

MISSION ^{TO} DELIVER

TRANSITION 2026



Report of the Kids' Mental Health and Online Safety Action Team

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Kids today live in a turbulent, high-tech world filled with new and complicated challenges—challenges that even adults struggle to navigate. This is a growing crisis, affecting our children's health, safety, and wellness, which impacts their ability to learn and succeed. To improve outcomes, we must protect young New Jerseyans from the dangers of social media and other mental health stressors and expand access to

the mental health resources they need. We also know that broader societal and structural factors—such as economic insecurity and community safety challenges—can significantly affect young people's opportunities to succeed and thrive

This Transition Action Team believes that ensuring online safety is a high priority. Social media can have a devastating impact on our children—from promoting poor sleep habits to increasing loneliness, anxiety, and depression. At its worst, it has become a haven for cyberbullying and for glorifying substance use, sexual exploitation, eating disorders, self-harm, and even suicide. Responses to the Transition's General Public Survey raised "... the need to really protect our children from AI. It's getting way too out of hand." Another resident suggested "Setting better limits on internet access and social media. Help parents with this through outreach and educational material." New Jersey must create a Kids Online Safety Initiative to implement best practices for our state by restricting the collection of young people's personal online data, preventing social media platforms from using manipulative tactics to target children and protecting children from sexual predators. The Initiative should develop optimal school cell-phone policies and create a curriculum to help children navigate technology safely.

We encourage a public awareness campaign, as well as the creation of a first-of-its-kind Social Media Addiction Observatory to bring together public health experts, public interest technology researchers, parents, and the private sector to share data and expertise to develop recommendations for promoting safer online experiences.

Our mental health crisis requires a strategic response from the State that builds upon existing resources, expands support where it is needed most, and focuses on prevention, education, treatment, and developing a robust mental health workforce here in New Jersey. Students, families, and educators commonly express a lack of skills and knowledge in how to best support someone in crisis, or what resources are available to them. In order to meet students and families where they are, schools offer great potential to help close gaps in knowledge and provide convenient settings for screenings, referrals, and treatment. We also urge the Sherrill-Caldwell Administration to address the workforce shortages for mental health professionals and explore ways to partner with providers to expand access to mental health services for students.

We believe that New Jersey's excellent school system can play an important role in improving student wellness and addressing challenges that are rooted outside of the school, yet impact learning in significant ways. Community Schools strategies that leverage the school's role as a community hub to provide services and resources through local partnerships represent a proven, equity-centered model for addressing academic, health, and social barriers to learning. We encourage the Sherrill-Caldwell Administration to explore how such a strategy could be implemented, incorporating best practices from successful Community Schools initiatives in other states and cities, as well as New Jersey school districts like Paterson. By investing in strong state infrastructure, sustainable funding, clear standards of practice, and meaningful local partnerships, New Jersey can create a framework for Community Schools to thrive and deliver lasting outcomes for students, families, and communities.

With the growing sophistication of Big Tech, the Trump Administration pushing for even less oversight, and cuts to health coverage through the One Big Beautiful Bill (OBBA), New Jersey must step up to protect our children. We have to rein in the insidious dangers posed by technology and make sure young people in all communities have access to necessary mental healthcare.

The Kids Mental Health and Online Safety Transition Action Team proposes that the Sherrill-Caldwell Administration consider the following recommendations to accomplish these key priorities:

- Kids' Online Safety: Protect our kids from the harms of social media and AI by holding Big Tech companies accountable and providing stronger guidance and education for kids and families
- New Modes for Student Health: Expand access to mental health education, prevention, and treatment within schools, empowering educators and parents with the right knowledge, and bolstering New Jersey's mental health workforce
- Community Schools: Implement Community Schools strategies that leverage local partnerships to increase academic and social success by providing additional resources and supports to meet the needs of students and families
- Other Policy Considerations

We understand that these recommendations need to fit into the broader context of all the Action Team recommendations and will have to be prioritized accordingly. We also recognize that these recommendations will need to be considered in the context of a challenging budget landscape, particularly with the impact of upcoming federal funding cuts, and where these recommendations are not budget neutral, they may need to be adjusted or prioritized.

Transition Action Team Recommendations

Kids' Online Safety

Recommendation: Implement an Age-Appropriate Design Code, drawing on models from Maryland, Nebraska, and Vermont, and include a right of private action.

Today's internet was not built with children in mind. Online platforms are designed with the intention of maximizing engagement and profit, often at the expense of the safety and well-being of New Jersey kids. We cannot disregard urgent warnings from medical professionals, educators, whistleblowers, and families about the real-world consequences of online harm, including rising rates of depression, anxiety, eating disorders, and drug overdoses. As the youth mental health crisis pervades the state—often driven by excessive screen time, social media addiction, and manipulative online experiences—an Age-Appropriate Design Code can make digital spaces safer and healthier by design.

