

Gloucester County Children's Inter-Agency Coordinating Council (CIACC) Meeting Minutes

October 8, 2025 meeting called to order at 10:06AM

County Offices at Budd Boulevard, 115 Budd Blvd., West Deptford, NJ 08096

In Attendance: Arleny Valdez Torres, Kat Evans, Bethany Vega, Rudolph Aikens, Courtney Iantosca, Bessie Williams, Tracy Mauriello, Colleen Pchola, Levi Lighteny, Beverly Lynch, Carli Hollinen, Anne Marie Green, Jennifer Rodriguez, Angela Haines, James Sampson, Lisa Cerny, Jennifer Melancon, Xiomara Lowery, Dr. Octavia Greer, Michelle Pandolfo, Susana Dias, Alexandra Green

Lisa Cerny opens the meeting - the Gloucester County CIACC works to develop and maintain a responsive, accessible, and integrated system of care for children with behavioral or mental health, intellectual or developmental disability, and/or substance use challenges.

Round table introductions are made

A motion is made to approve the April 9th and August 5th 2025 Meeting Minutes - Tracy Mauriello 1st, Rudy Aikens 2nd, all in favor, motion approved.

Michelle Pandolfo, Convener/Coordinator's Report

- December 10 meeting will be a field trip to Ranch Hope, details will be emailed and be sure to RSVP.
- Human Services Advisory Council teaming up with United Way for the Toys for Tots drive. 10/1-10/20 individuals can apply, organizations can apply 11/1-11/10. Collection runs from 10/1-12/17. County buildings collection bins will be in place from 10/16-12/16. Link will be shared.
- Shared SPAN flyers on upcoming virtual courses/advocacy workshops that are available for families, every Monday in November.
- Stopping of applications for Child Care Assistance Program is a concern for working families.
- The 2026 meeting schedule is in development, looking to roll the three standing committees into same date and meeting time, all will remain as separate subcommittees but hopefully the overlap of people and information will work better by meeting at the same date and time. To be determined what we will do for the Committee of Missing and Abused Children, to be discussed at next week's meeting. All are welcome to come to the subcommittee meetings.

Children's System of Care Reports

James Sampson, CMO report - Gloucester County CIACC CGS CMO Update For the month of September 2025 CMO served 1281 families. Gloucester - 719 YTD families served. 535 Gloucester families served, 496 (92.71%) in-home. 39 youth (7.29%) received residential treatment. With DCP&P, CGS co-managed 71 families (13.27%). 82 DD eligible youth (15.33%) of Gloucester's census. In September CMO enrolled 45 new families from Gloucester County. In August 2025 4 new care managers started and one former care began working at CGS. CMO maintains an ongoing recruitment process to remain prepared to fill any vacancies. On September 7, 2025 The Community

Resource Development cycle for FY 27 began. We don't know the amount of this cycle's funds as of yet. If anyone has any relevant data identifying youth and a family needs, please share them to CRD@cgscmo.org by COB on September 13, 2025. For the FY 26 cycle United Advocacy Group in Cumberland County and Revive South Jersey in Salem County received funding for after school tutoring and social and emotional learning programs for youth in grades 3 to 8. Possible trends to watch: In September 13 youth from Crisis were referred to the CMO. In August there were 6 in referrals from Crisis. In September the CMO received 23 referrals from Community Providers. There were 16 youth referred from Community Providers in August. No notable gaps in service to report.

Jennifer Rodriguez, FSO report – fully staffed, new YP coordinator, youth doing cooking classes, once a month, last month's chicken rice soup, Parent café, partnering with PTAH for trick or treat, family outing to Creamy Acres. Flyers will be circulated the email group.

Kat Evans, Mobile Response and Stabilization Services Report – September 191 calls, 175 dispatched, 98 were Gloucester County, 92% in-person, numbers slightly lower than last year, 1564 year to date. August 151 calls, 79 for Gloucester County.

Other Representatives (i.e., State, Partial Care, Functional Family, etc.)

Susana Dias, NJ DCPP – implementing three new prevention programs, in home, strong focus on improving parenting, aimed at keeping children in home and out of foster care. The trend of increasing referrals with school year occurring. The programs are being run through Acenda. Need to be an open case to connect to programs but one of the programs where as soon as the therapy starts, the DCPP is out.

