



Annual Program Report

NJ4S Services

Supporting youth mental wellness in New Jersey

2024-2025 School Year



NEW JERSEY DEPARTMENT OF
CHILDREN AND FAMILIES



What is NJ4S?

Youth are facing unprecedented mental health challenges. In 2023, four in ten surveyed New Jersey high school students reported feeling sad or hopeless and one in six reported a major depressive episode, while one in nine reported suicidal ideation.¹

The NJ Statewide Student Support Services (NJ4S) network was launched in the 2023-2024 school year to address the youth mental health crisis in NJ. Utilizing an innovative hub-and-spoke network design model to leverage limited resources to maximize reach, NJ4S is the first initiative to extend mental wellness and wellbeing programs to the entire state, with universal supports offered in the community, and specialized prevention and brief clinical intervention offered to students, caregivers, and educators in public middle and high schools.

Regional hubs are contracted from well-established provider agencies, with staff who meet youth where they are, in-school or in trusted locations in the community. NJ4S programming addresses a number of topics, including: coping strategies for stress, anxiety, and depression; healthy relationships; life skills; substance use prevention; and bullying. Now in its third year, evaluators have found that NJ4S is making a difference in the lives of youth

Why NJ4S? As an upstream, prevention-based program, NJ4S proactively identifies issues *before* they become crises. Preventative strategies are shown to reduce the need for long-term intervention, minimize the harmful effects of stigma, support wellbeing, and elevate school climate.²





Executive Summary: SCHOOL YEAR 2024-2025

What we learned after *two school years* of implementation:

NJ4S has grown significantly in school engagement, service delivery, and community partner referrals in just 2 years

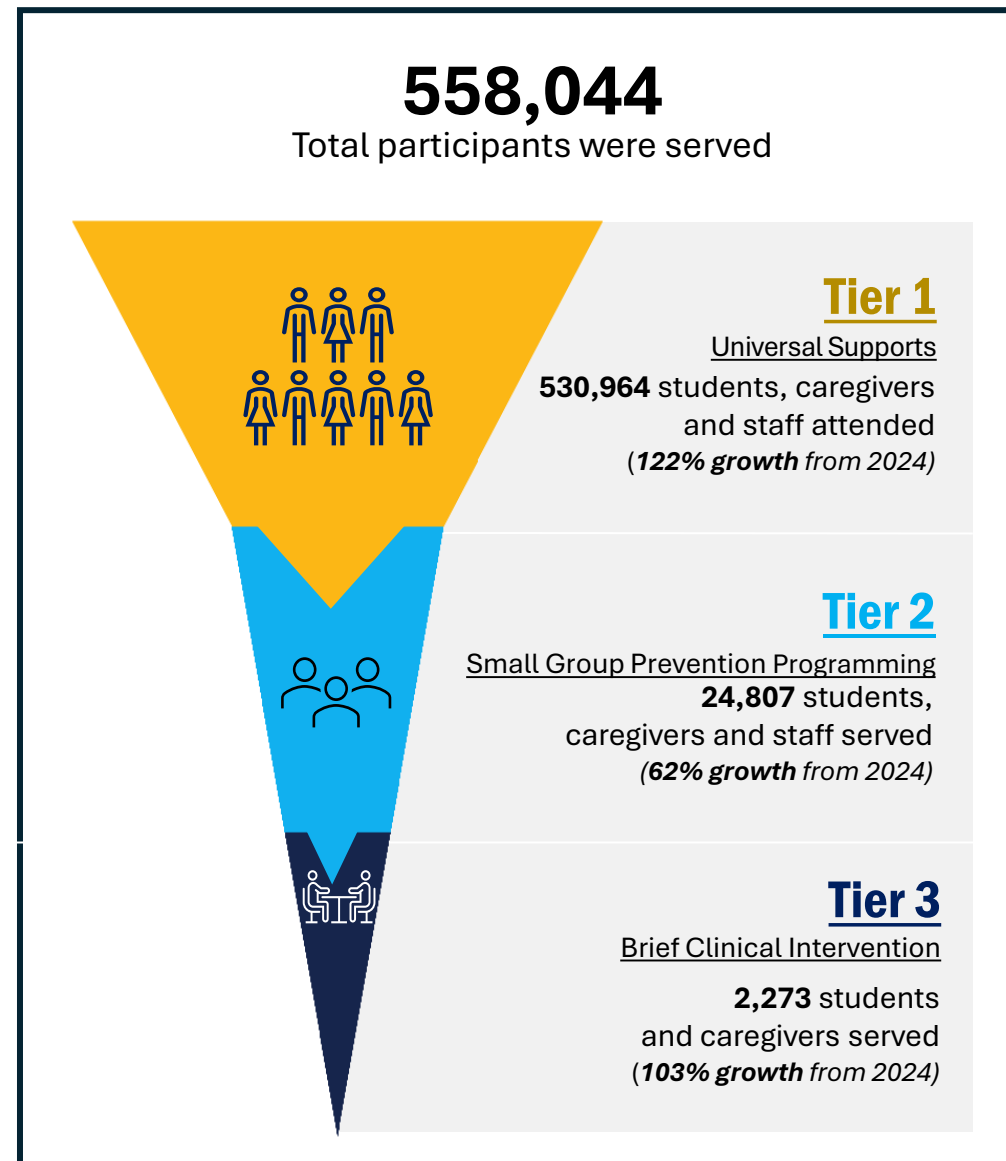
- There was a **35% increase** (n=395) from the 2023-24 school year in the number of schools that *received* services.
- There was a **178% increase** (n=770) in Tier 2 prevention programs and a **137% increase** (n=2051) in Tier 3 interventions delivered to students, caregivers and educators from the 2023-24 school year.
- There was a **151% increase** (n=1,779) from the 2023-24 school year in referrals provided. **Most students were successfully connected to mental health resources** to meet additional ongoing needs.

NJ4S has expanded delivery of evidence-based programming and shown positive outcomes for Tier 2 service groups

- There was a **16% increase** in provision of evidence-based Tier 2 services (81%) from the 2023-24 school year.
- Among Tier 2 participant groups, 66% demonstrated improved post-programming evaluation scores. The greatest shift in scores occurred in **the attitudes around substance use and healthy relationships**, and in the **social emotional life skills** categories.

NJ4S benefits can outweigh program costs

- Cost comparisons show that **the benefits of NJ4S prevention** and intervention services likely **outweigh the costs** of program implementation, especially for youth struggling with mental health and substance use.