This Action Team recommends the Sherrill-Caldwell Administration prioritize legislation for a New Jersey Age-Appropriate Design Code, modeled after successful laws enacted in other states, to provide safety-by-design and privacy-by-default protections for kids and teens in New Jersey. These protections include restricting or removing addictive features, banning manipulative design tactics targeting minors, enforcing strict data minimization and privacy practices, preventing unconnected adults from contacting minors, providing for timely account deletion, and publishing clear policies for minors to understand their rights and options.

Legislation currently under consideration in the Assembly would establish a New Jersey Age-Appropriate Design Code that would be enforced through the New Jersey Consumer Fraud Act, making violations an unlawful practice subject to enforcement by the Attorney General. Resources for enforcement would be provided via the Attorney General's office, potentially requiring additional staff that could be offset by penalties won from noncompliant online platforms. Covered online services would face civil penalties of up to \$50,000 per violation and would be required to designate responsible officers to ensure compliance. We recommend adding a private right of action for victims of serious online harms to further strengthen the enforcement of this act to make it the strongest Age-Appropriate Design Code in the country.

Recommendation: Prohibit providers of social media services that include addictive features from establishing user accounts for those under the age of 16.

New Jersey law does not currently regulate the establishment of social media accounts for underage users nor does it regulate social media services that include addictive features. In contrast, many states have enacted age-based social media restrictions. California prohibits operators of covered social media platforms from providing an addictive feed with features like infinite scroll, notifications, and personalized algorithms that trigger dopamine releases as it may create a compulsive cycle of checking for rewards. California enacted the Protecting Our Kids from Social Media Addiction Act; SB 976 which enables minors to have access to these features unless parental consent is obtained. Finally, New York's "SAFE for Kids Act" prohibits operators of covered social media platforms from providing an addictive feed to minors unless they obtain verified parental consent. That law is scheduled to take effect after the Attorney General concludes the rulemaking process implementing the statute.

Several states, however, faced First Amendment challenges, including Arkansas, Georgia, Ohio, and Louisiana Florida and Mississippi both have laws in effect pending appeal. Florida prohibits accounts for users under 14 and requires parental consent for ages 14–15 while Mississippi requires parental consent for minors under 18. Tennessee law also requires parental consent for minors under 18 to create social media accounts. While a motion for preliminary injunction against that law was denied, the court explicitly indicated it would reconsider if Tennessee attempted to enforce the statute before the litigation concluded.

We recommend the Sherrill-Caldwell Administration champion legislation prohibiting providers of social media services that include addictive features from establishing accounts for users under the age of 16. The policy should be enacted via statute while empowering the Attorney General to promulgate regulations implementing the statute. Pairing legislation with rulemaking is important given the potential complexity of technical features like age verification. The law should be carefully constructed to withstand First Amendment scrutiny that has challenged similar legislation in other states.

Recommendation: Implement a policy on chatbots that includes strict liability for AI chatbots on online platforms, including when they promote damaging content to young people.

New Jersey does not currently have laws or regulations directly addressing AI chatbots or the promotion of harmful content to young people. Governor Murphy issued an Executive Order in 2023 establishing an AI task force responsible for developing government policy recommendations for AI. The task force's final report was published in 2024 and while it briefly mentioned eating disorder content, it did not directly address suicide, substance use, or risks to youth.

Other states have adopted laws regulating AI chatbots that promote damaging content to young people. California law requires companion chatbot operators to maintain a protocol for preventing “the production of suicidal ideation, suicide, or self-harm content to users.” When an operator knows that a user is a minor, they must also disclose that the user is interacting with AI, provide periodic break notifications, and institute reasonable measures concerning sexually explicit content. The statute provides a private right of action with remedies including injunctive relief and money damages.

Similarly, New Hampshire law imposes both civil and criminal liability on AI chatbot providers that “know at the time that they direct the communication to the child that the communication is made with the intent to facilitate, encourage, offer, solicit, or recommend that the child imminently engage in” sexually explicit activity, self-harm, suicide, substance abuse, or violence. Under the civil provision, the Attorney General has sole enforcement authority and may recover damages on behalf of injured children. The parallel criminal provision classifies the same conduct as child endangerment.

Finally, New York law requires AI companion operators to implement protocols for detecting and addressing user expressions of suicidal ideation or self-harm. The attorney general can enforce the law to seek injunctive relief and civil penalties of up to \$15,000 per day.