Beverly Lynch, Partial Care, Inspira in Woodbury – Child 5-12 and Adolescent 13-17 programs are accepting referrals. Enrollments pick up typically in mid-October. Current influx of 5 years olds, pandemic babies, this group is just hitting kindergarten.

Jennifer Melancon, Partial Care, Inspira in Elmer – service the southern portion of Gloucester County, Glassboro and below, also accepting referrals and seeing an influx of entering kindergarteners.

Courtney Iantosca, Family Functional Therapy – fully staffed, out in the field, 8-9 people on waitlist, waiting about 4-5 weeks. For children ages 11-18. Program is for families at-risk; SROs or police departments can make referral.

Alexandra Green, NJ4S – a lot of Tier 2 and Tier 3 services being provided. 85% engagement with schools. Offering programs that help youth to identify who they are, build friendships, things of that nature. A lot of interest in youth girl circles and boy circles. Currently looking to staff one in the clinical portion of the program.

Standing Agenda Items

- Youth and Family Voice – Michelle Pandolfo, meeting next week. BTS event in August, well attended, went well. Hoping to do again next year, to be determined, some logistical pieces to hopefully be figured out.
- Educational Partnership – Michelle Pandolfo, School Avoidance on-line course for school professionals that has a parent/caregiver component. County is sponsoring, available free of charge. On-line, self-paced, about 5 hours in total, 11 modules – teacher, counselor, SRO – can

take the course a module at a time which ranges from 5-30 minutes. Certificate of completion is provided at the end. School avoidance to help get children back to school, those not attending school due to social emotional challenges. Parents/caregivers component – looking to connect to this program, would need to find an educator within the child's school willing to take the course. Anyone working with schools, we have slots available. This is a resource available to all in the room, all community partners, for you to use. Educator invitation flyer will be shared.

- Intellectual/Developmental Disabilities – Tracy Mauro, committee met yesterday, recapped the year's efforts, presentations on school aged children with disabilities and preschool children with disabilities, family presentation. Discussing plans for upcoming year. Discussed how families with children with IDDs have a full continuum of care needs, often other needs, substance use or poverty and other such needs. Discussed supports in education, family, medical and community. Considering changing committee name to Neurodiversity.
- Juvenile Justice / Youth Services Commission – Rudy Aikens, developing 2026 comprehensive plan, continuing prevention efforts, mostly with schools, afterschool programs, keeping youth engaged in school, scholarship programs in local youth recreation programs, run by Acenda, connected to 60 youth. Courts busy, detention programs also busy. 13 youth in detention alternative programs.
- Missing & Abused Children – Jennifer Rodriguez, currently working on two projects, one is on-line resources that will be housed with the Child Advocacy Center, some technical delays but hope to be up and running soon, and the other is the Speakers Bureau, workshops with the schools, 5 are scheduled for this school year.

Trends or needs regarding access to/gaps in services

- Child Care Assistance Program already mentioned
- Children of younger ages showing behavioral health needs also already mentioned
- PHP and CMO – PHP referrals from CMO while child is also in outpatient therapy, can the child get outpatient therapy and CMO at the same time? CMO answers that it is the goal that if the child still needs treatment to transition them to treatment, they can still have CMO at the same time during the transition with the goal to transition to some level of support rather than leaving nothing in place. PHP has had a couple of instances where CMO will close with the communication that the child is moving into outpatient therapy. Being told the child can't be in CMO and outpatient therapy at the same time. A lot of these families have multiple needs and need to remain open with the CMO. CMO responded with the overarching concept of wrap around support services a priority, understanding there are needs beyond outpatient therapy, not addressing just clinical needs but also the other needs of the family. Both PHP representatives have encountered this concern. Been told if they have CMO and enrolled in partial that the CMO has to close. Maybe it's newer staff, the PHP representatives will reach out to the CMO representatives when it happens, possibly the newer staff don't completely understand the system. PHP is short term and expect that the CMO is going to be needed when they are done, encouraging families to make sure they remain open with CMO. When families come to the PHP from the CMO, educating the families to not let them close the case. Trend is families already established with CMO and CMO is saying they have to back out? Yes. Fresh referrals to CMO as well? Ideally, PHP is linking the families to outpatient therapy and the CMO can step in and support that plan and provide other needed services. The CMO is going to take

some steps internally to make sure staff is on the same page. Any situations going forward, the PHP representatives will connect with the CMO representatives to work out the details if necessary. MCO changes raised the question as to if this was something new in the system.

