Committee Meeting

of

JOINT COMMITTEE ON THE PUBLIC SCHOOLS

"The Committee will receive testimony from invited guests regarding the potential transition from the current student mental health services program, NJ4S, to the proposed SPARK initiative"

LOCATION: Meeting via Zoom

DATE: May 8, 2026
11:00 a.m.

MEMBERS OF COMMITTEE PRESENT:

Senator Joesph P. Cryan, Co-Chair
Assemblywoman Verlina Reynolds-Jackson, Co-Chair
Senator Angela V. McKnight
Senator Shirley K. Turner
Senator Joseph Pennacchio
Assemblywoman Linda S. Carter
Assemblywoman Carmen Theresa Morales
Assemblywoman Dawn Fantasia
Assemblywoman Victoria A. Flynn
Assemblyman Erik K. Simonsen

Rebecca DiBenedetti
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Meeting Recorded and Transcribed by
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MEETING NOTICE

TO: Members of the Joint Committee on the Public Schools

The Joint Committee on the Public Schools will meet on Friday, May 8, 2026 at 11:00 a.m., via Zoom, to receive testimony from invited guests regarding the potential transition from the current student mental health services program, NJ4S, to the proposed SPARK initiative.

The public may address comments and questions to Rebecca DiBenedetti, Executive Director, at 609-331-2485, or by email at Rsapp@njleg.org

Issued April 9, 2026

TABLE OF CONTENTS

TABLE OF CONTENTS (continued)
APPENDIX:

mj 1-59

SENATOR JOSEPH P. CRYAN (Co-Chair): OK, you want to do a roll, or do you need to--

ASSEMBLYWOMAN VERLINA REYNOLDS-JACKSON (Co-Chair): Sure.

SENATOR CRYAN: --Assemblywoman, please.

MS. DiBENEDETTI: OK.

Senator McKnight.

SENATOR McKNIGHT: Here.

MS. DiBENEDETTI: Senator Pennacchio. (no response)

I see he's on. I'll come back to that.

Senator Turner. (no response)

SENATOR CRYAN: I figure if we see folks on, we can just--

MS. DiBENEDETTI: I see her on, yes.

So, Assemblywoman Carter.

ASSEMBLYWOMAN CARTER: Here.

MS. DiBENEDETTI: Assemblywoman Fantasia.

ASSEMBLYWOMAN FANTASIA: Here.

MS. DiBENEDETTI: Assemblywoman Morales.

ASSEMBLYWOMAN MORALES: Here.

MS. DiBENEDETTI: Assemblywoman Reynolds-Jackson.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Present.

MS. DiBENEDETTI: Senator Cryan.

SENATOR CRYAN: Here.

MS. DiBENEDETTI: OK.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Awesome.

Senator Cryan, I am so excited to be back with you again.

SENATOR CRYAN: Good to see you again.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Yes.

So, first let me say thank you to everyone for being here. I'd like to first welcome back all of the Committee members from last year, and definitely welcome our two new members, Assemblywoman Dawn Fantasia, and Assemblyman Jerry Walker. We look forward to working with you all on this Committee. Today we're going to be talking -- begin our conversations -- about the transition from the current 4S New Jersey framework and the proposed SPARK program. I know the first time I heard it, at it with Deb Bradley, at one of the legislative luncheons that we had. And, so, this is truly something that we're interested. Our goal is, really, not to resolve every detail, but rather to establish an understanding of what the transition is going to look like; what the stakeholders might expect; and how we can approach this in a meaningful, coordinated way. So, I just think this is going to be very informative, thinking about all of the different transitions. I really want to make sure we have continuity of services; clarity for those who are going to be responsible for implementing this for the day to day; and I look forward to making this an informative discussion for all of us to have. Senator Cryan, it is definitely a pleasure to serve with you as the Co-chair, and I know you have some additional information that you want to share with us now.

SENATOR CRYAN: Thanks, thanks, Assemblywoman, and thanks for being the chair and bringing us together.

I want to take a moment to thank Rebecca and everybody in the staff, too, who got it going; thanks to your (indiscernible), and thank you very much.

I just have, as the Assemblywoman mentioned, some informative session ideas so that we understand what's going on, and we understand this issue with more clarity. I do have some comments from the Governor's office, and from folks particularly in DOE, that I want to share with everybody so that we're all on the same plane as we begin the hearing. The Governor made it clear in her budgets that she's committed to addressing youth mental health crisis and getting relief to families, and most importantly through strong programs and strong legislation. SPARK, for her administration, was a simple idea: Bringing care directly into schools, a place young people already trust in, have regular access to. Its focus on increasing access to school-based -- as you'll hear in the conversations -- Tier 2, and Tier 3 mental health services. With the administration and the departments are continuing, I know many of you have done this. They've engaged in conversations, and along with some of the stakeholders; mental health providers; school district officials; community members; about what the best process is and how we should move forward. They also understand and want to be clear that they understand there's many ways to tackle the challenge, and the focus has to be what it's supposed to be about: delivery for our kids, and how to best maintain continuity of services.

So, they've also noted and want us to note that they're committed to close integration and coordination between the Department of Children and Families, and the Education. And, they want to optimize the settings and help to best leverage regionwide supports. I think we're finding an administration that wants to hear what's said; understand the issue; and that's why it's so important, Assemblywoman, that you brought us together

today; that we understand this issue in the context of what it is with clearly a flexible position from the Governor's office.

So, appreciate it, everybody, appreciate it very much.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you so much for that, Senator Cryan.

So, we're just going to start off with Dr. David Aderhold, Superintendent of Schools from West Windsor, who's no stranger to us, but definitely looking forward to you. So, I'll turn it over to you to begin with your testimony, thank you.

D A V I D A D E R H O L D, Ed.D.: Good morning, Assemblywoman Reynolds-Jackson, Senator Cryan, and the honorable members of the Joint Committee on Public Schools.

It's a great pleasure to join you today to provide testimony regarding the potential transition from the current student mental health services program of NJ4S, to the proposed SPARK initiative. As the Assemblywoman said, my name is Dave Aderhold, I'm the proud Superintendent of West Windsor-Plainsboro Regional School District, and I also serve as President-Elect for the New Jersey Association for School Administrators. I also just want to send a word of thanks on behalf of Melanie Schulz, who is unable to be here, as Melanie is currently undergoing surgery for a broken wrist that she suffered at her granddaughter's graduation out in Pittsburgh, so we wish Melanie all the best in her surgery--

ASSEMBLYWOMAN REYNOLDS-JACKSON: I told her not to do the cartwheel; I said, "Don't do the cartwheel."

(laughter)

DR. ADERHOLD: Melanie gets out of hand sometimes.

So-- But, again, thank you for the opportunity to talk about the proposed budgetary transition from the statewide student support services, or NJ4S, to the School-based Participation for Access and Resilience for Kids, or SPARK. As we look to the '26-'27 school year, we must address several such structural flaws within the regional hub model to ensure a seamless transition that prioritizes high acuity clinical care. And, when we talk about that, you often hear about Tier 1, Tier 2, Tier 3 interventions, and I just want to level set by giving some definitions around those terms so that we're all on the same page.

So, when we talk about Tier 1 interventions, we're talking about universal wellness. We're talking about broad, universal efforts to support things such as wellness assemblies; guest speakers; community events; their entire student body events. And, when we're talking about Tier 2, we're talking a more targeted prevention. These may be focused on evidence-based prevention strategies; delivery to small groups; student exhibiting early warning signs of distress; more specific risk factors; and maybe support groups. And, when we're talking about Tier 3, we're talking about intensive clinical intervention. We're talking about a tier that provides clinical services for students with complex, high-acuity needs, including depressive symptoms, severe anxiety, suicidal ideations.

One of the conversations that we did not have when we moved to NJ4S was, truly, a conversation around what school districts need direct, targeted support in, and we would argue that we do Tier 1; we do Tier 1 really well with our counseling staffs, with our teachers. But, where we really need help is Tier 2 and Tier 3. And, some of the numbers you see reported about the services of NJ4S -- in fact, a majority, almost 95% of those services -- are

Tier 1 intervention services. Services that we don't need; services that we need the focus to be truly in Tier 2 and Tier 3.

So, when we shift the responsibility, and we start thinking about Tier 2 and Tier 3 services, the primary criticism of NJ4S is that the model is overwhelmingly on Tier 1 services. Tier 1, as I said, is a district responsibility. And, while it's nice to have some program and assembly supplements, Tier 2 and Tier 3 is really where the rubber meets the road, with reporting and providing targeted supports with some of our most vulnerable, medically vulnerable students in our school systems. Districts are already absorbing Tier 1 costs. We're doing that through our staffing; through our training of our teachers. When we talk about resource gap in clinical care, we're often talking about the importance of, the difficulty of replicating intensive clinical services. There is a dearth of support out there when it comes to finding mental health clinicians available to meet with students. So, coordinating care across regional hubs is a tremendous theory, and it's happening different in all the hubs. And, that's one of the things that we would say is, "Hub to hub, provider to provider, you have very different services."

And, so, I have been critical of NJ4S over the last several years, but my criticism often -- there's one caveat that gets missed -- which is, it's working well in some areas. And, I think we really have to be mindful that in some counties and in some hubs, NJ4S is operating and it has a lot to do with who the clinical providers are that are working in partnership. It is not working in Mercer County. I can tell you that we have had limited to no services provided by Catholic Charities. And, any services that you see on paper are Tier 1 programming, primarily, and they're done in mass assembly and/or things that are happening in the local community, like coordination

at local public libraries. In four years, there has been one meeting with superintendents -- *one* in four years -- and no ongoing conversation about what we need for our students. That is a failure of the hub. And, it's not a failure of all hubs, it's a failure of the one for us.

