

New Jersey		State Action Plan Table		2026 Application/2024 Annual Report	
Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Increase Healthy Births and Bridge Gaps in Birth Outcomes	Increase the percentage of women (ages 18-44) who attend a postpartum medical visit within the past year by 1% by 2030 (Baseline 2023 NJ PRAMS 92.4%)	Percentage of women who were involved in the Healthy Women, Healthy Families program who attended a postpartum visit within the first four to six weeks after birth	ESM PPV.1 - Number of women enrolled in the Healthy Women, Healthy Families (HWHF) initiative that attended a postpartum visit.	NPM - Postpartum Visit	<u>Linked NOMs:</u> Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Increase Healthy Births and Bridge Gaps in Birth Outcomes	Increase the prevalence of having visited a doctor for a routine checkup in the past year for adults (Baseline 2021-2022 SHAD: 73.2%)	1) Percentage of women (ages 18-44) who report receiving a preventative medical visit in the past year, 2) Rate of preterm births per 1,000 live births in NJ, 3) First trimester prenatal visit, 4) Number of births supported by community doulas	ESM DSR.1 - Preventive medical visit	NPM - Perinatal Care Discrimination	<u>Linked NOMs:</u> Severe Maternal Morbidity Maternal Mortality Low Birth Weight Preterm Birth Stillbirth Perinatal Mortality Infant Mortality Neonatal Mortality Preterm-Related Mortality Postpartum Depression Postpartum Anxiety
Increase Healthy Births and Bridge Gaps in Birth Outcomes	Increase the percentage of women (ages 18-44) who attend a postpartum medical visit within the past year by 1% by 2030 (Baseline, 2023 NJ PRAMS, 92.4%)	Increase postpartum medical visits for women (ages 18-44) through evidence-based programs such as: The Community Health Worker Model, The Healthy Women/Healthy Families Initiative, The Maternal, Infant, and Early Childhood Home Visiting Program	ESM MHS.1 - Number of women screened for postpartum depression through the New Jersey Postpartum Resource and Support Network (NJPRSN) Program.	NPM - Postpartum Mental Health Screening	<u>Linked NOMs:</u> Maternal Mortality Infant Mortality SUID Mortality Neonatal Abstinence Syndrome Child Injury Hospitalization Women's Health Status Postpartum Depression Postpartum Anxiety
Reduce Differential	Increase the percentage of women (ages 18-44) who attended a	Increase postpartum medical visits for women (ages 18-44) through evidence-based programs, such as The Community Health Worker Model,	ESM PPV.1 - Number of women enrolled in	NPM - Postpartum Visit	<u>Linked NOMs:</u> Maternal Mortality

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Outcomes in Maternal Healthcare for Specific Populations	postpartum medical visit within the past year by 1% by 2030 (Baseline 2023 NJ PRAMS: 92.4%)	The Healthy Women, Healthy Families Initiative, The Maternal, Infant, and Early Childhood Home Visiting Program, NJ FamilyConnects	the Healthy Women, Healthy Families (HWHF) initiative that attended a postpartum visit.		Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Increase Healthy Births and Bridge Gaps in Birth Outcomes	Increase women who have a preventive medical visit in the past year	Connect women to healthcare providers via state MCH programs such as Healthy Women, Healthy Families and NJ FamilyConnects	SPM ESM 1.1 - First trimester prenatal care rate	SPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	
Reduce Differential Outcomes in Maternal Healthcare for Specific Populations	Increase number of doulas enrolled as Medicaid providers	1) Provide training, mentorship and technical assistance to doulas 2) Ensure sustainability through direct billing to Medicaid 3) Expand and standardize approved trainings	ESM DSR.1 - Preventive medical visit	NPM - Perinatal Care Discrimination	<u>Linked NOMs:</u> Severe Maternal Morbidity Maternal Mortality Low Birth Weight Preterm Birth Stillbirth Perinatal Mortality Infant Mortality Neonatal Mortality Preterm-Related Mortality Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
Reduce Maternal and Infant Mortality and Expand & Strengthen Evidence Based Programs Addressing Mortality	Increase the percentage of infants placed in a safe sleep environment by 1% by 2030 (Baseline, NJ PRAMS 2023: 28.2%)	1) Educate care givers on safe sleep (no co-sleeping, back sleeping, no soft bedding) 2) Conduct public health campaigns on safe sleep practices 3) Continue and expand the Healthy Women, Healthy Families initiatives 4) Strengthen existing Black Infant Mortality reduction programs 5) Implement and evaluate evidence-based interventions targeting disparate health outcomes by population	ESM SS.1 - Complete Infant Safe Sleep Environment (no co-sleeping, on back, and no soft bedding) ESM SS.2 - Rate of black infant mortality in NJ per 1,000 live births. ESM SS.3 - Number of trained doulas enrolled as NJ FamilyCare (Medicaid) providers.	NPM - Safe Sleep	<u>Linked NOMs:</u> Infant Mortality Postneonatal Mortality SUID Mortality

