HRSA
Health Resources & Services Administration

# Title V MCH Block Grant Program

# NEW JERSEY

## State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### Title V Federal-State Partnership - New Jersey

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

## State Contacts

| MCH Director | CSHCN Director |
|---|---|
| Nancy Scotto-Rosato<br>Maternal and Child Health (MCH) Director<br>nancy.scotto-rosato@doh.nj.gov<br>(609) 292-4043 | Sandra Howell<br>Special Child Health Services Executive Director<br>Sandra.Howell@doh.nj.gov<br>(609) 913-5549 |

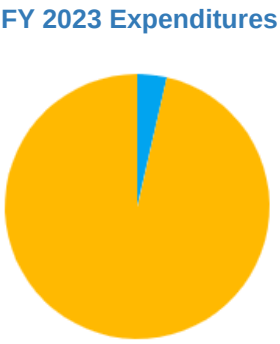
| SSDI Project Director | State Family Leader |
|---|---|
| Genevieve Lalanne-Raymond<br>State Systems Development Initiative Project Director<br>Genevieve.Lalanne-Raymond@doh.nj.gov<br>(609) 913-5483 | Carolyn Hayer<br>Executive director- SPAN Parent Advocacy Network<br>chayer@spanadvocacy.org<br>(201) 417-0663 |

| State Youth Leader |
|---|
| No Contact Information Provided |

## State Hotline: (800) 328-3838

## Funding by Source

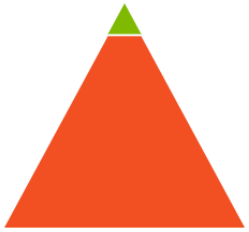
| Source | FY 2023 Expenditures |
|---|---|
| Federal Allocation | $6,243,094 |
| State MCH Funds | $167,374,796 |
| Local MCH Funds | $0 |
| Other Funds | $0 |
| Program Income | $0 |



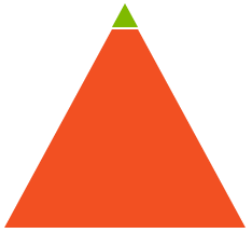
## Funding by Service Level

| Service Level | Federal | Non-Federal |
|---|---|---|
| Direct Services | $0 | $0 |
| Enabling Services | $858,729 | $17,890,787 |
| Public Health Services and Systems | $5,384,365 | $149,484,009 |

**FY 2023 Expenditures Federal**



**FY 2023 Expenditures Non-Federal**



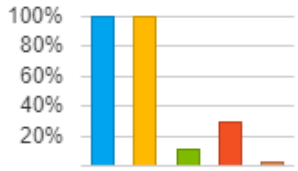
## Percentage Served by Title V

| Population Served | Percentage Served | FY 2023 Expenditures |
|---|---|---|
| Pregnant Women | 100.0% | $3,625,522 |
| Infants < 1 Year | 100.0% | $5,390,764 |
| Children 1 through 21 Years | 11.4% | $44,551,421 |
| CSHCN (Subset of all infants and children) | 28.7% | $119,449,687 |
| Others * | 1.9% | $0 |

*Others– Women and men, over age 21.

**FY 2023 Expenditures**
**Total: $173,017,394**

**FY 2023 Percentage Served**



*The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.*

## State Priorities and Associated Measures

| Priority Needs and Associated Measures | Reporting Domain(s) |
|---|---|
| Increasing equity in healthy births.<br><br>NPMs<br>• Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV<br>  ○ ESM WWV.1: First trimester prenatal care rate<br>  ○ ESM WWV.2: Number of individuals trained to become community-based doulas | Women/Maternal Health |
| Reducing Black Maternal and Infant Mortality.<br><br>NPMs<br>• A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS<br>  ○ ESM SS.1: Complete Infant Safe Sleep Environment (no co-sleeping, on back, and no soft bedding)<br>  ○ ESM SS.2: Rate of black infant mortality in NJ per 1,000 live births.<br>• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV<br><br>SPMs<br>• SPM 1: Percentage of Black non-Hispanic preterm births in NJ<br>• SPM 7: Rate of black infant mortality in NJ per 1,000 live births. | Women/Maternal Health, Perinatal/Infant Health |
| Improving Nutrition & Physical Activity.<br><br>NPMs<br>• A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF<br>  ○ ESM BF.1: Percentage of Births in Baby Friendly Hospitals<br>  ○ ESM BF.2: Number of Individuals Trained to Become Community Doula and NJ FamilyCare (Medicaid) Providers | Perinatal/Infant Health |

