



# Tracking the Progress of Connecting NJ: Linking Families to Services

Felix M. Muchomba, PhD, MPH, Laura D. Lindberg, PhD,  
Mawusi Christina Dogbey-Smith, MPH, Leslie M. Kantor, PhD, MPH  
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## Summary



Connecting NJ is New Jersey's statewide maternal and child health referral system, designed to streamline access to services such as nutrition assistance, mental health supports and services, and home visiting programs during pregnancy, in the acute postpartum period and during the phase of early childhood to age 5 years.



The number of referrals processed by Connecting NJ has significantly increased since 2018, driven primarily by an increase in referrals from prenatal health providers.



County-level referral rates are strongly correlated with poverty levels, with the state's more vulnerable populations seeking out Connecting NJ resources more frequently, highlighting the system's reach among the populations that need these services the most.



Resource connections, meaning the service recipient was connected to a resource and received the necessary resource, have grown fivefold between 2018 and 2024, with the largest number of linkages being made to family support and to nutrition services.

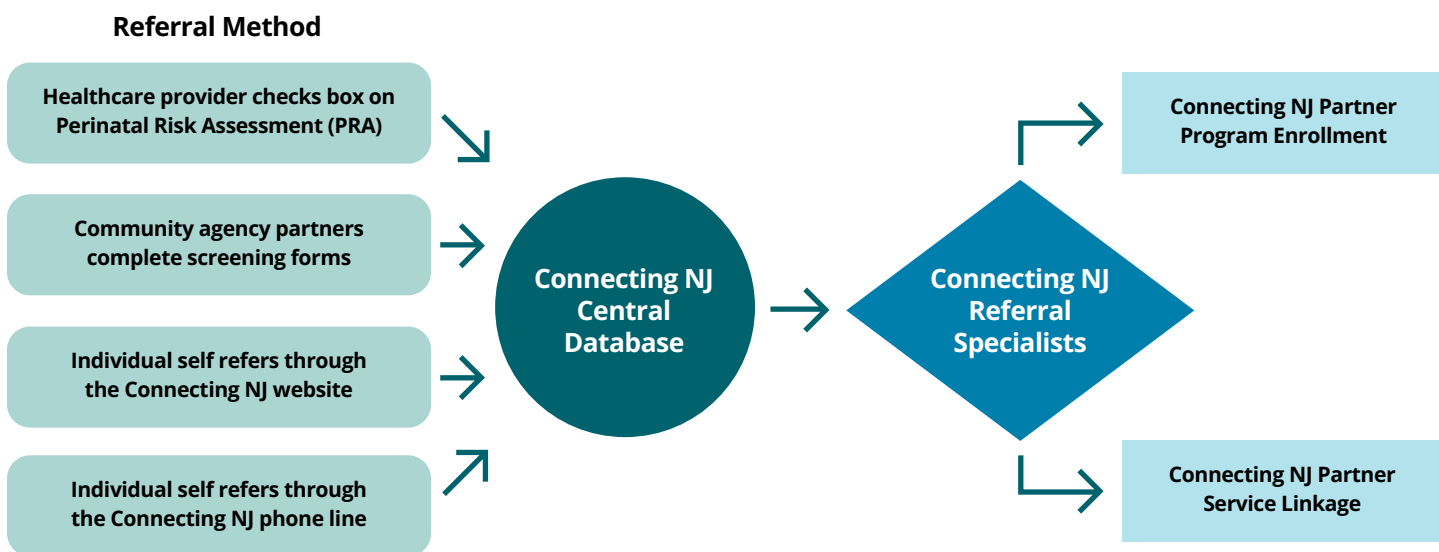
## Introduction

Connecting NJ is New Jersey's statewide maternal and child health referral system that links families to a broad network of supports—including health insurance, prenatal and pediatric care, home visiting and doula programs, nutrition and food assistance, housing and childcare resources, breastfeeding and lactation support, mental health and legal services, transportation, and developmental screening—ensuring access to essential services from pregnancy through early childhood. Originally launched in 2010 as “Central Intake,” the program was created to simplify the referral process for home visiting and other services, improve care coordination, and ensure that families—especially those expecting a baby or with young children—receive timely, appropriate support. By 2015, Central Intake had expanded to all 21 New Jersey counties, laying the foundation for what is now known as Connecting NJ (Bowker & Taylor, 2019).