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Improve Exclusive Breastfeeding Rates for the first six months after birth	Increase the number of baby-friendly hospitals by 2% by 2030 (Baseline 2024: 15 hospitals)	1) Encourage hospitals to obtain baby friendly designation 2) Promote hospital participation in breastfeeding initiatives 3) Continue to meet the objectives set forth in the NJ Breastfeeding Strategic Plan 4) Continue to support the work of Healthy Women, Healthy Families to non-traditional audiences	ESM BF.1 - Percentage of Births in Baby Friendly Hospitals <i>Inactive - ESM BF.2 - Number of Individuals Trained to Become Community Doula and NJ FamilyCare (Medicaid) Providers</i> ESM BF.3 - Percent of children in food-sufficient households.	NPM - Breastfeeding	Linked NOMs: Infant Mortality Postneonatal Mortality SUID Mortality
Increase Healthy Births and Bridge Gaps in Birth Outcomes	Decrease differential outcomes in preterm births (Baseline Birth Certificate 2021: 13.1 per 1,000 Live Births).	Continue to implement through the Healthy Women Healthy Families initiative programs that are evidence-based interventions to reduce infant mortality. These programs include group prenatal care, the doula program, Fatherhood initiatives, and Breastfeeding support groups, which are available to all birth populations.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Percentage of Black non-Hispanic preterm births in NJ	
Reduce Differential Outcomes in Maternal Healthcare for Specific Populations	Decrease infant mortality in the State, especially for groups with highest mortality rates	Leverage programs which focus on reducing differential outcomes in infant mortality such as Healthy Women, Healthy Families.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 7: Rate of black infant mortality in NJ per 1,000 live births.	
Child Health					
Promote Healthy Youth Development from Childhood Through Adolescence & Young Adulthood (AYA)	Increase the percentage of children (ages 9-35 months) receiving developmental screenings by 5% by 2030 (Baseline: 34.4, National Survey of Children's Health, 2022-2023)	1) Expand access to Ages & Stages Questionnaire (ASQ) developmental screenings through online platforms as part of the ECCS Impact Program 2) Increase parent engagement in early childhood screening efforts 3) Strengthen partnerships with pediatric providers to promote developmental screening	ESM DS.1 - Parent-completed early childhood developmental screening using an ASQ screening tool.	NPM - Developmental Screening	Linked NOMs: School Readiness Children's Health Status

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Promote Healthy Youth Development from Childhood Through Adolescence & Young Adulthood (AYA)	Increase percent of children, ages 0-17, who have a medical home by 5%	Strengthen partnerships with pediatric providers to promote developmental screenings	ESM MH.1 - Percent of CYSHCN ages 0-18 years served by Special Child Health Services Case Management Units (SCHS CMUs) with a primary care physician and/or Shared Plan of Care (SPoC).	NPM - Medical Home	<u>Linked NOMs:</u> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Promote Healthy Youth Development from Childhood Through Adolescence & Young Adulthood (AYA)	Increase by 5% number of children, ages 1 to 17, who had a preventive dental visit in the past year (CDC?)	Strengthen partnerships with pediatric dental providers to promote preventive dental visits	ESM PDV-Child.1 - Preventive and any dental services for children enrolled in Medicaid or CHIP (CMS-416)	NPM - Preventive Dental Visit - Child	<u>Linked NOMs:</u> Tooth decay or cavities Children's Health Status CSHCN Systems of Care
Improve Nutrition, Food Security & Increase Physical Activity	Increase household food-sufficiency for children ages 0-11 y/o by expanding access to healthy and affordable food options (Baseline: 73.4% National Survey of Children's, 2022-2023)	1) Promote partnerships with schools and local organizations to increase access to nutritious food options 2) Encourage integration of nutrition education into pediatric and early childhood services	ESM FS.1 - Percent of children (<18 y/o) in food sufficient households	NPM - Food Sufficiency	<u>Linked NOMs:</u> School Readiness Children's Health Status Behavioral/Conduct Disorders Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All Adverse Childhood Experiences
Promote Healthy Youth Development from Childhood Through Adolescence	Increase number of children receiving developmental screening	Leverage Pediatric relationships throughout the state to increase awareness of the importance of screening young children for developmental delays	No ESMs were created by the State. ESMs are optional for this measure.	SPM 9: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	

