrators, and providing training resources to teachers who are working with students experiencing mental health challenges.
- Wellness rooms provided students with a positive experience by allowing students to build trust, interpersonal relationships, and enhance emotional regulation skills.
- Counselors that better understand students' needs and circumstances.

PARENTS AND CAREGIVERS:

Parents and caregivers were invited to share their observations on child and family challenges, positive and negative experiences with programs and services, and characteristics of programs that created barriers or challenges to youth, parents, and caregivers' engagement. Between January 2022 and March 2022, a total of 24 responses were collected from parents and caregivers through focus groups and surveys. slightly above the target of 20 responses. Nine parent and caregiver responses were from North NJ, 3 responses were from Central NJ, and 12 parent and caregiver responses were from South NJ. The following needs, challenges, and experiences were identified through parent and caregiver focus groups and surveys:

- Challenges:
  - Student challenges included mental health issues among their children such as anxiety and depression, increased substance use and vaping, and academic challenges due to remote learning.
  - Family challenges such as high stress due to financial barriers such as lack of or inconsistent employment, and inability to pay rent and utilities, especially due to the COVID-19 pandemic. Parents/caregivers also experienced their own mental health challenges.
  - Barriers such as lack of reliable transportation to attend programs, lack of available after-school activities and clubs, and inability to attend after-school clubs and activities due to competing priorities.
- Needs:
  - The need for expanding Strengthening Families to schools and communities, providing parent education workshops to families, providing support groups for parents via Zoom, and providing before or after-school tutoring for students struggling with their academics.
  - Implementing better instructional methods in programs, sufficient promotion and advertisement of youth programs, and more organization within after-school programs and activities.

Recommendations

CHCS developed the following recommendations following analysis of findings from interviews, focus groups, surveys, the environmental scan, available SLS data, contract language, and internal policy. Recommendations were also informed by discussions with staff from the DCF Division of Family and Community Partnerships and - the Stakeholder Workgroup.

Central to these recommendations are the Division's focus on prevention and the understanding that prevention programs and services are key to addressing the host of concerns revealed through surveys and focus groups highlighted in this report. These recommendations prioritize an upstream approach that supports

the well-being of all students and their families and identifies children who are likely to develop needs and challenges that will create barriers to success, while ensuring access to appropriate treatment services, where needed.

Populations of Focus

Universal Interventions (Primary Prevention Programs for all)

CHCS recommends that DCF, in collaboration with its school and provider partners, identify a set of evidenced-based programs and primary prevention strategies that are available to all students. These primary prevention programs should include those that promote socio-emotional learning, substance abuse prevention, violence prevention and positive peer relationships.

Targeted Interventions (Secondary Prevention Programs for special groups or groups with identified needs)

CHCS recommends that DCF, in collaboration with its school and provider partners, develop a referral process and set of referral criteria for students who need additional support beyond prevention services. DCF should also work with school and provider partners to identify groups of students who have additional service needs beyond universal supports. For example, LGBTQ+ students were explicitly identified as having unique needs, while sexual harassment was highlighted by female students who identified the need for better education and stronger school policies related to the perpetration of harassment.

Students with significant needs beyond Targeted Interventions

When screening and/or assessment indicate that a student has needs beyond those that can be addressed with targeted interventions (e.g., significant mental health or substance abuse challenges), SLS and/or school staff should refer that student to the appropriate community provider. CHCS recommends that external referral procedures be developed and included in SLS policy and procedure and staff training curricula. DCF should also collaborate with its state agency and community-based organizational partners to ensure that all SLS providers are aware of how to access existing available state-level and community services, including DCF's Children's System of Care. This will reduce service duplication and inefficient use of limited resources and ensure better coordination of needed care.

Program Considerations

CHCS recommends that a menu of primary prevention programs (directed at universal population of students) be standardized across school linked services.