We recommend the Sherrill-Caldwell Administration prioritize legislation imposing strict liability—a stronger standard than current state approaches—on AI chatbot providers that promote damaging content to young people. Providers should be liable for damaging content promoting suicide, eating disorders, and substance use, among other potential categories. The law should contain a private right of action providing for both injunctive relief and damages. The attorney general should also have enforcement authority and may coordinate with bodies such as the New Jersey Youth Suicide Prevention Advisory Council.

Recommendation: Expand existing child pornography laws to include content digitally altered or generated by AI systems.

In 2025, New Jersey enacted legislation to establish civil and criminal penalties for the production and dissemination of deceptive audio or visual media, commonly known as “deepfakes.” Deepfakes are unauthorized photos and videos that have been nefariously manipulated into misleading imagery, including pornographic content. While this legislation holds bad actors accountable for the production of such deepfakes, it does not hold them accountable for creating child pornography from AI systems with the input of unauthorized photos or videos. Several states including Pennsylvania and Texas have enacted laws to criminalize the creation, distribution, and/or possession of AI-generated child pornography in the past few years.

This Action Team recommends that the Sherrill-Caldwell Administration expand on existing child pornography laws in the state’s existing statute by adding AI-generated depictions of minors to the definition of “child sexual abuse or exploitation material” (CSAEM) and extending criminal penalties to include fines and jail time for people who create, possess, or distribute this AI-generated content. This statute would be enforced through the criminal justice system with involvement from different agencies and offices including local police departments, county prosecutors’ offices, and the New Jersey Attorney General.

Recommendation: Create a new curriculum focused on teaching students to ethically and responsibly use Big Tech, including social media and AI, in their schoolwork and daily lives.

In 2023, New Jersey became one of the first states to require information literacy in its K–12 curriculum standards. We recommend building on and revising that framework now that Big Tech platforms and AI tools shape how students learn, communicate, and form habits every day. Technology that is created, deployed, and used in a responsible and ethical manner can benefit our students and schools. To do so we recommend that the Sherrill-Caldwell Administration direct the Commissioner of Education to engage independent experts, including educators, librarians, child development and mental health professionals, researchers, and practitioners, as part of its process for updating the New Jersey Student Learning Standards for information literacy. Statewide curriculum standards should include a focus on helping students ethically and responsibly use Big Tech in both their schoolwork and their daily lives.

School curriculum should teach students to use AI with integrity and good judgment. Students should understand what AI can and cannot do, how it can produce confident but inaccurate answers, how bias can shape outputs, and why verification and source checking are still necessary. Additionally, kids should learn privacy basics, including what not to share, how data can be collected and reused, and how to document and appropriately attribute AI assistance in academic settings.

Curriculum standards should also address social media harms and digital well-being. Instruction should cover addictive design patterns such as infinite scroll, autoplay, streaks, and variable rewards, along with engagement-based algorithms, business models centered on attention and data extraction, and targeted advertising. It should include healthy online boundaries, notification management, coping skills, and digital citizenship skills like reporting abuse and evaluating community norms. Students should understand the relationship between heavy social media use and mental health harms, including sleep disruption, anxiety, depression, social comparison, and cyberbullying, and they should know when and how to seek help.

Recommendation: Direct the Attorney General to study online platforms' role in the rise of online scams.

Online scams are a danger for both children and adults, and New Jersey is one of the hardest hit states. According to the FBI, New Jersey residents reported nearly \$435 million in losses from scams and fraud in 2024, ranking amongst the highest nationally in scam losses. Social media is often the most direct way to target vulnerable New Jersey residents. Meta alone earned \$16 billion from scam ads in 2024, accounting for about 10% of its total revenue. Consumers of all ages, including older adults, report social media as the most common method of contact for scams, leading to \$2.7 billion in losses since 2021.

New Jersey has taken a number of steps to combat fraud affecting residents. For example, the Attorney General has issued alerts urging New Jerseyans to be cautious about online romance scams originating on social media. More broadly, the Attorney General has pursued enforcement actions addressing platform practices and consumer harm.

To build on these efforts, the Administration should consider directing the Attorney General to conduct a comprehensive study on the role of social media platforms in facilitating scams. The study should:

- Map how scams originate and spread on social media and online platforms including mechanisms such as targeted advertising, direct messaging, and algorithmic amplification
- Evaluate the extent to which platforms profit from scam-related content and advertising
- Evaluate current reporting, detection, and takedown procedures used by platforms and the extent to which they share scam-related data with law enforcement and consumer protection agencies
- Analyze demographic and loss data for New Jersey residents to identify most impacted populations (e.g., seniors, veterans, job seekers, etc.)
- Identify potential legislative reforms to strengthen oversight, consumer protections, and enforcement

After completing the study, the findings and data could be issued through a public report, along with proposals for specific statutory or regulatory recommendations, and pursue enforcement actions as appropriate against platforms whose actions facilitate scams against New Jersey residents.

