New Jersey State Action Plan Table 2025 Application/2023 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					
Increasing equity in healthy births.	Increase the percent of women regardless of race/ethnicity, ages 18 to 44, with a preventive medical visit in the past year by 1% per year by 2025 (Baseline 2020 BRFSS:78.7%) Increase the percent of Black, non-Hispanic women, ages 18 to 44, with a preventive medical visit in the past year by 1% per year by 2025 (Baseline 2020 BRFSS: 82.5%).	Promote evidence-based strategies to increase preventive medical visits for women (ages 18 - 44 yrs) such as the Community Health Worker model in the Healthy Women, Healthy Families Initiative and the Maternal, Infant and Early Childhood Home Visiting Program.	ESM WWV.1 - First trimester prenatal care rate ***Inactive -*** *ESM WWV.2 - Number of individuals trained to become community-based doulas*	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

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					NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression,

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					Formerly NOM 24) - PPD
Smoking Prevention	Reduce the percentage of women who smoke during pregnancy by 2% per year by 2025 (Baseline 2021 NJ PRAMS 2.2%). Reduce the percentage of children who live in households where someone smoke by 2% per year by 2025 (Baseline 2019 National Survey of Children's Health 8.7%).	Increase smoking screening and referrals of pregnant women to Mom's Quit Connection.	ESM SMK-Pregnancy.1 - Referral Rate of pregnant women to Mom's Quit Connection.	NPM - Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal

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					NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Reducing Black Maternal and Infant Mortality.	For 50% of all birthing parents in the post-partum period to have a postpartum checkup within 12 weeks after giving birth.	Promote evidence-based strategies to increase postpartum checkup within 12 months after giving birth. Continue to cultivate relationships with community and child/health providers and agencies to expand the reach of the initiatives.	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Perinatal/Infant Health					
Reducing Black Maternal and Infant Mortality.	Increase infant safe sleep by 1 percentage point by 2025 (Baseline PRAMS 2021: 19.59%).	Increase infant safe sleep practices as reported by the PRAMS survey (on back, no co-sleeping, no soft bedding).	ESM SS.1 - Complete Infant Safe Sleep Environment (no co-sleeping, on back, and no soft bedding)	NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate

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			ESM SS.2 - Rate of black infant mortality in NJ per 1,000 live births.	sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS	per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Improving Nutrition & Physical Activity.	Increase births in Baby-Friendly hospitals by 2% per year by 2025. Increase the percentage of women trained to become community doulas enrolled as NJ FamilyCare (Medicaid) Providers by 5% in 2025.	Increase births in Baby Friendly hospitals by promoting certification of hospitals and sharing breastfeeding data (birth certificate data and mPINC). The Doula Learning Collaborative (DLC) provides training, workforce development, supervision support, mentorship, technical assistance (TA), direct billing, and sustainability planning to community doulas and doula organizations throughout the State of NJ. Community doulas have the inherent local knowledge and understanding that enables them to provide equitable and culturally responsive care to pregnant people during pregnancy, birth, and postpartum, which can potentially lower rates of adverse birth outcomes and increase breastfeeding rates.	ESM BF.1 - Percentage of Births in Baby Friendly Hospitals ESM BF.2 - Number of Individuals Trained to Become Community Doula and NJ FamilyCare (Medicaid) Providers	NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Reducing Black Maternal and Infant Mortality.	Decrease Black non-Hispanic preterm births by 1 percentage point by 2025 (Baseline Birth Certificate 2021: 13.1 per 1,000 Live Births).	Continue to implement through the Healthy Women Healthy Families initiative, Black Infant Mortality programs that are evidence-based interventions to reduce black infant mortality and other disparities. These programs include Group prenatal care, the Doula program, Fatherhood initiatives, and Breastfeeding support groups. They are available to all birthing persons (BP) with an emphasis on Black, NH BP.		SPM 1: Percentage of Black non-Hispanic preterm births in NJ	
Reducing Black Maternal and Infant Mortality.	Decrease Black Infant Mortality rate by 1 percentage point by 2025 (Baseline Death Certificate data 2020: 9.1 per 1,000 Live Births).	Continue to implement through the Healthy Women Healthy Families initiative, Black Infant Mortality programs that are evidence-based interventions to reduce black infant mortality and other disparities. These programs include Group prenatal care, the Doula program, Fatherhood initiatives, and Breastfeeding support groups. They are available to all birthing persons (BP) with an emphasis on Black, NH BP.		SPM 7: Rate of black infant mortality in NJ per 1,000 live births.	

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Child Health					
Promoting Youth Development Programs.	Increase developmental screening among children, ages 9 - 35 months, by 2 percentage points by 2025 (Baseline National Survey of Children's Health 2020-2021: 34.8%).	Increase completed ASQ developmental screens online as part of ECCS Impact Program.	ESM DS.1 - Parent-completed early childhood developmental screening using an ASQ screening tool.	NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS	NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Promoting Youth Development Programs.	Increase the percentage of children, ages 1 - 17, who had a preventive dental visit in the past year by 2% by 2025 (Baseline 2020 EPSDT Participation Report: 41.5%).	Increase awareness of the importance of early preventive dental care and increase referrals to dentists. Monitor and guide service delivery to assure that all children have access to preventive oral health services. Provide preventive interventions such as age-appropriate oral health education. Promote the application of dental sealants and the use of fluoride, increasing the capacity of state oral health programs to provide preventive services.	ESM PDV-Child.1 - Preventive and any dental services for children enrolled in Medicaid or CHIP (CMS-416)	NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child	NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Improving & Integrating Information Systems	Increase medical home visits and follow-up for children.	Continue to cultivate relationships with community and child/health providers and agencies to expand the reach of the initiatives. Continue to expand the reach of medical home providers throughout the state.	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	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a