Connecting NJ is administered by the New Jersey Department of Health (NJDOH) and the New Jersey Department of Children and Families (NJDCF), and operates through a county-based, single point-of-entry system, with lead agencies operating a hub in each of the state's 21 counties (New Jersey Department of Children and Families, 2025a). Instead of navigating multiple agencies and programs separately, obstetric and prenatal care providers, community organizations, and families can make one referral through the county hub. The hub then assesses needs, connects families to the most appropriate local and state services, and follows up to ensure linkages are made. This approach aims to simplify access, reduce duplication, and create a more seamless system for families from pregnancy through early childhood. This model allows healthcare providers, social service agencies, and families themselves to refer individuals to a wide array of services through a centralized hub. This type of approach reflects recommendations in the Nurture NJ Strategic Plan to streamline access to services (Hogan et al., 2021).

## Connecting NJ Referral Process

**Figure 1.** Connecting NJ Program and Service Referral Pathway



As shown in *Figure 1*, families engage with Connecting NJ through four primary channels:



Referrals from healthcare providers via the Perinatal Risk Assessment (PRA). Prenatal providers can initiate a referral by selecting a designated checkbox on the PRA form. This form is available for all patients, but has been required since 2020 to be completed at the initial prenatal visit and updated at subsequent visits for Medicaid and Medicaid-eligible patients (New Jersey State Legislature, 2018). The form helps identify clinical and psychosocial risk factors during pregnancy and automatically routes eligible individuals to Connecting NJ for follow-up and support services.



Community agencies send referrals via the Initial Referral Form (IRF). The IRF collects basic demographic, health, and social information, which is transmitted to a county-level Connecting NJ hub, which then completes the Community Health Screen (CHS), a more in-depth assessment of health and social needs, to help direct the referral to the most appropriate resource.



Self-referrals via the online form on the [Connecting NJ](#) website—a portal introduced in 2022 that allows families to initiate referrals directly. Previously, access to Connecting NJ was only available through prenatal care providers and community agencies.



Self-referrals through calls to their local Connecting NJ hubs or the central state Connecting NJ phone number – 609-777-14NJ.

Once a family is identified, a referral specialist assesses their needs. Participation is voluntary, and family choice is prioritized. If a family declines services or a program is unavailable, the specialist offers alternative resources. For high-risk cases—such as those involving gestational diabetes, homelessness, or domestic violence—an internal case manager provides targeted support. Connecting NJ uses a centralized data system to track participant information across programs and services. This ensures efficient service delivery, prevents duplication, and promotes equitable resource distribution.

Connecting NJ links families to two broad types of supports: evidence-based programs and community support services:

- **Programs**—such as the Nurse Family Partnership—require families to enroll and typically involve ongoing support like nurse home visits, health assessments, and pregnancy or parenting education (See Appendix 1 for details). Staff within these programs may also help enrolled families connect to additional services based on their needs. These programs are administered by NJDOH and NJDCF.
- **Services**—such as access to food pantries—often address specific needs by providing families access to existing community supports that are overseen by community agency partners. These supports include nutrition, employment, and counseling services as well as tangible resources like diapers and transportation (See Appendix 2 for details). Connecting NJ facilitates referrals to these services so families can access support without enrolling in one of the evidence-based programs.

Beyond serving as a referral system, Connecting NJ also coordinates efforts between early childhood programs and related child serving systems, and within the early childhood system itself to create a more seamless network of services. Key roles for this function include Early Childhood Specialists who link families to developmental and mental health supports, Community Alignment Specialists who organize local resources, and Case Managers who provide short-term intensive support for high-risk families (see Appendix 3 for details).

## Efforts within Nurture NJ to expand utilization of Connecting NJ

As part of Nurture NJ, a comprehensive set of initiatives was implemented to expand utilization of Connecting NJ, combining strategic staffing, system enhancements, and targeted outreach (Scotto-Rosato & Scott, 2025). Community Alignment Specialists and hub Case Managers were hired to strengthen provider engagement and identify eligible participants. System-level improvements included the development of interactive dashboards, referral trend analytics, and addition of the Connecting NJ Outreach/Event Tracker—tools used by county hubs to monitor performance, guide outreach, and improve service utilization. The dashboards and referral trend analytics provide real-time data on referral volumes and service linkages, helping staff identify trends and gaps. The Outreach/Event Tracker logs community engagement activities and provider interactions, which helps identify which outreach efforts lead to increased utilization of Connecting NJ and informs where additional efforts may be needed.