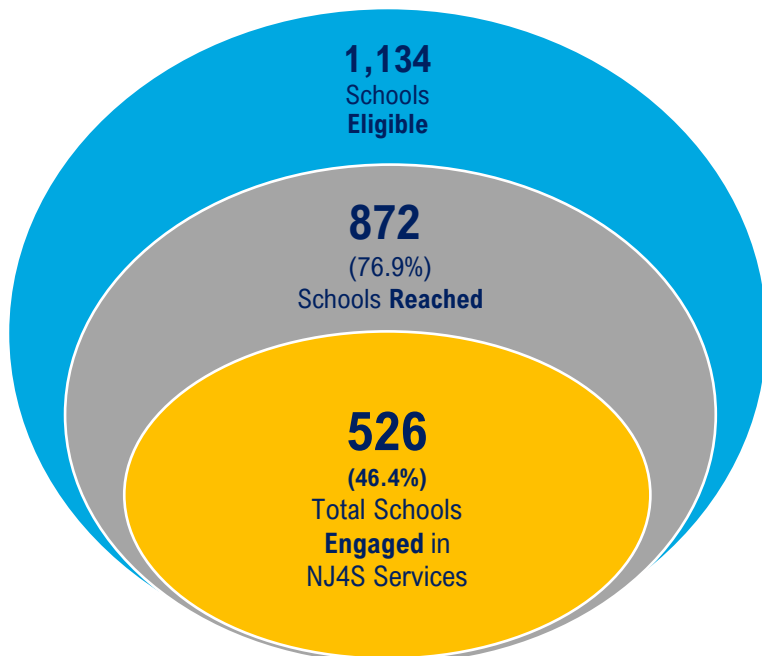




Reach & Engagement: Process for Reaching Schools

Over one thousand schools, and nearly 600 school districts in New Jersey are eligible for NJ4S **Tier 2 and Tier 3** services. The program proactively outreaches schools and communities—particularly ones with the highest identified needs—to register them for, and engage them in, service delivery.

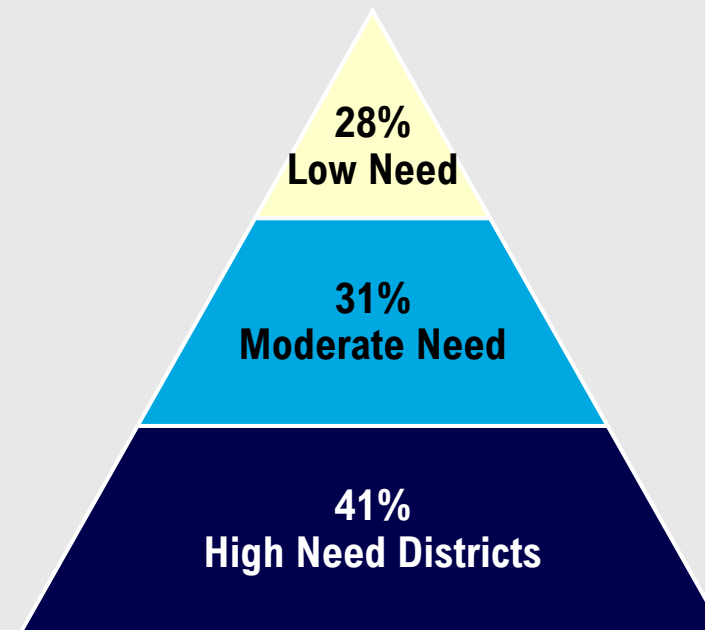
From inception through the 2024-2025 school year, NJ4S has engaged with schools in 52% (310) of all NJ school districts.



Targeting and Prioritizing Program Delivery: School Needs Index

- The School District Needs Index (SDNI) uses specialized criteria and evidence to identify the level of need in school districts and charter schools within New Jersey.
- The index combines school district and community level indicators to create one composite “needs score” for an NJ4S eligible school in each district.

- Out of the **597** New Jersey School Districts, from inception through the 2024-2025 school year, NJ4S reached:



“...[They] used to say, ‘OK, these are the **only four communities** that are **most at risk.**’ So you can only write this grant for those four communities...**The state has broken that barrier.**”