- The process to requesting CMO services has changed for the PHP, no longer through Cyper, has led to more denials. In this fast-paced transition out of Partial care, PerformCare is not set-up to speak to anyone besides the parent. PHP is unable to check on status of PerformCare application. Discussion ensued about the consent process that is available on-line which can take up to 60 days to be approved by PerformCare. The PHP is discharge planning, unsure of status, parents have to call directly, and this is creating a bit of a barrier. It puts the PHP in the position of discharging and having to say we think you are approved, but you, family, have to call and check the status. CMO will look to see if there is role for them in addressing the barrier. Suggested PHP conference call with parent and PerformCare if that is an option?
- The CMO stressed that when parents call PerformCare that they should express the specific needs of the child in the day to day routine to PerformCare rather than saying what specific services they would like to have. Some examples given were: we can't go to the supermarket with the child, the child won't go to bed, the child is fighting with peers. That's the type of explanations that help PerformCare to connect the child to services.
- Changes in process where the PHP faxes over a clinical summary on paper as opposed in the past with data entered into system. The old way usually resulted in pretty quickly issuing an approval. The new way has created a gap. Many families don't know the full name of their CMO worker, the CMO's contact information, or their role, such as when they think that they are a therapist coming to the home. It's confusing for both the families and the system partners, such as the PHP, to sort out what kind of services are in place and what is needed.
- PerformCare information in pediatrician's offices and other health care professionals?
- Huge gap for services for 3-5-year-old with behavioral concerns, unless the child has been connected to early intervention. PerformCare has some exceptions carved out for this younger population but generally they pick up at 5 and older. Parents tend to not know where to look for help. These children often show up in DCPP because the behavioral issues, tend to more physical behaviors of this age group. Community education very important.
- Quick Connection Line, a resource provided to any professional who supports early relationships to contact for help. Provided by The Professional Formation Center for the Early Relational Health Workforce. Flyer will be shared.
- Human Services Advisory Council, Federal Impacts Survey, agencies feedback is important. Will be sent out to everyone, answer and/or have someone from your agency answer. Helps us to understand gaps in service. Gloucester County second highest number of federal employees in the state.
- Autism diagnostic center – 2-year waitlist, cancellations in the last month, fear of diagnosis and stigma in the current political environment. The anonymous registry, identifying information to state department of health but it is not shared with anyone else. Each registrant is encrypted, never identifying way to get back to the specific patient. Always been confidential. The NJ funded registry has been in place since 2007, prior registry dates back to the 70s. Special Child Health will provide the center with the information sheet. The Center is trying to streamline the process for 3 and 4-year old so as to not delay the diagnosis, doing assessment first.

Old Business / New Business / Announcements

- Tri-County 10/22/25 at 11AM, virtual and in-person, details to come
- Next local Gloucester County meeting 12/10/25 at 10AM

- Field trip to Ranch Hope
- 45 Sawmill Road in Alloway 08001
- Enter campus, pass the administration building
- Park in Chapel parking lot
- Meet in Chapel
- Invitation with these details will be sent out closer to the actual date.
- Please be sure to RSVP so that we can plan accordingly!
- Gloucester County Human Services holding a Corn Hole tournament 10/25 at RCSJ, for individuals in recovery/substance use disorder, family event, open to all, on our website
- Project Search, for individuals in last year of high school who have an IEP or are neurodivergent, intensive on the job training, business host is Jefferson Hospital, several rotations, competitive job skills, rolling application, 5 students currently, 4th year of program, some have been hired by the hospital as well as other employers in the area, open house 10/26 at Jefferson Hospital. On the website. Great success stories! Assists participants with life skills, autonomy, etc.

Meeting adjourned