Further, in May 2020, NJ P.L.2019, c.88 went into effect. This law requires prenatal providers to complete a Perinatal Risk Assessment (PRA) for Medicaid and Medicaid-eligible patients to identify clinical and psychosocial risk factors and link them to supportive state and local resources (New Jersey State Legislature, 2019). Once this law was established, PRA Connect was subsequently launched in January 2023. PRA Connect is an online portal used by prenatal providers to complete the PRA and electronically refer pregnant individuals to Connecting NJ, streamlining the referral process while simplifying the tracking of referrals (Family Health Initiatives, 2025). Lastly, broader public awareness was driven by the First Lady's office through the rebranding of "Central Intake" as "Connecting NJ," the launch of the Connecting NJ website, a self-referral form, a central phone number, as well as a statewide awareness campaign (Office of the Governor of New Jersey, 2022, 2023). These efforts aimed to streamline the referral process and ensure more pregnant individuals received timely and appropriate support services.

## Patterns and trends in referrals to Connecting NJ

Note: While Connecting NJ uses a centralized data system to track referrals and service linkages, current data infrastructure does not allow for tracking outcomes at the individual level nor family level. All data presented in this brief are based on referral counts rather than unique individuals or families.

**Figure 2.** Referrals to Connecting NJ hubs by source and year

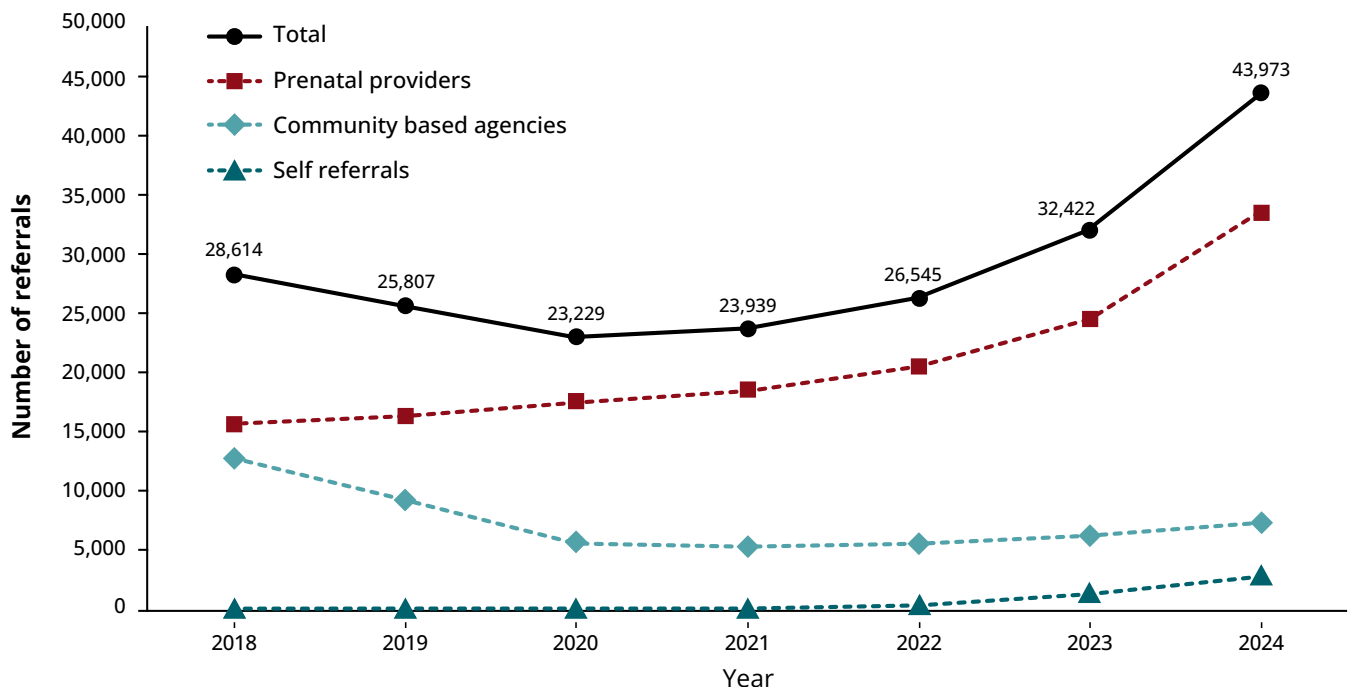
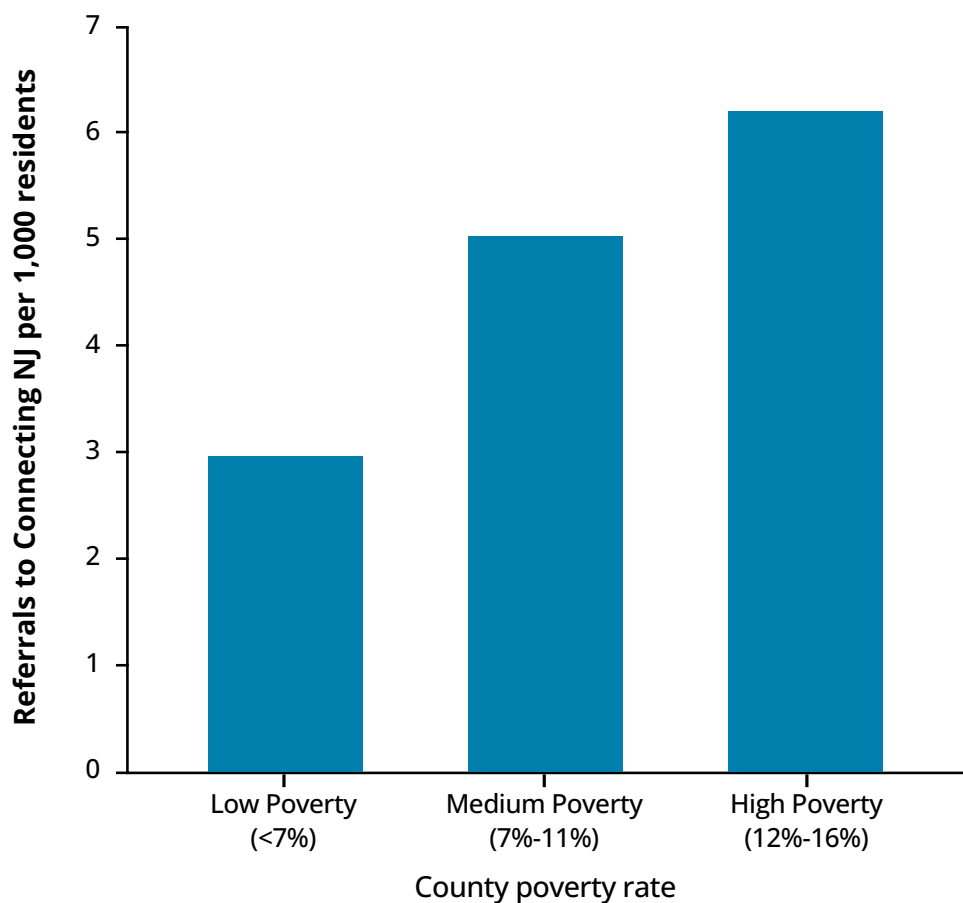