| Priority Needs and Associated Measures | Reporting Domain(s) |
|---|---|
| Promoting Youth Development Programs.<br><br>NPMs<br>• Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS<br>  ○ ESM DS.1: Parent-completed early childhood developmental screening using an ASQ screening tool.<br>• Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY<br>  ○ ESM BLY.1: Percentage of high school students who are electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media).<br>  ○ ESM BLY.2: Reduce the percentage of high school students who are bullied on school property.<br>  ○ ESM BLY.3: Number of students (male and female) who completed at least 75% of an evidence-based Teen Pregnancy Prevention Model (Teen Outreach Program, Reducing the Risk or Teen PEP)<br>• Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child<br>  ○ ESM PDV-Child.1: Preventive and any dental services for children enrolled in Medicaid or CHIP (CMS-416) | Child Health,<br>Adolescent Health |
| Improving Access to Quality Care for CYSHCN<br><br>NPMs<br>• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH<br>  ○ ESM MH.1: Percent of CYSHCN ages 0-18 years served by Special Child Health Services Case Management Units (SCHS CMUs) with a primary care physician and/or Shared Plan of Care (SPoC).<br>• Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR<br>  ○ ESM TR.1: Percent of CYSHCN ages 12-17 years served by Special Child Health Services Case Management Units (SCHS CMUs) with at least one transition to adulthood service<br><br>SPMs<br>• SPM 4: Percent of live children registered with the Birth Defects and Autism Reporting System (BDARS) who have been referred to NJ's Special Child Health Services Case Management Unit who are receiving services.<br>• SPM 5: Average age (in years) of initial diagnosis for children with an Autism Spectrum Disorder | Children with Special Health Care Needs |

| Priority Needs and Associated Measures | Reporting Domain(s) |
|---|---|
| Reducing Teen Pregnancy<br><br>SPMs<br>• SPM 6: Percentage of students completing the TOP program, Reducing the Risk, Teen PEP and Lifelines per year.<br>• SPM 8: Rate of live births to adolescents (aged 10-19) in NJ per 1,000 females (aged 10-19). | Adolescent Health |
| Improving & Integrating Information Systems<br><br>NPMs<br>• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH<br>  ○ ESM MH.1: Percent of CYSHCN ages 0-18 years served by Special Child Health Services Case Management Units (SCHS CMUs) with a primary care physician and/or Shared Plan of Care (SPoC).<br><br>SPMs<br>• SPM 3: Percentage of NJ resident newborns discharged from NJ hospitals who did not pass their newborn hearing screening and have a documented outpatient audiological follow-up visit. | Child Health,<br>Children with Special Health Care Needs,<br>Cross-Cutting/Systems Building |
| Smoking Prevention<br><br>NPMs<br>• Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy<br>  ○ ESM SMK-Pregnancy.1: Referral Rate of pregnant women to Mom's Quit Connection. | Women/Maternal Health |

# Executive Summary

## Program Overview

New Jersey (NJ) is one of the most ethnically and racially diverse states in the U.S. This valuable asset of population diversity demands strategic, culturally competent and thoughtful programs to address the varied and complex needs of its 9 million residents and 100,000 newborns each year. The New Jersey Department of Health (NJDOH) consistently assesses for population health needs, crafts public health responses based on those needs and evaluates progress throughout the course of program facilitation to ensure services are rooted in equitable, evidence-based, and trauma-informed frameworks; a task that is taken seriously and one which cannot be underestimated. The Division of Family Health Services (FHS) within NJDOH works to promote and protect the health of mothers, children, adolescents, and children with special healthcare needs and their families and to reduce disparities in health outcomes. The Maternal and Child Health Block Grant (MCHBG) Application and Annual Report that FHS submits annually to the Maternal Child Health Bureau (MCHB) provides an overview of innovative initiatives, state-supported programs, and other state-based responses to the needs of birthing people and their families. The needs assessment that is regularly conducted in concert with the NJDOH's strategic plan, the State's Health Improvement Plan, and Healthy NJ 2030 augments the collaborative process with other MCH partners.

