HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

NEW JERSEY

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

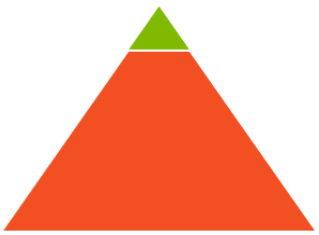
MCH Director	CSHCN Director	State Family or Youth Leader
Arturo Brito, MD, MPH	Dr. Marilyn Gorney-Daley	Diana MTK Autin
Deputy Commissioner, Public Health Services	Service Director SCHEIS	Executive Co-Director, Statewide Parent Advocacy N
arturo.brito@doh.state.nj.us	marilyn.gorney_daley@doh.state.nj.us	diana.autin@spannj.org
(609) 292-7836	(609) 292-4043	(973) 642-8100

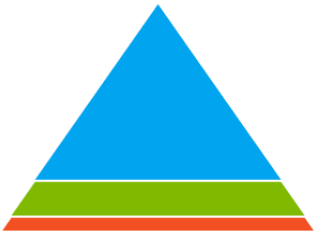
Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$9,730,620
State MCH Funds	$108,298,000
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$85,532,000
Enabling Services	$1,882,985	$16,471,000
Public Health Services and Systems	$7,847,635	$6,295,000





Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	97,311	$5,908,138	5.0%
Infants < 1 Year	99,558	$5,757,903	4.9%
Children 1-22 Years	205,607	$5,254,222	4.5%
CSHCN	62,800	$100,145,426	85.5%
Others *	30,000	$0	0.0%
Total	495,276	$117,065,689	100%

FY 2014 Expenditures

FY 2014 Individuals Served

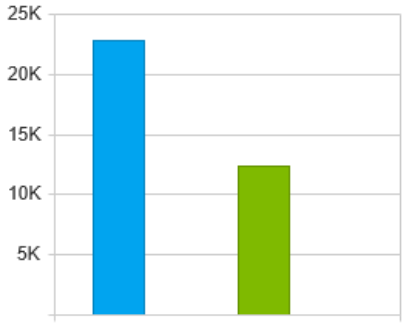
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	22,821
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	12,427
Other Toll-Free Calls:	0



Executive Summary

The mission of the Division of Family Health Services (FHS) is to improve the health, safety, and well-being of families and communities in New Jersey. The Division works to promote and protect the health of mothers, children, adolescents, and at-risk populations, and to reduce disparities in health outcomes by ensuring access to quality comprehensive care. Our ultimate goals are to enhance the quality of life for each person, family, and community, and to make an investment in the health of future generations. The Maternal and Child Health Block Grant Application and Annual Report that FHS submits each year to the Maternal Child Health Bureau (MCHB) provides an overview of initiatives, State-supported programs, and other State-based responses designed to address the maternal and child health (MCH) needs in New Jersey (NJ) as identified through our continuous needs assessment process and in concert with the Department of Health (NJDOH) strategic plan, the States' Health Improvement Plan, Healthy NJ 2020, and the collaborative process with other MCH partners.

NJ is the most urbanized and densely populated state in the nation with 8.9 million residents. It is also one of the most racially and ethnically diverse states in the country. The racial and ethnic mix for NJ mothers, infants, and children is more diverse than the overall population composition. This growing diversity not only raises the importance of addressing disparities in health outcomes and improving services to individuals with diverse backgrounds but also of the need to ensure a culturally competent workforce and service delivery system. Indeed, one of the three priority goals of the FHS Title V program is to increase the delivery of culturally competent services. The other two goals are to improve access to health services through partnerships and collaboration and to reduce disparities in health outcomes across the lifespan consistent with the Life Course Perspective (LCP).

Currently, FHS/Title V is collaborating with the NJDOH Office of Multicultural and Minority Health in completing a modified version of the cultural and linguistic competency assessment developed at the request of the Bureau of Primary Health Care by the National Center for Cultural Competence. The goal is to identify strengths, areas for growth and improvement that will lead to policy development, strategic planning and further quality improvement processes. FHS expects to enhance our service quality within culturally diverse communities leading to positive outcomes.

The goals and State Priority Needs (SPNs) selected by FHS are consistent with the findings of the Five-Year Needs Assessment, built upon the work of prior MCH Block Grant Applications/Annual Reports and in alignment with NJDOH's and FHS' goals and objectives. These are (1) increasing Healthy Births, (2) Improving Nutrition and Physical Activity, (3) Reducing Black Infant Mortality, (4) Promoting Youth Development, (5) Improving Access to Quality Care for CYSHCN, (6) Reducing Teen Pregnancy, (7) Improving & Integrating Information Systems, and (8) Smoking Prevention. Title V services within FHS will continue to support enabling services, population-based preventive services, and infrastructure building to meet the health of all NJ's families.

During a period of economic hardship and federal funding uncertainty, challenges persist in promoting access to services, reducing racial and ethnic disparities, and improving cultural competency of health care providers and culturally appropriate services. Thus evaluating existing programs to ascertain effectiveness is also a top priority for the FHS. As a result of our continuing quality improvement and evaluation process, the Access to Prenatal Care (Access) Initiative (2010-2013) was replaced, in 2014, by evidence based models and the initiative re-named Improving Pregnancy Outcomes (IPO) when the results of the Access Initiative did not produce the expected outcomes.