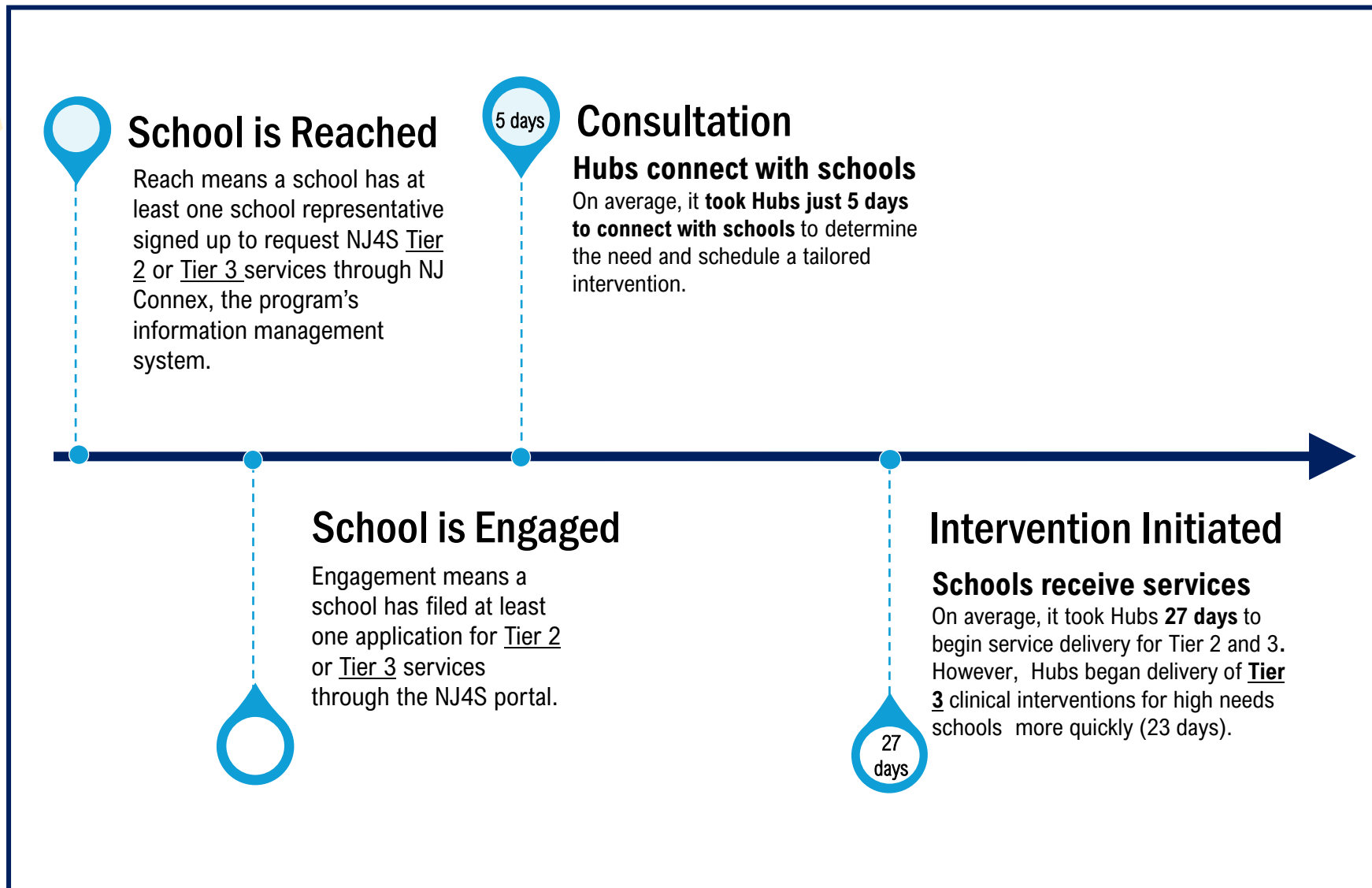
-NJ4S Hub Leadership



Reach & Engagement: Process for Schools to Receive NJ4S Services

Hubs met nearly **97%** of requested needs

Average wait times in 2022 for an outpatient mental health treatment intake in New Jersey ranged from **28 to 42 days (4 to 6 weeks)** and the wait times thereafter to then receive counseling/therapy varied from **14 to 35 days (2 to 5 weeks)**.³





Prevention Services and Interventions Delivered

Hubs are administrative and organizational centers that mobilize prevention specialists and mental health clinicians to provide targeted, tiered services locally. The services include public events, small group preventative programming and brief clinical interventions focused on mental health, substance use prevention, social connections, positive relationships and anti-bullying/violence prevention.

TIER 1: UNIVERSAL SUPPORTS

Universal (Tier 1) supports include virtual and in-person workshops, webinars, assemblies and training. They are available to students (grades Pre-K through 12), their families, school staff, and community members.



6,687

Tier 1 services provided

TIER 2: SMALL GROUP PREVENTION PROGRAMMING

Small Group Programming (Tier 2) includes early identification and focused prevention services. It can be delivered through small group or individualized prevention programs, mentoring, or low-intensity classroom support to students identified as at-risk. Tier 2 services are often Evidence Based Programs (EBPs) and also include linkages to existing community programming and resources.



770

Tier 2 programs provided

TIER 3: BRIEF CLINICAL INTERVENTION

Brief Clinical Interventions (Tier 3) include assessment and brief individualized therapeutic interventions for youth while they are being referred and connected to a community provider to support ongoing mental health needs.



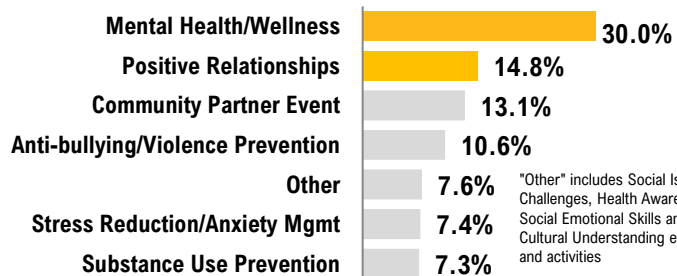
2,051

Tier 3 interventions provided

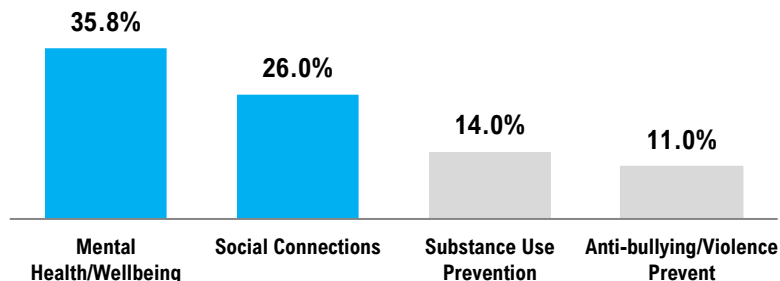
"It was good. I think I got a lot of stuff out during the sessions and learned a lot more problem solving. I have problems with not solving my problems, so it was good to figure out a way to solve them."

-NJ4S Student

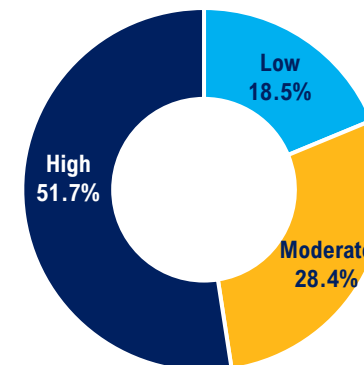
Most Tier 1 services focused on mental health/wellness and positive relationships.



Most Tier 2 programs focused on mental health/wellness and social connections.



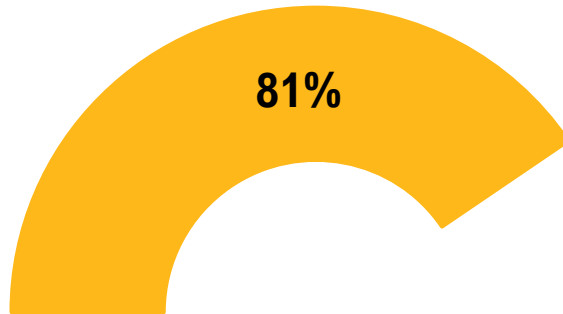
Most students who accessed Tier 3 supports were from high needs school districts.





