



New Jersey Youth Mental Health Strategic Plan

Issued January 2026



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Letter from Governor Murphy

New Jersey is committed to being the best place in the nation to raise a family—and we center the health and wellbeing of our children and young people in advancing that commitment. New Jersey’s *Youth Mental Health Strategic Plan* outlines a roadmap to strengthen prevention, expand access to care, improve crisis response, and better support our families, schools, and communities.

The COVID-19 pandemic did not create the youth mental health crisis across our nation—it further exposed and exacerbated the challenges faced by our youth in an increasingly complex digital and social landscape. As I affirmed in my work as Chair of the National Governors Association, youth mental health is one of the defining issues of our time, which requires bold action, cross-sector collaboration, and a whole-of-government approach. Building upon the [Strengthening Youth Mental Health playbook](#) through which New Jersey sourced best practices from around the country, this *Youth Mental Health Strategic Plan* applies those concepts to enhance New Jersey’s work statewide to improve youth mental health.

Mental health must be treated with the same urgency, coordination, and care as physical health. During my Administration, New Jersey has taken significant steps to strengthen our mental health system—expanding our workforce, promoting health care affordability, establishing a first-in-the-nation statewide student wellness infrastructure, and investing in prevention, early intervention, and crisis response. And now, I am proud to have signed legislation requiring all of our schools to develop bell-to-bell cell phone ban policies, which will provide our children with a distraction-free education to help them thrive.

This plan was developed through New Jersey’s participation in the National Governors Association Center for Best Practices Policy Academy to Drive Thriving Youth Mental Health and Wellbeing and shaped by the expertise of multiple State agencies and the lived experience of our two designated youth advisors. I extend my deepest gratitude to our agency partners—the Departments of Children and Families, Education, Health, and Human Services and the Office of the Secretary of Higher Education. Your leadership, collaboration, and unwavering commitment to New Jersey’s young people made this plan possible. You have broken down silos, elevated evidence-based practices, and ensured that youth and families remain at the center of every decision. Our state is stronger because of your partnership.

To the young people of New Jersey, this plan is for you. And to the educators, caregivers, clinicians, and community partners who support our youth each day, your compassion and dedication remain essential. Together, New Jersey will continue to lead with compassion, science, and equity to build a healthier, more resilient future where every young person has the opportunity to thrive.

Sincerely,



Philip D. Murphy
Governor of New Jersey

From the Youth Advisors

Including the perspectives and lived experiences of youth in government and public health is crucial to the success and efficacy of programs and initiatives intended to help young people. As representatives of New Jersey to the National Governors Association (NGA) Youth Advisory Council (YAC), we convened to learn about policy and design solutions. We presented our recommendations at the NGA Youth Mental Health Symposium, which are available in the [*Lessons Learned from the NGA Policy Academy to Drive Thriving Youth Mental Health and Wellbeing*](#) report. We brought our varied perspectives as advocates, students, and lived experts into policymaking, researched state strategies for school-based mental health services, and explored policy tools such as mental health screenings and the use of technology in care settings.

As members of the New Jersey core team, we met with State agency and Governor's Office staff, working side by side with leadership on state and national initiatives. We advised on trends like school-based cell phone regulation and its effects on learning and mental health. In writing this report, our insights were valued and incorporated as we contributed equally with career civil servants.

From the NGA Youth Mental Health Policy Academy and Governor Murphy's NGA Chair Initiative, we've learned that authentic youth partnerships work when young people are treated as essential agents of change. These experiences show that youth voice in policymaking is imperative. New Jersey must scale youth engagement across all levels of government, making it standard practice where youth are valued as partners, not just leaders of tomorrow.

Too often, youth engagement focuses on the same high-achieving students already in government spaces. We urge you to prioritize young people with lived experience by meeting us where we are—online and in community settings—and investing in genuine, trusting partnerships. This means being transparent about constraints, avoiding tokenization through youth-led roles and meaningful decision-making power, and integrating lived experts into processes like RFP reviews and program development. Provide training, multiple engagement pathways, fair compensation, and remove participation barriers. Above all, make partnerships with youth and lived experts a requirement, not an option.

Youth Advisors

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Executive Summary

New Jersey faces a youth mental health crisis exposed by social isolation and disruption in in-person learning during the COVID-19 pandemic, as well as the added social pressures that youth face from an ever-evolving digital and social media landscape. According to a State survey of middle school students in 2023, more than half of all responding students reported struggling with sadness during the past year. Adolescent mental health hospitalizations have increased significantly for children since 2019, and suicide is now the second leading cause of death for 10- to 24-year-olds.

Through the Chair’s Initiative of the National Governors Association (NGA) in 2022–2023, Governor Murphy sought to elevate best practices nationwide to help tackle the crisis. The resulting playbook, [*Strengthening Youth Mental Health – A Governor’s Playbook*](#), identifies strategies states can take to ensure young people have the supports, environments, and opportunities that they need to thrive. Integrating those best practices locally, the State of New Jersey developed this *Youth Mental Health Strategic Plan* as part of its participation in the NGA Center for Best Practices Policy Academy to Drive Thriving Youth Mental Health and Wellbeing.

A team comprising representatives from five state agencies that deliver essential youth mental health services, two youth advisors with lived experiences, and the Governor’s Policy Office took stock of current efforts, identified gaps, and designed a coordinated, forward-looking strategy to strengthen the youth mental health continuum of care and supports.

The strategic planning process unfolded across three phases. First, a statewide landscape analysis gathered input from all state agencies with youth-serving programs to map existing services across funding streams and populations served. Next, a gap analysis assessed areas of need and areas for improvement. Finally, the State developed a set of strategic recommendations to guide future policy, programming, investment, and evaluation.

The resulting *Youth Mental Health Strategic Plan* outlines a coordinated, cross-agency vision structured around four pillars:

1. Addressing Prevention and Building Resilience

New Jersey will continue to strengthen upstream supports by expanding universal screenings, early intervention programs, and targeted resources for populations at elevated risk. The State’s substantial training infrastructure positions New Jersey to deepen prevention work to help ensure that youth access timely and appropriate care before needs escalate.

2. Increasing Awareness and Reducing Stigma

This plan prioritizes meaningful inclusion of youth voices, broad promotion of mental health resources, and the expansion of safe spaces—both digital and in-person—where young people can seek support without judgment. Proactive, culturally appropriate communication strategies can help families, schools, and communities better understand and access available programs.

3. Ensuring Access and Affordability of Quality Treatment and Care

Through NJ FamilyCare innovations, integrated behavioral-physical health models, expanded telehealth tools, and strengthened partnerships with K-12 schools and higher education, New Jersey has implemented strategies to reduce financial and structural barriers to care. Workforce development—through loan redemption programs, training pipelines, and targeted recruitment—help grow a diverse, robust behavioral health workforce.

4. Training and Supporting Caregivers and Educators

The plan emphasizes equipping caregivers, educators, and youth-serving professionals with the tools to recognize signs of mental health needs, respond appropriately, and connect youth with services. Evidence-based models for professional development, crisis response training, and community-based supports strengthen the network of adults who play a critical role in youth well-being.

To act on each of these four ***pillars***, specific ***priorities*** are named. To move forward each priority, existing ***strengths***—programs, partnerships, and systems already contributing to positive outcomes—and ***opportunities*** for improvement and expansion are noted. New Jersey should continue to build upon its robust foundation while addressing areas where additional attention, coordination, or innovation is needed. Together, these elements create a cohesive roadmap that connects current efforts to future goals, enabling sustained progress across the full continuum of youth mental health supports.