Recommendation: Empower New Jersey residents to monitor and delete personal data collected by data brokers, ensuring data collected about children and teenagers is not associated with them for life, modeled after California's DELETE Act.

Data brokers have built a billion-dollar economy on packaging and selling data about consumers, often without their knowledge or consent. Data brokers collect all kinds of detailed sensitive data about individuals, including home addresses, social security numbers, medical ailments, past internet activity, financial transaction data, and location data. For instance, if someone went to a Planned Parenthood clinic, a political rally, a gay bar, or church, data brokers are harvesting that data, packaging it with other personal data, and putting it on the market for sale. Data collected like this can follow a consumer, including minor children, for decades.

New Jersey has already taken steps to protect certain public servants from harms that result from the largely unregulated data broker ecosystem. Daniel's Law was passed in response to the tragic death of Daniel Anderl, who was killed as part of an attack against Judge Esther Salas; the law includes a specific provision allowing categories of people—judges, law enforcement, prosecutors, and others—to demand that data brokers do not disclose personal information, such as their home address, about them and their immediate family. Numerous other states have followed New Jersey's lead and adopted similar protections for select public servants.

The Action Team recommends expanding this power to all those who live in the Garden State. California's DELETE Act is a useful model; it empowers residents to access a single website and with a single click, demand the deletion of all the data collected about them. Alternatively, Californians can prohibit the sale of data collected about them. Similar legislation has bipartisan support in Congress, but rather than wait for federal action New Jersey should follow California's lead and offer similar protections to its residents.

Recommendation: Require warning labels on social media platforms to note that social media is associated with significant mental health harms for adolescents.

Kids and teens across New Jersey are facing a mounting mental health crisis. According to NAMI New Jersey¹, 141,000 New Jersey adolescents experience a major depressive episode each year, with 91,000 having serious thoughts of suicide. The trendlines for the youth mental health crisis in this country notably started around 2012—coinciding with the rise of smartphones and widespread social media use. An advisory² from the former U.S. Surgeon General confirmed this concerning correlation: adolescents who spend 3+ hours per day on social media face double the risk of anxiety and depression. ³ from the former U.S. Surgeon General confirmed this concerning correlation: adolescents who spend 3+ hours per day on social media face double the risk of anxiety and depression.

With the average teen using social media 4.8 hours per day, the Action Team recommends legislation requiring social media platforms to display mental health warning labels. This bill follows a well-established precedent: health warnings on products like tobacco and alcohol. These warning labels have historically raised public awareness, shifted norms, and changed behavior—particularly around harmful health effects. In the same way, social media warning labels aim to inform users, especially adolescents and their families, about the risks associated with excessive social media use. Social media warning labels have growing support across the country with endorsements from the former U.S. Surgeon General and 42 state attorneys general as well as new laws in four states.

New Jersey can build on this momentum and enact a social media warning labels law. This legislation should direct the Attorney General to develop and enforce rules for the social media warning labels. Recently enacted legislation from other states including New York could serve as a helpful guide for the promulgation of these rules.

Recommendation: Create a social media addiction research center that compels online platforms to share data critical to safeguarding the health and safety of New Jersey’s young people.

Too often, bombshell revelations containing hard data around the harmful design and effects of social media platforms are made public only through leaked documents and whistleblower disclosures. In 2021, Frances Haugen stepped forward with troves of internal Meta documents that illustrated the company made countless decisions over the course of a decade that put profits ahead of kids’ safety. Frances’ courage and testimony created much more public awareness for how social media deploys addictive designs and exploitative tactics to increase the amount of time young people spend on their platforms,

¹ NAMI, “1 in 4 of the More than 10,000 People in New Jersey Who Are Unhoused Have a,” NAMI, 2025, <https://www.nami.org/wp-content/uploads/2025/05/NewJersey-GRPA-Data-Sheet-8.5-x-11-wide.pdf>.

³ U.S Surgeon General, “Social Media and Youth Mental Health the U.S. Surgeon General’s Advisory 2023,” Department of Health and Human Services, 2023, <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>.

allowing policymakers to recognize the problem as a structural one that necessitates systemic solutions. Since then, numerous leaked documents and whistleblowers have provided policymakers with critical data that's needed to evaluate and address online harms.