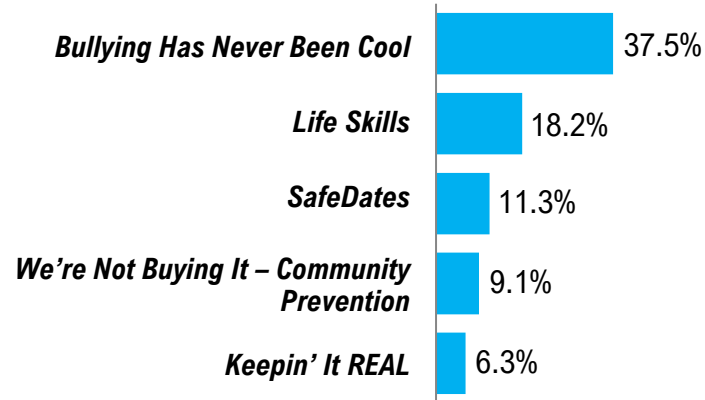
Tier 2: Evidence-Based Services and Outcomes

Hubs prioritize implementation of **evidence-based** services in schools and assess the effectiveness with a pre-test administered to participants prior to the programming and a post-test after completion.



The majority of **Tier 2** prevention programs were **evidence based**.

Top Evidence Based Services Delivered



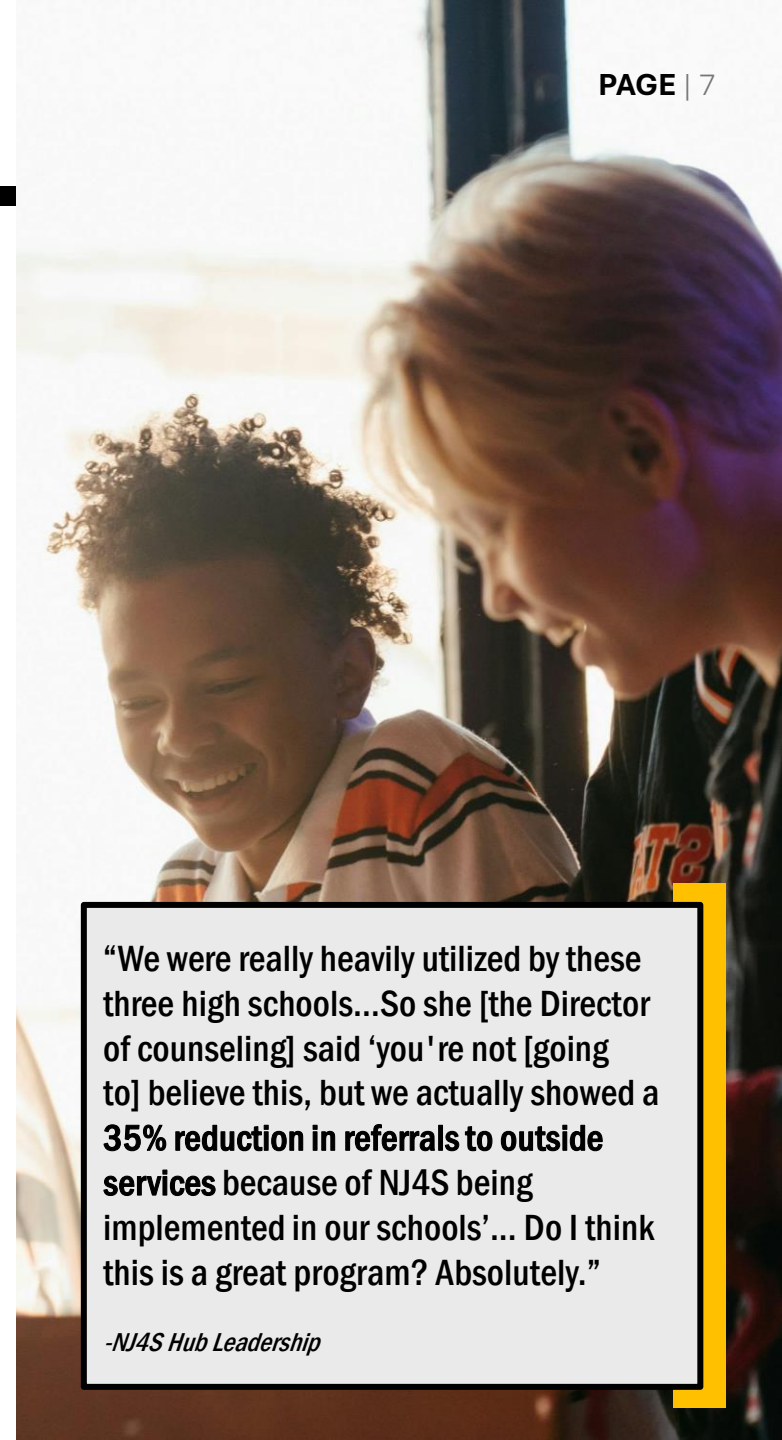
Positive Outcomes



Two out of three Tier 2 evidence-based participant groups' scores improved after engaging in prevention programming.

Among these groups with increased scores, the largest improvements were in...

- Attitudes towards resisting drugs and building healthy relationships
- Social emotional life skills
- Knowledge about resisting drugs, healthy relationships, mental health and college readiness
- Reducing depression and anxiety



“We were really heavily utilized by these three high schools...So she [the Director of counseling] said ‘you’re not [going to] believe this, but we actually showed a **35% reduction in referrals to outside services** because of NJ4S being implemented in our schools’... Do I think this is a great program? Absolutely.”

-NJ4S Hub Leadership



Hub and Spoke Model in Action: NJ4S Community Referrals



1,779 referrals were made in school year 2024.

61% of students referred were from High Need school districts

27% Moderate Need

10% Low Need

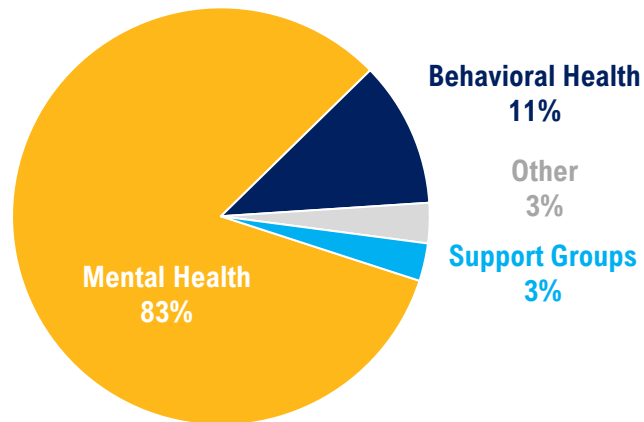
What happens if students need supplemental services?