Figure 2 shows that the coordinated efforts to expand utilization of Connecting NJ—including strategic staffing, system-level improvements, and targeted outreach—were successful in increasing referrals. A steady increase was seen in referrals from prenatal providers to the Connecting NJ hubs between 2018-2024, with the most notable increases occurring after the launch of PRA Connect in January 2023. Due to a decline in referrals from community-based agencies, the total number of referrals declined initially from 2018-2020. Thereafter, the increase in referrals from prenatal providers offset the temporary decline and the total number of referrals has steadily increased since 2020. Self-referrals were introduced in 2022 and are a small but growing source of Connecting NJ referrals. **In total, Connecting NJ processed over 200,000 referrals from prenatal providers, community agencies, and families themselves during 2018-2024.**

Figure 3 shows that there were notable differences in 2024 across New Jersey’s 21 counties in the referral rate (i.e., number of referrals to Connecting NJ ÷ population size), which ranged from 1.59 referrals per 1,000 residents in Hunterdon County to 16.97 per 1,000 residents in Sussex County.

**A key predictor of the county referral rate was the proportion of people in the county living below the federal poverty level (\$25,249 for a family of three [2 adults + 1 child] in 2024).** These data strongly point to Connecting NJ’s success in serving economically disadvantaged populations, who are the most in need of referral to supportive services.

**Figure 3.** Relationship between county-level poverty rate and number of referrals to Connecting NJ hubs per 1,000 county residents, 2024\*



\*Low-poverty counties (n=7) are: Bergen, Burlington, Hunterdon, Monmouth, Morris, Somerset, and Sussex. Medium-poverty counties (n=7) are: Cape May, Gloucester, Mercer, Middlesex, Ocean, Union, and Warren. High-poverty counties (n=7) are: Atlantic, Camden, Cumberland, Essex, Hudson, Passaic, and Salem.

# Patterns and trends in linkages to services and program enrollments

Figure 4 shows that the total number of verified linkages to services and program enrollments increased fivefold between 2018 and 2024, with a twofold increase from 2023 to 2024. In 2024, Connecting NJ received 43,973 referrals from prenatal providers, community agencies, and families—exceeding the 28,324 verified service linkages and program enrollments. This gap suggests that a substantial portion of referrals did not result in access to specific services or programs. When many families referred to Connecting NJ do not ultimately access the services/programs they need, it raises concerns about whether support is reaching all of those people who could benefit from these services/programs. However, detailed information, including quantifiable data, on why some referrals did not result in service/program linkages was not available.