In addition to primary prevention services offered, CHCS recommends that DCF, in collaboration with its partners, identify a set or menu of interventions to be offered to students (and their families) who need additional support beyond primary prevention services. These should include, but not be limited to, evidence-based practices (EBPs) that have demonstrated effectiveness in addressing student and family challenges identified by youth, families, school administrators, and providers in focus groups.

SLS policy and procedure should clearly distinguish between the types of programs/practices to be made available as part of universal interventions and those offered to students with additional needs (in Tier 2 of the MTSS model). SLS policy and procedure should also clearly identify which services must be provided outside of the SLS program by a community partner.

CHCS recommends that DCF, in conjunction with its partners, assesses available services on an annual basis for effectiveness and fit with community needs and adjust offerings accordingly. DCF should consider including annual reporting of needs of students, with clearly identified indicators, in the request for proposals (RFP) for SLS providers.

UNIVERSAL INTERVENTIONS

CHCS recommends that services available to all students include primary prevention programs aimed at the following:

- Social-emotional learning
- Overall school climate
- Mental health
- Substance use and vaping
- Bullying
- Unsafe/unhealthy use of social media
- Sexual and reproductive health, including the importance of consent
- Academic enrichment
- College and career readiness

Prevention programs may be delivered in a variety of formats, including but not limited to student workshops, assemblies or other student gatherings - if a component of an evidenced-based program - and incorporation into classroom curriculum. Further, parent and teacher engagement is key to primary prevention efforts, and training for those individuals should also be considered as strategies are evaluated for inclusion in the program portfolio.

Evidence-Based and Promising Practices: In addition to compilations of evidence-based programs that can be found on evidence-based program listings on federal websites including ACF, SAMHSA, CHCS recommends that DCF consider incorporation of the following evidence-based or promising practices highlighted in the environmental scan:

- School Climate Framework
    - Rather than specifying a specific framework, DCF should identify developmentally appropriate models to support at the elementary and middle school levels in consultation with the Department of Education (DOE).
- Social-Emotional Learning
    - Rather than specifying a specific program, DCF should identify developmentally appropriate models to support at the elementary and middle school levels in consultation with the Department of Education (DOE).
- Mental Health
    - Youth Mental Health First Aid training for adult staff members, parents/caregivers, and youth
    - Teen Mental Health First Aid for teenagers
    - Signs of Suicide (SOS)
- Substance Abuse
    - Guiding Good Choices (middle school)

- Strengthening Families (elementary and middle school)
- Positive Action — also addresses bullying, violence, and sexual activity

- Academic Enrichment and Career Development
  - Career Academies

Additional Recommendations:

- Vaping
  - As vaping is relatively new, there are limited examples of evidence-based practices that prevent it. However, a recently released SAMHSA report, *Reducing Vaping Among Youth and Young Adults*, highlights examples of strategies implemented in states and communities.
- Social Media
  - While there is extensive information about the risks of social media on the healthy social development of children and teens, there were no evidence-based practices for healthy social media use. However, CHCS recommends education on healthy social media use and the risks of unhealthy use for both parents and students. Available resources include:
    - "Teens and social media use: what's the impact?" *Mayo Clinic*, February 26, 2022. Available at https://www.mayoclinic.org/healthy-lifestyle/tween-and-teen-health/in-depth/teens-and-social-media-use/art-20474437.
    - "Nine tips for healthy social media use." *MIT News*, January 23, 2020. Available at https://news.mit.edu/2020/mindhandheart-nine-tips-healthy-social-media-use-0123.
    - "Healthy social media use for children and teens." *UCLA Health Tips for Parents*, August 1, 2018. Available at https://connect.uclahealth.org/2018/08/01/healthy-social-media-use-for-children-and-teens/.

TARGETED INTERVENTIONS

Evidence-Based and Promising Practices

CHCS recommends that DCF consider incorporation of the following evidence-based or promising practices highlighted in the environmental scan, but should not be limited to those, and in doing so, ensure that any primary and secondary programs considered for support are culturally and linguistically accessible to students.