NJ4S works in partnership with communities and leverages local resources to avoid duplicating existing services. Students may be referred to community providers if requested interventions already exist, rather than NJ4S duplicating community services. Students may also be referred if there is a need that NJ4S cannot meet, or to provide continuing services after NJ4S interventions are complete.



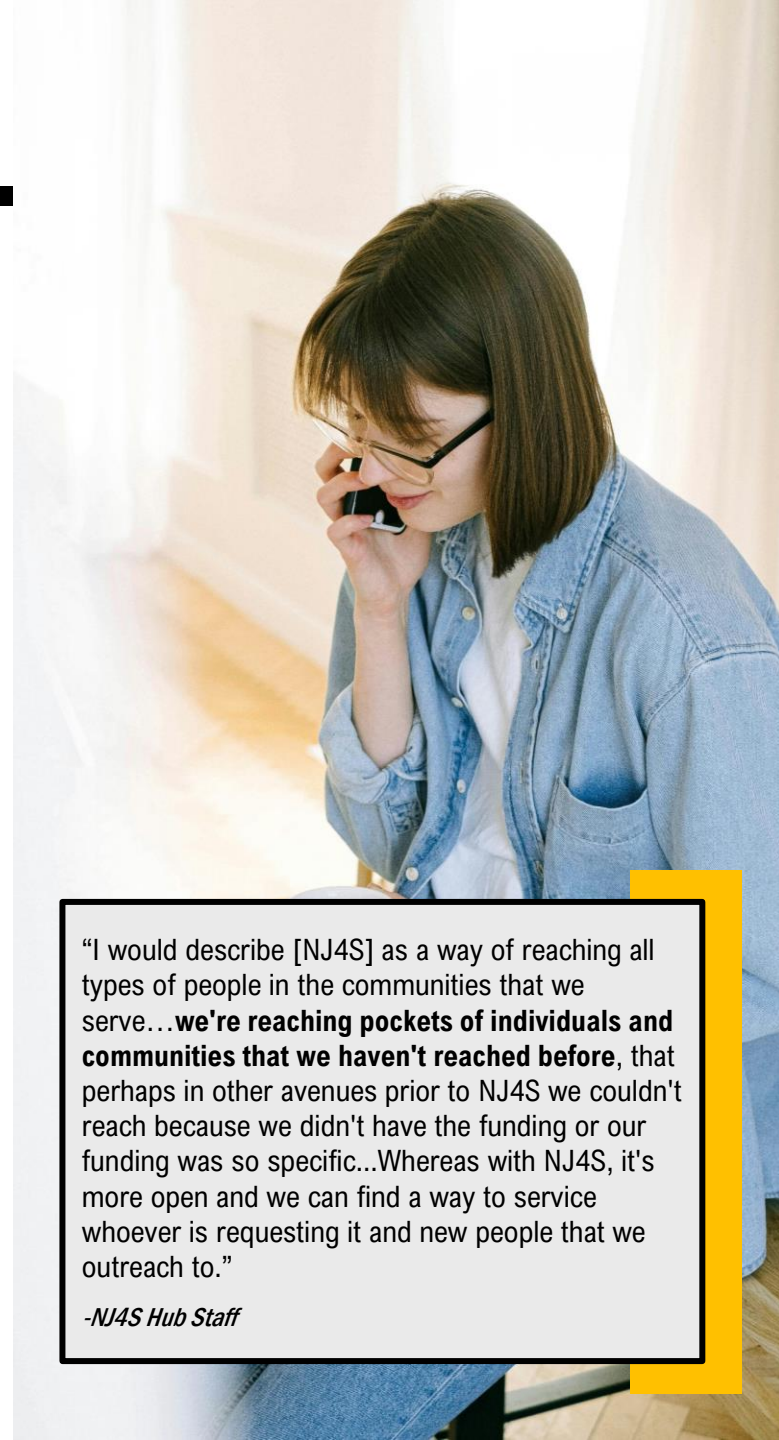
70% of students referred for mental health services in the community successfully accessed the resource.

Top Referral Reasons Included:



“I would describe [NJ4S] as a way of reaching all types of people in the communities that we serve... **we're reaching pockets of individuals and communities that we haven't reached before**, that perhaps in other avenues prior to NJ4S we couldn't reach because we didn't have the funding or our funding was so specific...Whereas with NJ4S, it's more open and we can find a way to service whoever is requesting it and new people that we outreach to.”

-NJ4S Hub Staff





Costs and Benefits of Prevention

Research consistently finds that **preventive and promotive mental health interventions are cost-effective, resulting in reduced medical costs**, improved academic progress, and lifetime increased earnings.⁴

The annual cost of NJ4S is **\$48,000,000**

National statistics show that among youth aged 12 to 17 years in 2024, **nearly 29% received mental health treatment and over 10% had serious thoughts of suicide, while over 9% needed substance use treatment.**⁵

Nationally, the average cost of one youth having a **mental health hospitalization** is **\$15,540.**⁶

In New Jersey, the average cost of one youth **receiving a Children's System of Care mental health mobile crisis response** is **\$1,913.**⁷

Nationally, the median cost of one youth **going to inpatient substance use treatment** is **\$52,706.**⁸

The potential benefits of NJ4S services can outweigh costs if it prevents...

3089 inpatient youth mental health hospitalizations

22,478 mobile crisis calls

815 inpatient youth substance use treatments

... or about 52% of the **5,936** students NJ4S provided **targeted mental health and wellness related services** to in the 2024-25 school year.

... or about 12% of the **183,608** attendees NJ4S provided with **mental health and wellness events** in the 2024-25 school year.

... or about 11% of the **7,332** students NJ4S provided with **targeted substance use prevention** in the 2024-25 school year.



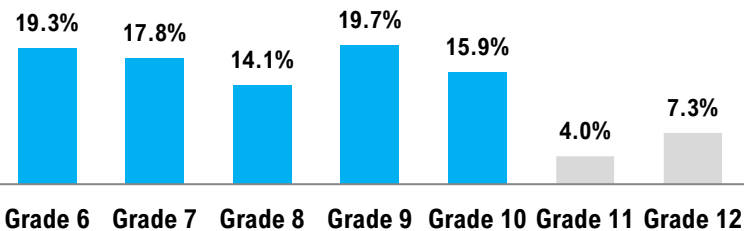
Deeper Dive: STUDENTS SERVED AND REFERRALS

*In its second year of implementation, NJ4S continues efforts to increase demographic data collection and improve data quality. The goal is to ensure that participants are better represented in program evaluation.