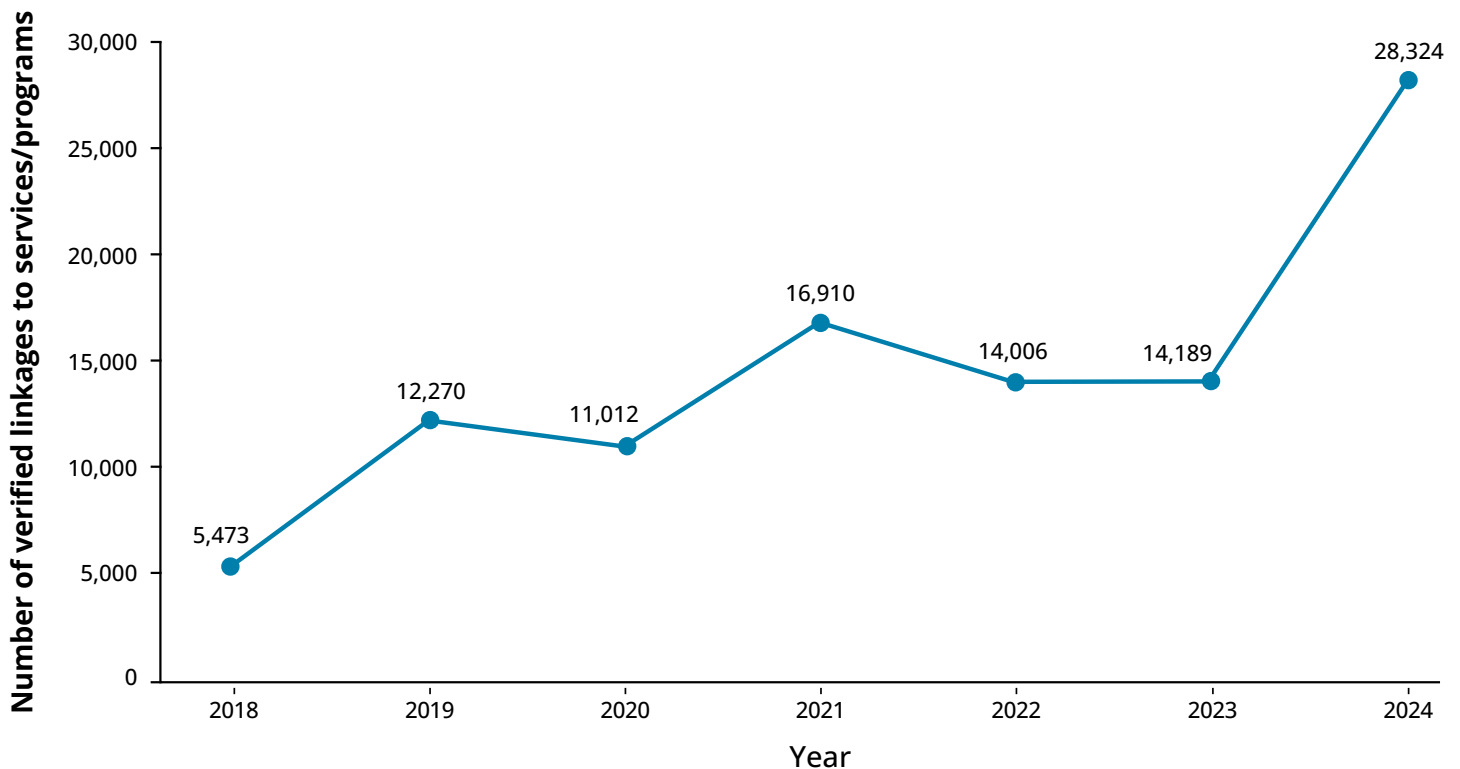
*Service linkage* refers to a referral where a participant has successfully connected with a specific service (e.g., nutrition or housing assistance).

*Program enrollment* refers to a participant's enrollment in one of the Connecting NJ programs (e.g., Nurse-Family Partnership or Healthy Families).

A service linkage is considered *verified* if Connecting NJ staff establish and log that a participant has connected with a specific service.

A program enrollment is considered *verified* if the participant has a program enrollment date in the Connecting NJ database.

