CHCS Center for Health Care Strategies, Inc.

New Jersey Children's System of Care Stakeholder Convening Series: Core Priorities

Made possible by Casey Family Programs

This document is intended to be used as a tool to further develop and refine strategies proposed by the CSOC stakeholder group. The strategies included here are those that received the most "votes" on the emerging themes survey. The list is in no way meant to be an exclusive list of what strategies DCF leadership will consider as they develop plans to address the three priority areas. Instead, is meant to provide a framework for ensuring the best use of our time together.

Promoting integrated health and behavioral health		
Strategy Identifier		***Description of Strategy***
Develop a more upstream / prevention-oriented approach by partnering more effectively with other child-serving systems		
1A		Engage in a process to do a full system mapping process – crosswalk with full continuum of child and family need and response to need (prevention through high-end treatment needs)
2A		Better coordinate with pediatric providers: - ACEs screening/SDOH Screening/Family Assessments - Establish process to connect children who screen high in pediatrics directly with CSOC - Leverage the current pediatric learning collaborative for provider education, training and navigation
3A		Develop MOUs between child-serving systems to create clear protocols for coordination and shared responsibilities.
Develop a more upstream / prevention-oriented approach by providing families with more holistic services and supports		
4A		Establish mechanisms to better support caregivers: - Treat families holistically – address parent functioning in the context of children's behavioral health services - Support needs of parents of children with I/DD - Develop services to address co-occurring needs of children with I/DD and behavioral health needs
5A		Invest in workforce development: - Collaborate with Medical schools, other health professional programs - Train system partners together - Continue to develop capacity to be culturally competent (NJ is extremely diverse) - More training for co-occurring issues - Modernize child development training - Integrated training for peers and clinicians - Sustainable and continuous training for a rapidly changing workforce - Motivational Interviewing training for "front door" workforce
Utilize Medicaid authority to develop programs that fill gaps in service array		
6A		Think about how different Medicaid authorities (waivers, state plan benefits) can be used, potentially braided with other funds, to develop new services needed to fill gaps
7A		Develop Emergency Room alternative for youth needing immediate attention for behavioral health needs
Build out service array for children 0-5		
8A		Utilize 0-3 Autism Screening Tool and social/emotional screening tools
9A		Develop service categories for children under 5: - CSOC should serve children under 5 with serious emotional needs (focus on foster care population and children at risk for child welfare involvement) - Infant Mental Health services for CMOs and FSOs to access

Build capacity to deliver evidence-based and best practice interventions		
Strategy Identifier		***Description of Strategy***
Increase the use of services that achieve positive outcomes		
1B		Develop mechanisms to assess "service need" vs. provider capacity
2B		Establish quality measurements and utilize a standardized tool to collect measureable outcomes for all system providers
3B		Map EBPs and promising practices within the state: - Establish differentiated rates for EBPs and non-EBPs – Alternative payment models may be an option
Improve the contracting process related to procuring service providers		
4B		Evaluate procurement process –rethink contracts that better ensure sustainability and availability of programs: - Are multi-year contracts an option? - Roll-over contract funding into new FY
5B		Think about blending funding streams where appropriate to increase services and supports and consider alternative payment models to create useful flexibility
Evaluate services and supports to families of children with I/DD		
6B		Increase "supports" – broaden the idea of what families need beyond "services" - More "normative services" outside CSOC - Do a deep-dive in Family Support Act related services - Increase respite and skill building for parenting a child with I/DD
7B		Improve training for crisis response for youth with I/DD
8B		Better coordinate with other systems interacting with children with I/DD and their families – better transitions/hand offs needed

Enhance CSOC capacity to ensure equitable access		
Strategy Identifier		***Description of Strategy***
Increase understanding of how disparities (race, class, gender, sexual identity) impact the system structure and services to families		
1C		Develop a way for CSOC staff and system partners to talk about implicit bias and how it impacts the system and families and identify ways to address its impact
2C		Provide training on implicit bias, equity and the importance of collecting demographic information and documenting it appropriately
3C		Use demographic data to identify disparities and develop strategies to reduce them
Reduce the complexity of the application process for children with intellectual and developmental disabilities		
4C		Help families navigate the system and application process - Have single point of contact - Have coaches/mentors available as navigators - Information sessions - Online application tutorial modules
5C		Reduce number of reports needed for application
6C		Develop a community communications campaign to share what is available to families and how to access
Evaluate Substance Use Disorder service array and access		
7C		Raise awareness of available services
8C		Increase service providers ability to deliver more individualized services
9C		Create a single point of contact for SUD services