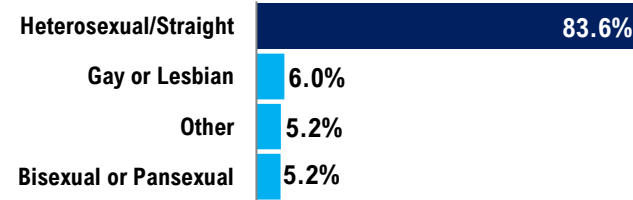
NJ4S provides programs and services for youth (public middle and high school students), their caregivers, and educators. NJ4S serves diverse students from across the state of New Jersey. Participants were primarily students, grades 6 through 9, who identified their race as Latino/a/x/Hispanic or White, gender as female, their sexual orientation as heterosexual, and spoke English.

24,121 students were engaged in an NJ4S Tier 2 or 3 service. 27,080 total participants (including students, caregivers and educators) received services.

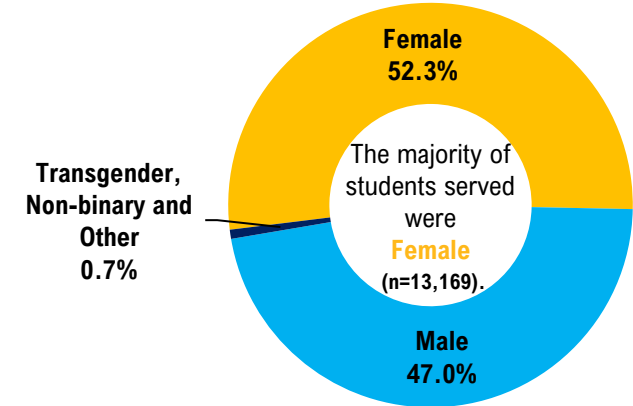
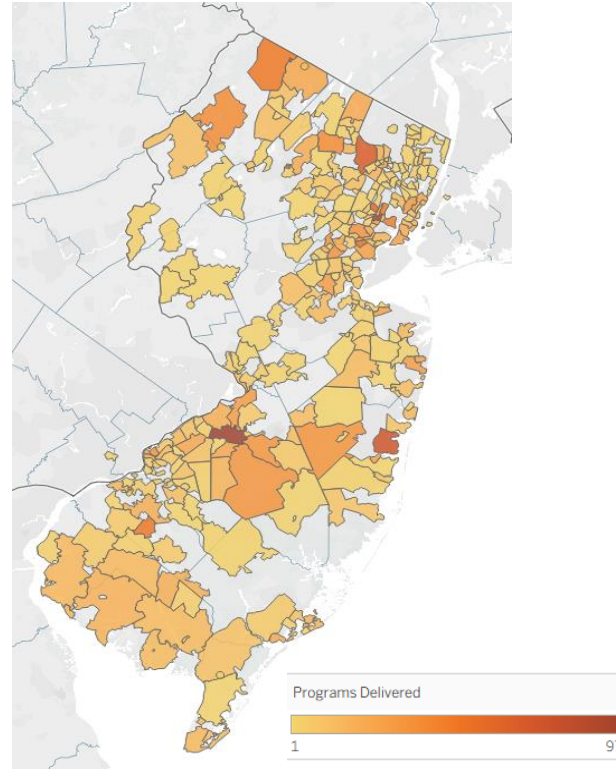
Most participants were in grades 6 through 10 (n=19,646).



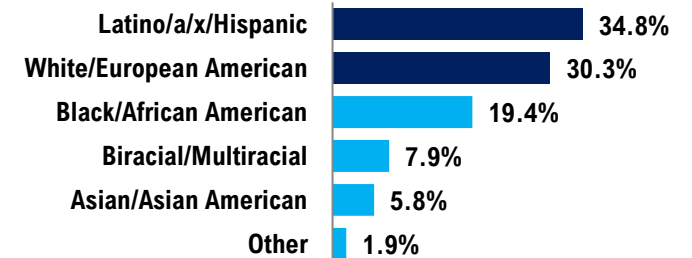
Most participants identified as heterosexual (n=5763).



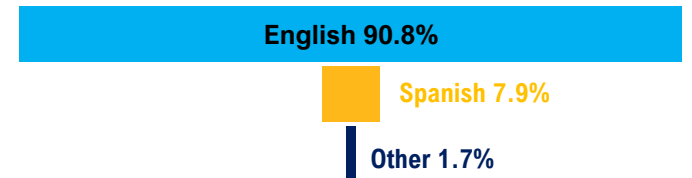
Programs Delivered by Zip Code



Most participants identified as Latino/a/Hispanic or White/Caucasian (n=11,258).



Most participants spoke English at home (n=2643).





Evaluating NJ4S

Multi-Phased Evaluation Plan and Methods

NJ DCF is undertaking a collaborative, multi-year, phased evaluation of the program using a mixed-methods approach to evaluating NJ4S during the first years of implementation.

This brief reports on findings from quantitative program data collected from September 2024 to August 2025 through NJ Connex, the program's information management system. Data were analyzed for frequencies, portions and overtime. Qualitative data were collected through ethnographic observations, interviews and focus group discussions with students, caregivers, Hub staff and leadership as well as community stakeholders ([NJ4S Formative Brief](#)).