Figure 4. Total number of verified linkages to services and program enrollments

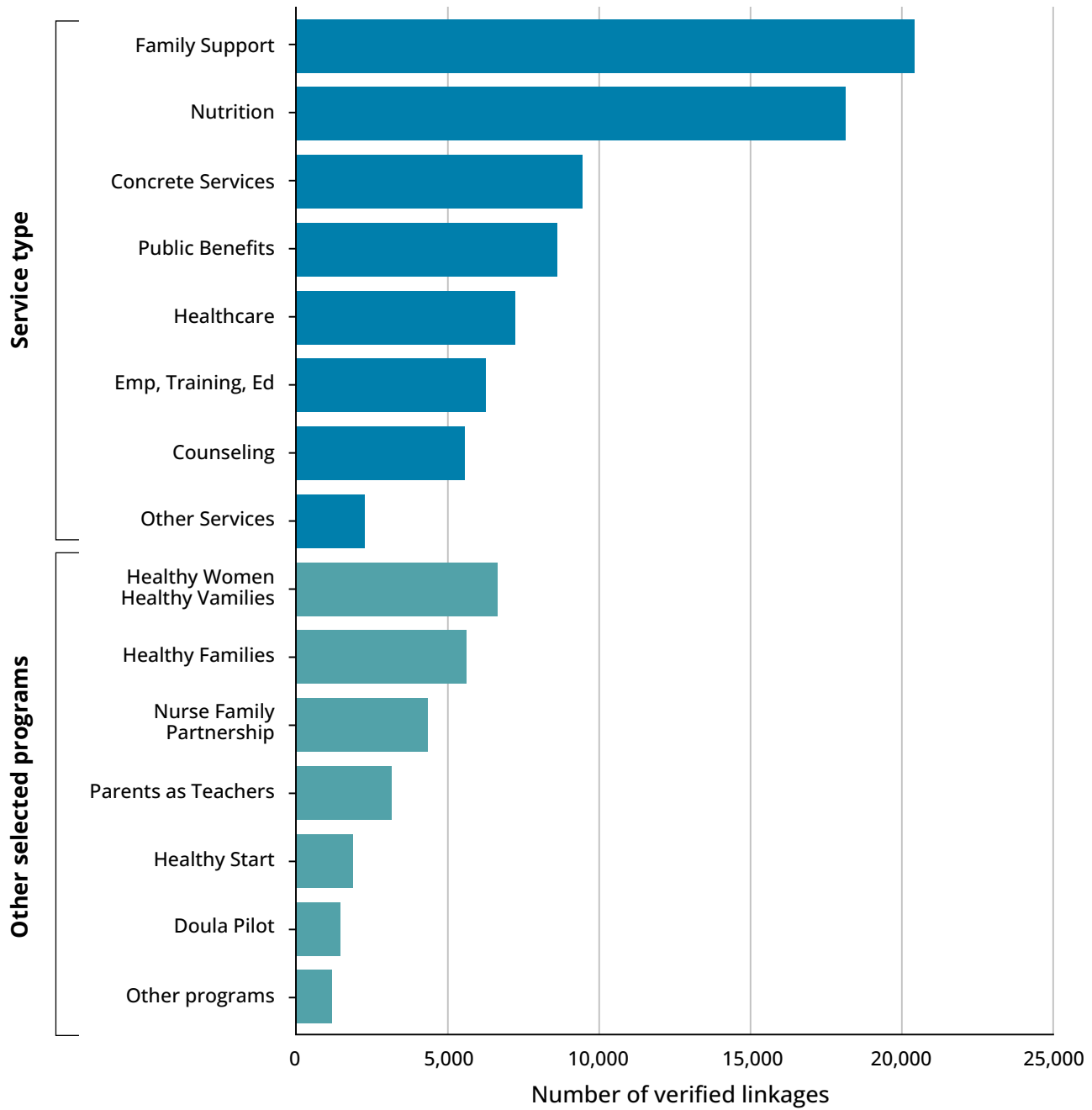


Notably, a single referral to Connecting NJ hubs—whether from prenatal providers, community agencies, or families themselves—often resulted in multiple service linkages. In 2024, referrals to Connecting NJ that resulted in at least one verified service linkage averaged 2.8 linkages, highlighting the significant level of need among those seeking support.

Figure 5 shows that the top two types of services with the most verified linkages were family support and nutrition services (See Appendix 2 for list of services).

In 2024, Connecting NJ had over 7,900 verified linkages to family supports and over 5,100 verified linkages to nutrition supports. These two service categories also account for the majority of the growth in service linkages observed in 2024, indicating a high and growing level of need in these areas.

**Figure 5.** Total unique verified service and other selected program linkages by type, 2018-2024



## Recommendations for policy and practice

Connecting NJ has demonstrated value as a centralized referral system that links families to critical services such as nutrition assistance, mental health counseling, and home visiting programs during pregnancy and early childhood. The steady increase in referrals—particularly from prenatal providers via PRA Connect—and the growth in service connections underscore the system’s responsiveness to community needs. However, the gap between referrals and verified linkages, disparities in referral rates across counties, and the growing demand for specific services point to further opportunities for strengthening the system.