As New Jersey navigates a rapidly changing digital landscape, shifting federal policies, and growing community needs, this strategic plan positions the State to remain a national leader in youth mental health. Through sustained partnership across agencies, ongoing feedback from youth and families, and targeted action in prevention, access, and awareness, New Jersey reaffirms its commitment to building a future in which every young person is supported, resilient, and empowered to succeed.

Youth Mental Health Strategic Plan Overview

Pillars	Priorities	Strengths	Opportunities
1 Addressing prevention and building resilience	Offer upstream prevention interventions	<ul style="list-style-type: none"> • Increase the knowledge and skills of key practitioners • Prioritize evidence-based and best practice service models 	<ul style="list-style-type: none"> • Conduct screenings in primary care and school settings • Expand early intervention programs • Strengthen programming for those at increased risk of mental health needs
	Crisis prevention, response, and stabilization	<ul style="list-style-type: none"> • Offer behavioral health crisis-related supports from prevention through release from treatment 	<ul style="list-style-type: none"> • Expand early childhood resources
	Provide tools for building resilience	<ul style="list-style-type: none"> • Build spaces where youth can connect with one another • Guide students during educational and professional transitions • Incorporate teaching lifelong mental health skills in teaching standards 	<ul style="list-style-type: none"> • Train educators to teach resiliency
2 Increasing awareness and reducing stigma	Include youth voice and lived experience	<ul style="list-style-type: none"> • Engage youth with lived experience by meeting them where they are 	<ul style="list-style-type: none"> • Seek authentic feedback from youth and integrate learnings
	Strengthen communications	<ul style="list-style-type: none"> • Utilize existing platforms to build networks and share opportunities 	<ul style="list-style-type: none"> • Proactively promote programs and resources
	Reduce stigma by promoting safe spaces	<ul style="list-style-type: none"> • Provide accessible, safe support platforms • Facilitate a distraction-free education by banning cell phones and internet-enabled devices from classrooms 	<ul style="list-style-type: none"> • Provide in-person spaces in schools and communities • Address the negative impact of social media and technology on mental health • Expand LGBTQ+ suicide prevention services • Normalize peer-to-peer dialogue • Engage parents about available mental health resources
3 Ensuring access and affordability of quality treatment and care	Reach more youth with covered mental health care services	<ul style="list-style-type: none"> • Promote insurance coverage for all kids • Leverage NJ FamilyCare for more accessible and affordable mental health services • Offer no-cost mental health counseling 	<ul style="list-style-type: none"> • Prioritize sustaining coverage, affordability, and access to care for youth in implementing federal policy changes
	Deliver mental health care services where youth are	<ul style="list-style-type: none"> • Offer services tailored to students with complex health care needs 	<ul style="list-style-type: none"> • Further extend in-school mental health services through Medicaid
	Grow and diversify the behavioral health care workforce	<ul style="list-style-type: none"> • Incentivize licensed professionals to serve in the behavioral health workforce • Engage in ongoing collaboration investigating the needs of the direct care workforce 	<ul style="list-style-type: none"> • Build a more robust network of providers and behavioral health workforce pipeline • Develop peer-to-peer supports as a workforce pipeline
	Foster collaboration	<ul style="list-style-type: none"> • Foster interdepartmental collaboration • Cultivate partnerships with schools 	<ul style="list-style-type: none"> • Work together to streamline resources and avoid duplicating services
4 Training and supporting caregivers and educators	Equip communities to support youth mental health	<ul style="list-style-type: none"> • Fund support services delivered by community partners • Support whole-of-community programming 	<ul style="list-style-type: none"> • Host community listening sessions • Streamline the process for youth-serving community members to grow professionally • Partner with faith-based organizations to host and promote youth mental health community programs
	Support youth mental health in educational settings	<ul style="list-style-type: none"> • Offer social and emotional learning training for educators • Provide K-12 and higher education educator training 	<ul style="list-style-type: none"> • Address workforce needs in school settings • Strengthen supports for students re-entering school settings after treatment • Build up pathways to referral to services

Pillar 1: Addressing Prevention and Building Resilience

Priority 1: Offer upstream prevention interventions

Through upstream prevention interventions, New Jersey addresses youth mental health needs before they escalate into crisis, reducing risk factors while strengthening protective supports in schools, families, and communities. These proactive approaches build resilience and promote long-term well-being by equipping young people with coping skills, supportive relationships, and stable environments.

Strength: NJ has broadly increased the knowledge and skills of key practitioners.

New Jersey offers trainings for key practitioners – educators, parents/caregivers, community workers – to increase their knowledge and skills in administering prevention programs to youth.

- The New Jersey Department of Education (DOE)'s **Enhancing School-Based Mental Health initiative** provides educators, school administrators, and school-based clinicians with technical assistance from Rutgers and other experts, professional learning, and evidence-based tools to strengthen prevention, early identification, and coordinated care.
- As part of administering the **Children's System of Care (CSOC)**, the New Jersey Department of Children and Families (DCF) offers professional development and workforce training for community-based providers and system partners to improve early identification, referral pathways, and youth-centered intervention strategies. This training is available to CSOC providers at no additional cost and is delivered through the Rutgers University Behavioral Health Care (UBHC) Training and Technical Assistance Program.
- DCF's **NJ Statewide Student Support Services (NJ4S) Network** provides specialized prevention and brief intervention services to meet the needs of students, parents/caregivers, and educators in school and community locations. Tier 1 services are available to the entire community and cover topics such as mental health and wellness, life skills, substance use prevention, and bullying.
- The New Jersey Department of Human Services (DHS) strengthens mental health literacy and promotes destigmatization through programs like [Mental Health First Aid](#). This novel public education program with curricula tailored to youth, teens, adults, and higher education helps train those working with youth and young adults on how to identify, understand, and respond to signs of mental illnesses and substance use disorders.
- The New Jersey Department of Health (DOH) launched [Prevent Suicide NJ \(PSNJ\)](#), a resource, training, and engagement site for professionals, parents and caregivers, and youth. The site includes education, programs, services, and resources from State agencies and community-based organizations focused on understanding youth mental health, suicide prevention, and resilience. In 2025, PSNJ launched a [social media campaign](#) for youth by youth, where schools across NJ are able to download and customize resources to create school-based campaigns for their school community.

- DOH supports school districts in implementing the [Lifelines Trilogy](#), a comprehensive, upstream suicide prevention, intervention, and postvention program.

Strength: NJ prioritizes evidence-based and best practice service models.

NJ4S utilizes evidence-based and best-practice service models to ensure that students receive high-quality and effective support. The initiative draws on proven frameworks for prevention, early intervention, and mental health promotion, incorporating approaches such as trauma-informed care, social-emotional learning, positive youth development, and family engagement. By grounding services in research and continuously evaluating outcomes, NJ4S ensures that its hubs and school-based teams deliver interventions that are data-driven and responsive to local needs, ultimately strengthening student well-being and fostering healthier school communities.

Opportunity: Conduct screenings in primary care and school settings.

New Jersey should expand integration of mental health screenings across primary care settings, schools, and community programs. By expanding the use of evidence-based tools, such as depression and anxiety screening protocols, practitioners can identify mental health concerns earlier and connect youth to timely supports. [P.L.2021, c.73](#) requires health benefits coverage for adolescent depression screenings in health care settings. Increased collaboration between school districts, pediatric health professionals, and community organizations ensures that screenings consistently occur at critical touchpoints in a child's life and are facilitated by trusted professionals. Concurrent to expanding screenings, it's important to ensure that health systems and supports are ready to respond efficiently and adequately to findings from screenings.