So, when we think about the transition, and we think about where it's working well, it's really important for students that we make sure there's continuity of services. That, if we're looking at a transition in modeling or looking at transition in funding, that we're ensuring that where it's working where students are getting direct services, that continues until a new model can be stood up, and a model could be transitioned so that the students don't have a break in support and services. But, in places like Mercer County where it's not working well -- in fact, it's not working, period -- where it's not working, we're a perfect place to pilot; we're a perfect place to build, because you'll be replacing something that does not exist and is not functioning. And, so, students in our county are not receiving services through NJ4S. And, the services that they might claim they're providing are global at best, *at best*, like movie nights, things like that.

So, the shortcomings become the imbalance -- the imbalances of services that happen across the state that's happening right now. Then you have the conversation that district responsibility versus state responsibilities throughout the hubs. The issue of being outsiders is something to be mindful of, where things are working well, and Camden County's a great example. They have clinicians who are working through the NJ4S model who are coming in and out of schools and building partnerships with counselors and school administrators. They have meetings set up where they have scheduled time to come in and out of the schools with caseloads-- That's ideal because

you're building relationships. The reason why things like school-based youth services was fought so hard for is because you're building bridges and you're building community partnerships. I was a principal with school-based youth services when I was a principal in New Brunswick High School, and having those clinicians in our schools were critical for providing clinical support and need on site with students.

So, there are hubs that this is, again, working really well with. So, when you think about some of the other challenges or barriers to access, some of the hubs it's on-site; some of the hubs it's in the community. So, we have to think about not only how families get there, but sometimes there's barriers through the application process. There's also some archaic rules about applications based on the socio-economic level of a school community, somehow saying that mental health is assigned, is tiered, based on income.

So, a district like Princeton or a district like West Windsor-Plainsboro, is deprioritized over a district such as Ewing. But, I may have four times the amount of students going out for mental health services, who are going out for suicidal ideation assessments. What also wasn't looked upon when we went to NJ4S was the kind of care that districts already have. Every community, every district in Mercer County has a program already stood up that we're paying for out of district dollars. I work with UBHC, the University Behavior Health Center (*sic*) that have clinicians on-site; other districts work with groups like Effective School Solutions, and there's so many providers that we partner with. So, I know Julie has argued that landscape analysis was really never done, and she's right. That survey, to this day, has never been done with local school districts. In some counties, there's waitlists. So, if you're in hubs such as like Passaic, Hudson, Essex, to get Tier

3 intervention services, there's not enough clinicians. So, even where folks are saying that Tier 3 intervention services are happening, there's waitlists for students. So, we really need to think strongly about the amount of care, regionally, that we're providing to ensure that communities that have a higher or greater need of care, or have more students on waitlists, have access. And, then, feedback, looking at administrators; counselors; nurses; educators; we're not really identified on the front end, but there's choke points in the system that we can help identify, and we truly need to analyze the needs.

So, I would strongly say that we need to learn from the successes of places like Camden and Morris and Sussex, places where NJ4S is talked about well, and talked about in partnership. And, we have to look at places such as Mercer County that is not working well, or it's not working at all, and talk about how do we integrate and think about relationships with clinical supports, and treating hubs as part of the team of mental health providers and clinical support; working in partnership with school districts and families. And, again, there needs to be some kind of seamless transition if we are going to move away from NJ4S to another model. We need to have a runway to do that, because school districts are -- that it's working -- are relying on these services.

So, we need to make sure students who have services underway through NJ4S continue that. And, NJ4S, you might be surprised to hear me say that, but the reality is we're talking about, what are the needs for students? And, that needs to be-- The continuity of care that's being referenced here needs to be at the forefront. We need to look at direct clinical placements in the partnership that SPARK has to have, or NJ4S has to have regarding hospitalization and beds. We have beds for mental health support.

There is a limitation in the field still with the number of clinicians, and the number of placements. So, even if we solve what NJ4S looks like, or SPARK looks like, we still have the larger healthcare, a systemic issue underway. And, with the rollback of Medicare in some of the next 10 years of funding that we're going to see and the change there, we're going to see less and less charity care available. So, we need to look at, this is only going to be a problem that gets exasperated over the next couple years, not one that gets easier to solve.

As we think about -- just key recommendations again -- I would say that we need to analyze what's working; we need to pilot in counties where there's challenges and/or it's not working at all. Again, Mercer County, I think we're a good model for a lot of reasons. We are the only county that's all K-12 systems; there's only nine of us, but we're actually one of the midsize counties in the state. So, there's nine regular operating districts, and then you have Katzenbach in the special services and vo-tech. So, there's 12 superintendents that partner, and, so, we're a good place to pilot. We're a good place in proximity to the department, and we're a good place when it comes to thinking through a K-12 system, from an alignment standpoint. If we're going to build SPARKs in hubs, build a SPARKs program in hubs that it's not working and keep the continuity going with tweaks to the NJ4S model while we're standing up a different model, would be my recommendation. And, we need to stop mistaking this concept of activity for achievement. Numbers that the Department of Health have put out show a lot of Tier 1 interventions, and we can get clouded in their numbers, because it looks like there's a lot of kids being met. They talk about 30,000-plus, but the reality is that most of those are not interventions that we need, and we need to be really focusing on the Tier 2 and Tier 3.

And, with that, I'll conclude my testimony for today. I want to thank you for having today's hearing; I also want to thank the Governor's staff and the Department of Ed. for a meeting we had earlier this week to talk about what this transition could look like.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Oh my, Senator Cryan, do you have anything, or--

SENATOR CRYAN: I do, I just have a couple for David if you don't mind. Thanks for your extensive comments.

David, how does one move to -- and I definitely got the point about you're very specific about Catholic Charities and some counties having a backlog, some not, all that goes with that. But, can you just, for a very brief moment, explain how for the student in need, how that transition happens from the openness and the extensiveness of Tier 1, to a Tier 2, to a Tier 3?

DR. ADERHOLD: So, thank you, Senator.

A student who's identified with an acute need, suicidal, or depression symptoms, would not go into Tier 1 at all, it would be an assessment being done at the school where counselors, administrators are working together with the student in acute crisis, and then would be looking for some kind of high level of care. In this scenario with a hub, you have to actually apply for support for that student through a database, and then you have to-- And, again, this is how it would work in Mercer, and then you have to try to get services for a student that way.

SENATOR CRYAN: OK.

DR. ADERHOLD: In WWP, we bring the UBHC clinician in right away, and we get parental support to do a risk assessment, and then, depending on the needs of the student, we might be moving to a partial

hospitalization program and they might be going to a -- if they've actually self-injured -- they would be going to the hospital for an assessment.

And, so, we're doing suicidal risk assessments; we're doing homicidal risk assessments--

SENATOR CRYAN: So you--

So, David, those assessments take you from two to three?

DR. ADERHOLD: Oh, three is-- You almost go right to three.

Two would be, you might have a group meeting about loss of a parent.

SENATOR CRYAN: Right.

So, in other words, there's no gradual step up, it's either Tier 2 or Tier 3, just so that the members understand.

DR. ADERHOLD: Yes, thank you, Senator.

It's possible that a student that's in Tier 1 or Tier 2 then presents with a more acute need and then moves to a Tier 3, but a lot of times you have students who are presenting and are jumping right to Tier 3.

SENATOR CRYAN: OK.

And, last thing for me is, you mentioned some of the counties that have a backlog -- were clearly where more services needed, but the programs, and then the frustration you have, in Mercer for example, with Catholic Charities. On a county basis -- there's 21 -- do you have any rough guesses at half and half? Any idea the effectiveness of the programs? And, if it's not a fair question, that's fine, too.

DR. ADERHOLD: Yes, it's a little scattershot--

SENATOR CRYAN: OK.

DR. ADERHOLD: --it's a little bit all over the place in that, with the 15 hubs across the 21 counties, you have some places that started slow with staffing, and now it's getting better, and they're learning how to work together.

And, that's going to take-- Even if you make that change today, to SPARK, the same thing's going to happen; you're going to have a runway to get this up and going. And, so, like Joe can speak to that; it's getting better out in his county, but it hasn't gotten better in ours. But, again--

SENATOR CRYAN: I got--

DR. ADERHOLD: --(indiscernible) in Camden (indiscernible).

SENATOR CRYAN: I gotcha.

But, I was encouraged; but, I got the administration's comments about transition and things like that. Thank you, sorry, thank you.

DR. ADERHOLD: I appreciate it, Senator.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you, thank you.

I see-- We're going to do questions because David has to leave, and then we're going to continue on. But, Assemblywoman Fantasia, I see you have your hand raised.

ASSEMBLYWOMAN FANTASIA: Thank you, Chairwoman.

Thanks for sharing that with us; you made me think of something right away. I also was a school principal during the school-based youth services program. And, what I'm seeing now, on the ground, in Sussex, is they are liking NJ4S a lot because it's filling a gap of what they did not have before, but they still maintain school-based youth services program. So, what we're having now is like this -- I don't know, from county to county, or

region to region -- you have some that still were able to, after the uproar, hang on to the school-based youth services program that really do provide some of those two and three and even beyond type services for them, so they're happy with the Tier 1, the assemblies, the suicide awareness groups, and things like that. So, it definitely fills a niche; the numbers really are misleading when the State releases them, and says, "Look at all the students we're serving," when they're talking about that they sent 400 kids to an assembly, and they count all of them as being "served."

What I do see a flip of that, two schools that I'm very familiar with in Clifton and in Passaic City, those schools are very happy with this program, the way it's going, due to the wide availability of providers. They were happy for their particular little region of the world; there's a lot of providers. Sussex is not happy with the world of providers that are available. So, you totally hit the nail on the head. And, my question is, for you, as you were part of, I guess, the group that was putting together what this transition could look like or giving your feedback, NJ4S states that Tier 3 is meant strictly for brief intervention, right? It's not long-term therapy; that's not the goal. So, if you have a child with a chronic condition, psychosis, things along those lines, this program that we transitioned to, SPARK, is not meant to serve those children long-term, am I correct? This is still referral, and then that's that. Like, we're not turning the schools into mental health providers?