New Jersey public health experts should no longer have to rely solely on the courage of tech employees' disclosures; instead, the State should compel online platforms to share necessary data with our state's research institutions. The Sherrill-Caldwell Administration can do this through a combination of tactics, including legislation to establish clear data-access and transparency requirements, and mandated periodic reporting of standardized risk and engagement metrics. New Jersey can also negotiate ongoing data sharing commitments through settlements and consent decrees and use procurement and partnership agreements to require participation when platforms seek to work with state agencies or schools.

The Administration can also pursue a first-of-its-kind Social Media Addiction Research Center within a New Jersey higher education institution, similar to the creation of the New Jersey Gun Violence Research Center at Rutgers University. This observatory can bring together public health experts, public interest technology researchers, parents, and the private sector to share data and expertise as well as develop recommendations for promoting safer online experiences. The Social Media Addiction Research Center should summarize the data it has access to in the form of an annual report that identifies key trends in social media usage, threat vectors that cause consumers harm, and recommendations for policymakers and online platforms on how to improve safety and develop healthy online habits.

Recommendation: Implement bell-to-bell limits on cell phones in schools.

Several states including New York, Florida, and Arkansas have enacted bell-to-bell phone free school bans. These laws prohibit students from using smartphones and similar devices from the first bell to the last bell of the school day with some exceptions for medical needs, emergencies, and individualized education plans. Evidence from early-adopting states like Florida and New York shows that the simple and enforceable bell-to-bell phone ban improves student attention, social interaction, and school climate more consistently than classroom-only restrictions. Multiple New Jersey schools including Jersey City, Sussex County, and Ramsey have already put into place bell-to-bell bans on cell phones.

Last year, the New Jersey Commission on the Effects of Social Media Usage in Adolescents issued a report endorsing "bell-to-bell" phone bans. Shortly thereafter, the state's Phone-Free Schools Grant Program awarded nearly 100 grants to⁴ school districts that have adopted bell-to-bell phone bans. The grants are funded through a \$3 million appropriation in the Fiscal Year 2026 Appropriations Act. Approximately \$980,000 were allocated last year with additional funding rounds expected in the future.

This Action Team supports recent legislation signed by Governor Murphy requiring the Commissioner of Education to develop guidelines on student use of internet-enabled devices to be developed within 90 days. School boards across the state will be adopting their own policies based on the guidelines.

⁴ "The Official Website of Governor Phil Murphy," Office of the Governor | ICYMI: New Jersey Department of Education Announces Districts Approved for Phone-Free Schools Grants, 2025, <https://www.nj.gov/governor/news/news/562025/approved/20251218b.shtml>.

We recommend the Sherrill-Caldwell Administration build on this momentum by putting resources towards implementation, including supporting districts with guidance and appropriated funding through the Phone-Free Schools Grant Program.

New Models for Student Mental Health

Recommendation: Expand prevention and education programs.

In 2023, four in ten New Jersey high school students surveyed reported feeling sad or hopeless. One in six report a major depressive episode and one in nine report suicidal ideation each year. According to the New Jersey Department of Education, schools “are uniquely positioned to identify early signs of mental, behavioral, and developmental disorders.”⁵ This Action Team recommends the implementation of a mental health model in all schools with a focus on prevention and early detection. These recommendations can strengthen existing structures within schools to meet the mental health needs of their students.

The Sherrill-Caldwell Administration should explore ways to train students, teachers, and administrators in identifying students at risk of mental health issues. The training protocol should include Mental Health First Aid and Youth Mental Health First Aid training for students, teachers, and administrators in all NJ schools as well as guidance on key indicators of potential mental health issues (e.g., chronic absenteeism). Training opportunities could extend beyond the school walls to include parents and community members. Schools can also implement universal mental health screenings, similar to universal vision screenings. Additionally, mental health literacy, mindfulness, and social, emotional, and behavioral learning should be added as components of the New Jersey Student Learning Standards from kindergarten through grade 12, as developmentally appropriate.

To give students a greater voice on policies that impact their well-being, this Action Team recommends the state establish a Youth Mental Health Advisory and Advocacy Group modeled after the Department of Children and Families’ NJ Youth Advisory Board, which focuses on current and former foster care youth

All aforementioned efforts should include clear actionable steps that students and other individuals can take and should pay special attention to youth who are especially vulnerable to mental health risks (e.g., LGBTQ+ youth and youth living in communities with high rates of violence), which we have included in a separate recommendation below.

Recommendation: Increase treatment options for students.