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			Shared Plan of Care (SPoC).		mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC
Adolescent Health					
Reducing Teen Pregnancy	Increase the percentage of students completing at least 75% of an evidence-based pregnancy prevention program (TOP program, Love Notes, Reducing the Risk, and Teen PEP) per year, by 5% by 2025 (Baseline 2018 Birth Certificate data: births to teens 19 and under 2,831).	Implement evidence based Teen Pregnancy Prevention models in high need areas with African American and Hispanic teens aged 15-19. Adopt evidence-based youth engagement strategies aimed at increasing the percentage of students completing at least 75% of an evidence-based teen pregnancy prevention program (TOP program, Love Notes, Reducing the Risk, and Teen PEP) in counties/municipalities that are high risk.		SPM 6: Percentage of students completing the TOP program, Reducing the Risk, Teen PEP and Lifelines per year.	
Promoting Youth Development Programs.	Increase the number of adolescents participating in a bullying awareness and prevention program.	Number of bullying/suicide prevention presentations delivered by or supported by NJDOH Title V Build youth's capacity for self-awareness, social awareness, self-management, relationships, and decision-making helps build the core skills that teens need to refrain from bullying others and bounce back when they are bullied.	ESM BLY.1 - Percentage of high school students who are electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media). ESM BLY.2 - Reduce the percentage of	NPM - Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY	NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

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			high school students who 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)		
Reducing Teen Pregnancy	Reduce live births to adolescents (aged 10-19 years old) by 30%.	Increase safe sex education campaigns in schools throughout the state.		SPM 8: Rate of live births to adolescents (aged 10-19) in NJ per 1,000 females (aged 10-19).	
Children with Special Health Care Needs					
Improving Access to Quality Care for CYSHCN	Increase the percentage 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 by 3 percentage points by 2025 (Baseline New Jersey Special Child Health Services, Family Care Center Services 2021: 45.0%).	Identify and monitor transition to adulthood needs for CYSHCN and their families served through the Case Management Units (CMUs). Explore youth and their parents' needs to facilitate transition with insurance, education, employment, and housing, and link them to community-based partners.	ESM TR.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 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC
Improving Access to Quality Care for CYSHCN	Increase the percentage of children and children with special health care needs, aged 0 - 17 years old, who have a medical home by 4 percentage points by	Provide comprehensive care with physicians and allied health professionals, by partnering with patients and their families. Provide a baseline for programmatic needs to increase the percentage of CYSHCN with a primary care physician and identify the ‘next steps’ needed	ESM MH.1 - Percent of CYSHCN ages 0-18 years served by Special Child Health Services Case	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care,

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	2025 (Baseline The New Jersey Special Child Health Services, Family Care Center Services 2021: 40.1%)	to establish medical homes for CYSHCN.	Management Units (SCHS CMUs) with a primary care physician and/or Shared Plan of Care (SPoC).	Home, Formerly NPM 11) - MH	Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC
Improving & Integrating Information Systems	By the end of the funding period at least 70% of children that are identified as having a permanent hearing loss as a result of newborn hearing screening will be enrolled in Early Intervention services within two months of the diagnosis.	Universal newborn hearing screening began largely due to evidence that clearly demonstrated improved language and developmental outcomes in Deaf/hard of hearing children that receive Early Intervention services as soon as possible and ideally before six months of age.		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.	
Improving Access to Quality Care for CYSHCN	Increase the percent of live children registered with the Birth Defects and Autism Reporting System (BDARS) who have been referred to NJ's SCHS CMUs who are receiving services by 0.5% by 2025 (Baseline The New Jersey Special Child Health Services, Family Care Center Services 2021: 95.9%).	Special Child Health Services Unit Coordinators are expected to assign new BDARS referrals to a case manager for initial outreach within fourteen (14) days of referral. Adopt methods that facilitate an increase the percentage of BDARS referrals that are assigned to a case manager within 14 days.		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 Unit who are receiving services.	
Improving	Decrease the age of autism	Improve BDARS to reduce the time from referral to autism diagnosis.		SPM 5: Average age (in	

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Access to Quality Care for CYSHCN	diagnosis by 1 year by 2025 (Baseline NJ Autism Registry 2021: 4.8 years old).			years) of initial diagnosis for children with an Autism Spectrum Disorder	
Cross-Cutting/Systems Building					
Improving & Integrating Information Systems	Increase the percentage of children, ages 1 - 17, who had a preventive dental visit in the past year by 2 percentage points by 2025 (Baseline 2020 EPSDT Participation Report: 41.5%). Increase the percentage of women who had a dental visit during pregnancy by 2 percentage points by 2025 (Baseline 2021 NJ PRAMS 44.6%)	Monitor and guide service delivery to assure that all children have access to preventive oral health services. Provide preventive interventions such as age-appropriate oral health education. Promote the application of dental sealants and the use of fluoride, increasing the capacity of state oral health programs to provide preventive services.			