DR. ADERHOLD: It is my understanding that it's supposed to be transitional services to get students to a bridge or to greater counseling.

We do the same thing with UBHC. It's meant to fill the gap in the void to get them to greater clinical care, and because there's such a waitlist in order to get to that clinical care. But, you may also have students who

have, for financial reasons, or healthcare, lack of healthcare, that may need more sustained approach. And, that is something that the UBHCs and the ESSes of the world do fill, as well as the hubs have filled in the areas that it's working well. So, the idea of meeting the students' needs, and meeting the families' needs where they're at is something that we're very mindful of, and we're not trying to turn into hospitals or mental health providers, but the reality is we do have students in need, in our systems, and because of the challenges in accessing the greater system of care, we end up playing that role.

ASSEMBLYWOMAN FANTASIA: One other question, really quickly.

I saw something in -- it was in a budget hearing -- that talked about mobile crisis with the Division of Children and Families, and they had said that the visits, the mobile crisis visits have decreased from like, I don't know, 34,000 to 31,000. And, the question was, is it due to-- It wasn't lack of availability, the Commissioner had said, "No," it certainly wasn't that they didn't have enough clinicians to go out and do that, and the question was, perhaps, has there been a correlation between what has happened with the NJ4S model, and all of these Tier 1 interventions? Has that, do you feel, had an impact on the 3,000 less mobile crisis visits?

DR. ADERHOLD: I think there's a big difference between correlation and causation, so, when we talk about this, I think that's speculation at best.

And, when we talk about mobile response, that mobile response must be initiated by family. So, I-- It could also be an educational -- an education issue about what the services are out there. In region to region, hub to hub, district to district, they promote their mental health supports

differently. So, in order to get a mobile response, you have to have a family in your office willing to make the phone call and ask for support. And, so, I would also be interested in going back to pre-pandemic levels to see if they were getting 31,000 or not, or if their spike they're talking about, the decrease, came from an arbitrary increase that came post-COVID. So, I think it's hard to tell.

As far as school-based youth services, I just want to touch on this one point because you raised it. The districts that have school-based that are still up and running -- in a district, you may have 15 schools. Three of those schools may have school-based youth services. If they have school-based youth services, they're not allowed to access the NJ4S. But, the other 12 schools can. So, you may have a district that has two different models happening in live time in their system. And, that happens in Trenton right now. Some of the Trenton systems still has school-based youth services, but not all, so some are accessing NJ4S, some are accessing school-based youth services. So, the pushback early on about school-based youth services -- and I was one of those who stood up and argued for it -- even though my district doesn't have it, is because I've seen it work in great partnership in New Brunswick High. We had four clinicians on site with caseloads, working with students and families; majority of students either did not have access to healthcare, so school-based played that role.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you so much, thank you for your question.

Assemblywoman Carter, I saw your hand up.

ASSEMBLYWOMAN CARTER: Thank you, I took it down because Assemblywoman Fantasia answered -- got most of my questions out,

because I am an educator and I am in State school systems; and I also represent down in Central Jersey, Plainfield.

And, school-based youth services is something that's very strong in our district, and we have it because of the fact that we want to make sure that students who need the services get it, because once they leave out of here, most of the time they're not going for those services. So, thank you, Assemblywoman Fantasia, for asking those questions.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you so much.

And, thank you -- Director Aderhold for your expert testimony today. I think you raised a lot of questions, and, also, gave great recommendations, and some things for us to be able to look forward as we continue this discussion. So, thank you so much.

I'm going to move on to the next one, if we're OK with that, Senator Cryan. Let's move onto Joseph Isola, Superintendent of Schools of Howell Township. Where are you on my--

J O S E P H I S O L A: Good morning, I'm right here.

ASSEMBLYWOMAN REYNOLDS-JACKSON: There you go.

MR. ISOLA: You can hear me, yes?

SENATOR CRYAN: Yes.

MR. ISOLA: Perfect.

So, good morning, members, and thank you for having David and I here today to speak before this esteemed committee; and, not to be redundant, but I do want to thank you all for prioritizing this, because it is a need that is hard to grasp if you're not in it. This is the second time I've testified before Senate or Assembly or Joint Committee, and, in both

instances, I had to follow Dave, and I'm just going to be very clear: Next time I'm going first. Because, he is so articulate and schooled in this work, and I'm so appreciative for his partnership. But, I do bring a little bit of a different perspective than Dr. Aderhold does, in that I come to you with a different level of passion, because I buried my niece due to mental health. So, it's very personal for me, and I lead my school district, which is a pre-K-to-8 school district, Western Monmouth, it's a wonderful school district; I've been serving in this district for over 20 years -- 22 years to be exact -- and I've been a superintendent for 12 years. So, it's my second home; I'm very invested in the community there. And, to witness what we're experiencing in our schools, I just want to spend a moment to -- and, I'll be brief today because David did such a wonderful job -- but, I just want to make a brief moment here with you to really capture what we're talking about and its importance.

I believe I served approximately 11 years as a building leader. In that time -- and that goes from like 2000-2011 -- in that timeframe, I probably screened maybe 10 kids for suicidal ideologies. Today, as I sit here before you -- I have three kids in the last week whose parents voluntarily enrolled them in a residential program out of state, including instructional services, bedside instructional services. I have another child on Tuesday that we sent out for screening and was admitted to Monmouth Medical, has not been released yet. This is a crisis that is not going away, and, yes, we're supposed to teach reading and arithmetic, I get it, we're schools. But, to David's point, this is an embedded issue within our schools, and if we don't address it properly, we're going to continue to see its growth. It isn't going to go away by ignoring it; that's why I come to you with such gratitude today

for prioritizing this, and the Governor's initiative to make sure we have a working program is commendable.

I do caution, as David did, about ripping the Band-Aid off and just going (indiscernible) so the remarks earlier by the Senator, David spoke with me earlier, also, the transition that the Governor is now speaking of is very comforting. Because, this-- The rollout was one of the greatest problems for our current program. To Dave's point, we've got a roundtable meeting with our providers that came out and said, "Hey we're here with a new program and we're going to help you." And, then, we didn't really see them. We're -- Monmouth County, in our hub -- we're one of the areas that Dave alluded to that started off really slow. I think they had four clinicians available in year one, and we have 55 school districts, roughly. Yes, I know, that's a different conversation, regionalization and all that stuff; we'll get to that another day. But, the fact of the matter is, it just wasn't enough feet on the ground to provide this Tier 3, specifically Tier 3, interventions. In this multi-tiered systems of support is something that educators are used to; we do in our academic work, and we're now applying it to behavioral and emotional needs for students, too. So, we must take an approach here that really supports what's happening, because kids' lives are at stake.

Forget about reading scores, we can talk about those all day long. This is life and death for families, and the darkness in which my family lives, no other family should ever feel that. And, if we do this correctly, I know for a fact we can save lives. The absence of support, globally, was such an issue early on in my superintendency, some years ago, I galvanized the Monmouth County Superintendents from around the County and we formed what's called the Monmouth County School Partnership for Wellness, and we do a

symposium every year. We bring providers to parents; we get 500-600 parents at an assembly. This is not a come Tuesday night, we'll serve coffee and have the same 10 parents show up. This is really grassroots work and partnership from school districts to bring these services; make sure parents know what's available; that we do speaks; we have students panels. And, when we're doing these things, we're building globally, that's a broad Tier 1 interventions, but it's providing information about where 2 and 3 exist. This is such a crisis, and such urgency, that some years ago I contracted with ESS, Effective School Solutions that David mentioned in his testimony here this morning. I spent over $250,000, I think closer to $275,000 of my funds, limited, limited funds, during S2, because the need was so *drastic* that I felt having in-school therapeutic services for students was necessary. And, remember, I told you a minute ago, I'm a pre-K-to-8 school district. So, I'm not dealing with 17- and 16-year-olds, I'm dealing with up to 13 and 14 years old. And, these kids are presenting with needs. There is a big need for parents, but that's not today's conversation of parenting skills, and educating parents to support kids; it's important.

So, we have this absolute crisis in schools, and I want to applaud my colleagues from around the state and our State legislative teams, and the executive branch, as well as the Department for recognizing this, but we haven't gotten it right yet. This will cost a lot of money; I know it's expensive in New Jersey, I love this state. But, this is not-- This should be non-negotiable at every level, and we need to make sure we are putting systems in place that provide access to therapeutic and meaningful situations. And, to the Senator's point, that is exactly right. A student goes into a -- an environment where they get stabilized, and then basically sent back into a

more intensive counseling program that perhaps they were dealing with. School counselors can only do so much. So, we often partner with outside counseling services. But, when that kid presents as suicidal in screening, puts that child at risk, it is urgent.

And, I'm just-- I want to emphasize, this work is so critically important. It is-- This is not-- We're not talking about two and three kids in a school district. This is a broad, broad situation. And, when my people criticize, "Well, why are you spending $274,000," and, we went away from that and we built our in-house program to do it in a more-- We hired clinicians, and we're doing it in a much more cost-effective manner. But, when people say, "Well, you're supposed to be educating students." Well, if a child's not well-adjusted, they're not going to learn math and reading; it's just not going to happen. So, we must continue to do the good work and make sure kids are safe at school so that they could present ready to learn. And, then there is connectivity to that. But, again, in Monmouth County, we have a really strong provider. I think a lot of the districts are feeling different in year four than we were in year one. I've surveyed informally; my colleagues went out in the County, and I'm the immediate PastPresent of the roundtable, so good access to the whole range of superintendents. And, a lot of people who are engaging are getting really good support in Monmouth County from the current system, but that was not the case early on, it was a migration to this point.

So, again, I don't want to be redundant, I know you have a bunch of speakers here today, but I did want to echo Dave's strong testimony here today--

UNIDENTIFIED SPEAKER: (indiscernible) testing--

MR. ISOLA: So, with that, I'm going to conclude my testimony today and thank you for your time.