Recommended actions to build on this momentum include:



**Expand Access to High-Demand Services:** Continue expanding services such as family support and nutrition services, which have seen substantial growth in referrals, to ensure that service availability can meet demand.



**Improve and Monitor Linkage to Services:** Investigate barriers to successful service linkage and streamline processes to ensure that increased referrals translate into sustained engagement with services and programs.



**Address County-Level Disparities:** Allocate targeted outreach and capacity-building resources to counties with low referral rates, particularly those with high poverty levels but lower levels of utilization of Connecting NJ.



**Promote Public Awareness and Self-Referral:** Expand public education campaigns to increase awareness of Connecting NJ and continue to promote self-referral as an appropriate and accessible entry point.



**Evaluate and Scale Innovative Models:** Assess the impact of PRA Connect and other digital tools and consider scaling similar innovations to other parts of the health and social service ecosystem.



**Strengthen Data Tracking Systems:** Develop and implement a secure data infrastructure that enables tracking of referrals at the individual level. This will allow for monitoring whether referred individuals successfully access services, help identify gaps in service delivery, and evaluate program effectiveness.

# Appendices

## Appendix 1. Connecting NJ Partner Programs

Connecting NJ Programs are administered by the New Jersey Department of Health (NJDOH) and the New Jersey Department of Children and Families (NJDCF). Utilizing a single point of entry system, program referrals and enrollments are facilitated by community organizations at the county level. The major Connecting NJ programs are:

**Family Connects NJ:** Family Connects NJ is a free, voluntary program that connects parents with a specially trained nurse for a personalized follow up visit at home within the first two weeks after their child's birth. Program nurses will check the baby's weight and assess physical and emotional health of both newborn and parents. Family Connects NJ nurses also provide information on important topics like feeding, sleeping, and community resources available, if needed. This program is currently available in 11 counties throughout the state but will be rolled out statewide starting January 2027.

**Nurse-Family Partnership (NFP):** Nurse Family Partnership is a free, evidence-based community health program that pairs first-time parents facing socioeconomic challenges with registered nurses for home visits (The Cooperative, 2025). Services begin in early pregnancy and continue until the child's second birthday. Nurses monitor the health and development of both the parent and the child, provide parenting support, and connect families to essential resources (Changent.org, 2025).

**Healthy Start:** Healthy Start is a federally funded, home-based program delivered through county organizations to improve birth outcomes and family well-being (National Healthy Start Association, 2025). It serves expectant families and those with children up to 18 months old. Participants receive education on pregnancy, child development, parenting, and breastfeeding. The program also offers perinatal depression screenings, free diapers, and referrals to support services (Camden Healthy Start, 2022; National Healthy Start Association, 2025).

**Healthy Families:** Healthy Families is an evidence-based home visiting program that supports new parents, typically enrolling families during pregnancy or within three months of a child's birth (Prevent Child Abuse-New Jersey, 2016). Family Support Workers build trusting relationships and provide trauma-informed, culturally sensitive guidance. The program promotes secure attachment, healthy child development, family safety, and self-sufficiency, while connecting families to healthcare and social services (Central Jersey Family Health Consortium, n.d.).

**Healthy Women, Healthy Families (HWHF):** Healthy Women, Healthy Families, a NJ Department of Health initiative, aims to improve maternal and infant health and reduce racial and ethnic disparities. This municipality-based program employs community health workers (CHWs) to engage and enroll families. The CHWs assist with case management and client support for up to two years. Participants receive postpartum doula care, breastfeeding education that includes fathers and family members, and referrals to supportive services (New Jersey Department of Health, n.d.).

**Parents as Teachers:** Parents as Teachers is an evidence-based program that enhances parents' knowledge of child development and promotes positive parenting (Parents as Teachers, 2025). Through home visits and support groups, families receive coaching to improve school readiness, prevent abuse and neglect, strengthen community ties, and boost socioemotional and economic well-being (Center for Family Services, n.d.; Parents as Teachers, 2025).

**Community Doulas:** Through the New Jersey Maternal and Infant Health Innovation Authority (MIHIA), in partnership with NJDOH, New Jersey supports and funds community doula training programs and works with county Connecting NJ hubs and community-based organizations to connect families with trained doulas who provide emotional, physical, and informational support during pregnancy, childbirth, and postpartum.