An example of a successful universal screening model is **PreVenture**, originally funded through federal COVID-19 relief funding to prevention coalitions. This evidence-based prevention program identifies at-risk students through a personality profile screening tool and connects them to programming to learn useful coping skills, set long-term goals, and channel their personality towards achieving them.

Opportunity: Expand early intervention programs.

Expanding programs for children in early years provides significant opportunities to get ahead of emerging concerns. New Jersey can expand programs such as early childhood mental health consultations, developmental screenings in childcare and preschool settings, and parent-focused interventions.

DCF's Office of Early Childhood Services offers a foundation for providing resources to families and others that can support the development of well-rounded healthy children. Additionally, partnerships between schools, health care providers, and family services can enhance support for parents and caregivers, ensuring children develop strong mental health foundations.

In Pre-school/Pre-K standards, there is a focus on social-emotional development. This is different from but related to mental health in that youth that are more self-aware can be better positioned to advocate for resources if they notice themselves struggling, thereby building their resilience in the face of mental health challenges.

Opportunity: Strengthen programming for those at increased risk of mental health needs.

New Jersey's youth mental health crisis disproportionately affects populations facing compounded stressors, including preteens experiencing early anxiety and trauma, pregnant and parenting students balancing school and caregiving, college students navigating academic and financial pressures, and new American youth coping with the threat of deportation as well as acculturation stress, language barriers, and discrimination. LGBTQ+ youth face elevated risk due to stigma, bullying, family rejection, and lack of affirming care. Youth with disabilities may experience higher rates of anxiety, depression, and trauma and often encounter significant barriers to diagnosis and treatment, increasing the likelihood that mental health needs go unmet without specialized, coordinated supports.

Preteens are a critical population for upstream prevention. New Jersey can prioritize expanded mental health education in middle schools, with programs that teach coping strategies, emotional intelligence, and conflict resolution skills.

- **Signs of Suicide (SOS)** empowers preteens experiencing transition periods—such as moving to middle school—with coping skills to mitigate stress and anxiety.
- DOH's **Garrett Lee Smith (GLS) Youth Suicide Prevention Planning Committee** issues youth suicide campaigns that are for youth, by youth. This group is comprised primarily of youth with lived experience with mental health and suicide and its campaigns can be tailored to upper elementary, middle, high school and secondary education settings.

Educational settings can integrate mental health services specifically tailored to **pregnant and parenting students**. These services could include counseling to provide behavioral health information and referral services through the [NJ MentalHealthCares](#) helpline and peer support networks facilitated in collaboration with local Family Success Centers, helping parenting students balance academic, caregiving, and mental health needs.

- The New Jersey Office of the Secretary of Higher Education's (OSHE) **Educational Opportunity Fund** gives financial assistance and a wide array of campus-based outreach and support services to low-income New Jersey residents, including pregnant and parenting students, who are capable and motivated but lack adequate preparation for college study.
- As part of DCF's School-Linked Services, the **Parent Linking Program** provides child care and wraparound services to support pregnant and parenting students, which enables school success, graduation, and post-graduate support to facilitate employment or higher education.
- The DCF Office of Education provides **Project Teach**, which is designed to keep pregnant and parenting students in school through graduation.

For **college students**, New Jersey's GLS Youth Suicide Prevention Grant program provides a foundation for enhancing mental health supports for college students through trainings delivered on campuses across the state. Additionally, initiatives such as tele-mental health counseling through Uwill and NJ MentalHealthCares foster partnerships with collegiate recovery programs that address rising mental health concerns on campuses while creating inclusive, stigma-free environments for students.

Additional highly impacted populations for whom New Jersey should consider expanding tailored mental health services include:

- **New American youth** – Culturally and linguistically appropriate programs can address trauma, stress, and social isolation while building connections to community resources.
- **LGBTQ+ youth** – Gaps in comprehensive, affirming care for LGBTQ+ youth can deepen mental health challenges, and for transgender youth in particular, the rollback or interruption of gender-affirming care significantly heightens risk for anxiety, depression, and suicidality by undermining safety, stability, and well-being. Expanding affirming mental health services in schools and communities—such as inclusive counseling programs and peer support groups—can foster belonging and reduce disparities in mental health outcomes.
- **Youth with disabilities** – The State can target professional development to equip practitioners with tools to identify and address mental health challenges in this population, for example through strengthening partnerships with advocacy organizations to promote accessible, stigma-free supports that recognize the unique needs spanning the population. For example, [P.L. 2025, c.177](#) instructs DHS to conduct a study on the mental health care needs and access for individuals who are deaf or hard-of-hearing.

Priority 2: Crisis prevention, response, and stabilization

New Jersey connects young people to supports during moments of distress to deescalate crises and prevent severe mental health outcomes. By connecting youth and families to timely, compassionate, and coordinated care, the State strengthens resilience and reinforces pathways to recovery, stability, and ongoing support.

Strength: NJ offers behavioral health crisis-related supports from prevention through release from treatment.

New Jersey aims to ensure the right level of support at the right time through a continuum of mental health supports from early prevention to crisis response to stabilization care. Through coordinated training, school-based preparedness, innovative crisis intervention models, and expanded access to counseling, the State has strengthened capacity to identify emerging concerns, respond effectively during acute situations, and connect youth to appropriate follow-up care. Among other tools in the crisis response continuum, the Murphy Administration has rolled out:

“Someone to call”:

- To identify and prevent behavioral health crises, DHS’ **Mental Health First Aid (MHFA)** and **Question, Persuade, Refer (QPR)** trains educators and community members on warning signs and symptoms as well as how and when to trigger Behavioral Threat Assessment team responses in K-12 settings.
- In high-needs K-12 schools, DOH’s **SAFE NJ** program powered by STOPit Solutions connects students, staff, and parents to basic needs and community resources; promotes 24/7 immediate crisis support through the **2NDFLOOR Youth Helpline**; and includes a direct to school communication platform accessible through school tablets and laptops.
- For college students, the tele-mental health partnership between OSHE and **Uwill** provides immediate 24/7/365 access to and response from licensed mental health counselors via a crisis call line. This feature has supplemented institutions of higher education’s emergency protocols and initiated active rescues for students in crisis. Students can also schedule same day, one-on-one meetings with a licensed counselor.

“Someone to respond”:

- New Jersey has prioritized implementing public health-focused responses to mental health crises. **ARRIVE Together** (Alternative Responses to Reduce Instances of Violence and Escalation) pairs mental health responders with law enforcement to deescalate behavioral health emergencies.
- 988’s **Mobile Crisis Outreach Response Teams (MCORTs)** responds to non-life threatening mental health, substance use, and suicidal crises without involving law enforcement or other emergency personnel, when safe to do so. MCORTs works in coordination with the State’s 988 Lifeline centers and are dispatched when a 988 crisis counselor assesses that community outreach would be helpful.

“Somewhere to go”:

- The **988 Care Continuum** and the **Children’s System of Care (CSOC)** crisis system work together to provide timely, coordinated crisis response, ensuring children, youth, and families receive immediate support, stabilization, and connection to appropriate services during behavioral health emergencies.

Opportunity: Expand early childhood resources.