I, too, am at an ASA session, so if it's OK, I'll take any questions if that's the pleasure, if not, I'll hang in as long as I could.

ASSEMBLYWOMAN REYNOLDS-JACKSON: No, that's fine.

Members, do you have any questions?

Senator McKnight.

SENATOR McKNIGHT: Yes, Madam Chair, and to the Chair as well.

So, Joseph, I have a question in reference to the school counselors. Did you mention that sometimes you have to go outside, to get -- to seek outside assistance? Are you still infusing the school counselors into the plan with the students? Even though you have the outside?

MR. ISOLA: Yes, absolutely, that Tier 1, early Tier 2 intervention small group work-- They'll meet with groups of kids who are struggling; grief counseling; we'll have a handful of students who are experiencing loss for the first time, and we know how challenging that is, after all looking around the Zoom board here, I'm sure we all experienced loss in our life.

So, that happens. So, the school counselors are doing a lot of that good work, but they don't have-- They can't handle the caseload of more intensive counseling, and they're not licensed clinicians, mental health licensed clinicians like a licensed social worker may be, or a psychologist may be, so there is challenge there. And, we have psychologists on staff, too, but they're limited, and they're hard to find, as Dave pointed out. Yes, we're still using our school counselors to do interventions for sure, but when it becomes

a more elevated need approaching Tier 3, that's when we partner with outside folks.

SENATOR McKNIGHT: Then, last question, you may not know the full answer now.

So, from Kindergarten, K-8, and then you have 9-12, and then you have the different tier systems. Are we seeing the same-- Are the numbers the same number of people who are like in K-8, are they in like a Tier 2, Tier 3, just as well as 9-12?

MR. ISOLA: So, again, I'm pre-K-to-8, so I don't want to misspeak for the high school, but I know through informal conversations and articulations that we do -- very meaningful articulations -- that we're all experiencing it, and, to your point, as I said, 11 years in school building leadership before I came to central office, it was never the younger-- We're seeing 5-year-olds and 6-year-olds, 7 and 8, present with mental health crisis deregulated, or socialization skills that lead to crisis for them, talking about homicide and suicide at the ages of 6 and 7.

So, I think, regardless of the grade span, we are all implementing a tiered system, that multi-tiered systems of support, Tier 1 interventions that global one as Dave lined out, and more intensive (indiscernible). But, for example, two of the three kids who went into residentials, out-of-state residential settings this month alone in the last two weeks, one of those are middle school, two of those are elementary school-aged kids.

SENATOR McKNIGHT: Thank you.

MR. ISOLA: So, it's a little scary.

SENATOR McKNIGHT: Yes.

MR. ISOLA: It's a little scary.

So, it's real work we're talking about here; real need.

SENATOR McKNIGHT: Thank you.

ASSEMBLYWOMAN REYNOLDS-JACKSON: All right, thank you, thank you so much.

MR. ISOLA: Thank you all.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you.

We'll move on to our next expert Julie Borst, Executive Director of Save Our Schools New Jersey; Board Chair New Jersey Community Schools Coalition. There you are, Julie, I see you.

J U L I E L A R R E A B O R S T: Hi there, good morning everyone; I want to thank the entire Committee for having this hearing.

Many of you know I've been before this Committee many times on many different subjects, including trying to save school-based youth services programs, which, fortunately we were successful in doing, twice. Like Dave Aderhold, I have been highly critical of how NJ4S was put up. But, let me back up a second because I wear a few more hats that are probably most relevant to this today. So, I am Co-Founder and Co-Director of the New Jersey Institute for Community Schools; we are housed at the Center for Human and Social Development at Saint Elizabeth University. I am on the Advisory Council for SEL4NJ. I am a member of a subcommittee on Youth Mental Health Advocacy Coalition, YMHAC, and Ross will be talking more about that in a little bit. I was on Governor Sherrill's transition action team on youth mental health and online safety, and I led the subcommittee on that team for community schools. And, probably that's the most relevant message I have today, I would just say ditto Dave Aderhold, all of it, including, and especially as some form of the transition are ridgier. And, probably NJ4S

people would probably be surprised to hear me say that, too, because I've been very critical about how this thing was put up. But, of course anywhere where you're going to be just lopping a program off as the previous administration tried to do twice to school-based youth services, the disruption is not acceptable, period, end of story. There has to be some form of transition; I was going to suggest a pilot for SPARK in Mercer, because they have been used as an example of where school-based youth services were not happening, but that's not true, they're all paying for it, except for Trenton, where they have one of the DCF-funded school-based youth services program. It's been there for, I don't know, 20-something years, anyway, and it's all about building relationships inside schools, which brings me back around to community schools.

My colleagues at SUNY Binghamton just published a paper in the last week or so in the American Psychology Association publication on the service and delivery model to address rural youth mental health through university-assisted community schools. It is an excellent framework; I was going to write something up for this Committee to demonstrate this, but this paper works, and it applies outside of rural areas, obviously as well. I think, my main message here -- because, I want to give Ross as much time as possible -- is do not rush into this. This is one of the biggest problems with NJ4S. You have to talk to the people on the ground; there has been some landscape work done; those (indiscernible) are coming out later this year. Please wait to be informed by these things. Also, YMHAC has been meeting for the last three years with the specific intention of informing what this new administration might do on youth mental health. To me, there are a couple of different points here, and one is that whatever the forward facing piece of

SPARK is, districts need to be really well informed about what it is and how it works; how to apply for it if it ends up being a grant program. On the back end though, we have a ton of work to do in the state. If you talk to the healthcare administrator for the Paterson Community School's healthcare centers, she will talk to you about needing billing codes for services delivered inside schools; changes to Medicare; changes in regulations; what sizes of waiting rooms are, because clinic-- Notice I'm calling them centers and not clinics, because "clinic" is a technical term that requires specific regulation.

So, there's a whole back-end piece to this, where I don't think we are communicating well between State agencies, between organizations who do this work; that has to be fixed. So, that's siloing, which Ross is going to talk more about, but siloing is something that we need to be working on the back end, so that what's happening inside schools is happening in a more organized fashion. Because, I don't think that's what we have right now. I'm happy to see that Governor Sherrill has created this Chief Operating Officer position, who's job it is going to be to break down silos; we certainly need to be working with them to inform them about what's happening on the ground. I will share my colleague's paper through Becky for you to read. If there are any questions that you have, I am happy to answer any. But, I would just say, let's hear from Ross because he has a lot of things to say about the work that we have been doing. And, thank you again, so much, for your time. I appreciate very much this Committee, and the ability for those of us who are out there advocating things, to appear in front of a committee like this so that you're able to get as much information as possible and see who's doing what in these spaces. So, thank you.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you, Julie, thank you so much.

And, you set it up perfectly for us to go over to Dr. Ross Whiting, a Ph.D. for Mental Health Advocacy Collaborative, and Co-Director of New Jersey Institute for Community Schools.

R O S S W H I T I N G, Ph.D.: Thank you so much, Chairwoman.

Thanks, Julie, for the preview; I am coming attractions, and here I am, so thank you for talking about that work. Agree with the things my panelists-- or, panelists, have said so far; I'm hoping today to provide a little bit more context. I do want to thank the Committee for convening this hearing, and for the opportunity to testify today on behalf of the Youth Mental Health Advocacy Collaborative about the future of school youth mental health in the State of New Jersey. I'm Dr. Ross Whiting, I'm a researcher and a policy specialist; I'm the Co-Director, with Julie, of the New Jersey Institute for Community Schools, and I'm here today as the Chair of the Youth Mental Health Advocacy Collaborative. We were founded in 2023; we focus on being an active, working group who's only goal is to ensure that every child in every community receives proactive, coordinated, accessible, and effective youth mental health services. The Collaborative's members are leaders in youth mental health across New Jersey. We have members from advocacy groups; statewide professional organizations; university researchers and practitioners; healthcare providers; and state systems including NJ4S and CSOC.

While I'm not here today to represent those organizations individually, those organizations' members have actively worked over the last three years in this group to ensure legislators, policymakers, the Governor's

Office, and practitioners have information to build more proactive, coordinated, accessible, and effective youth mental health systems. The Collaborative's activities focus on collecting and analyzing information so that we can make recommendations to all of *you* to build better mental health systems. We're here today to talk about youth mental health systems currently, and to chart a path forward for better services and supports for kids across the state. Importantly, I also want to highlight that the Collaborative is program agnostic; we collectively advocate for whatever system, program, or path forward will lead to more students having access to effective youth mental health services.

And, so, we're here today to talk about NJ4S, the future of youth mental health. And, to frame that discussion, I'm first going to talk about the information that we have available; give a brief overview of some of the data that we were waiting for; some of the efforts the State is currently considering related to youth mental health; and then, make some direct recommendations on a strategic path forward.

In July and December 2025, we hosted two youth mental health summits convening youth mental health leaders across the state to collect information on youth mental health systems in New Jersey. The first summit in July 2025 convened 37 participants at NJASA in a facilitated session focused on identifying gaps, barriers, assets, challenges, and needs related to youth mental health systems. Data were collected from participants and analyzed to identify major themes across the group. A report and technical summary of that information has been submitted to the committee for review. Members discussed systemic challenges like accessibility and

availability of services, and the need, as Julie pointed out, for cross system collaboration across schools, community, healthcare, and state systems.

Participants also identified funding and policy barriers, including the need to reach underserved groups, like elementary-aged children, low-income families, foster youth, and students with disabilities, and other co-occurring conditions. Participants also saw to increase caregiver and public engagement to reduce various service including mental health stigma. Schools were identified by participants as a central hub with a strong desire by participants to embed more services and supports in schools, with a clear emphasis on supports that are proactive, preventative, and strengths-based.