Though New Jersey Department of Education requires schools to provide comprehensive mental health resources to students, resources fall short of what is needed. In the 2024–2025 school year, roughly half of the nation’s public schools struggled to provide adequate mental health resources, particularly given the surge in demand seen since the COVID-19 pandemic. New Jersey has an established multi-tiered system of supports, starting with Tier 1 for universal school-wide basic supports, Tier 2 for targeted small-group interventions for at-risk students, and Tier 3 for intensive individualized support. The need is especially acute among youth requiring Tier 3 services, but this

⁵ NJ Department of Education, “Official Site of the State of New Jersey,” Mental Health, 2025, <https://www.nj.gov/education/safety/wellness/mh/>.

Action Team recommends that services across all three tiers be strengthened and better coordinated.

We also recommend expanding the use of school-based Mental Health Coordinators in every New Jersey school. These coordinators can assist in connecting students and school counselors with resources both in and outside of school. The Sherrill-Caldwell Administration can also make use and expand the capacity of the NJ Pediatric Psychiatry Collaborative, a statewide program funded through the Department of Children and Families, to increase access to psychiatric care as needed.

Lastly, we recommend that the Administration greatly expand mental health services in schools by establishing a statewide framework for Community Schools, which would maximize use of existing local resources and outside partnerships to supplement or enhance resources already available in schools. Through Community Schools, districts can partner with external mental health providers or even establish school-based health centers within the school building. Additional detail on Community School recommendations can be found in the next section.

The Action Team recognizes these recommendations will require financial support, but we anticipate that there would be cost-saving measures to the extent that they reduce healthcare system utilization, chronic absenteeism, and school dropout rates. Reductions in out-of-district placements in particular can provide direct relief to school district budgets.

This Action Team's conversations with stakeholders also highlighted that the legislature appropriated funds for the New Jersey Health Care Quality Institute to conduct a landscape analysis of how children and youth access mental and behavioral health care across the state. The new Administration should leverage the Institute's findings to inform strategic planning and guide investment decisions.

Recommendation: Address barriers to insurance billing for school-based mental health services.

Unlike many peer states such as Maryland, New Jersey has not submitted a state plan amendment to Medicaid that would allow schools to bill for mental health services beyond those for students with Individual Education Plans (IEPs). Further, the New Jersey Department of Banking and Insurance has not conducted a conduct report for any health company in recent years, which is necessary to ensure compliance with mental health service provisions and billing rules, according to the New Jersey Health Care Quality Institute. Parity between Medicaid and private insurance plans is also an issue. Meanwhile, almost seven in ten youth with mental health or substance use needs who seek care face barriers, as insurers can make it difficult to access the treatment they need.

This Action Team recommends the Administration submit a state plan amendment to Medicaid, urging them to bill for mental health services offered through schools for all students, not just those with IEPs. We also recommend that the NJ Department of Banking and Insurance issue regular conduct reports to ensure insurer compliance with mental health service provision and billing.

These measures will address administrative and financial barriers to providing in-school services and will allow for interventions that meet students where they are. School-based services provide greater access and more convenience for families, leading to better outcomes.

Recommendation: Bolster New Jersey’s workforce of mental health professionals.

New Jersey schools seeking to provide mental health services to their students face a critical problem: a statewide shortage of school counselors, psychologists, and other mental health professionals (e.g., social workers). The problem is nationwide, with an average of 320 residents per mental health professional; the United States fails to train enough mental health professionals, and there are high turnover rates among mental health professionals in schools. The problem is worse in New Jersey with 343 residents per mental health professional and 14 of the state’s 21 counties reporting a severe shortage when compared to the state average.

The Action Team’s conversations with stakeholders indicated that service providers in schools are often inadequately trained to handle the complexities of cases and frequently suffer from burnout. This burnout results in children being passed from one treatment provider to another, rather than having continuity of care. Our stakeholders indicated an apprenticeship-based system, rather than conventional training, might produce a more stable workforce. For example, The College of New Jersey offers the nation’s first Registered Apprenticeship Program for Clinical Mental Health Counseling. We recommend that these programs be rigorously evaluated and if efficacious, the Sherrill-Caldwell Administration should consider expanding them throughout the state.

This Action Team also recommends that the State consider scholarships and loan forgiveness for students and mental health professionals who agree to a term of service in a community setting within the state. We also recommend that state policy should be revised to allow for credential reciprocity across state lines. The Administration can also direct the Department of Human Services to review payment, delivery, and reimbursement for school-based specialized practitioners to ensure that their pay is adequate to keep trained practitioners in schools.

Recommendation: Provide targeted support for vulnerable populations.