To ensure access to enabling services and population-based preventive services, consistent with the findings of the Five-Year Needs Assessment, the goals, and State Priority Needs (SPNs) selected by FHS are built upon the work of prior MCH Block Grant Applications/Annual Reports and in alignment with NJDOH's and FHS' goals and objectives.

The SPNs are: SPN 1 - Increasing Equity in Healthy Births; SPN 2 - Reducing Black Maternal and Infant Mortality; SPN 3 - Improving Nutrition & Physical Activity; SPN 4 - Promoting Youth Development Programs; SPN 5 - Improving Access to Quality Care for CYSHCN; SPN 6 - Reducing Teen Pregnancy; SPN 7 - Improving & Integrating Information Systems; and SPN8 - Smoking Prevention.

NJ has selected the following 9 of 15 possible National Performance Measures (NPMs) for programmatic emphasis over the next five-year reporting period: NPM 1 - Well Woman Care; NPM 4 – Breastfeeding; NPM 5 - Safe Sleep; NPM 6 - Developmental Screening; NPM 9 – Bullying; NPM 11 - Medical Home; NPM 12 - Transitioning to Adulthood; NPM 13 - Oral Health; and NPM 14 - Household Smoking.

The Title V staff (TVS) collaborated with sister agencies, health systems, insurance companies, and community-based organizations to implement culturally responsive public health interventions to reduce disparities in health outcomes and to address the priority areas listed above; areas that have been emphasized during the current grant cycle based on the previous cycle's five-year needs assessment. However, as this five-year grant cycle ends, the NJ TVS have begun a Title V Block Grant Needs Assessment process to best understand the contemporary needs of NJ families and strategize on how best to meet those needs. The outcomes of the current needs assessment will direct the state's momentum toward focus areas that warrant acute attention.

*Maternal/Women's/Reproductive Health & Perinatal/Infant's Health*
Since 2018, and in response to NJ's maternal and infant health crisis, multiple entities have come together to address the disparities that exist in maternal and infant health outcomes in the state. This work has included both an enhancement of previous, successful efforts advanced throughout the state, as well as a commitment to funding innovative programs with the goal of eliminating these disparities. One of the initiatives previously funded and since expanded is the Healthy Women, Healthy Families initiative (HWHF). Through the HWHF initiative, the NJ TVP has taken a targeted approach to reduce Black infant mortality rates beginning in 2018. As a result, partners from the Departments of Labor and Workforce Development, Education, Transportation, Children and Families, Human Services, and Community Affairs, as well as community partners, regularly collaborate with NJDOH to address the high Black infant mortality rates. One of the most salient aspects of the HWHF initiative is the implementation of specific mortality reduction activities. To better address potential adverse health outcomes post-delivery, the American College of Obstetricians and Gynecologists recently updated the postpartum guideline; instead of a routine checkup that is done 4 to 6 weeks after giving birth, the new recommendation states that the postpartum visit should be ongoing. Considering this novel change to holistically serve the MCH population, recent TVP efforts include an emphasis on the 4th trimester (i.e., postpartum period) and contemporary ways to focus on and expand breastfeeding support and postpartum doula services.
To ensure the sustainability of community doula services, NJ TVP partnered with the NJ Department of Human Services (DHS) to offer doula services to women through Medicaid Benefits. NJ Medicaid benefits have been expanded to cover doula services. Presently, NJ birthing people whom Medicaid covers can receive services from a Medicaid-enrolled community doula. The genesis of these efforts is rooted in the State's focus on health equity initiatives across populations. Additional support for birthing people, both during pregnancy and in the acute aftermath, can enhance the overall health of both mother and child resulting in healthier families and communities. Moreover, the use of the life course framework strengthens our orientation to these disparate outcomes in maternal morbidity and mortality events as it offers a perspective on protective and risk factor disparities between different populations throughout the course of their lives. It is through this lens from which we view the myriad factors impacting populations in our state and to create prevention and intervention efforts to address these life course issues.