Our second youth mental health summit convened 71 participants in December 2025 at NJPSA, in a facilitated session focused on building effective systems across school, community, healthcare, and state systems. A report and technical summary of that second summit have also been submitted to the Committee for your review. During this summit, participants once again highlighted the need for crosses and collaboration, including communication and information sharing, and consistent identification, referral, and continuity of care across school, community, state, and healthcare systems. Further, there was a need for clear evaluation and transparent reporting structures for state systems, and a desire for more accountability to ensure the quality of supports for students across the state. In schools, participants wanted strengths-based tiered whole-child and whole-family approaches that integrated social-emotional learning as a system-wide approach to proactive and responsive mental health support. Training and education were again identified as a need for providers, caregivers, and school systems to remove barriers to engagement in mental health systems. The

Youth Mental Health Advocacy Collaborative is planning a third youth mental health summit focused on recommendations for youth mental health systems improvement, in July 2026, which brings us to our discussion today on NJ4S, and a future that will potentially include more school-based supports in SPARK.

We have an enormous opportunity to chart a strategic path forward for youth mental health in our state, but we don't have all the data, I think, to make that decision today. There are several outstanding reports to consider. Dr. Joshua Langberg at the Center for Youth Social-Emotional Wellness at Rutgers University, is currently producing a report from his community youth mental health summit, which was held in April of this year. In addition, the New Jersey Healthcare Quality Institute's Children's Mental Health Mapping Report will be publicly released on June 4, and it will include a landscape analysis, findings, and recommendations to improve youth mental health systems, including schools. The state is already considering legislation in this cycle to address policy gaps in youth mental health, including piloting community schools in A4760; closing the K-5 service gap with the Clayton model program in A4727; and expanding accountability and guidance with suicide prevention and coordination oversight in S2495. The complexity of youth mental health systems requires thought, time, and a strategy.

To build that long-term strategy, we, the Youth Mental Health Advocacy Collaborative, propose the following actions: Number 1, fund NJ4S at some level in Fiscal Year 2027. This will provide, at minimum, a bridge year for school districts who are currently utilizing mental health services through NJ4S across the state, and will prevent districts who rely on

those services from experiencing a potential gap. Number 2: Create a working group to review existing data and reports, and make recommendations for systemic changes aimed at February 2027. The working group will provide recommendations on systemic shifts and improvements, and identify information needed to iteratively change the system in the future. And, finally, a long-term goal: Establish a reporting and review process over a set period of time -- perhaps three, perhaps four years. This will create a predictable pattern for iterative, growth-oriented review and development of a system, rather than ad hoc year-to-year review.

The Youth Mental Health Advocacy Collaborative has an abundance of leaders, practitioners, and advocates in the youth mental health space. I'm available to lead a working group, if you'd like me to, to address this issue, and the Youth Mental Health Advocacy Collaborative has the experience and expertise to drive towards more strategic change should you want to draw on that expertise or that change.

Finally, I do want to be absolutely clear, your focus on youth mental health this cycle is the right focus. The work that you do makes an enormous impact on families, and the system could be better, if we have the data, and, we have the time, and we have a strategy to make that happen. Thank you for your time today, I'm happy to answer questions if you've got any.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you.

Assemblywoman Fantasia.

ASSEMBLYWOMAN FANTASIA: Thank you.

I have a quick question. So, in your -- what you just shared there -- you said February of 2027 is when you think the data would be back or

aggregated or whatnot for use. Some of our schools have been contacted and absolutely freaked out when they were told that NJ4S was ending, this is it in June of this year, so get ready to wrap it up. And, is there going to be nothing, then, to go to? What's going to fill that gap if we're not making the immediate change? Because, what I'm hearing, both from Julie, and from everybody else, is part of the problem when we switched to NJ4S is that it was kind of shoved in without -- too fast without really exploring every option. Julie, thank you, also, about the rural piece, because I'm looking forward to reading that. But, what are your thoughts on that? What then fills the gap? Do you foresee an extension of 4S now as SPARK is being still formulated?

DR. WHITING: I think there's-- I think the data still needs to come out in order for us to make a better decision; but, if I were going to look at the data we have now, and kind of the direction that I think would make these systems more efficient, I'd be looking at more school-based services, for the types of things provided here.

And, I also think that we've heard that NJ4S hubs-- There are hubs that are very effective, and some of those leaders are actually part of the Advocacy Collaborative as well. I think there are opportunities for us to look at all of this data together, and perhaps find some ways that we can get those hubs engaged in providing more supports and services in schools. And, so, I don't think we have to throw out the entire system and say, "Let's go do something entirely new." I think what we have to do is say, "Well, what are the resources that we have available? What does the data say we should shift? And, then, how do we use the things that we have in order to shift those supports and services?" I think the important part here is also the

iterative part of it. Like, this can't be-- We can't look at it and then say, that's the thing we're going to do forever. We need a continuous review process.

ASSEMBLYWOMAN FANTASIA: Thank you for that, and I think probably the most important piece right now -- because, obviously, you have hundreds of districts, and you have a lot of misinformation flying around, and people are very, very nervous right now saying, "OK, can we no longer maintain the relationships we have with the providers that we have that are working?"

And, we've had one entire cohort of aspiring administrators who were told, "No, that's it, end of June, that's it." So, I think the communication -- if it's still a work in progress -- I think communication needs to come out, widely, that it's a work in progress still, and that we're not making this giant shift for the '26-'27 school year right out of the gate if that's not the case. Because, I think you have a lot of school leaders now who really have received the message probably incorrectly in their mind or perceived it that like, that's it. OK, so, what's next? And, I think there's like a danger in that for sure.

MS. LARREA BORST: OK, and thank you for bringing that up, because I think you're right; I think the initial message appeared to be that NJ4S was just going to end.

I think all of us panicked, because, we know that there are places that it's working well, and even in places where it's spotty, you still don't want to lose that continuity of care anywhere. The other thing that I will just say in my conversations with the administration and about SPARK, and they have been minimal at best, but the central message from them is that they

don't see SPARK as a be-all, end-all in the way that NJ4S was just supposed to be it. They see that as a first step in a series of how do you continue to do more and deliver more and better care as you go along? And, so, I think we kind of have to hold them to that, which is why I think YMHAC right now is in a really good position to help play that role in informing like how you go about doing this in a way where you're not just cutting services off, because that would be terrible. The other thing that I will just say; if NJ4S ends up ultimately going away as a program, that the organizations that are currently running the hubs, they would certainly have to be part of that conversation about how care is being delivered in the spaces that they've already been in. And, some of those organizations were part of school-based youth services programs and they already have those relationships and things like that. So, I think, trying not to look at this as so black and white, and we're trying to help the administration see it that way, too. Because, this is -- as you know, because you're in schools -- it's incredibly complicated. And, unfortunately, what gets out in the world tends to be very simplistic, but, you're right, and we will certainly be advocating for the administration to be having much better communication for everyone. And, hopefully, somebody comes to some resolution about what this transition looks like, because that's our message to the administration, as well. So, thank you very much for that.

DR. WHITING: Thank you, Assemblywoman.

Any other questions before I transition to my next presenter?

ASSEMBLYWOMAN REYNOLDS-JACKSON: That's all.

Thank you so much. And, next we'll have Deb Bradley.

D E B R A B R A D L E Y, Esq.: Good morning; good morning, Chairman Cryan, Chairwoman Reynolds-Jackson, and distinguished members of the Joint Committee.

I am Debbie Bradley, Director of Government Relations at the New Jersey Principals and Supervisors Association. We represent school-based leaders serving in the roles of principal, assistant principal; folks like directors of school counseling; and other supervisory staff. I appreciate the opportunity to provide a little different lens on this, and that's from the perspective of the actual leaders in the school building. When Governor Sherrill presented her proposal for the 2027 state budget, she clearly prioritized New Jersey's children, noting that they're struggling with issues that did not exist in the past, including the always online culture; threats of school violence; fierce competition; and concerns about their future.

Within our budget recommendations we know that she has suggested phasing out the NJ4S framework, which currently provides mental health services to school communities through regional hubs. Instead, she's proposing an alternative approach, a program designed to target intensive clinical mental health interventions for students, and this is a focus that our members do applaud; however, we also recommend that we consider -- continue -- to keep in place the NJ4S system. What we did when this proposal came out was, we decided to take the pulse of our membership to hear what was actually happening at the building level with the NJ4S system. So, we did a survey between March 27 and April 14 of this year, where 201 school leaders shared their perspective on these issues. The respondents serve in a broad range of school leadership roles; they serve diverse populations of students at all grade levels and all types of communities; and they serve in all

regions of the state. And, we've provided a copy of our survey report for you, to share their comments and conclusions.

So, what did they say? School leaders report a systemic and escalating student mental health crisis that schools are increasingly unable to manage with current resources. And, although it is not supposed to be our area of expertise, schools are functioning as a primary mental health provider in many cases due to failures in access to a community-based care. Although, 73% of our respondents also identified a lack of parental follow-through as an important barrier to consider when we're talking about these issues, additionally, they noted insurance barriers; costs; long wait times; stigma; and transportation issues were some of the major challenges they faced at the school level.

They identified school gaps that complicate the landscape. These gaps in services include funding; a shortage of clinical health staff in most schools; training gaps; a lack of programs and services at the elementary levels; language barriers; and the uneven availability of regional mental health services both inside and outside the school in some areas of the state. Members clearly noted the need for multi-lingual service support and more family programming. What keeps our members up at night is the continuing increase in crisis events, school avoidance, and unmet student needs. Over 90% of our members identified student anxiety as the most prevalent issue they face in school, followed by depression, trauma, and home-based stresses. Our members also identified the scope of the crisis, noting the prevalence of these issues across student populations, and our survey can give you more details on that issue. We then asked our members to tell us about what their experiences were with the NJ4S, and we received a very strong group of

responses, where members shared the following experiences. And, they were very positive experiences with the NJ4S system.