- Depression
  - The Blues Program
- Disruptive behavior
  - Achievement Mentoring
- Trauma
  - Bounce Back (elementary school)
  - Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) (5th grade through high school)
- Substance use
  - Coping Power (elementary school – 5th and 6th grade)
  - Familias Unidas

Behavioral Health Needs of Students

As a prevention program, the SLS portfolio should address early intervention to include crisis counseling and brief intervention. Given statewide access to behavioral health services – and services available through CSOC specifically – student needs beyond crisis counseling and brief intervention should be referred out to the community. SLS programs should also include in policy and procedure a clear threshold for identifying when clinical needs fall outside of the scope of school-based clinical services, necessitating a referral to services provided through the Children's System of Care. All SLS programs should have an up-to-date information about local community-based resources and a clear mechanism for referral to the CSOC and other community based behavioral health services

Data Collection and Quality Monitoring

NEEDS ASSESSMENT

In collaboration with students, parents/caregivers, school administrators, additional community sectors such as faith-based community, business, social service agencies, and other identified entities, CHCS recommends that DCF develop an ongoing mechanism for needs assessment to ensure SLS is providing interventions that target current needs in local communities. Wherever possible, this needs assessment should leverage existing data sources at the state and local level (e.g., DOE and/or district level data on absences, discipline, and graduation rates).

CHCS also recommends that DCF, in collaboration with providers and state agency partners, develop logic models for SBYSP and other SLS programs. These logic models should clearly articulate program inputs, outputs, and short- and long-term outcomes.

OUTCOMES MEASUREMENT

SLS programs currently utilize the Child and Youth Resilience Measure (CYRM) to measure outcomes. CHCS recommends that DCF explore, in collaboration with DOE, school administrators, and providers, the use of different or additional outcomes tools once program models and frameworks are established.

CHCS recommends that DCF and providers ensure that outcomes measurements align with specific program models or practices. For example, a program intended to reduce depressive symptoms should include a tool that assesses those symptoms pre- and post-intervention. DCF should also ensure a mechanism is in place within programs to determine the extent to which community programs that students access through School-Linked Services were found to be helpful and met student - and where appropriate, family needs.

DCF and providers may consider incorporation of output and/or outcome measures that can be collected and reported on without the use of a tool, in addition to data collected pre- and post-intervention. These may include indicators like the use of exclusionary discipline, crisis calls, and attendance.

These outcomes measures may include satisfaction, but should not be limited to measures of satisfaction, but rather improvement in the clinical and or functional status that is the reason for program participation or the receipt of specified services.

DATA COLLECTION AND REPORTING

SLS data currently utilizes CitySpan, which is DCF's Management Information System (MIS), analyzed by the DCF Office of Research, Evaluation and Reporting (RER). CHCS recommends the following additions and/or changes to data collection, analysis, and reporting on SLS programs and participants.

DCF and providers should consider the following:

- Ensure Hispanic/Latinx origin is de-linked from race. Hispanic/Latinx identities should be collected and reported on in a separate category from race, so that students who identify as both a certain race and Hispanic do not have to choose one.
- Separate the race categories of Asian, multiracial, and "other" from one another in reporting. In recent data presentations, these three groups were included as one data point.
- Include gender categories beyond the cis gender binary. Recent data presentations have included male and female gender categories; however, several students in focus groups identified as non-binary.
- Collect and report on the following:
    - Number of students referred in comparison to the number of students served
    - Average length of services per student
    - Reasons for ending services (e.g., met goals, student requested to end services, student needs exceeded capacity of program/referred to community provider)
    - Total students receiving outcomes instrument in comparison to the total served
    - Timeliness of completion of outcomes instrument
    - Number of referrals to community providers
    - Using the current outcomes tool (CYRM):
        - Disaggregate measures within outcomes tool to report on specific items relevant to the program versus only reporting overall resilience score (there are several questions that do not appear to directly connect to the scope of SLS programs).
        - Disaggregate "no change" and "declined" scores. Recent data presentations combined these two data points, which misrepresents outcomes.
    - Other measures identified in collaboration with school administrators and providers