References

- ¹ NJ Department of Education, *Official Site of the State of New Jersey*, Mental Health, 2025, <https://www.nj.gov/education/safety/wellness/mh/> as cited in Mission to Deliver Transition 2026: Report of the Kids' Mental Health and Online Safety Action Team (2026). [KidsMH_Report_011426.pdf](#)
- ² Kern, L., Weist, M. D., Mathur, S. R., & Barber, B. R. (2022). Empowering school staff to implement effective school mental health services. *Behavioral Disorders*, 47(3), 207–219. <https://doi.org/10.1177/01987429211030860>
- ³ Mental Health Association in New Jersey, Inc. (2022). Wait Times for Outpatient Mental Health Treatment in New Jersey. Accessed online at: <https://www.mhanj.org/content/uploads/2022/08/Wait-Time-Study-March-15-2022.pdf>
- ⁴ Kumar, T. (2025). The cost-benefit analysis of preventive mental health interventions in adolescent populations. *Research Archive of Rising Scholars*. <https://research-archive.org/index.php/rars/preprint/view/2603/3664>
- ⁵ Substance Abuse and Mental Health Services Administration. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health* (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases>
- ⁶ Bardach, N. S., Coker, T. R., Zima, B. T., Murphy, J. M., Knapp, P., Richardson, L. P., Edwall, G and Mangione-Smith, R. (2014). Common and costly hospitalizations for pediatric mental health disorders. *Pediatrics*, 133(4), 602-609. [PEDS20133165 602..609](https://doi.org/10.1542/peds.2013.165.602)
- ⁷ New Jersey Legislature Assembly Budget Committee (2025). *Department of Children and Families hearing before the Assembly Budget Committee written response. dcf follow up response abu.pdf*
- ⁸ King, C. A., Beetham, T., Smith, N., Englander, H., Button, D., Brown, P. C, Hadland, S.E., Bagley, S.M., Wright, O.R., Korthuis, P.T. and Cook, R. (2024). Adolescent Residential Addiction Treatment In The US: Uneven Access, Waitlists, And High Costs: Study examines adolescent residential addiction treatment in the US. *Health Affairs*, 43(1), 64-71. doi: 10.1377/hlthaff.2023.00777. [Adolescent Residential Addiction Treatment In The US: Uneven Access, Waitlists, And High Costs – PMC](#)

Questions?

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NJ4S: Growth Over Time

School Year 2023-2024 (September 1, 2023, to August 31, 2024) to School Year 2025-2026 to date (September 1, 2025, to February 1, 2026)

Key Findings

With six months left in the 2025-2026 school year, school engagement in NJ4S is tracking to be greater than or equal to the 2024-2025 school year.

With 466 NJ schools engaged, NJ4S has **grown 59.6%** from the 2023-2024 School Year (292).

NJ4S retained all participating schools from last year, and school engagement grew in **19 of 21** NJ counties, during the 2024-2025 school year.

% Growth in Schools Engaged

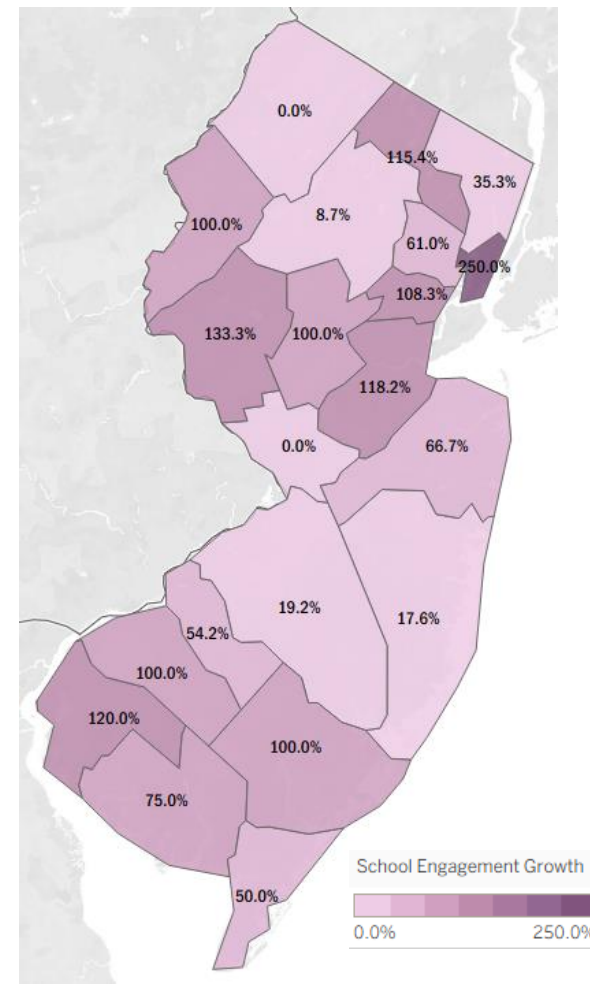
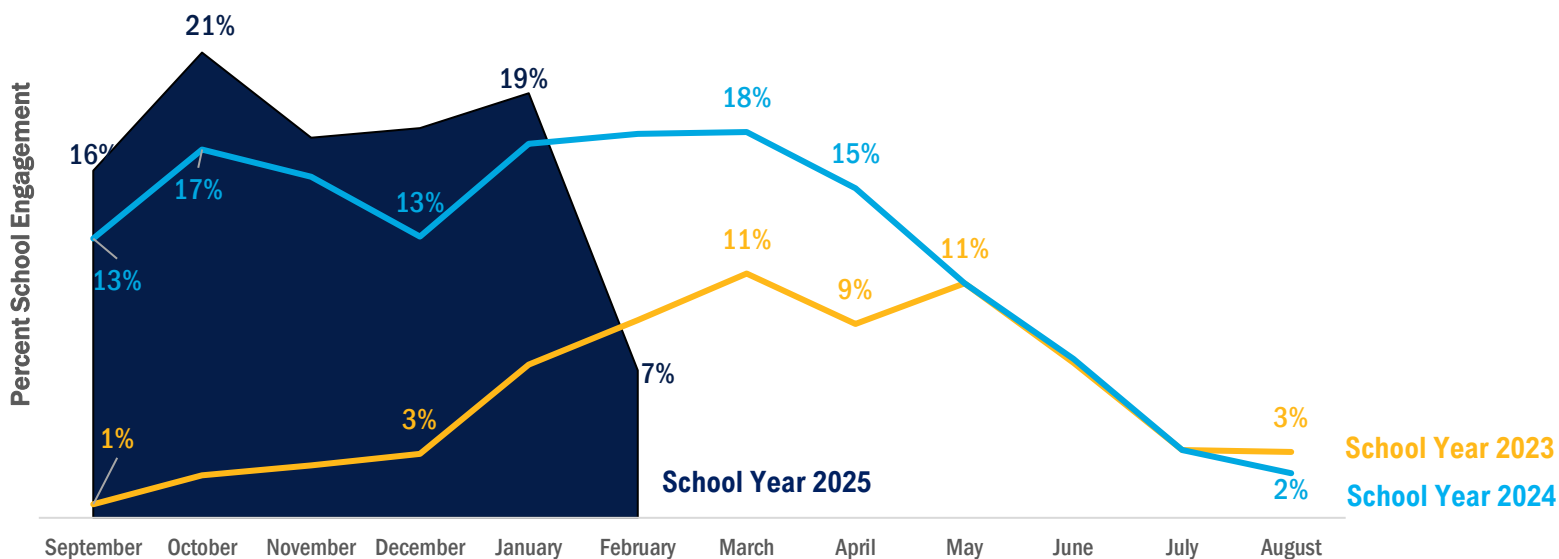


Figure Note: Lighter shades indicate lower growth, and darker shades indicate higher growth. The range of values is from 0% to 250%.