The first point was, I noted, was the critical impact NJ4S services have had on their most needy students. They noticed a significantly enhanced student access to mental health services at the school building. They also noticed the positive removal of key barriers in student health services by providing the services at the building, including the minimization of insurance issues and transportation issues. They appreciated the proactive approach that NJ4S made possible through the provision of early intervention services before situations escalated. They also noted that the NJ4S support empowered school staff by bringing on-site support; by bringing additional clinicians into the school building; by providing specialized training in many cases; and by providing preventative programming for the community. And, I know we've talked about the Tier 1 services being something that schools provide, but many of our members who are in small school districts, or in different regions of the state where there aren't as many resources, actually really did speak very highly of the Tier 1 services for their student populations.

Overall, we asked our members to rate the effectiveness of the different tiers of the system, and you'll see in our chart that Tier 3 received the highest concentration of top ratings, as well as Tier 2. Members also positively rated many of the providers; they found them to be responsive and to offer quality services, although, again, this varied in different regions of the state and in different service areas. They also noted the clear and continuing need for broad-ranging mental health services at the school site. I think over 90% of our members talked about the critical importance of offering this at

school, because that's the key point of access for students. I don't want you to think I'm a total cheerleader here; they did note areas for improvement of NJ4S after using it. So, I'll just highlight a few of those.

Members did criticize the grade-level restrictions on service eligibility, because the services are only targeted to middle- and high-school students and families, not to elementary students. They also noted that the six- to eight-week window of services was too short, especially for students with high acuity and ongoing needs. Some members talked about difficulties in accessing Tier 3 services; sometimes this led to long wait times for students and families in crisis. So, they seek increased availability of Tier 2 and 3 services and support that kind of shift in our focus moving forward in terms of the statewide services available. Members noted, as you've already heard, that there was a rocky start to the NJ4S program, where disorganized staffing in school programs and a need for more consistent providers colored their view of the program initially, but these same people noted that the program has improved over time, and, as a result, their reliance on the program has increased.

Lastly, due to the variation in service quality and availability, members recommend more guidance, support, and monitoring of the service hubs to provide greater consistency, capacity, and responsiveness. And, I know you've already talked about a landscape analysis, which we would support.

So, some final recommendations to wrap up. School leaders strongly value the support and programming and services they have received through NJ4S, and they recommend that there be no break in the delivery of NJ4S services next school year. They believe that the abrupt ending of NJ4S

will result in a quick and direct loss of student access to services; increased burdens on school staff; increased wait times for treatment; and likely increases in student behavioral issues; absenteeism; and family crisis. Secondly, since student needs for mental health interventions far exceed the availability of our resources locally, we can't replicate what NJ4S gives us locally. We recommend that the funding of NJ4S, for next year, be at least at the same level that it is this year. I know we've spent $45 million this year on the program, and the proposed funding level, I believe, is $33 or $38 million for SPARK. We recommend that we continue to look for the funds to continue the level of services that we have.

Next, school leaders stress the need to thoughtfully transition to any new system that provides direct mental health services to students, and our members want to be part of the conversation. We recommend, similarly to other speakers, an establishment of a stakeholder engagement process with the agencies involved, school leaders, other stakeholders, and experts brought in to collaborate on new directions for this program. I'm almost there.

(laughter)

School leaders understand that for many students, school is their safe place, where they feel most comfortable sharing their feelings, thoughts, and needs. So, the need for expanded in-school resources and staffing is critical for us. So, we recommend, honestly, that we push hard for these services to be provided in school. We appreciate the Governor's direction of trying to put more focus on high-acuity needs; we think that's important to move in that direction. But, again, we hope that we will continue the program that's in place now. And, also in the context of this difficult budget year, we think it's important to coordinate the interagency resources that are available

to us to continue the tiered intervention system we have without duplicating resources by bringing in different agencies to do different things. We don't want to create confusion in the field, we want to be able to continue with smooth sailing in terms of how we can access the program and improve it where we can.

So, I thank you for hearing our recommendations, and I'm happy to answer any questions.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you, thank you, thank you, thank you, thank you.

Any other questions? (no response)

We'll move along to our next guest--

ASSEMBLYWOMAN MORALES: Chairwoman, I do have a question, I guess--

ASSEMBLYWOMAN REYNOLDS-JACKSON: Oh--

ASSEMBLYWOMAN MORALES: --I'm sorry.

ASSEMBLYWOMAN REYNOLDS-JACKSON: No worries.

ASSEMBLYWOMAN MORALES: The actual budget was decreased about $10 million -- yes, $10 million; it was $43 million last year, $33 million this year.

Does anyone know if it's because they are removing the Tier 1 from NJ4S and SPARK, and that's probably why they felt the need to decrease the funding? Because, even if you remove Tier 1, which is the -- what was explained to us -- that's more of like the guest speakers, school-wide activities, assemblies; it's still a cost to school districts. So, school districts will then have to figure out where they're going to find the funding to do a lot of the SEL work that they're currently -- that's being done by this

organization. So, I don't know if anyone has an answer to that question, in regards to how removing Tier 1 from the program is going to actually save any money at all, if at all?

ASSEMBLYWOMAN REYNOLDS-JACKSON: Good question.

MS. BRADLEY: Is that a question for me?

In order for me--

ASSEMBLYWOMAN MORALES: For you, or if anyone else wants to answer the question.

I think for me, it's just helpful to understand the $10 million gap that is being cut, and knowing that this SPARK program will not be utilizing Tier 1 services. I just don't understand why we can't just strengthen what we already have. I do understand that school districts -- some school districts -- have had a bad experience with NJ4S; I can tell you firsthand, we have not. We've had positive experiences with NJ4S in our school district. We absolutely love it; it's been something that has helped our student population here; and, so, we just-- If something already exists, why can't we just improve upon that? And, I love that you shared, Ms. Bradley, the survey from those districts who do have NJ4S in their district, and it is impactful for them. But, like everything, there's recommendations for improvement. Nothing is perfect; there's always room for improvement. We need to use -- utilize -- those recommendations and feedback to see how we could better a program instead of eliminating it altogether; start from scratch, and then what does that transition period look like? Because, bottom line, we definitely don't want our students to lose out on any services because of a transition period.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Yes, I agree.

MS. BRADLEY: I wholeheartedly agree with you, and I am so glad we asked our members, because we'd all heard so much negative comments in the press about the issue, and I really wanted to talk to the people who are using this system.

And, in that short two-week period, I was amazed that we had that many responses, and I can tell you the comments, the extensive comments, our members took the time to write, really reflect what you just said, Assemblywoman. Very positive experiences.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you, thank you.

Senator McKnight.

SENATOR McKNIGHT: Hello.

Listening to the Assemblywoman talk about the removal of the Tier 1, and I do believe another panelist talked about -- or, I think it was the other Assemblywoman, Fantasia -- talking about the assembly, when there are about 400 people in an assembly and we do those counts. So, when there is an assembly, you have a guest speaker come, and they are talking to a group of students. Sometimes, the speaker, the presenter, is presenting and a student that that conversation -- resonates with that student. And then, that student, on the flip side, will go to their professor, their counselor, or that speaker, and say, "You know what, thank you, I needed to hear. I think I'm going through something." So, removal of the Tier 1, for me, I believe we will be doing a disservice to our children, because we want to prevent them to get to Tier 2 and Tier 3. Tier 1, we can definitely prevent and identify students who *may* think they're going through something. So, that's very alarming to hear. So, I just want to say to both Assembly people, thank you

for raising that. But, now to know that $10 million gone, and SPARK may not use Tier 1, we need to rethink this, seriously. Because, I have gone to schools, and I have presented to groups of students, and afterwards, they have come to me, or a teacher has called me after and said, "You know what, such and such came and we're helping that person." Or, I'll give my number, and they'll call, and now I'm interacting with them. So, they may, hopefully, they won't get to a Tier 2, because they now understand, I have someone to talk to. I can reach out to someone. Thank you for listening to me.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Exactly, yes, thank you.

Assemblywoman Carter.

ASSEMBLYWOMAN CARTER: Thank you.

I have to agree with what has been said. I see every single day that -- here in school. And, especially with things that just are going on, that just kind of like trigger it a little bit. If that tier is eliminated, it just gives them less resources for them to be able to cope and handle for a lot of situations that come up. And, it is a trust issue. It's huge trust, and they get to see and they get to know and understand, and they get-- A lot of times, especially your seventh- your eighth- your ninth-graders, your 10th-graders, your 11th-graders; they don't understand some of the feelings that they're feeling, and it gives them that other thing to be able to deal with this. So, I'm glad that we raised that, thank you.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you.

And, I think we're going to have to look into the whole budget issue if it's cut, or what this program is supposed to be about. We're exploring a lot of things; a lot of options; what this bridge is supposed to look like in

between. We have two more testifiers: We have Morgan Thomas (*sic*), and then we have the esteemed former Assemblywoman Shavonda Sumter, coming from her organization, too. So, two more, two more, two more. Morgan, you're up next.

M O R G A N T H O M P S O N: OK, good afternoon everyone.

My name is Morgan Thompson, it is an absolute pleasure to be with you, and an honor; thank you to the Joint Committee for your attention to this very important issue and all the conversation around the room. So many good things have already been said; it made me rethink what I wanted to even speak about today. But, I want to first share that I'm the CEO of Prevention Links, which is a nonprofit organization. We're the operator of the NJ4S Union hub, and we're a partner in the Hudson County hub, which is operated by Partners In Prevention. And, we have been providing in-school, evidence-based prevention programs since the early 1990s.

We have strong working relationships with all of our school districts across the county, and that has translated to a very successful implementation of the NJ4S program here in Union County, and I look forward to sharing some of that with you. But, a few thoughts on the broader conversation. First, I just want to say that in an ideal world, should we have a school-based youth services program in every single school across the State of New Jersey and the nation? Yes. Is it possible? I don't think so. I don't think there are the resources to make that happen. I did just some basic math on the estimates that are publicly available about what it costs to run a school-based youth services program. To get there would be in the hundreds of millions, conservatively. So, it's really not tenable to think that that level

of support can be accomplished with a $33 million investment in SPARK. So, I just want to make sure we're all on the same page about that point.