Through expanding early childhood resources, New Jersey can advance upstream prevention and strengthen the youth mental health continuum of care. By investing in high-quality early learning environments, family support services, and specialized early childhood expertise, the State can help ensure that developmental and social-emotional needs are identified and addressed at the earliest possible stages. These early interventions both promote healthy infant and toddler development and also reduce the likelihood of more serious mental health challenges later in childhood and adolescence.

- **Expanded high-quality pre-K** provides nurturing, structured environments where young children learn to manage emotions, build relationships, and develop early coping skills. By expanding availability of high-quality pre-Kindergarten programs, New Jersey can promote early resilience and identify emerging behavioral or developmental concerns. Since 2018, 233 additional districts offer free, full-day, high-quality preschool programs. Overall, the Murphy Administration has increased preschool seats through expansion districts and legacy preschool programs by nearly 26,500 seats.
- **Early Childhood Specialists (ECS)** in the **Connecting NJ** program link families to specialized care that helps develop children’s communication, social, and daily living skills. ECS also provide mental health consultation to caregivers and the Division of Child Protection and Permanency (DCPP).
- **Family Connects NJ**, the State’s universal nurse home visiting program for infants and new parents, helps promote healthy social-emotional development by coaching new parents in responsive caregiving, promoting nurturing parent-child interactions, and connecting families to early intervention or mental health supports.

Priority 3: Provide tools for building resilience

Resiliency tools help young people manage stress, adapt to challenges, and maintain positive mental health across developmental stages. These skills and supports empower youth to navigate adversity, strengthen protective factors, and reduce the likelihood that everyday challenges escalate into mental health crises.

Strength: NJ is building spaces where youth can connect with one another.

Peer-to-peer supports help build youth mental health resilience by creating safe, relatable spaces where young people can learn from others who share similar experiences. When youth talk openly with peers who understand their challenges, they are more likely to feel validated, reduce stigma about mental health, and seek help earlier. Peer models can demonstrate practical coping strategies, healthy communication, and problem-solving skills accessibly and authentically. These connections strengthen a young person's sense of belonging and empower them to more confidently navigate stress, adversity, and emotional ups and downs.

- DCF's **EnlightenMENT (NJP2P)** provides young people in NJ's foster care system with peer support through trained professional staff and credible messengers with lived experience. The NJP2P program delivers supportive services that offer advice, guidance, and empowerment strategies that help young people to navigate and thrive.
- New Jersey's **2NDFLOOR Youth Helpline**, [Message Board](#), and app provide confidential, on-demand 24/7 mental health support, guidance, and a safe space to discuss challenges related to stress, family and school relationships, and future planning. By promoting emotional well-being and offering immediate access to trained counselors by phone and text, 2NDFLOOR strengthens the social and emotional foundation for youth navigating various stages of development.
- DOH's [Prevent Suicide NJ Toolkit](#) is a youth-led, mental health and resilience-focused suicide prevention toolkit. With the tagline "Your mental health is not an afterthought, it's a priority," it provides safe-messaging guidance and customizable materials for school-based campaigns. Students can participate by submitting **mental health fit checks** featured on the Prevent Suicide NJ website and social media.

Strength: NJ guides students during educational and professional transitions.

New Jersey provides supports for students transitioning during life stages – whether into higher education or into the workforce – that help build resilience during this critical period. Career services, counseling, and community resources equip young adults to manage change, develop coping skills, and navigate new responsibilities with confidence, promoting long-term mental health and stability.

- NJ offers comprehensive **school-to-work transition supports**. New Jersey demonstrates leadership in integrating mental health and social-emotional learning (SEL) into programs overseen by the NJDOE's Office of Career Readiness. The NJ Department of Labor and Workforce Development's (DOLWD) [One-Stop Career Centers](#) employ career counselors across the state that are equipped to guide out-of-school youth through activities that enhance workplace readiness, while helping young adults navigate the challenges of entering the workforce.

- NJ established **peer support networks** for youth with mental health concerns. For example, DHS' [Peer Recovery WarmLine](#) facilitates social networks of individuals in recovery, including youth with substance use disorder experiencing transitions to college, trade programs, or the workforce. Peer support programs foster a sense of belonging and community, provide concrete assistance and social connection, and help reduce feelings of loneliness during pivotal life changes. Peer support can help reduce risks of relapse.
- Through DHS' **Division of Medical Assistance and Health Services (DMAHS)**, Medicaid managed care plans are able to offer care managers to individuals within CSOC that are eligible for Division of Developmental Disabilities services. This allows coordination between the youth serving system and the adult serving system as youth transition between the two.
- **Uwill** is available at 45 participating NJ institutions of higher education and allows students who enroll in postsecondary education the opportunity for assistance from a licensed counselor while they await the beginning of their first semester in college. Since the Uwill platform is statewide, students do not need to change counselors should they change colleges within NJ, allowing greater opportunity for them to maintain momentum with their mental wellness.

Strength: NJ incorporates the teaching of lifelong mental health skills in NJ's health and physical education standards.

[New Jersey's 2020 health and physical education standards](#) provide a foundation for teaching students lifelong mental health skills by integrating lessons on emotional regulation, stress management, resilience, and healthy coping strategies into the curriculum. By learning these skills early and reinforcing them throughout their schooling, students gain tools to navigate challenges, maintain well-being, and support their peers. Embedding mental health education alongside physical health promotes a holistic approach to wellness that can benefit youth well into adulthood and should continue to be improved upon and refined through each standard adoption cycle. The health and physical education standards will be reviewed, updated, and readopted in the coming year to strengthen coherence, clarify expectations, and further elevate the role of mental health across students' academic experiences.

Opportunity: Train educators to teach resiliency.

DCF, in partnership with DOE, can sustain expanded training opportunities for school staff on trauma-informed practices and mental health awareness. These trainings equip educators with the tools to support returning students and foster inclusive, empathetic learning environments. Programs like **Developing Resiliency with Engaging Approaches to Maximize Success (DREAMS)** support schools in empowering students to better manage anxiety, stress, and fear that accompany returning to school after mental health treatment.

OSHE distributed one-time grants to assist institutions of higher education in providing professional development focused on mental health training and cultural competency for staff, faculty, and students. Opportunities for growth include expanding trainings to new personnel, student leaders, and additional campus and local stakeholders who regularly interact with students.

Pillar 2: Increasing Awareness and Reducing Stigma

Priority 1: Meaningfully include youth voice and lived experience

Youth voice and lived experience should be meaningfully and authentically integrated to increase awareness of youth mental health needs and to help normalize conversations around mental health across New Jersey. By centering young people as partners and leaders, the State reduces stigma, builds trust, and ensures policies and programs reflect the realities that youth face.

Strength: NJ facilitates meaningful opportunities to engage youth with lived experience by meeting them where they are.

Engaging youth with lived experience is important because their firsthand insights reveal what truly works, what barriers exist, and what supports they need. Their perspectives make programs more responsive and effective, while also empowering young people as leaders and partners in shaping the systems that affect them.