Approximately one in four public school students in the United States identifies as LGBTQIA+. These youth experience significantly elevated risks to their safety and mental health, with 52% reporting being bullied within the past year, 39% report experiencing serious suicidal ideation, and 12% reporting at least one suicide attempt. These rates are approximately four times higher than those observed among the general youth population.

This Action Team recommends consideration of an Office of LGBTQIA+ Student Affairs within the Governor’s Office, with a Youth Advisory Council, also modeled on the current Department of Children and Families’ NJ Youth Advisory Board. The Administration should also explore ways to strengthen infrastructure and systems to address bullying of LGBTQIA+ students. The State can also enhance and ensure students’ understandings of their rights, potentially through the adoption of a Student Bill of Rights, building upon NJDOE Policy 5756, which provides statewide direction for supporting transgender and gender non-conforming students. The Administration should also ensure New Jersey provides adequate and physical and behavioral health care for transgender youth as per the recommendation of the National Association of Pediatrics.⁶

⁶ Jason Rafferty et al., “Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents | Pediatrics | American Academy of Pediatrics,” The American Academy of

Similarly, growing up in communities impacted by higher rates of violence can affect children's brain development and pose severe challenges to their mental health. In such communities, early criminal justice involvement and school dropouts are especially common. For young people confined to youth detention centers and students in schools serving communities impacted by high rates of violence, this Action Team recommends implementing evidence-based trauma-informed behavioral health programs for at-risk students. Due to their proven deterrent effects, behavioral health programs for students in schools in such communities or youth detention could be paid for by utilizing funds through NJ Courts' pre-trial diversion or the Attorney General's Office and could be implemented by nonprofits, cities, and the Youth Justice Commission (for minors in detention)⁷⁸.

Community Schools

Recommendation: Design a state model for Community Schools rooted in community-driven design, flexibility, trusted partnerships, and a clear standard of practice.

Community Schools and adjacent models offer incredible potential to meet a great number of student and family needs. By leveraging the school's role as a hub of the community, schools can embrace local partnerships that integrate resources and services in an effort to ensure academic and social success. New Jersey can effectively support and scale models that break down barriers between schools and communities in economically disadvantaged areas, as well as any school district that has identified a particular need. Legislation to establish state support for Community Schools has existed for nearly a decade, but has not been enacted, leaving school districts with limited capacity to pursue these partnerships on their own.

We recommend that the State develop a model that is a comprehensive, place-based strategy for improving student outcomes, family well-being, and community vitality. Our framework should be rooted in core principles, national best practices, and lessons learned from state and local implementation efforts.⁹ First, the State should allow for flexibility and support a variety of models that lead to the intended outcomes. At a basic level, designing a program should be a community-driven and organic process built upon local needs and assets, with the State playing an enabling and supportive role rather than a prescriptive one. Best practices include a comprehensive community needs and assets assessment that informs priorities, partnerships, and services.

Pediatrics, 2018, <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected>.

⁷ Roseanna Ander, "Choose to Change® Research Brief," University of Chicago Crime Lab, January 27, 2020, <https://crimelab.uchicago.edu/resources/choose-to-change-research-brief/>.

⁸ Jonathan Davis, "Improving Programming in Juvenile Detention: The Impact of Project Safe Neighborhoods Youth Outreach Forums," University of Chicago Crime Lab, July 10, 2025, <https://crimelab.uchicago.edu/resources/improving-programming-in-juvenile-detention-the-impact-of-project-safe-neighborhoods-youth-outreach-forums/>.

⁹ Emily Germain, Jeannie Oakes, and Anna Maier, "Community Schools Forward Theory of Action for Community School Transformation," Learning Policy Institute, 2023, https://learningpolicyinstitute.org/media/3936/download?inline=&file=csf_theory_of_action_community_school_transformation.pdf.

Second, an effective Community Schools program should rely on trusted existing partners that can serve as anchors, such as school districts, nonpublic schools, nonprofit organizations, higher education institutions, healthcare providers, and local governments. These partnerships strengthen implementation, sustainability, and accountability.

This Action Team also recommends that the Administration establish a clear, research-aligned standard of practice rooted in national frameworks such as Community Schools Forward, which offers shared language, theory of action, and indicators for quality implementation.

Recommendation: Establish a state-level office for Community Schools to provide a framework for implementation and sustainable funding.

While much of this work should be community-driven, state infrastructure and funding are necessary to support schools and nonprofit organizations and ensure that programs are designed effectively and aligned toward intended outcomes. While Community School partnerships currently exist in some districts, there is no dedicated state office or agency. Current Community School partnerships pull resources from multiple state departments and lack a consistent strategy or funding structure to properly scale the model throughout New Jersey.