There has been a great deal of conversation about Tier 1, and I really appreciate some of what I heard just then from the Senator and Assemblywoman. There is a science of prevention, and it's pretty well documented over the last 20-plus years. You don't see an immediate shift overnight when you deliver it to your one prevention-intervention; it takes sometimes months and years to see the impact. What Tier 1 does is build at a universal scale, protective factors. And, those protective factors bolster students against future mental health challenges, crises; and may not prevent them altogether, but will increase the likelihood that if they do find themselves in crisis and require intervention, that that intervention will even work.

I cannot begin to articulate the value of Tier 1 services. Are they sometimes poorly attended? Are they sometimes poorly designed and delivered? Absolutely. But, the overwhelming majority of Tier 1 services that are being delivered through the NJ4S program are meeting needs that the school districts have expressed and requested. On that note, the onus is on school districts to request services through NJ4S. And, so, some of the delays in really gearing up the Tier 2 and 3 services when the program first rolled out were related to everything from unfamiliarity with this new program, to technical glitches with the system that's used for districts to request services. So, just normal things that happen when you roll out a new large-scale initiative.

And, DCF has really created a strong data and continuous quality improvement process to address those issues as they arise. And, as a result

of that, we have seen those initial issues really smooth out and we've seen that the number of Tier 2 and 3 services -- the percentage relative to the whole of services being provided -- is increasing year to year. So, just to give you a sense, there was a-- Sorry, I had a screen issue there. So, from the '23-'24 school year to the '24-'25 school year, there was a 62% increase in Tier 2 services. So, it went up to 24,807 students, caregivers, and staff receiving Tier 2 services through NJ4S. And then, a 103% increase during that same period in Tier 3 services, with 2,273 students and caregivers receiving Tier 3 through NJ4S statewide. Now, that suggests that there's a growing demand, and a growing responsiveness to that demand, but it's also still not the numbers we want to see. However, there's reason to believe that, as the program continues to progress, given the opportunity, we will see more and more students served through Tier 2 and 3 services. And, that is not to diminish the need and value for Tier 1 services, but to everyone's points around the room, we are indeed in a youth mental health crisis.

So, just to share a little bit about our experience in Union County: To date, we have enrolled 100% of eligible high- and moderate-need school districts in our county. Of the 94 eligible school districts in the county, 64 -- I'm sorry -- 64 schools have received services through NJ4S, and another 17 of those schools have found that their needs were already being met through other programs, some delivered by Prevention Links-- Actually, all 17 schools were already engaged in other Prevention Links services. So, some of those are funded through the New Jersey Division of Mental Health and Addiction Services; the Local Municipal Alliance programs; the Opioid Settlement Funds. So, I think that's a great example of how NJ4S does not replace, or try to sort of be the end-all, be-all, but rather coordinates with the

existing local resources, existing funding that has been piecemeal over the -- all the time that we've been in operation. The problem has been not whether or not prevention works, but whether we can deliver it in a sufficient quantity and scale to be able to make a real difference for individuals, schools, and communities. NJ4S has created the structure that allows us to get a lot closer than we were before to that goal. There were some very promising numbers in the most recent report published by DCF. Sixty-six percent of students who received evidence-based prevention services reported decreases in anxiety, depression, and other risk factors; and, 70% of students seeking mental health support reported receiving the services they needed through NJ4S. Encouraging, still, room for improvement, and, again, the quality improvement mechanisms that are in place I am certain will help us take move in the right direction over time, given the opportunity to do so.

So, I'm not trying to suggest that NJ4S is a perfect program, by no means, but it has been overwhelmingly successful, despite the unfortunate mischaracterizations of the program in media and other avenues. So, it is disheartening to see that there was the suggestion of eliminating the program, and I'm glad to hear that there is increasingly an openness to revisiting, not just the plan, but the timing to both avoid a gap in services, but also to really take the time to figure out what is going to make the most sense for our youth.

I do want to say that the SPARK program is a promising and needed expansion of Tier 3 services. I commend the Governor for her commitment and responsiveness to the mental health needs of our youths, but it really doesn't need to be an either/or. There are large national settlements pending, forthcoming, that have the potential to fund some of

the innovations that are being discussed with social media entities that are responsible for much of the decline in youth mental health that we're experiencing. And, as those settlement dollars become available, there is an opportunity to create a state-of-the-art national standard for a comprehensive continuum of prevention, early intervention, and acute care for our young people. We just need a little bit of time to plan as we await those resources, and it sounds like that work is already being done.

And, the last thing I'd just like to share is one testimonial, if you'll allow me. Since, unfortunately, none of the educators and school officials who have a favorable opinion of the program were able to be with us today, I want to share a testimonial from Jill Hall, who's a school counselor in Union High School. I've been working with Jill for many years. We had a strong school climate issue, involving some groups of our freshman boys. Behaviors were problematic; not attending classes; disrespectful interactions with staff; lack of motivation; immune to every redirection or discipline; and parents were at their wits' end. We reached out to NJ4S for the mental health program they offered. The impact was felt immediately and widely. Not only did the cohorts of students they worked with show dramatic improvement in discipline referrals and academics, I've watched their interactions with both staff members and peers improve. Many teachers, even those who hesitated to allow students to miss class time, have come to remark about the positive shift in behaviors they are seeing. Students are mindful of their actions; they're taking responsibility for behavior; and they're having meaningful conversations with the adults in the building, as well as those at home. Parents have called to thank me for bringing the program in, student-- It goes on and on, I won't keep you, but there are

hundreds of stories like this that have come in in response to the proposed sunsetting of this program, and many, many schools and educators that would be devastated to see it go.

So, I appreciate the opportunity to speak to you all today, and would be happy to answer any questions.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Well, thank you so much for your testimony; we have one more--

SENATOR CRYAN: I just have a quick comment here, Assemblywoman.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Yes.

SENATOR CRYAN: What I want to say thanks, and the contrast as was mentioned in the -- by David in the beginning.

It probably drew itself out really well with your comments, we appreciate it; it's a challenging issue and the facts that you brought forward are really helpful. Thank you.

MS. THOMPSON: Thank you for the opportunity.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Next up we have the Shavonda Sumter, the Chief Executive Officer of Children's Aid and Family Services.

S H A V O N D A E. S U M T E R: Thank you, Madam Chairwoman, and thank you, Senator Cryan, and to each of the members who are here today; thank you for taking time to take this issue up. I know you all are extremely busy.

While it's strange to be on this side, because a couple times I've wanted to say "here" when you did roll call, so creature of habit here. But, it's also good to be on the other side seeing direct impact of legislative work

that we've done on. As much has been said, I have the honor of being there for a couple of the school-based youth services fights for continuation and building, and also to be on this side for the NJ4S standing up.

I'm the Bergen hub operator. Our hub is unique in that we partner with four clinical providers throughout Bergen County to hit all quadrants, because we're a 1-million-person county. And, we don't supplant; that was the biggest piece of the issue. If a school already has services and is not interested in our services, we do not supplant. Additionally -- and that was important to providers, when we stood up the NJ4S program -- it was an arduous task to stand up that program, because it's a connector to the Department of Education, but operated by the Department of Children and Family Services. There was internal machinations that needed to occur that providers had no involvement with. So, it had to be cross communication, silos breaking down, and the executive branch to be sure that schools knew that NJ4S was available for them to submit an application to apply to participate in, and then that information would come from DCF through a connect system to the hub, and then the hub would engage with the school district.

So, we could not enroll the schools; the schools have to enroll themselves. Highly technical. It took time to get the word out. And, we spent a lot of money just to get the word out that the services were available. But in our case, and I think, Morgan, you just mentioned it and I thank you for that, and thank you Dr. Bradley, because I was going to bring up -- or, Debra Bradley -- I was going to bring up the survey from the principals and school supervisors. We were so busy doing the work as hubs, that we were

not marketing to the public or legislators on the impact that we were having, but, yet, we were partnering with them.

Prevention is a skill set; it's not an ad hoc, just someone tells you that they're using; alcohol is still a primary use; vaping prominent in the schools; it is a skill set or certification, a specialty that our prevention specialists have. For every $1 of prevention, we save up to $11 in intervention. Also note, a portion of the funds for NJ4S comes from the Cannabis Modernization Fund for Prevention; for prevention. So, we're taking dollars that were allocated -- and, I emphasize this to the legislators, I think Assemblywoman Morales was asking about the funding portals -- that's for prevention, specifically NJ4S provides this, specifically Tier 1, Tier 2 prevention, which are all the different assemblies and gatherings. And, we're putting those targeted dollars to be sure that we support this next generation coming up that has natural stressors that typically turn to substances as a form of instant relief; as a coping mechanism. I spent 20 years in psychiatric settings for hospitals as an Associate Vice President with the Hackensack system, New Bridge, and it broke my heart to see a child come in, or to see a suicide. So, working the work that I'm doing now for Children's Aid and Family Services, is passion work.

Also, we have student youth advisory boards. So, the students who are involved in the programming, it is not just adults or professionals saying, "This is the programming that you need for your peers." Back then, we had a thing called peer counselors, some of you may remember it. NJ4S provides youth peer advisory boards, where they actually talk through what type of programming is needed in their schools. Some of the programs that we've done in Bergen Seeds of Change Youth Leadership Conference, where

students create an action plan around how to encourage mental wellness in their peers. A county-wide youth leadership conference where, again, students created an action plan; the environment of welcoming all students, including those who identify as LGBTQI+. And then, a Chance Makers Leadership Forum where middle school and high school students, they had a conference on mental health awareness and received a certificate of completion, so you know they were trained. Additionally, last summer, unfortunately Bergen County, we experienced a loss of one of our young people. And, when we talk about the partnership of all of the children's systems of care in New Jersey that we have, we partner during the summer with the -- it's called Trauma and Loss Coalition, and a number of the counties have them. But, we worked with them to figure out how best to support the students impacted by that loss, because you don't want to repeat, and students don't know how to deal with that grief, let alone teachers and parents. So, partnering with them, it's year-round, it doesn't stop just because it's June; we do summer programming as well in Bergen County.