- The State includes **Youth Advisory Councils and Boards** to inform a variety of programs, including but not limited to DCF's School-Based Youth Services (SBYS) programs, DCF's NJ4S, and DOH's Child and Adolescent Health Programs. For example, through the **Voice of Youth Planning Committee (VoYPC)**, DOH provides a monthly forum for youth to connect, plan, and engage with their peers on issues that matter to youth. Similarly, DOH's **Garrett Lee Smith (GLS) Youth Suicide Prevention Planning Committee** created and launched the [Prevent Suicide NJ toolkit](#) that is for youth, by youth.
- Designed and crafted by DCF Youth Council members who have lived experience with DCP, CSOC, and the DCF Regional Schools, the [New Jersey Youth Resource Spot](#) is designed to provide the best, most helpful information on resources for youth.
- **Teen Mental Health First Aid (TMHFA)** trains students and instructors to identify and address signs of mental distress in their peers. As awareness and discussions of mental health are normalized, teenagers can better support each other.
- **DCF's P2P EnlightenMENT** and **2NDFLOOR** rely on peer engagement, lived experience, and youth-friendly platforms to make help feel accessible and welcoming. By offering guidance, encouragement, and shared understanding—whether through trusted messengers within the child welfare system or confidential, anonymous chats and message boards—these programs normalize conversations about mental health, validate young people's experiences, and lower barriers to seeking help.

Opportunity: Continue to seek authentic feedback from youth and integrate learnings.

To seek authentic feedback from youth, it's important to engage a diverse range of perspectives through peer-to-peer conversations, direct surveys, and ongoing opportunities for reflection, such as pre- and post-training evaluations used in programs like **Teen Mental Health First Aid**. To hear directly from youth in planning and implementing prevention and education programs, the State undertakes recurring

surveys conducted in schools. These include, for example, the **Youth Risk Behavior Surveillance System** survey and the [Middle School Risk and Protective Factors Survey](#).

Incorporating insights from youth advisors can further ground this feedback in lived experiences. Strategies to build trust and capture candid, meaningful input include: creating accessible listening sessions during convenient times for young people; providing judgment-free, safe spaces for youth to share openly about which programs have supported their personal growth and could benefit their peers; and ensuring facilitators demonstrate active listening. Most importantly, actioning youth feedback demonstrates genuine value for their input.

Priority 2: Strengthen communications to promote awareness of programs

Services and supports can only be useful if youth and families across New Jersey know where, when, and how to access them. Clear, consistent, and youth-centered messaging also normalizes help-seeking, dispels misconceptions, and reduces stigma surrounding youth mental health.

Strength: NJ utilizes existing platforms to build networks and share opportunities.

Through formal (e.g. task forces like the [Governor's Youth Suicide Prevention Advisory Council](#)) and informal (e.g. listservs) platforms, the State promotes available services and connects networks of individuals, communities, schools, and organizations that support youth and families with training options that build skills to respond to crises, raise awareness of signs and symptoms, and normalize addressing mental health stressors.

Mainstreaming youth mental health support entails incorporating supports into broader resource sharing. For instance, OSHE maintains the [Basic Needs Hub](#), which links to numerous State and local resources to assist college students with supports that impact their well-being. Additionally, the [Disability Information Hub](#) features a resource page dedicated to mental health among a broad array of resources useful for New Jersey residents living with a disability.

Opportunity: Continue to proactively promote programs and resources.

Youth, families, and communities need to know where to turn before a crisis occurs. Communication must happen among a variety of stakeholders, including but not limited to State agencies, service providers, educators, youth-focused community-based organizations, and family groups. This can be formal (e.g. equipping educators and school staff with annual mental health training on recognizing early warning signs) or ad hoc. Expanding promotion beyond schools to include technology, billboards, and community locations increases visibility among parents, caregivers, and first responders. Offering materials in multiple languages and incorporating culturally-appropriate supports further ensures information is accessible, acceptable, and relevant. This proactive, multifaceted approach reduces stigma, strengthens community readiness, and helps young people receive timely supports.

Priority 3: Reduce stigma by promoting safe spaces

Promoting safe, inclusive spaces across New Jersey allows young people to openly discuss mental health concerns without fear of judgment, helping normalize these conversations and reduce stigma. When youth feel respected, heard, and supported in trusted environments, they are more likely to seek help early and engage in ongoing mental health care.

Strength: NJ provides access to accessible, safe support platforms.

NJ provides ready access to free, safe, and confidential support platforms to communicate with peers, access immediate telehealth services, and centrally find available resources.

- Through a helpline, online chat function, mobile application, and [website](#), **2NDFLOOR** provides youth with immediate, 24/7 access to confidential, judgment-free mental health support from licensed mental health professionals.
- The **Uwill** mobile application offers NJ higher education students flexible access to mental health support through free, on-demand counseling, crisis resources, and virtual well-being tools.
- When schools request support through the [NJ4S portal](#), students are provided with easy preventive mental health services and supports through regional hubs that connect schools, families, and communities to timely, youth-centered care.

Strength: NJ facilitates a distraction-free education by banning cell phones and internet-enabled devices from classrooms.

DOE has provided [guidance and resources](#) to assist school leaders and educators in establishing phone-free learning environments. In addition to increasing academic performance and focus, providing opportunities for healthy relationships with technology is critical to youth mental health, which includes intentional time away from devices.

In December 2025, DOE announced the first awardees of the [Phone-Free School Grant Program](#), which provides funding for schools committing to bell-to-bell cell phone bans to support rolling out policies in their schools and purchasing and tools or materials they would need to enact that policy. In January 2026, Governor Murphy signed new legislation which requires bell-to-bell bans on internet-enabled devices in schools. Devices will be prohibited not only during instructional time but on school buses and during after-school activities.

Opportunity: Provide in-person spaces in schools and communities for youth to engage with their peers and trusted adults.

Local physical spaces in schools and communities provide an opportunity for youth to connect with peers and trusted adults in person. These spaces foster meaningful engagement, relationship-building, and leadership development, helping young people feel supported and connected. Existing examples include **DOH's local Youth Advisory Boards** and community and school-based programs such as **YMCAs, Family Success Centers, Big Brothers Big Sisters, and 4H**, which offer enrichment and leadership opportunities for youth. However, facility costs can be an occasional barrier to structuring this sort of

service. The State should partner with schools and community organizations to expand the availability of in-person spaces.

Opportunity: Address the negative impacts of social media and emerging technologies on mental health.

Opportunities exist to expand supports for youth mental health issues that are increasingly influenced by technology and social media, including concerns around body image, online profiles, gaming, gambling, and exposure to violence. These challenges can create anxiety and fear among youth, educators, and caregivers, and it is important that all parties are aware of how to approach and respond.

Programs like **2NDFLOOR** already address some of these vulnerable areas on its topic-based message board, while initiatives such as the [Cognitive Perspective Restructuring Program \(CRPR\)](#) target gambling and other risky behaviors for youth ages 8-18. CRPR educates participants on developing character, healthy habits, and personal traits to safeguard their future and build a positive foundation for life.

In September 2025, **The New Jersey Commission on the Effects of Social Media Usage on Adolescents** released a [report](#) that emphasizes the importance of instilling in youth responsible digital citizenship and media literacy so that they can be well-informed and resilient when encountering problematic digital content. The report also recommends that trusted adults, such as parents and caregivers, should model healthy social media use and teach their children how to be responsible social media users.¹

Involving parents, educators, and community stakeholders further strengthens protective factors and helps reduce risk factors that can lead to self-destructive behaviors. Parents and caregivers can also be supported through parent-teacher conferences, public service announcements, and community events to better understand and navigate these risks.

Since the State has limited ability to regulate technology companies, strong federal action and multi-state collaboration in this space is also valuable.

Opportunity: Expand LGBTQ+ suicide prevention services.

