

Executive Summary



New Jersey’s children’s mental health system is broad and complex. Children and families access services through many different pathways, including primary care, schools, private insurance, Medicaid, the Children’s System of Care (CSOC), hospitals, community-based organizations, and, at times, the child welfare and legal systems. Which services are available, how quickly they can be accessed, and whether families can afford them often depends on a child’s insurance coverage, geographic location, diagnosis, and the ability of parents and caregivers to navigate multiple systems.

Commissioned by the New Jersey Department of Children and Families under P.L. 2024, c.100, this study maps New Jersey’s pediatric mental health landscape, identifies eligibility rules and access barriers, and examines how programs interact across the system.

It highlights gaps in access, including those driven by payment and reimbursement structures, while recognizing the State’s significant investments in children’s mental health. The report’s recommendations are designed to strengthen system coordination, improve access, and support more equitable, sustainable care for children and families statewide.

This report examines the full landscape of children’s mental health services in New Jersey for youth ages 0-17. It includes an assessment of the State’s role, insurance coverage and network adequacy, school-based and community-based services, crisis response, inpatient and out-of-home care, and the ways the legal system intersects with mental health needs. The report draws on interviews and focus groups with more than 230 stakeholders and family members, administrative and survey data, regulatory, legal, and policy analysis, and a review of state and national best practices.

Overall, the report finds that New Jersey has many strengths. The State has invested in a broad array of programs, including CSOC, the New Jersey Pediatric Psychiatry Collaborative, and mobile crisis and response services, early childhood supports, and school-based mental health initiatives. Families can access a range of services, from prevention and outpatient therapy to intensive home-based care, hospitalization, and residential treatment. Nationally, New Jersey is a model for other states, and comparatively, has more youth-focused mental health programs and resources.

At the same time, the system is difficult to navigate and does not consistently provide timely access to appropriate care. Workforce shortages, inadequate insurance networks, inconsistent school supports, fragmented coordination across agencies and systems, and insufficient capacity for high-acuity youth create significant barriers. Families often encounter delayed availability of care, long waitlists, and difficulty obtaining services for children with the most complex needs.



Landscape Analysis

The Landscape Analysis examines the major systems, programs, and pathways through which children and families access mental health services in New Jersey. It reviews the role of insurance coverage, Medicaid, CSOC, primary care, schools, community-based organizations, crisis services, inpatient and out-of-home care, and the child welfare and legal systems.

The report describes how insurance coverage shapes access to mental health care. Children covered through Medicaid, commercial insurance, or self-funded plans may have different covered benefits, provider networks, prior authorization requirements, and out-of-pocket costs. The report reviews parity requirements, network adequacy standards, and the different pathways through which families seek care.

CSOC is examined as the State's primary coordinated system for children and youth with moderate and intensive behavioral health needs. Through CSOC, families may access mobile response, care management organizations, family support organizations, intensive home-based and community-based services, and out-of-home treatment.

The report also reviews the role of primary care providers, who are often among the first professionals to identify mental health concerns and provide screening, education,

referral, and treatment. It examines the increasing role of pediatric practices in addressing mental health needs and the ways in which behavioral health may be integrated into primary care settings.

Schools, including elementary through high school, are examined as another important setting for prevention, identification, and support. The report reviews school counseling, social-emotional learning, state-funded mental health programs like NJ4S, school-based youth services, and partnerships with outside providers and community organizations.

In addition, the report highlights the importance of early childhood mental health, family support organizations, community-based prevention and resilience programs, and the growing role of technology and social media in youth mental health. It also examines how family court, child welfare, probation, and the youth justice system influence access to services for some children and families.



Key Findings

The report’s findings reveal systemic barriers that limit access to timely, appropriate care for children and families in six key areas.



WORKFORCE

New Jersey, like the nation, faces a shortage of child-serving mental health professionals across nearly every discipline, including child psychiatrists, developmental pediatricians, therapists, psychologists, behavioral health staff in schools, and providers trained to serve youth with co-occurring mental health and intellectual or developmental disabilities. Workforce shortages exacerbate access issues in rural areas and high-acuity settings.