We hear you loud and clear, and the things that you've heard where people have said that it has not delivered, was a slow start; absolutely, some of it our fault, some of it trying to figure out how best to navigate this new program and technology, and hire and recruit. We have over hundreds of licensed clinicians working with this program. The fear and the threat of this program not being funded, and the uncertainty, causes angst.

We also have two school districts that have-- Some spent a portion of their budget for their programming of anti-bullying, social-emotional learning programs, because they believe that those services will be delivered through NJ4S, and their budgets were passed in early April, late

March. So, again, how are we a connector? How are we a resource to our school districts? And, pieces that are critical, and here's the facts: The 21 counties, you do not have to be designated as a high-needs district. I'm from Paterson; Paterson's a high-needs district with a lot of services. Cliffside Park in Bergen County, not so much, they have to pay for. Thirty-four percent of the decline in youth suicidal ideation and 40% drop in severe depression among residents 18 and under are down, sided because of the essential early program (indiscernible), Tier 1 and 2 of NJ4S. We do not have a waitlist in Bergen County; we connect people and our youth with services for the Tier 3. Also, for the brief interventions, let's keep in mind, I worked in clinical programs as well. You do not have to have insurance, and we know today, having insurance and access to insurance and enrolling in Medicaid is a challenge in New Jersey family care. Our fellow qualified health centers and our hospital spaces every day.

You also do not have to worry about transportation; we come to the students. So, if it's in schools; if it's in a community library; it it's at the Boys and Girls Club; if it's at the park; if it's a restaurant; if it's at a family success center -- which the Legislature also supports -- we meet you where you are. There's also not a duplication of services. So, if you're connected with school-based youth services, NJ4S is going to find that connector and reconnect you with NJ-- with the school-based youth services. If you're a part of a community provider program, we're not looking to poach students to participate in our programs; we are going to connect you with those programs. It's integration. It was a deep investment, and it shows the commitment and the care of the legislative body, let alone the prior governor, and DCF and DOE.

We're pleased. The Governor's office-- I've met with her office, and a number of my colleagues and hub directors have met with her office. They are now talking with us about how the program operates, and what they would like to see. We were very transparent about the challenges of creating a community-based school health clinics and centers, and having a grant-funded process where a school district would have to apply, when I know school districts across the state are cutting positions, especially nonessential positions to be able to apply for a grant to receive the services within their schools, and then to establish that with a professional licensed workforce to provide, whether it's proficient, specialist, or a licensed counselor to support that service. So, instead of looking at replacing, we ask the NJ4S line in the budget does not have a number. NJ SPARK has a number of $33 million. What my plea is, is that we restore the funding for NJ4S; that we continue it and not disrupt it, because it runs through the summer. So, the messaging needs to go out as soon as possible; it's now May. We're continuing the work and trying to stay encouraged with faith and hope in a turnaround. We understand tight budgets; we're in a nonprofit world; we live it every day, and we do have people to take care of. So, if you can help us in amplifying this message, and NJAMHAA the New Jersey Association of Mental Health and Addiction Agencies, has also shared with a number of you, the hundreds of supportive letters from schools across the state for your districts on the work that we're doing that's valued.

Thank you, I'll hold it there.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you.

Senator Cryan-- Oh, wait--

SENATOR CRYAN: I just have one quick question, if you don't mind.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Yes.

SENATOR CRYAN: Shavonda, there was debate about -- in all of these -- about the stigma of going where the person is versus offline; you mentioned in your comment about going to where the people are.

Do you run into any stigma issues with that?

MS. SUMTER: We-- The stigma issues that we face is students don't want to be pulled out of class to see a clinician.

SENATOR CRYAN: OK.

MS. SUMTER: So, hence, we can see them after hours, in libraries, in different community partner offices; so that's what I mean when we meet them where they're at.

So, gone are the days where it's the shame, "Come out, come to the small trailer--

SENATOR CRYAN: Right.

MS. SUMTER: --for services."

SENATOR CRYAN: Thanks so much, thank you.

MS. SUMTER: Thank you.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you.

Assemblywoman Morales.

ASSEMBLYWOMAN MORALES: So, thank you so much, former Assemblywoman Sumter for your comments; I mean, it really touches upon what we're feeling as well.

You mentioned that about applying for grants; I know when I spoke to my staff here, they were really concerned about what does that mean

for school districts in applying for the SPARK program. Would that mean that they would now have to apply for these grants to come into the school? Because, they were telling me that the way the system is now, it's very easy to use the system. The system is very easy to navigate; they go into the system; they enter what it is that is needed; and, they get the services right away. The concern is that if it goes to a different system, what does that look like? So, there's still a lot of confusion as to how do school districts get the services that they are so used to getting through this different system? So, when you mention applying for these grants, what will that look like for school districts now?

MS. SUMTER: So, and I could tell you from experience -- thank you for that statement, as well as question -- for NJ4S, it's outside of that portal which, ease of access.

First, we had to socialize and familiarize these school districts, and that was through DOE with how to apply. And then, we shared, with kickoff meetings with superintendents and principals, our staff literally traced around Bergen County to all the different school districts, which is over 100 schools to educate them on how to access the system. When you're applying for a grant -- and, you all know this as legislators -- if it's a new program enrolled, they have to first enter, you have to appropriate it, enter it into the system, then they have to build it out, and then you have to be able to apply.

So, the school district in Paterson was my home school district. I used to have to call the B.A. and say, "Please, apply for the grant for the laptops, do it now; I know you're super busy, but can you please just do it, because the portal's going to close." So, that was me as a legislator reaching out to them to say, "Please take this action." So, it becomes nuanced, and

that concerns me, let alone-- Listen, we're segregated by ZIP code and access. We talk about rural, we talk about suburban. Salem County is a desert; what's available to people; transportation being an issue; this is a program that hits 1.2 million students, and we're growing into that 1.2 million. Seven hundred thousand have been touched; 700,000 have been touched. So, as we look to improve upon the system, there's only opportunity, for sure.

ASSEMBLYWOMAN MORALES: Thank you.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you.

Is-- Assemblywoman Fantasia.

ASSEMBLYWOMAN FANTASIA: Thank you.

Thank you, former Assemblywoman. I have a question for you. What do you think precipitated the knee-jerk reaction, the throw the baby out with the bath water here? And, was just -- OK, it's SPARK, and I know an address to the legislature and everything, it's a little snippet right, to say, "What we're doing is not working, so we're going to move to SPARK," was the first time we'd heard of it. A vast majority of us who would be in education let's say, speak for that. So, to hear that, I don't know where that came from, because I'm hearing a lot on this, from many of you, are all saying there's really great components of it and we're doing this, and you had even said to us, "Help get out the word; we're still continuing through this summer." And, like I had said before, we still have people who think it's done, like stick a fork in it in June. So, I don't know who's-- I guess there's a question and kind of a comment mixed together in there. One is whoever has a contact with the Governor's office, please let them know we're the Department of Ed., nobody knows what the heck is going on. Like, literally

nobody knows. And, secondarily, I'm curious to see what you think what precipitated the knee-jerk, to say it's done.

MS. SUMTER: So, thank you, Assemblywoman Fantasia.

I do not know what precipitated it. All I can say is that I am appreciative of the fact that the Governor outlined her concern for youth mental health and student mental health. That was clear; she referenced her four children, so it was personal, and I appreciate and respect that. Subsequently, I was listening to the address, excited that I wasn't sitting there so I could have all the expressions I wanted from the comforts of where I was, listening to the address for the first time in 14 years, and then I was like, "Woah, wait a minute. Time out here." And, really was surprised, but I am encouraged that the governor is putting a pen in it to have conversations with providers and with experts, because, we've been doing this work. And, not to be Jersey overly strong, but we've been doing this work with intention. In fact the Legislature before this session sunsetted added eating disorders to the NJ4S program because we were seeing that in teen girls having eating disorder issues. So, there's some recognition of the challenges. And, DOE was not talking with Department of Children and Family Services; it's a new Governor, with, of course, their own ideas of wanting to stand things up. But, I am happy that we're talking today, and it's not too late to have the conversation. So, I think our timing is right on time in that regard.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you.

Well, I want to-- Senator Cryan, do you have anything else as we wrap up, I know--

SENATOR CRYAN: I do, I just have a closure comment.

I just disagree with the comment that anything's knee-jerk here. Governors bring proposals and ask for input. And, quite frankly, as I open this; and some here have noted, there's been discussions, I'm actually delighted in this process, that it's actually working. A proposal is put forward; there's debate; this Committee gets a chance to have discussions on it; we've had input that I shared at the beginning of this hearing. And, frankly, a proposal that I think many of us believe is going to have that outcome that many want, and I'm actually, I find the process actually refreshing, that it's not knee-jerk, and quite frankly quite the opposite. So, I'm looking forward to continuing care as we all have the same goal. That said, I appreciate the hearing very much, and thank you, Assemblywoman.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Thank you.

Thank you, Senator Cryan. I want to thank all the members on the call, as well. This was a very robust conversation. I think we learned a lot from it. We're still going to continue on our working to find out more information. There's a lot communication that needs to happen in between. But, in that spirit, I want to thank everyone on the call, and let's look forward to our next hearing that will be coming up soon. But, thank you all for your comments and attendance today.

SENATOR CRYAN: Have a great day, everybody.

ASSEMBLYWOMAN REYNOLDS-JACKSON: Meeting adjourned.

(MEETING CONCLUDED)