LGBTQ+ youth face heightened risk of mental health challenges due to stigma, discrimination, and barriers to affirming care, making intentional investment and prioritization of their mental health both urgent and essential. New Jersey can expand LGBTQ+ suicide prevention services by engaging LGBTQ+ youth in existing youth advisory structures, enhancing and developing substance use prevention and mental health support programs tailored to the unique needs of LGBTQ+ youth, who are at increased risk for depression and suicidal behaviors, due to factors like family rejection, bullying, discrimination, and lack of societal acceptance. Strengthening collaboration and integration between programs serving LGBTQ+ youth and mainstream services can improve access and continuity of care. Increasing the knowledge and cultural competency of health and human service providers ensures prevention and support services are effective and affirming, while addressing barriers that limit access or compromise

¹ Growing Up Online: Finding and Recommendations from the New Jersey Commission on the Effects of Social Media Usage on Adolescents. New Jersey Department of Education. September, 15, 2025. https://www.nj.gov/education/safety/sandp/digital/docs/Social-Media-Report_Sept2025Final.pdf

service quality for diverse and underserved LGBTQ+ youth. Additionally, expanding the capacity of non-LGBTQ+-focused organizations to deliver sensitive, inclusive, and affirming services can help reach more young people and support positive health outcomes.

Opportunity: Continue to normalize peer-to-peer dialogue on youth mental health.

Reducing stigma is essential to creating safe spaces and promoting conversations about mental health, suicide, and other issues NJ youth are experiencing. Peer-to-peer programs can help reduce stigma by creating safe, supportive spaces where youth feel comfortable discussing mental health and sharing their experiences. Programs created for youth, by youth normalize peer-to-peer conversations about mental health, encourage help-seeking behaviors, and foster a sense of community. Safe peer environments empower youth to support one another, challenge misconceptions, and build a culture of understanding and acceptance around mental health. Expanding these peer-to-peer opportunities throughout NJ will increase the number of safe spaces available for NJ youth and create conversations around youth mental health and suicide prevention.

Opportunity: Engage parents to increase awareness of available mental health resources.

New Jersey can encourage and educate parents about youth programs by providing clear, accessible information through multiple channels, such as community events, school meetings, newsletters, and public service announcements. Offering materials in multiple languages and culturally relevant formats helps ensure that all families can understand program benefits and requirements. By highlighting how programs support youth well-being and addressing common concerns, the State can empower families to actively participate in their child's development and access to services.

- OSHE collaborates with institutions of higher education to prioritize and promote parent engagement initiatives that underscore the educational system's commitment to student success through college enrollment and completion. OSHE will highlight exemplars of college readiness workshops, parent orientation sessions, and resource guides that emphasize the availability of mental health supports, academic advising, and pathways to help students thrive throughout their academic journey.
- DOE will provide guidance to school districts on effective strategies for engaging parents in mental health education and awareness. This includes recommending best practices for hosting community events, such as parent nights or town hall meetings, and leveraging communication channels like newsletters, social media, and multilingual resources to build trust and ensure parents are aware of available programs and how to access them.

DOH provides parents and caregivers with guidance on how and where to get help if their child, teen, or young adult may be experiencing mental health issues as a part of **Teen Speak**, an evidence-based program to improve parent child communication. [TeenSpeakNJ.org](https://www.teenpeaknj.org) is a comprehensive website with access to resources and Teen Speak trainings across the state.

Pillar 3: Ensuring Access and Affordability of Quality Treatment and Care

Priority 1: Reach more youth with covered mental health care services

Especially through targeted Medicaid-based initiatives, the State is reducing financial barriers for children and adolescents receiving preventive, early-intervention, and specialized care.

Strength: NJ prioritizes promoting insurance coverage for all kids.

NJ FamilyCare is the state's largest insurer and half of all kids in the Garden State access health care through this program, which provides a generous array of benefits. **Cover All Kids** provides coverage for all income-eligible children under 19 years with household incomes less than 350% of the federal poverty limit. The phased rollout of the program under P.L. 2021, c.132 has included elimination of premiums and waiting period as well as enhancing outreach initiatives.

Meanwhile, since its launch in 2020, [Get Covered New Jersey](#), the State's Official Health Insurance Marketplace, has enabled hundreds of thousands of New Jerseyans to secure health coverage and ensure their medical needs are met. The Department of Banking and Insurance annually funds community organizations to serve as Navigators who help current enrollees and connect uninsured New Jersey residents to health coverage. Free help is also available from New Jersey-licensed Brokers who are trained and certified by Get Covered New Jersey.

Strength: NJ leverages NJ FamilyCare to make mental health services more accessible and affordable.

By strengthening services through NJ FamilyCare, NJ's Medicaid and Children's Health Insurance program (CHIP), the State is able to focus on whole-child wellness while reducing costs for families and making care more accessible. Among the suite of services is **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**, which guarantees comprehensive, preventive, and early intervention services without cost-sharing. Under New Jersey's **Section 1115 Comprehensive Demonstration Waiver**, the State is integrating behavioral health coverage for whole person care. The first phase in 2025 focused on integrating outpatient behavioral health services for children and adults into managed care.

DCF's **Children's System of Care (CSOC)** delivers applicable care management, community-based, and residential treatment services for youth with moderate to high acuity behavioral health needs. CSOC's services are at no cost to NJ families. Currently, Medicaid covers most CSOC services and 69% of children receiving services through the Children's System of Care (CSOC) are insured by Medicaid

Strength: NJ offers mental health counseling at no cost to the client.

NJ is also reaching populations who face barriers to accessing traditional mental health services and students who are not eligible for NJ FamilyCare. Community college students can receive 24/7/365, virtual mental health supports through **Uwill**, at no cost. And, through **2NDFLOOR**, all NJ youth ages 10-24 years old can access 24/7 chat services with a licensed mental health professional at no cost.

Opportunity: Prioritize sustaining coverage, affordability, and access to care for youth in implementing federal policy changes.

Over the coming years, the federally enacted One Big Beautiful Bill Act (OBBBA) will introduce red tape for health care consumers in gaining and maintaining health care coverage (e.g. through new Medicaid work requirements) and will substantially reduce federal financial participation in New Jersey's health care system, which threatens the solvency of certain providers and facilities. Also, the expiration of federal Enhanced Premium Tax Credits threatens to make care through Get Covered New Jersey more expensive for over 466,000 New Jerseyans. Meanwhile, other federal policies (e.g. guidance on care for undocumented individuals and gender-affirming care) threaten to limit what care is reimbursable for providers participating in Medicaid and Medicare. The State must continue to closely review federal policy changes and consider where state-level programmatic action, legal protections, and/or resources could meaningfully sustain access to quality youth mental health services.

Priority 2: Deliver mental health care services where youth are

New Jersey is advancing a comprehensive approach to whole person care and wellness by strengthening mental and behavioral health services available through insurance. These efforts are reinforced by partnerships and expanded care management to greater improve access for populations who may face barriers to traditional services.

Strength: NJ offers services tailored to students with complex health care needs.

DHS' Coordinated Specialty Care and Community Integration Services for **Early Serious Mental Illness (ESMI)** helps provide a 24-hour accessible recovery support system for age-eligible individuals who have experienced psychosis or psychotic symptoms. Meanwhile, seven provider agencies in New Jersey operate **Certified Community Behavioral Health Clinics (CCBHC)**, providing integrated and enhanced mental health and substance use services to Medicaid beneficiaries. Additionally, [P.L.2023, c.62](#) permits mental and behavioral health care providers to operate within emergency shelters that serve people experiencing homelessness.

Opportunity: Further extend reach of in-school mental health services through Medicaid.