In 2023, NJDOH TV program continues to develop the workforce of Community Health Workers (CHWs), to better serve families where they are. The TVP Reproductive and Perinatal Health Workforce Team announced a competitive RFA to establish the NJ

Community Health Worker Hub, which was awarded to Acenda, Inc., a non-profit community focused agency based in Gloucester County. This agency, licensed by the NJ Division of Mental Health and Addiction services, offers a diverse array of clinical levels of care to those in need including outpatient substance use disorder (SUD) treatment, return-to-use prevention activities and residential treatment. The goals of this healthcare collaboration include better integration of CHWs into interdisciplinary teams addressing co-morbid diagnoses of mental health and substance use issues as well as prioritizing follow-up to care. The TVP is also strengthening existing partnerships with community colleges to enhance the statewide CHW curriculum to include additional emerging public health issues (e.g., long COVID). As of 2024, we now partner with 6 county colleges in NJ, and continue outreach to add more. For ongoing training of CHWs and clinicians, TVP partners with Rutgers to offer Project ECHO sessions on overcoming vaccine barriers. Lastly, NJ TVP will continue working with officials to explore expanding Medicaid benefits to cover CHW services through the 1115 Waiver. In FY2022, NJ TVP, alongside the Division of Mental Health and Addiction Services, launched a pilot program for reimbursement of services to clients covered by Medicaid.

The NJ Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program continues to provide parents with community-based education and in-home support, including evidence-based safe sleep strategies. Additionally, NJ MIECHV continues to fund the Connecting NJ (CNJ) referral system to connect New Jerseyans to programs such as HWHF, MIECHV, community resources, medical care, doula programs and social support agencies. As universal home visiting programs expand throughout the state, consumer advisory boards and local service providers will continue to offer feedback to ensure fidelity to the model of care.

NJDOH's MCH Epidemiology Team conducted a formative evaluation of the HWHF initiative synthesizing the results into a set of recommendations. These recommendations informed the development of new objectives and the decision to expand evidence-based activities (e.g., lactation education and postpartum doula care) across the State. Moreover, the MCH Epidemiology Team conducted a formative evaluation of Fetal Alcohol Spectrum Disorders (FASD) Prevention and Postpartum Depression and Mood Disorders (PPD-MD) initiatives. The evaluation project informed necessary culturally sensitive programmatic changes and the development of new objectives that seek to improve health outcomes related to FASD and PPD-MD.

In FY23, TVP launched the Alma Program Expansion Project, which aims to support pregnant persons who may be experiencing mental health issues and/or substance misuse. Alma is an evidence-based peer specialist program developed by the University of Colorado – Boulder, and now expanded in NJ to also include substance misuse support from peers with lived experience. This expansion phase includes additional training for peers, outreach to the community and sustainability planning to provide new and expectant parents the knowledge, skills, and confidence they need to parent.

In addition to the expansion of existing programs, the NJ TVP MCH team is implementing the Preterm Birth Prevention Program as racial and ethnic disparities persist in preterm birth rates. One of the key activities is the creation of statewide clinical service best practices standards (one for 17P administration, one for cerclage, and one for vaginal progesterone cream). While piloting these resources, the team was able to expand the distribution of services to home-visiting residents, Federally Qualified Health Centers (FQHCs), patients in identified high-risk healthcare systems, and select providers. Preterm Birth Prevention activities include trainings on racism within NICU care, provided by Once Upon a Preemie.

*Child Health*

One in six children aged 3–17 has a developmental disability. Access to adequate coordinated service is paramount. Through the NJ Early Childhood Comprehensive System (ECCS) Health Integration: Prenatal to Three (ECCS P-3) Initiative, the NJ Department of Children and Families (DCF), in partnership with NJ TVP, was able to maintain integrated developmental health promotion and screening as a service of the statewide Connecting NJ system effective in FY19. Through FY20 – FY22, Connecting NJ's central hubs maintained their outreach through the pandemic and post-pandemic, which enabled thousands of children to receive parent-led developmental screenings. DCF, in partnership with TVP, plans to strengthen relationships with pediatric providers to enhance the process of referring families to the Connecting NJ system, which links families to services and programs that support family well-being.