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& Young Adulthood (AYA)					
Improve Nutrition, Food Security & Increase Physical Activity	Increase partnerships across state agencies to enhance food access for children and families; particularly in the highest food-desert counties in the state	Work with WIC, SNAP, and other nutrition programs in the state to address nutrition, obesity and healthy development.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 10: Food sufficient households	
Adolescent Health					
Promote Healthy Youth Development from Childhood Through Adolescence & Young Adulthood (AYA)	Increase the percentage of students completing an evidence-based SEL program by 5% per year by 2030 (Baseline data from 2025 is 86%).	Expand Evidence-based SEL Programs such as the Teen Outreach Program (TOP), Teen Connection Project and Teen PEP to increase youth resilience and self-awareness.	ESM BLY.1 - Percentage of high school students who are electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media). <i>Inactive - ESM BLY.2 - Reduce the percentage of high school students who are bullied on school property.</i> ESM BLY.3 - Number of students (male and female) who completed at least 75% of an evidence-based Teen Pregnancy Prevention Model (Teen Outreach Program, Reducing the Risk or Teen PEP)	NPM - Bullying	Linked NOMs: Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Adolescent Depression/Anxiety Adverse Childhood Experiences
Promote	Increase the percentage of	1) Adopt evidence-based youth engagement strategies to improve	ESM ADM.1 - The	NPM - Adult Mentor	Linked NOMs:

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Healthy Youth Development & Reducing Teen Pregnancy & Sexually Transmitted Infections (STIs)	students completing at least 75% of an evidence-based teen pregnancy prevention program by 3% per year by 2030 (Baseline data for 2025: 86%)	participation in Teen Pregnancy Prevention (TPP) programs 2) Expand access to programs such as Teen Outreach Program (TOP), Love Notes, Reducing the Risk, Get REAL, FLASH, and Teen PEP in high-risk counties/municipalities	number of youth (ages 10-24) in CAHP sponsored programs who report having a non-parent/guardian mentor that they can talk to (Baseline to be collected in 2025)		Adolescent Depression/Anxiety Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Promote Healthy Youth Development from Childhood Through Adolescence & Young Adulthood (AYA)	Increase the number of youth (ages 10-24) in CAHP-sponsored programs who report having a non-parent/guardian mentor they can talk to (Baseline to be collected in 2025)	1) Increase mentorship programs delivered through the Child and Adolescent Health Program (CAHP 2) Survey youth to assess non-parent/guardian mentorship as a protective factor for mental health and well-being	ESM ADM.1 - The number of youth (ages 10-24) in CAHP sponsored programs who report having a non-parent/guardian mentor that they can talk to (Baseline to be collected in 2025)	NPM - Adult Mentor	<u>Linked NOMs:</u> Adolescent Depression/Anxiety Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Promote Healthy Youth Development from Childhood Through Adolescence & Young Adulthood (AYA)	Increase the number of students completing the TOP program, Reducing the Risk, Teen PEP and Lifelines per year	Expand the school-based TOP, Reducing the Risk, Teen PEP and Lifelines programs throughout the state	No ESMs were created by the State. ESMs are optional for this measure.	SPM 6: Percentage of students completing the TOP program, Reducing the Risk, Teen PEP and Lifelines per year.	
Promote Healthy Youth Development & Reducing Teen Pregnancy & Sexually Transmitted Infections	Decrease the number of births to adolescents (aged 10-19 y/o) in NJ	Continue to expand the school-based TOP, Reduce the Risk, Lifelines and Teen PEP programs throughout the state	No ESMs were created by the State. ESMs are optional for this measure.	SPM 8: Rate of live births to adolescents (aged 10-19) in NJ per 1,000 females (aged 10-19).	