The **Special Education Medicaid Initiative (SEMI)** program currently provides school districts with partial reimbursement for medical-related services listed on a student's Individualized Education Plan (IEP).

In 2026, the State will seek federal approvals under P.L. 2023, c. 108 to expand behavioral health care services available in school settings to general education students who are Medicaid-eligible. The **School-Based Health Services (SBHS) – Behavioral Health Expansion** builds upon the SEMI program to defray costs for schools in administering services on campus to students.

Priority 3: Grow and Diversify the Behavioral Health Care Workforce

Growing and diversifying New Jersey’s behavioral health workforce strengthens access to timely, high-quality youth mental health care by expanding provider availability across communities and care settings. A workforce that reflects the cultural, linguistic, and lived experiences of the youth it serves improves engagement, reduces barriers to care, and helps ensure services remain both effective and affordable statewide.

Strength: Incentivize licensed professionals to serve in the behavioral health workforce.

The Higher Education Student Assistance Authority’s (HESAA) **Behavioral Healthcare Provider Loan Redemption Program** offers up to \$50,000 toward outstanding student loan balances for every two years of full-time service by eligible behavioral health professionals at approved provider sites. In addition, professionals who provide services primarily to children and adolescents may qualify for an additional \$5,000 stipend. Together, these incentives support recruitment and retention, helping to strengthen and sustain New Jersey’s behavioral health workforce.

Strength: Engage in ongoing collaboration investigating the needs of the direct care workforce and best practices for sustainability.

The State of New Jersey’s recently issued the [Direct Care Workforce Strategic Plan](#) identified more than forty strategies aimed at strengthening recruitment, training, and retention of direct care workers. The strategic plan reflects a coordinated, cross-agency commitment to supporting this essential workforce and building sustainable career pathways in direct care services. Direct care workers include Youth Development Specialists, professionals that provide direct care services in CSOC to children with behavioral health challenges or intellectual or developmental disabilities.

Opportunity: Build a more robust network of providers and behavioral health workforce pipeline.

In order to ensure NJ has the behavioral health care workforce it needs to address the growing youth mental health crisis, NJ could consider making mental health careers more competitive with other fields by continuing to invest in loan redemption programs and other incentives for clinical providers. NJ could incentivize employers to support credential attainment and provide competitive wages. The State can consider scaling programs like [New Jersey Pay It Forward](#), which have created pathways for prospective nurses to “earn as you learn” at participating county colleges. The State should continue working with the direct care workforce to improve employee experiences and increase recruitment and retention.

Opportunity: Develop peer-to-peer supports as a workforce pipeline.

New Jersey can continue and strengthen existing peer-to-peer supports by partnering with youth leaders and youth-serving organizations to offer peer navigation training, youth mental health certifications, and offer early exposure to careers in behavioral health care. Potential partners include **Youth MOVE National, Youthline or Teen Line, and Active Minds**. The State can also continue to consider how **AmeriCorps’ Youth Mental Health Corps** could embed peer navigator roles within mental health services and create career pathways for corps members, such as through behavioral health professional certifications and licensure.

Priority 4: Foster collaboration

With levers in place ready to address mental health for a wide range of ages and backgrounds, consistent collaboration is necessary to effectively provide a full spectrum of care. Collaboration ensures understanding of all programs comprising the behavioral health system and can improve the quality of services provided by the State.

Strength: NJ fosters interdepartmental collaboration.

Whether through interagency workgroups or joint initiatives, coordination among State agencies addressing youth mental health can assist in transitioning young adults from youth to adult care options, identify gaps and inefficiencies, and strengthen the behavioral health continuum of care for all NJ residents.

Strength: NJ cultivates partnerships with schools.

Continuing and initiating partnerships with schools allows agencies and behavioral health professionals to gauge emergent needs for youth and support education professionals as they strive to create safe and fulfilling environments for students. Offering behavioral services or information on where to access care can increase youth resiliency and the likelihood they will seek help when needed. Collaboration across State, district, and local systems and networks is critical as well.

Through initiatives such as the **NJ4S** and **School-Based Youth Services (SBYS)** Programs, DCF works alongside educators and communities to embed prevention, early intervention, and youth development services directly in school settings. By offering mental health and wellness supports, life skills development, substance use prevention, and brief counseling in schools, these programs reduce barriers to care, strengthen school-community connections, and support students' social and emotional well-being in familiar, trusted environments.

Opportunity: NJ State entities and stakeholders should work together to streamline resources and avoid duplicating services.

Government agencies, the Legislature, and behavioral health stakeholders can work together to streamline resources and avoid duplicating services as new programs emerge and community needs evolve. Resource mapping and open, sustainable lines of communication can serve to avoid redundancy in programming, support smooth transitions, collectively market available tools, and improve navigation experiences for the individuals and families seeking behavioral health services. For example, in accordance with P.L.2024, c.100, DCF has contracted with the New Jersey Health Care Quality Institute to undertake a mapping of pediatric mental health care programs that is due in mid-2026.

Pillar 4: Training & Supporting Caregivers & Educators

Priority 1: Equip communities to support youth mental health

Equipping communities to support youth mental health creates a shared foundation of knowledge, skills, and resources around early identification, prevention, and response. When families, schools, and community partners are prepared to work together, New Jersey strengthens protective factors and ensures young people receive consistent, coordinated support where they live and learn.

Strength: NJ distributes grant funding to support services delivered by community partners.

NJ has partnered with community providers to deliver essential youth mental health services that are accessible, trusted, and meet young people where they are. Community providers depend on both State and federal funding to deliver quality, best practice services.

In 2023, [the State invested \\$5 million](#) in American Rescue Plan funds to develop the Pediatric Collaborative Care Training Center in Union County to train and identify placement options for new pediatric primary care providers, behavioral health clinicians, and child and adolescent psychiatrists in order to increase the number of experts able to provide youth mental health care.

Leveraging the federal SAMHSA **Mental Health Awareness Training Grant (MHAT)**, DHS offers the youth suicide-focused **Prevention, Intervention, and Postvention Program** to school districts for faculty and staff, community-based partners, parents and caregivers, and students.

Strength: NJ supports whole-of-community programming that increases cooperation and collaboration among community providers.

By sharing information, expertise, and resources, service providers can raise community awareness and create a more seamless, supportive network that helps youth access the right help at the right time.

- The **Traumatic Loss Coalition** creates, implements, and manages an interactive, statewide network that offers collaboration and support to professionals working with school-age youth. The Coalition provides postvention response to youth-serving organizations after traumatic events, such as homicide, automobile accidents, illness, overdose deaths, and suicides.
- DOH's **Statewide Parent and Professional Engagement Program (SPEP)** implements **Teen Speak**, a motivational interviewing parenting workshop series that addresses communication with teens on sensitive subjects including mental health.
- The **Cognitive Perspective Restructuring (CPR) Program** is a prevention initiative to educate participants in methods to help them develop character, personal habits, and traits to safeguard their future and establish a positive foundation for a fulfilled and purposeful life. The program is also designed to help parents, educators, and community stakeholders enhance protective factors and reverse or reduce risk factors which lead to self-destructive behaviors in youth.
- Available in all 21 counties, DCF partners with **Family Service Organizations (FSO)** to offer direct family-to-family peer support, education, advocacy and other services to family members of children with emotional/behavioral needs and/or intellectual and developmental disabilities (I/DD).

Opportunity: Host community listening sessions to raise awareness about community-based programs.