*Adolescent Health*

Adolescents and young adults in NJ have continued to experience disruptions to learning and other mental and physical health issues due to the COVID-19 pandemic. Adolescents continue to experience school absences and increased mental health challenges and bullying, which hit an all-time high with the return to in-person learning. Schools are still experiencing a spike in physical fights with a virtual twist as student witnesses share videos online which exacerbates the impact of the incidents. Currently, one in five students is a victim of bullying, with higher rates for adolescents with disabilities and those who identify as lesbian, gay, bisexual, transgender, non-binary, Black, Indigenous, and People of Color. This information, in addition to the Youth Risk Behavioral Surveillance data, provides additional insight into youth sexual behavior fueling the rise of sexually transmitted infections, and the needs of adolescents in NJ.

The TV MCH unit's Child and Adolescent Health Program (CAHP) plan for the upcoming year strongly focuses on bullying prevention, mental health/suicide prevention, sexual health, and school health as evidenced by the implementation of evidence-based models that help reduce bullying and stigma and improve the social-emotional atmosphere of the school. All CAH programs work together to support adolescents and their health needs holistically. Mental health and suicide prevention activities include:

- Training on screening and assessment using the Ask Suicide-Screening Questions, Columbia Suicide Severity Rating Scale, SafeSide™ Training for primary care settings, Safety Planning, Adolescent Care and Treatment of Suicide Training, and interventions for suicidal teens (Collaborative Assessment Management of Suicide and Attachment-Based Family Therapy).

- The Garrett Lee Smith Suicide Prevention Project (GLS) and MCHBG support a new learning and resource portal for professionals, parents, caregivers, and a youth named Prevent Suicide NJ (PSNJ) https://preventsuicidenj.org/. PSNJ launched in September of 2022 and to date has provided trainings to 4,383 primary care practitioners, supported screening initiatives for 6,586 youth for suicidal ideation, provided 1,290 referrals and confirmed 684 accessed appropriate treatment. Additionally, GLS began implementation of Lifelines at five new school districts throughout NJ to further train school professionals, community partners and students in the 24-month curriculum. In addition to Lifelines Trilogy, these programs include the Teen Outreach Program (TOP®), Love Notes, and Teen Prevention Education Program.
- The Whole School, Whole Community, Whole Child School Health NJ Project, the NJ Personal Responsibility Education Program (PREP), and the NJ Sexual Risk Avoidance Education (SRAE) Program. All CAH programs support evidence-based models rooted in social and emotional learning and Positive Youth Development (PYD), proven frameworks to reduce bullying by increasing empathy and self-awareness.

*Children and Youth with Special Health Care Needs (CYSHCN)*

In NJ, families of CYSHCN have access to many services to ensure access to necessary services. Within the Department of Health: Family Health Services, children with special health care needs receive services through the following programs:

- Newborn Screening and Genetics Services provides timely and appropriate follow-up services for all newborns affected by an out-of-range blood spot screening result. New Jersey currently screens for 61 disorders. NJ remains among the leading states offering the most blood spot screenings. NJ's newborns are also screened with pulse oximetry through the Critical Congenital Heart Defects (CCHD) screening program. Additionally, this program oversees 12 grants to 43 specialty care programs for approximately 2.6 million dollars.
- Birth Defects Registry ensures that all children 0 through five years old who have a congenital disability are registered. Once registered, all children are referred to our Family Centered Care Services for case management services at the county level.
- Autism Registry ensures that all children 0 through 21 years old who have an autism spectrum disorder (ASD) are registered and referred to Family Centered Care Services for case management. Approximately, 53,000 children have been registered since 2009.
- The NJ EHDI Program abides by the national public health initiative "'1-3-6 Guidelines." These guidelines seek to ensure that all babies born in New Jersey receive a newborn hearing screening before one month of age, complete diagnostic audiologic evaluation prior to three months of age for infants who do not pass their hearing screening and enroll in early intervention by no later than six months of age for children diagnosed with hearing loss. The EHDI program offers technical support to hospitals on their newborn hearing screening and follow-up programs.
- Family-Centered Care Services (FCCS) addresses families' medical and social conditions by providing resources, referrals, and support to families in obtaining accessible services within state departments, divisions, and county and municipal agencies. Our FCCS case managers refer children to NJ Early Intervention Services (NJEIS), assist with School IEP requests, transition to adult services and with locating services within their communities. In 2023, over 16,000 families received case management services.
- Specialized Pediatric Services Program (SPSP) consist of eight Child Evaluation Centers (CECs), three Pediatric Tertiary Centers, and five Cleft Lip/Palate Craniofacial Anomalies Centers. The SPS program aims to provide access to comprehensive, coordinated, culturally competent pediatric specialty and sub-specialty services to families with CYSHCN that are 21 years old or younger. In SFY22, there were a total of 117,551 patients served across all centers within the Specialized Pediatric Services Program.
- The NJ Early Intervention Services provides services to children from birth to three years of age who are experiencing developmental delays. Approximately 18,000 children receive services at any given time, including Occupational Therapy, Speech Therapy, Physical Therapy, and Developmental Intervention.
- NJ's Title V CYSHCN program collaborates with intergovernmental and community-based partners to ensure that care through these multiple systems is coordinated, family-centered, community-based, and culturally competent. Communication across state agencies and timely training for state employed staff, community-based organizations, and families with CYSHCN remain a priority to ensure that families are adequately supported.