CONTINUOUS QUALITY IMPROVEMENT

The current SLS RFP requires programs to have a Continuous Quality Improvement (CQI) model but does not set any parameters or requirements for what that model should include, other than the establishment of a Community Liaison Board (CLB). CHCS recommends that DCF, in collaboration with providers and other partners, establish minimum required elements for SLS program CQI models and processes. These could include:

- Establishment of performance and/or compliance benchmarks
- Regular record review utilizing a standard tool developed by DCF
- Interviews and/or surveys with youth and parents
- Annual data analysis and reporting, both of outputs and outcomes

Ongoing Student, Family, and Stakeholder Engagement

DCF should consider updating its mechanism for ongoing student and family involvement in both CQI and ongoing program planning. The current SBYSP Operational Manual includes the requirement for providers to establish a Community Liaison Board as noted above and describes the purpose of the CLB as well as recommendations regarding categories of members. The boards are required to meet at least three times per year and they must have at least one student member. Parent membership is not required. CHCS recommends that responsibilities and requirements of the CLB be clearly articulated in the manual and the RFP. Additionally, CHCS recommends that a parent/caregiver be included as a required member of the CLB. DCF and providers may also consider the use of a survey to determine program needs.

The manual also notes that programs are required to incorporate student feedback into program/service delivery and states that SBYSPs can choose to develop a student advisory board (SAB). However, the manual does not present an alternative to the SAB for schools that choose not to establish one.

The SBYSP Operational Manual describes parent/family engagement, but the description focuses on parent participation in activities, not CQI/feedback. Activities described are recreational in nature and not services like counseling.

In addition to the program-level CLBs, DCF and its partners may consider an advisory structure comprised of multidisciplinary partners (e.g., state agencies, school administrators/educators, providers, students, parents, and caregivers) that meets at least annually to share current needs and recommendations for programming.

Collaborations and Structures

DCF should consider formalizing cross-agency partnerships focused on school-based mental health — agencies to consider include the Children's System of Care (CSOC), Division of Child Protection and Permanency (DCP&P), Department of Health (DOH), Department of Labor and Workforce Development (DOL), and the Department of Education (DOE).

These cross-agency partnerships would support the following:

- Program expansion to broaden access to behavioral health and related services beyond the current SLS programs
- Program collaboration, including possible blending or braiding of funding (e.g., APPI, PLP, school-based health clinics, vaping prevention partnerships with DOH and DHS)
    - NJ Department of Labor and Workforce Development (DOL) oversees several that promote career development skills for adolescents entering the workforce. DCF may consider collaboration with DOL to make these programs available to SLS participants:
        - New Jersey Apprenticeship Network
        - New Jersey Youth Corps
        - Youth Transition to Work
- Multi-system navigation, for example:
    - Ensuring schools and SLS programs understand CSOC and services available
    - Coordination of services for multi-system involved youth
    - Working with DCP&P for youth in care

    - Connecting families with the right agency to obtain benefits — Medicaid, SNAP, child care, etc.
- Alignment of funding requirements (e.g., TANF) and ensuring RFPs, program plans, and outcomes report meet the needs of funders
- Mapping of existing services across departments

Table 2: Summary of Recommendations

The below table highlights a summary of CHCS' recommendations to DCF, which are organized into local/program level and system level recommendations.

