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How does New Jersey's system of care approach support families involved with child welfare?

This jurisdictional profile of New Jersey¹ was developed by the [Center for Health Care Strategies](#), in partnership with Casey Family Programs. It is one of a six-part series on the system of care approach, which includes an [issue brief](#), a [strategy brief](#), and similar profiles of [New Hampshire](#), [Ohio](#), and [Oklahoma](#).

Background

In 1999, the [New Jersey Children's System of Care \(CSOC\)](#) started with a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) in one specific community: Burlington County. A year later, a pilot launched in three more counties and by 2006, the system was operating statewide. The impetus to develop the system came from the [New Jersey Parents' Caucus](#), which identified a fragmentation of mental health services for children and therefore advocated for a more coordinated approach. Prior to the CSOC, children and their families received different services depending on which system they entered (child welfare, juvenile justice, adult mental health, or acute care). In response to the advocacy from the caucus, the governor issued a directive to the Department of Human Services to initiate structural reforms to build an effective system, reduce the number of children in intensive settings, and provide tools for the children's behavioral health system to increase its focus on prevention.

tailored to meet the unique needs of children and their families, reflect their cultural values and norms, and build on their strengths.

“Family choice and family voice are really integrated into everything, which improves outcomes and engagement,” said Alexa Morales, director of clinical services at PerformCare. “It is so important in really meeting the youth and the family where they’re at and in a setting where they are comfortable, whether it’s an in-home setting, outpatient setting, or through mobile response.”

System of care impact and sustainability

Public data and independent [evaluations conducted by Rutgers University](#) have shown that the overall need for intensive services in New Jersey has decreased over the years as more children have access to services in the community.^{3,4} As of December 2024, no New Jersey children were placed in out-of-state behavioral health treatment settings.⁵ From 2016 to 2023, the number of children served each year in out-of-home settings declined by 50%, children receiving MRSS services increased 52%, children served by CMOs increased 51%, and children receiving intensive in-community/behavioral assistance services increased 57%.⁶ Children and families increasingly access stabilizing support in their homes and communities, improving family functioning and preventing child maltreatment.^{7,8} For children who did require out-of-home treatment, New Jersey’s trauma-informed CSOC was associated with fewer costly emergency department visits, inpatient admissions, and psychiatric admissions five years after initial out-of-home treatment.⁹

While services are available to all children in the state, a significant portion of CSOC’s funding comes from Medicaid. CSOC also has received various grants from state and federal sources, including the federal Substance Abuse and Mental Health Services Administration (SAMHSA). For children who are not Medicaid-eligible, New Jersey created a [Medicaid lookalike identification number](#) so that all children who meet [clinical criteria](#) and live in New Jersey can receive services and providers can bill for them regardless of insurance or ability to pay. This streamlines billing and ensures that children are not treated differently based on ability to pay or whether they are involved with the child welfare system. CSOC services currently are not covered by commercial insurers. CSOC works closely with Medicaid, using state plan amendments and waivers, which has “allowed the system to grow as needed, with more agility than if it were through a different funding mechanism,” said Mollie Greene, CSOC assistant commissioner.

Rutgers University Behavioral Health Care is CSOC’s university [training and technical assistance partner](#), and is available to assist all system partners — including community providers and families — at no cost. Rutgers employs staff with lived experience to lead or co-lead trainings and participate in curriculum development, and child welfare partners typically attend the trainings alongside other system partners and families. Providing training to all partners promotes consistent language, better quality and outcomes, and sustainability. Rutgers also manages Child and Adolescent Needs and Strengths (CANS) assessment initial and annual provider certifications and monitors reliability. New Jersey is also committed to continual evaluation and quality improvement. In 2015, CSOC launched the [Promising Path to Success Initiative](#) to promote trauma-informed care and reduce the use of seclusion and restraint in residential settings.

¹ The content of this brief was informed by interviews with Mollie Greene, Assistant Commissioner, and Wyndee Davis, Assistant Director, New Jersey Children’s System of Care; Valery Bailey, Executive Director, and Alexandra Morales, Clinical Director, PerformCare, September 10, 2024

² McGill, K., & Rea, K. (2015). [New Jersey’s historical development of a statewide children’s system of care, including the lessons learned from embedding CANS tools: Developments, innovations, and data analysis](#). *Sage Open*, 5(3).

³ Rutgers University School of Social Work Institute for Families. [CP&P Data Portal](#).

⁴ Rutgers University School of Social Work Institute for Families. [CSOC Data Portal](#).

⁵ Beyer, C. (2024, December). [Commissioner’s monthly report](#). New Jersey Department of Children and Families.

⁶ [CSOC Data Portal](#).

⁷ [CP&P Data Portal](#).

⁸ [CSOC Data Portal](#).

⁹ DeLia, D., Palatucci, J.S., Mackie, T., Chou, J., Nova, J., Lontok, O., Michael, M., & Koller, M. (2023, June.) [Evaluation of the New Jersey Children’s System of Care and its Promising Path to Success Initiative](#). Center for State Health Policy: Institute for Health, Health Care Policy and Aging Research.

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P 206.282.7300

casey.org | KMResources@casey.org