Forums and listening sessions for community partners and State agencies to share progress, identify emerging needs, and highlight successful practices with community members can help programs connect with a wider audience and ensure that youth and families are informed about how to access available supports and resources.

Opportunity: Streamline the process for youth-serving community members to grow professionally and as leaders.

New Jersey has an opportunity to strengthen youth mental health supports by streamlining pathways for community members to grow professionally and develop as leaders. By offering robust professional development opportunities and incentives, the State can motivate youth-serving professionals and those who interact with youth to advance their expertise and stay current with best practices. Providing tools, tuition reimbursement, and educational resources for caregivers, community partners, and educators allows them to expand their knowledge, gain new skills, and enhance both clinical and non-clinical support, ultimately improving the quality of care and services available to youth.

Opportunity: Partner with faith-based organizations in hosting and promoting youth mental health community programs.

Faith-based organizations foster trusted local networks that can help disseminate culturally-relevant resources. These organizations often serve as accessible, familiar spaces where youth and families feel safe seeking guidance and support. Partnerships with faith-based organizations and leaders can help expand outreach, promote awareness of mental health resources, and provide education on coping strategies and resilience-building. Additionally, faith-based organizations help reduce stigma, foster strong social connections, and create collaborative support systems for youth seeking care.

Priority 2: Support youth mental health in educational settings

Schools are where young people spend much of their time and are often the first place emotional or behavioral concerns manifest. By integrating mental health supports into schools, New Jersey can promote early intervention, improve academic and social outcomes, and ensure students have the stability and support that they need to succeed.

Strength: NJ offers social and emotional learning training for educators.

DOE hosts six turnkey professional development modules on social and emotional learning (SEL) for schools to increase content knowledge and recognize best practices for implementing SEL. Upskilling school personnel can make schools safer and more engaging spaces, and help educators decrease at-risk student behaviors such as bullying, chronic absenteeism, and substance use.

Strength: NJ provides K-12 and higher education educator training.

Some key examples of programs and resources that provide mental health training for K-12 educators include:

- DOE developed the [Comprehensive School-Based Mental Health Resource Guide](#) to assist schools in developing, implementing, and evaluating mental health supports and services.
- **Youth Mental Health First Aid (YMHFA) Training:** This program introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.
- **Question, Persuade, Refer Training (QPR):** QPR helps save lives and reduce suicidal behaviors by providing innovative, practical and proven suicide prevention training. The National Council for Wellbeing and the QPR Institute are constantly offering new, up-to-date information in their trainings.
- **School-based comprehensive suicide prevention trainings** include Lifelines Trilogy, Sources of Strength, Attitudes in Reverse, Embrace the Awkward, etc.

Higher Education training programs include:

- **Campus Cares NJ** conducts student wellness and mental health psychoeducation sessions on higher education campuses on topics like academic stress, time management, and social connection.
- [P.L.2023, c.168](#) requires institutions of higher education to annually train faculty, staff, and resident assistants to raise mental health awareness among students and improve access to resources that will help prevent suicides.

Opportunity: Address workforce needs in school settings.

DOE's **School-Based Mental Health Services** grant program has provided opportunities to apply insights and lessons learned about trauma-informed care and evidence-based interventions to support workforce needs in school settings. NJ should aim to streamline certification pathways and strengthen workforce pipelines. NJ should leverage partnerships with institutions of higher education and professional organizations to develop "grow your own" programs and offer scholarship and mentorship

opportunities that increase access to certified school counselors, social workers, and psychologists in districts demonstrating increased need. NJ can also support retention and staff well-being by fostering local and/or regional mentoring networks.

DHS' **Mental Health Education on Campus** is a train-the-trainer model to expand the number of individuals on campus trained in Mental Health First Aid (MHFA) so that they feel equipped to properly identify, understand, and respond to individuals experiencing a mental health challenge.

Opportunity: Strengthen supports for students re-entering school settings after treatment.

Schools play an instrumental role in helping students return to school after inpatient or outpatient treatment. Schools can provide continuity of care and address the student's academic and emotional needs. Frameworks like NJDOE's **New Jersey Tiered System of Supports (NJTSS)** can provide protocols for schools to address the academic and emotional needs of returning students by connecting to appropriate, available tools and resources.

New Jersey Family Success Centers and the **Children's System of Care's (CSOC) Family Support Organizations** assist families in supporting their child's transition back into school and everyday life after a leave of absence due to in-patient or out-patient care.

For students involved in the youth justice system, initiatives such as the **Academic Accelerated Recovery Program** and credit recovery options can help reduce stress, prevent gaps in learning, and foster a sense of stability and belonging.

Similarly, students who take a break from college due to mental health challenges benefit from tailored re-entry support, ensuring they can achieve academic success and access campus resources like counseling. Many institutions of higher education have **return to campus policies and procedures**. OSHE and **Uwill** offer a community of practice to institutions of higher education to inform these return processes for students.

Opportunity: Build up referral pathways to services.

Strong **Collaborative Care Networks** involve streamlined referral and communication systems that facilitate ongoing collaboration between care providers and school personnel to ensure that students in need receive continuous, coordinated support. Associated monitoring and analytics systems help track student well-being and outcomes, allowing schools and communities to make data-informed improvements that better support youth mental health.

Look Ahead

The State of New Jersey has made strengthening youth mental health a defining priority—building a coordinated, forward-looking system that supports young people across every stage of development. This *Youth Mental Health Strategic Plan* reflects the Murphy Administration’s commitment to prevention, early intervention, equitable access to care, and the creation of environments—at home, in schools, and in communities—where young people can thrive, guided by the lived experiences, perspectives, and voices of youth.

New Jersey is seizing upon the opportunities reflected in this plan in the context of significant ongoing and emerging challenges to youth mental health. Alongside addressing policy changes, technology evolutions, and general community needs, tailored supports and services may be necessary to best meet the complex mental health needs of:

- LGBTQ+ youth facing increasing ostracization and stigma, alongside growing barriers to gender-affirming and culturally responsive services, which heightens risk for depression, anxiety, and suicidality.
- College students increasingly involved in legalized sports betting, which has contributed to compulsive gambling behaviors among some students, exacerbating financial stress, academic challenges, and co-occurring mental health and substance use concerns.
- New Americans facing a climate of fear and changing policies limiting access to care and introducing new stressors like family separations, which undermine emotional well-being, school engagement, and long-term mental health outcomes.

The State and partners also are facing a shifting federal policy landscape. Especially with reductions in federal funding across the continuum of care, the State will need to make hard choices to maintain access and affordability for New Jersey’s youth.

Among the opportunities outlined throughout this plan, near-term priorities include:

- **Continue to incorporate stakeholder engagement** from youth with lived experience, families, community partners, and service providers when designing and implementing youth mental health programs to ensure that solutions reflect community needs. To protect and empower youth, the State’s efforts remain responsive, resilient, and aligned with the lived experiences of young people.
- **Safeguard adolescents from the adverse behavioral health impacts of emerging technologies**, which may include implementing findings from the [New Jersey Commission of the Effects of Social Media Usage on Adolescents](#). The State must work to inform and equip youth to navigate an increasingly unpredictable digital landscape.
- **Grow career pipelines and peer-to-peer supports** to attract, retain, and develop professionals across the behavioral health continuum.
- **Continue sharing resources and best practices** with communities, partners, and among government entities.

With this strategic plan, New Jersey reaffirms its commitment to creating a future in which every young person has the support, opportunities, and care they need to thrive.