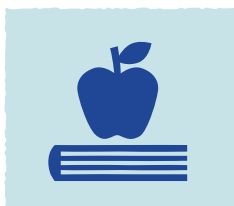
INSURANCE AND ACCESS TO CARE

Insurance coverage does not consistently translate into actual access to services. Provider directories are often inaccurate; in-network providers may not accept new patients, and families may experience long wait times for outpatient therapy, psychiatry, and higher levels of care. Network inadequacy is particularly significant for Medicaid and specialty services.



FAMILY NAVIGATION AND COORDINATION

Families frequently describe the mental health system as difficult to understand and navigate. Many do not know where to start, whether to call a pediatrician, PerformCare, the entry point to the CSOC system, a school counselor, or a crisis line. Families report repeating their child’s story multiple times, experiencing poor communication between systems, and struggling to coordinate care across providers, schools, and agencies.



SCHOOL-BASED SERVICES

Schools are increasingly expected to respond to youth mental health needs but often do not have the capacity or resources to do so. School-based supports are inconsistent across districts, and many schools rely on short-term programs or crisis-oriented interventions because long-term community treatment is unavailable. Schools also face challenges supporting students getting screened, cleared, and returning to school after psychiatric crises.



CLINICAL CARE AND HIGH-ACUITY SERVICES

There are major shortages in specialized inpatient hospitalization services and out-of-home treatment beds, particularly for youth with co-occurring intellectual and developmental disabilities including autism, eating disorders, and other complex medical or behavioral needs. Many children remain in emergency departments, hospitals, or inappropriate settings while waiting for services.



GOVERNANCE AND CROSS-SYSTEM COORDINATION

Children’s mental health is governed by multiple state agencies with overlapping responsibilities. Fragmented oversight responsibilities and funding streams contribute to the lack of a comprehensive view of children’s mental health needs and how the State’s investments and efforts are addressing those needs.

Recommendations

The report recommends coordinated action across six areas. The full recommendations are organized into 17 specific proposals:



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APPENDICES

WORKFORCE

1. Establish a Statewide Children and Youth Mental Health Data Dashboard
2. Implement Ongoing Workforce Monitoring and Capacity Planning
3. Align Workforce Pipeline Investments with Children's Mental Health Needs
4. Support Team-Based and Integrated Models of Primary Care to Extend Clinical Capacity
5. Strengthen the Pediatric Psychiatric Collaborative Care Model to Support Pediatricians in Ongoing Mental Health Management
6. Improve Licensure and Credentialing Processes to Increase Access

INSURANCE COVERAGE AND ACCESS

7. Strengthen State Enforcement of Network Adequacy and Access Requirements
8. Use Medicaid Managed Care Contracts to Improve Access and Quality Outcomes

SCHOOL-BASED MENTAL HEALTH

9. Strengthen Crisis Response, School Reentry, and Bridge Services
10. Expand School-Embedded Supports and Strengthen Cross-System Coordination
11. Establish Sustainable Funding, Expand Capacity, and Reduce Financial Barriers

FAMILY NAVIGATION AND COMMUNITY SUPPORTS

12. Improve Family Understanding of CSOC and Access to Services
13. Create Centralized Family Mental Health Access and Psychoeducation Communication and Resources

CLINICAL CARE ACROSS THE CONTINUUM

14. Expand Crisis Services Outside the Emergency Department and School-Linked Crisis Pathways Statewide
15. Develop a Coordinated Statewide Strategy for High-Acuity Pediatric Mental Health Care and Transitions

GOVERNANCE, ACCOUNTABILITY, AND CROSS-SYSTEM EDUCATION

16. Coordinate State Funding, Agency Collaboration, and Oversight
17. Strengthen and Expand Mental Health Education and Implementation Across the Justice System

Taken together, these recommendations are intended to create a more coordinated, equitable, and effective children's mental health system in New Jersey. While the State has many strong programs and engaged partners, achieving meaningful improvement will require sustained investment, greater accountability, and a significant focus on implementation with stronger coordination across agencies and systems.