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(STIs)					
Children with Special Health Care Needs					
Improve Access to Quality Care for CSHCN	Increase the percentage of CSHCN ages 12-17 years old served by the SCHS CMUs as they move towards adulthood servicew by 3 percentage points by 2030 (Baseline New Jersey Special Child Health Services, Family Centered Care Services 2021: 33.5%)	Identify and monitor movement towards adulthood needs for CSHCN and their families served through the Special Child Health Services Case Management Units (SCHS-CMUs)	ESM TAHC.1 - Percent of CYSHCN ages 12-17 years served by Special Child Health Services Case Management Units (SCHS CMUs) with at least one transition to adulthood service	NPM - Transition To Adult Health Care	<u>Linked NOMs:</u> CSHCN Systems of Care
Promote Healthy Youth Development for CSHCN over the course of Childhood, Adolescence and Young Adulthood	Increase the percentage of children and children with special health care needs, aged 0 - 17 years old, who have a medical home by 4% by 2030 (Baseline The New Jersey Special Child Health Services, Family Care Center Services 2024: 28.8%)	Identify the needs of youth and their parent/guardians to facilitate a transition with insurance, education, employment, and housing information, and link them to community-based partners.	ESM MH.1 - Percent of CYSHCN ages 0-18 years served by Special Child Health Services Case Management Units (SCHS CMUs) with a primary care physician and/or Shared Plan of Care (SPoC).	NPM - Medical Home	<u>Linked NOMs:</u> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Improve Access to Quality Care for CSHCN	Assess the baseline of the percent of children who have been bullied or who have bullied others. Provide support to families via education and resources to the CMUs.	Identify families who are in the Case Management system whose children have been bullied or who bullied	ESM BLY.1 - Percentage of high school students who are electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media). <i>Inactive - ESM BLY.2 - Reduce the percentage of high school students who</i>	NPM - Bullying	<u>Linked NOMs:</u> Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Adolescent Depression/Anxiety Adverse Childhood Experiences

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			are bullied on school property. ESM BLY.3 - Number of students (male and female) who completed at least 75% of an evidence-based Teen Pregnancy Prevention Model (Teen Outreach Program, Reducing the Risk or Teen PEP)		
Improve Access to Quality Care for CSHCN	Increase the ratio of newborns discharged from NJ hospitals who did not pass their newborn hearing screening and have a documented outpatient audiological follow-up appointment	Leverage the Family Centered Care (FCC) Case Management Unit (CMU) in the state to prioritize engaging with families who leave the hospital with a newborn who did not pass their newborn screening	No ESMs were created by the State. ESMs are optional for this measure.	SPM 3: Percentage of NJ resident newborns discharged from NJ hospitals who did not pass their newborn hearing screening and have a documented outpatient audiological follow-up visit.	
Improve Access to Quality Care for CSHCN	Increase the percent of live children registered with the Birth Defects and Autism Reporting System (BDARS) who have been referred to NJ's Special Child Health Services Case Management Unit and who are receiving services.	Leverage the Family Centered Care (FCC) Case Management Unit (CMU) teams to prioritize connecting with the children registered in BDARS	No ESMs were created by the State. ESMs are optional for this measure.	SPM 4: Percent of live children registered with the Birth Defects and Autism Reporting System (BDARS) who have been referred to NJ's Special Child Health Services Case Management who are receiving services.	
Promote Healthy Youth Development for CSHCN over the course of Childhood, Adolescence	Promote timely assessment of Autism Spectrum Disorder (ASD) for children showing symptoms	Coordinate early testing of ASD with Pediatric providers leveraging the FCC relationships throughout the state	No ESMs were created by the State. ESMs are optional for this measure.	SPM 5: Average age (in years) of initial diagnosis for children with an ASD	

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and Young Adulthood					
Cross-Cutting/Systems Building					
Promote Healthy Youth Development from Childhood Through Adolescence & Young Adulthood (AYA)	Increase the number of children who have a preventive dental visit by 5% (National Survey of Children's Health)	1) Strengthen relationships with pediatric dental providers in the state 2) Disseminate oral health education and training, through school-based oral health curricula	No ESMs were created by the State. ESMs are optional for this measure.	SPM 11: Preventive Dental Visit	