*Cross-Cutting/Systems Building*

The Oral Health Services Unit (OHSU) continues to educate the public about the importance of preventive oral health services and good oral health, with programs predominately targeted to school-aged children and pregnant women. Other preventative services include dental screening, nutrition counseling, and placement of sealants and fluoride varnish for underserved, uninsured, and underinsured children across New Jersey. During 2021 – 2022, OHSU completed the first NJ third-grade oral health Basic Screening Survey (BSS), a national standard for establishing key oral health baseline data.

In January of 2023, NJ FamilyCare (NJ's Medicaid program) began covering dental insurance for all youth under 19 years old, and irrespective of their documentation status. This comprehensive dental program continues to extend beyond the identified population and to other eligible youth with comprehensive dental and medical benefits. To continue this important work, the Oral Health Services Unit has also expanded its dental sealant program, an evidence-based practice for low-income children and children at-risk of increased tooth decay. These and other programs have been created and expanded in response to BSS results, which found that approximately 36% of third graders in NJ experience tooth decay and disease, while the national average for the same population is around 20%. The need for continued oral health training for professionals working directly with the pregnant population is an imperative part of this work.

*COVID-19*
The impact of COVID-19 on all areas of maternal, child, and adolescent health has caused significant shifts in our understanding of health and disease burden. Moreover, the COVID-19 emergency exacerbated the disparity chasm between populations on the margin including people of color and the impoverished and those with more privilege and resources. While the COVID-19 pandemic and public health emergency has concluded, the consequences of this chapter in our history will be experienced for generations to come. NJ TVS continue to support the work and mission of Title V program and actively works on developing innovative ways to improve the health and well-being of NJ women, children, and families. For instance, TVP partnered with Rutgers Project ECHO to develop a CHW COVID-19-specific curriculum to raise awareness, identify the impact of COVID-19 in high-risk populations and combat the ill effects of COVID-19 in NJ.

## How Federal Title V Funds Complement State-Supported MCH Efforts

Title V Funds are essential in supporting NJ's MCH efforts. FHS uses Title V MCH funding as a source for multiple public health interventions to address health disparities and inequities for NJ's birthing people. The current initiatives positively impact health outcomes, risk factors, chronic diseases, mental health, and the COVID-19 response. Here are a few examples of key programs funded by Title V funding:

Healthy Women, Healthy Families initiative – to fund grantees that provide services and support birthing individuals in the communities and potentially improve maternal and infant health and reduce both Black Infant and Black Maternal mortality.

ConnectingNJ – to fund grantees to operate and maintain a single point of entry for families to access needed resources such as home visiting, community health worker support, doula care, etc.

NJ Fetal Infant Mortality Review (FIMR) - to fund grantees to conduct FIMR-related activities (e.g., Chart review, family interview); these activities that seek to identify ways to strengthen the systems of care and resources available to families to prevent future deaths.

School Health NJ - to fund grantees working with underserved school districts in NJ to create school nurse led school health teams and implement evidence based social-emotional learning programming aligned with the CDC Whole School, Whole Community, Whole Child framework.