Local/ Program Level Recommendations	System Level Recommendations
- Stronger program collaborations with community resources across the SLS network	- Blending or braiding of funding (e.g., APPI, vaping prevention partnerships with DOH), if possible, to establish collaboration between departments. - NJ Department of Labor and Workforce Development (DOL) oversees several programs that promote career development skills for adolescents entering the workforce. DCF may consider collaboration with DOL to make these programs available to SLS participants: o New Jersey Apprenticeship Network o New Jersey Youth Corps o Youth Transition to Work
- Ensuring schools and SLS programs understand that CSOC and FSC services are available. Establish a referral process to connect families in need of support. - Coordination of services for multi-system involved youth - Working with DCP&P for youth in care	- Provide information and training to ensure SLS providers regarding CSOC and services are available - Coordination of services for multi-system involved youth - Working with DCP&P for youth in care
	- Alignment of funding requirements (e.g., TANF) and ensuring RFPs, program plans, and outcomes report meet the needs of funders
	- Mapping of existing services across departments

Workforce Development and Training

DCF should review current program staff levels included in RFPs and update to align with any changes to program structure and offerings. Stakeholders suggested DCF consider the addition of an administrative staff position to support data entry and maintenance of records.

In collaboration with providers, DCF should review and update staff competencies and credentials for use in job descriptions and hiring.

The New Jersey Comprehensive School-Based Mental Health Resource Guide describes the following skills/competencies to focus on in staff recruitment and/or training to build a comprehensive mental health framework:

- Knowledge of key policies and laws
- Interprofessional and cross-systems collaboration
- Provision of evidence-based academic, social-emotional, and behavioral strategies
- Data-based decision making
- Personal and professional growth and well-being
- Cultural responsiveness

If possible, DCF should allocate funding to staff training on specific EBPs offered as part of the service menu. Alternatively, if EBPs are based on individual community needs assessment, DCF should consider including funding dedicated to staff training and professional development in annual program budgets.

Contracting and Fiscal Considerations

REQUESTS FOR PROPOSALS

CHCS recommends that DCF implement a competitive Request for Proposal (RFP) for SLS programs. The RFP would clearly identify the scope of the program and expectations around universal and targeted interventions to be provided. The RFP should clearly state expected outcomes, measures, and reporting requirements. DCF may consider requiring that proposal submissions include initial and annual needs assessment data.

DCF may consider the following in proposal review:

- Weight proposals that clearly describe EBPs to be implemented
- Weight proposals that clearly describe how they engage parents/caregivers and other family members
- Weight proposals that describe how they engage community organizations to meet student and family needs

OPTIMIZATION OF FUNDING STREAMS

To promote sustainability, CHCS recommends that DCF explore the utilization of additional funding streams to support SLS programs.

For clinical services (crisis counseling, brief interventions, consultation to school personnel), DCF should explore Medicaid coverage of services provided to Medicaid-enrolled students and/or their families. Currently, New Jersey's Medicaid plan only permits the use of Medicaid funding for in-school therapy services that are included on a student's Individual Education Plan (IEP). DCF may consider collaborating with the state Medicaid agency to explore a State Plan Amendment to make school-based mental health services Medicaid-billable regardless of whether a student has an IEP.

If SLS providers are billing Medicaid, DCF and SLS provider agencies should ensure that staff billing Medicaid are using approved tools and documenting services according to NJ Medicaid standards. DCF and provider agencies may also consider providing additional professional development and licensure support to promote compliance with Medicaid rules.

DCF, along with state agency and provider partners should explore other potential funding streams, including but not limited to federal 21st Century Community Learning Centers, Title IV-E foster care prevention funds, and private foundation funding to complement state general revenue supporting School-Linked Services programs.

Conclusion

The findings and recommendations contained herein represent a full and accurate assessment of the information collected and analyzed by CHCS under the engagement with the DCF Division of Family and Community Partnerships leaders. Together with students, parents/caregivers, and stakeholder workgroup members, we are hopeful that these recommendations will inform a thoughtful and meaningful update to the SLS program that meets the needs of today's students and their families.

Appendix A: Compiled Constituency Input and Stakeholder Feedback

Appendix B: Environmental Scan