This Action Team recommends establishing a state-level office or designated unit within an existing agency dedicated to Community Schools and aligned strategies. The office would provide policy support and coordination across state agencies whose programs are able to support students. The office can also make use of existing support from organizations like the New Jersey Institute for Community Schools that are well positioned to offer training, technical assistance, and data collection.

The new office should also provide support for data collection and evaluations, ensuring that programs meet intended outcomes. It can also support school districts by maintaining a central database of approved nonprofit partners that are in good standing and ready to work in school settings. This office should also set clear standards and supports for site coordinators, a building-level position that serves as an essential strategic backbone. Site coordinators can typically be employed by either the school or a designated anchor organization. Regardless of employer, they should have established practicing rights within the school and should not be reassigned to other school functions. Core responsibilities include coordinating needs and asset assessments, aligning partners and services, facilitating family and community engagement, and monitoring and reporting progress and outcomes.

This Action Team also recommends the State provide financial support for Community School programs, as sustainable funding is critical to successful outcomes. Effective state strategies often include phased and tiered investments. Planning and coordination grants can be used to support needs assessments, partnership development, and strategic planning, while implementation grants can be used to support full-scale, sustainable programs.

The Sherrill-Caldwell Administration should take greater advantage of the federal Full-Service Community Schools program, which other states have done effectively¹⁰. Recognizing the Trump Administration has

¹⁰ Anna Maier and Adrian Rivera-Rodriguez, “State Strategies for Investing in Community Schools,” Learning Policy Institute, 2023, https://learningpolicyinstitute.org/media/4010/download?file=State_Investments_Community_Schools_REPORT.pdf.

targeted this program for cuts, New Jersey should explore all options to protect existing grant recipients, such as Paterson Public Schools. The State can also maximize funding for Community Schools by reallocating unspent Title I, Title IV, and TANF funds that are at risk of lapsing. The Administration should also consider ways to allow private philanthropic donations to support these programs.

This Action Team also discussed the potential for an innovation institute for youth and education, similar to the Maternal and Infant Health Innovation Authority, in order to maximize capacity and resources for Community Schools and other innovative practices that improve outcomes for our youth.

Recommendation: Facilitate nonprofit partnerships.

The effectiveness of Community Schools programs will depend on the strength and capacity of New Jersey's nonprofit organizations. New Jersey is a notoriously difficult state to conduct business in, with a high cost of living and a siloed bureaucracy riddled with red tape and lack of coordination. These same challenges impact the nonprofit community's ability to serve our residents to their greatest potential and make it more difficult for them to work in schools.

Nonprofit organizations report challenges in navigating outdated computer systems, which can delay projects from advancing. This Action Team recommends that the Administration improve its IT infrastructure for grant management, purchasing, and data collection. In too many cases, the State has appropriated funds for services that go unspent due to administrative processes and reliance on reimbursement for funds. Alternatively, the State should consider providing advances on grants to cover upfront implementation costs so that projects can get off to a stronger start.

The Sherrill-Caldwell Administration can also remove regulatory obstacles that make it difficult to deliver services within schools. For example, mental and physical health services can be offered in the school building with proper rules for Medicaid billing and reasonable accommodations for health facility regulations.

The Action Team supports the role that the new Chief Operating Officer can play in breaking down silos across state government, which is necessary to the implementation of Community Schools programs. Strengthening coordination and communication among state-level stakeholders and agencies will be a critical component for this initiative. Many needed services are administered and funded across a variety of state departments, including the Department of Human Services, the Department of Children and Families, and the Department of Education. Strategic coordination and oversight of these efforts would improve the success of Community Schools programs.

Other Policy Considerations

For recommendations that did not receive full consensus but rose to the level of inclusion as an additional consideration.

- This Action Team recommends the Sherrill-Caldwell Administration consider establishing New Jersey's first Office of the Surgeon General. The convergence of mental health challenges, social media harms, and health care access gaps demands coordinated leadership at the highest level. As the federal government abdicates its role in providing bold public health leadership, the position of Surgeon General of New Jersey would be dedicated to championing evidence-based public health initiatives, elevating prevention strategies, and serving as the trusted medical voice

for all New Jerseyans. As a first step, a New Jersey Surgeon General could coordinate critical efforts across the recommendations outlined by this Action Team (e.g. the creation of social media warning labels). Following the model of successful state Surgeon General positions in Pennsylvania, Florida, and California, New Jersey's Surgeon General would ultimately bridge the gap between public health expertise and policy implementation, ensuring our state's initiatives are grounded in science, responsive to community needs, and communicated with the clarity, competence, and compassion essential to protecting the health of all New Jerseyans.