Title V funding serves as the main funding source used by the NJ TVP to support MCH populations in accordance with Title V and other federal and state guidelines to protect and promote the health and well-being of women, children, and families. Please see the Table in the Expenditures Section. It depicts the federal / state partnership and how State MCH funds support Federal Title V funds.

Title V funds are used to support NJ's state-priority MCH efforts, including increasing equity in healthy births, reducing Black infant mortality, improving nutrition and physical activity, promoting youth development, improving access to quality care for children and youth with special health care needs, reducing teen pregnancy, improving, and integrating health information systems and smoking prevention. Therefore, Title V funds are necessary to equitably improve the health of birthing people and their families in NJ.

## MCH Success Story

A. Early in 2023, a baby was born with a time critical disorder called Glutaric Acidemia type 1 (GA1). A "Time Critical" disorder is a condition in which acute symptoms or potentially irreversible damage could develop in the first week of life, and for which early recognition and treatment can reduce risk of morbidity and mortality. The presumptive positive results for this baby were 10 times the critical cutoff and were reported to the newborn screening and genetic services. Follow up team when the baby was only five days old. A call was placed to the doctor listed on the baby's blood spot card; however, the doctor was not a pediatrician, but an internist the family used for adult care. A call was then placed to the birth hospital to see if they had a different pediatric doctor listed somewhere else in the chart but, no other physician was listed. To complicate matters further, the family didn't speak English, they spoke Gujarati, an Indian dialect, which resulted in difficulty contacting referrals in an efficient matter. However, an NSGS representative was connected to the family, and one who speaks Hindi, who could then help the family navigate the healthcare systems and ultimately determined that the family needed a specialist pediatric referral.

Once the specialist was contacted, the report was reviewed, and the baby was referred to be seen immediately. The NSGS program contacted the family's internist and he agreed to reach out to the family in Gujarati, communicate the urgency of the results, and provide directions to the specialist's office. The family was able to make it to the specialist's office in less than an hour from being contacted by the internist. The baby was subsequently seen by a needed specialist within 3 hours of a critical result being reported to NSGS follow-up. The baby is now connected to consistent treatment and thriving.

B. The Healthy Women, Healthy Families program provides support for qualifying pregnant and postpartum women throughout the state, with a particular focus on connecting women with postpartum doulas and community health workers (CHWs) in the "fourth trimester". One of these CHWs was working with a client who was living at a domestic violence shelter with two children under the age of 5 with special needs. At the beginning of the case management, the client was very resistant in providing information to the CHW, but as time passed, and with the CHW's genuine care, reliability, respect, active listening, and collaborative approach, they

built trust together. The client notified the CHW that she was pregnant with her third child, had no support from the biological father of the unborn baby, and was still at the domestic violence shelter. The client was worried about reaching the 3-year time limit at the shelter; the CHW worked on a plan with the client to notify the social worker about her current situation to see if they could provide any extension or assist the client with the transition to another shelter. The plan worked, the client received an extension at the domestic violence shelter, and the social worker assisted the client with the transition to Temporary Rental Assistance Housing. The client was placed in a temporary hotel, with limited access to grocery stores and laundromats and no transportation. The CHW sourced a double stroller, clothes, diapers, and wipes to support the client during this rough time. The community also assisted the client in finding transportation for medical appointments for the children and for the client for prenatal care appointments. The Temporary Rental Assistance Housing application was approved, and the CHW worked with the client to find an apartment. Once set up, the CHW helped the client find nearby pediatric clinics. The client gave birth to a healthy baby boy and learned to advocate for her family and herself. The client became an empowered woman and mother who never gave up on ensuring her children's well-being, which is a testament to her strength and determination, as well as the invaluable support provided by the CHW. *Note from this CHW*: “I am beyond blessed to have been part of my client's journey; I provided holistic care and assistance and advocated for my client's needs and rights. Overall, this story is a powerful reminder of the positive impact that dedicated individuals and supportive communities can have in helping families overcome adversity and build brighter futures. It highlights the importance of empathy, advocacy, and collaboration in promoting urban health, well-being, and resilience.”

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - New Jersey

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.