## Appendix 2. Connecting NJ Services by Type

**Concrete Services:** diapers, emergency shelter, housing assistance, in-kind, transportation, clothing, furniture, other household items.

**Counseling and Intensive Support:** crisis intervention, Division of Child Protection and Permanency, domestic violence services, mediation, mental health counseling, psychiatric or psychological treatment, self-help group (AA, NA, religious, etc.), special child health care, substance abuse assessment, substance abuse services, support groups, telephone recovery support, other recovery support.

**COVID-19:** COVID-19 healthcare.

**Employment, Training, Education:** college, electronic community setup, employment services, English as second language, GED preparation, health education, job training program, mentoring services, post-incarceration services, special education.

**Family and Social Support:** afterschool, baby pantry, basic needs, child care, child development screening, community centers, disability services, early head start/head start, early intervention, family success center, fatherhood services, finding support in the school for academic or tech support, how to help kids navigate virtual/hybrid learning for parents, kinship navigator program, Lamaze class, LGBTQA support, literacy/reading programs, parent aide services, parenting centering, parenting education, parenting groups, prenatal/childbirth education, recreational services, registering kids for school, school-based services, signing parents up to receive Chromebook/hot spot, tutoring support, youth programs.

**Health care:** behavioral health, breastfeeding consult/support, dental services, developmental screening and services, diabetes care program, doula care, eye care, family health, family planning, HIV testing, HIV/AIDS care & treatment, immunization, lead testing, medication-assisted treatment services, postpartum care, pregnancy testing, prenatal care, primary medical care, public health nursing, smoking cessation, STI testing, syphilis testing, women's health.

**Healthy Women, Healthy Families BIM:** breastfeeding, CenteringPregnancy, fatherhood initiatives.

**Nutrition:** food pantry, meals, nutrition consult, Supplemental Nutrition Assistance Program Education (SNAP-Ed), Supplemental Nutrition Program for Women Infants and Children (WIC).

**Public Benefits:** application assistance, Division of Aging Services, emergency assistance, energy/utility assistance, Supplemental Nutrition Assistance Program (SNAP), general assistance (GA), Medicaid/NJ Family-Care, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF).

**Other Services:** GetCoveredNJ/Affordable Care Act navigators, family leave insurance, health-related case management, immigration services, insurance services, legal services, money management, temporary disability insurance, translation services, unemployment insurance/benefits, other social services.

## Appendix 3. Connecting NJ as an integrator

Connecting NJ also acts as an integrator between the early childhood system and other child serving systems, and within the early childhood system itself. Aspects of this function as described in Connecting NJ Guidelines include:

### Early Childhood Specialist program

The Early Childhood Specialist program, funded by the NJ Department of Children and Families, provides referrals and linkages to the state early childhood programs through Connecting NJ. Through the program, Early Childhood Specialists provide the following:

- Support for families with child protection involvement. This includes providing infant and early childhood mental health consultation to child welfare workers, outreaching to caregivers that are referred to Connecting NJ through the Division on Child Protection and Permanency, and supporting families of newborns in which a caregiver is working to manage substance misuse or a substance use disorder.
- Promotion of developmental health and developmental screening. Early childhood specialists support universal access to developmental screening within the 21 Connecting NJ hubs through (a) review and follow up for families; attendance and engagement with families completing developmental screens at developmental health events throughout the state; and connection with pediatric offices and health providers for developmental screening and developmental coaching opportunities for their families (New Jersey Department of Children and Families, 2025b).

### Community Alignment

Community Alignment Specialists in each Connecting NJ hub are responsible for coordinating and maintaining relationships with community resources and services to meet the needs of families participating in Family Connects NJ, the state's universal nurse home visitation program. The resources and services identified by the Community Alignment Specialists become available for the rest of the Connecting NJ team as well.

The Community Alignment Specialists also play a major role in providing Family Connects NJ awareness throughout their community to families, community-based agencies and business. Outreach activities include drop in visits to health care providers in the community, attending provider meetings, making presentations, community advisory board meetings, community education sessions, events, etc. Community Alignment Specialists build and maintain relationships with agencies that serve families during pregnancy, postpartum, and early infancy. Their goal is to establish reciprocal referral networks, secure representation on the Community Advisory Board, and support with education sessions and events.

### Case Management

Connecting NJ Case Managers provide short-term case management for up to three months (and up to six months if needed) to high-risk families or those requiring more intense support. They maintain at least weekly contact with families to set goals, define target outcomes, and develop a comprehensive case management plan of care.



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**Authors:** Felix M. Muchomba, PhD, MPH, Laura D. Lindberg, PhD, Mawusi Christina Dogbey-Smith, MPH, Leslie M. Kantor, PhD, MPH

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