NJ4S School Engagement

School Year 2023, 2024, & 2025 to date





NJ4S: Growth Over Time

School Year 2024-2025 (September 1, 2024 to August 31, 2025) to School Year 2025-2026, to date (September 1, 2025 to April 1, 2026)

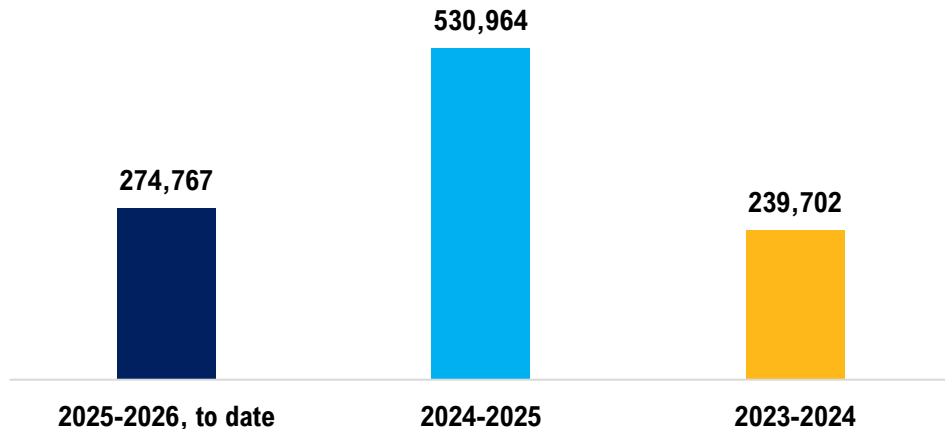
Key Findings

With six months left in the 2025-2026 school year, participation in NJ4S is tracking to be greater than or equal to the 2024-2025 school year.

Direct Year-to-Year comparisons:

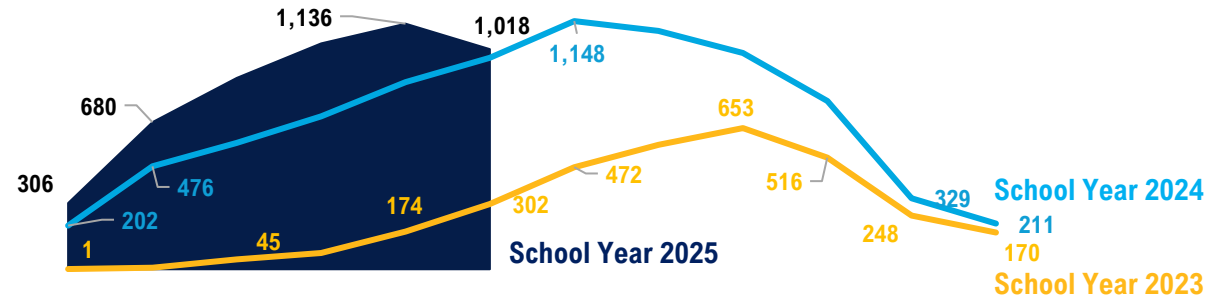
- The number of students, caregivers and staff receiving Tier 1 services grew from **531K** in the 2024-2025 School Year, up from **240K** to in the 2023-2024 school year.
- **770** Tier 2 services have been delivered in the 2024-2025 school year, up from **285** in the 2023-2024 school year.
- **2,051** Tier 3 interventions have been delivered in the 2024-2025 school year, up from **869** in the 2023-2024 school year.

Total Number of Attendees Receiving Tier 1 Services By School Year



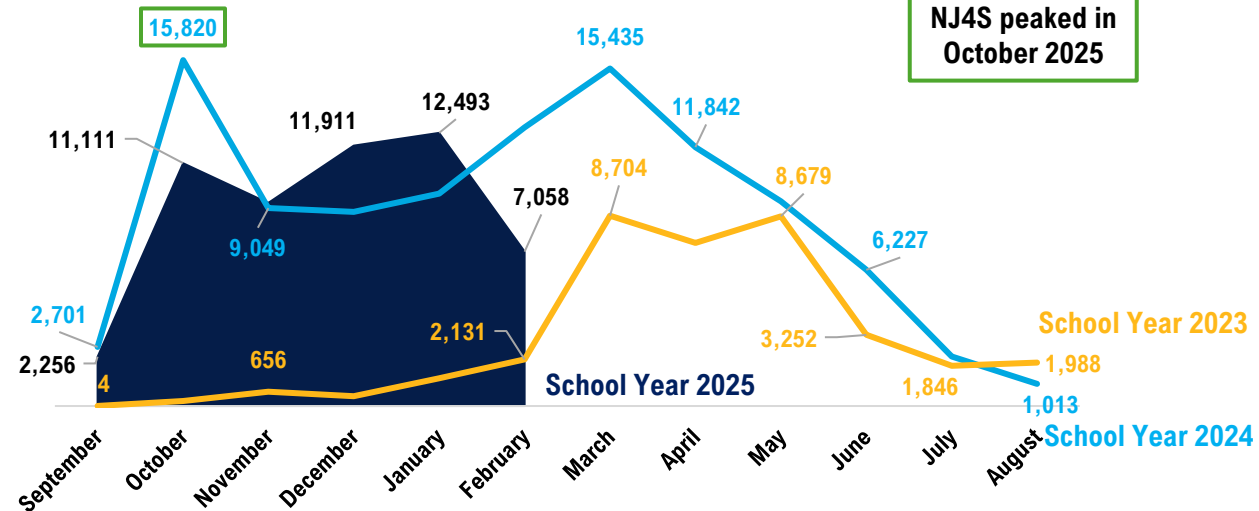
Total Number of Services by Month

Tier 2 and 3 Services
School Year 2023, 2024, & 2025 to date



Total Number of Attendees Receiving Services by Month

Tier 2 and 3 Services
School Year 2023, 2024, & 2025 to date



Attendance in NJ4S peaked in October 2025