The IPO Initiative grants were awarded in 2014 through a request for proposals process. The IPO Initiative which promotes a LCP targets public health resources to communities with the highest need utilizing two models, Community Health Workers (CHWs) and Central Intake (CI) to improve quality access across three key life course stages: preconception, prenatal/postpartum and interconception care as a means to decrease infant mortality rates. The CHW model performs outreach and client recruitment within the targeted community to identify and enroll women and their families in appropriate care. The second model, Central Intake, is a single point of entry for screening and referral of women of reproductive age and their families to necessary medical and social services. Central Intake works closely with community providers and partners, including CHWs, to eliminate duplication of effort and services. Standardized screening tools are used and referrals to programs and services are tracked in a centralized web-based system (single point of entry and client tracking).

Augmenting the IPO Initiative is our participation in 2014 in the National Governors Association (NGA) Center for Best Practices' Learning Network on Improving Birth Outcomes (NGA IBO) Initiative. This initiative enabled NJ to explore evidence-based strategies shown to be effective in addressing poor birth outcomes. The first in-state meeting held on January 13, 2014 explored critical issues and set the agenda for future activities. This meeting, attended by a wide array of public and private partners, provided an awareness of NJ's prematurity rates and other related maternal and child health indicators and discussed the steps necessary to further move the needle on these important health indicators. Since the initial meeting, numerous meetings and workshops have been held. Three major workgroups (Payors, Data, and Wellness) were formed to explore the issues in-depth and develop recommendations for further action. A meeting was held June 2015 with the Commissioner of Health where final recommendations with action steps and specified responsible entities for accomplishing outcomes were present.

In 2014 FHS also participated in the Collaborative Improvement & Innovation Network to Reduce Infant Mortality (IM CoIIN) sponsored by the MCH Bureau. The IM CoIIN State Team from NJ identified two priority areas - improving maternal postpartum visit rates and smoking cessation for pregnant and post-partum women. The NGA IBO Initiative workgroups will continue as the IM CoIIN Strategy Teams work towards improving birth outcomes and preventing infant mortality.

Another program promoting the LCP and augmenting our efforts to reduce infant mortality, pre-term births and maternal morbidity and mortality is the Maternal and Infant Early Child Home Visiting (MIECHV) Program which has expanded Home Visiting (HV) across all 21 NJ counties with 5,339 families participating in HV during SFY 2014. The goal of the NJ MIECHV Program is to expand NJ's

existing system of home visiting services which provides evidence-based family support services to: improve family functioning; prevent child abuse and neglect; and promote child health, safety, development and school readiness.

Three other initiatives that are contributing towards positive outcomes in addressing three state priority areas such as reducing teen pregnancy; promoting youth development and improving physical activity and nutrition are the NJ Personal Responsibility Education Program (NJ PREP), a school- and community-based comprehensive sexual health education program that replicates evidence-based and medically accurate programs proven effective in reducing sexual risk behaviors such as unprotected sex, or in encouraging safer ones, such as abstinence, using condoms and other methods of practicing safer sex. And the New Jersey Abstinence Education Program (NJ AEP), providing 10– to 14-year-old adolescents with the knowledge and skills to abstain from or delay the initiation of sexual activity and make healthy decisions and positive choices.

To address the obesity epidemic, the ShapingNJ Partnership continues to grow, and currently boasts more than 320 organizations that have signed a formal agreement with ShapingNJ, committing to work to implement 10 obesity prevention strategies throughout the state.

To improve access to health services, the NJDOH has provided reimbursement for uninsured primary medical and dental health encounters through the designated Federally Qualified Health Centers (FQHCs). In SFY 2016 the State is funding the FQHCs with $32.3 million to continue to focus on the needs of the uninsured and particularly those residents not eligible for the Patient Protection and Affordable Care Act (ACA) and/or NJ FamilyCare under Medicaid Expansion who need access to care and meet eligibility requirements.

In the area of children and youth with special health care needs (CYSHCN), the Newborn Screening and Genetic Services (NSGS) Program is helping to ensure that all newborns and families affected by an abnormal screening result receive timely and appropriate follow-up services. NJ newborns currently receive screening for 55 disorders. On June 30, 2014 screening for Severe Combined Immunodeficiency (SCID) was implemented and by end of 2015/early 2016, implementation of screening for five lysosomal storage disorders will be implemented. NJ remains among the leading states in offering the most screenings for newborns. In addition to disorders detected through heel-stick, NJ's newborns are also screened for congenital heart disease through the Critical Congenital Heart Defects (CCHD) program. As of December 2014, DOH has received reports of 15 infants with previously unsuspected CCHDs detected through the screening program. FHS in partnership with the NJ NICU Collaborative is leading a multi-state evaluation of screening practices in the NICU.

The Early Hearing Detection and Intervention (EHDI) Program monitors compliance with the NJ universal newborn hearing screening law and measures NJ's progress in achieving the national EHDI goals is currently engaged in holding a webinar series for EHDI hospital contacts, "EHDI Chats," on topics of interest to coordinators. The first webinar was held in March 2015 and focused on strategies to improve follow-up in inner-city populations. The second was held in April 2015 and reviewed the Plan-Do-Study-Act (PDSA) model of quality improvement process and their third is scheduled for July 2015 and will discuss successfully implemented PDSAs.

Given the high rates of autism reported in NJ, FHS implemented the Birth Defects and Autism Reporting System (BDARS) in 2009. BDARS is a tool for surveillance, needs assessment, service planning, research, and most importantly for linking families to services. The BDARS, at present, refers all living children and their families to the Special Child Health Services Case Management Units (SCHS CMUs), which are within the Family Centered Care Services (FCCS) Program.

The FCCS program promotes access to care through early identification, referral to community-based culturally competent services and follow-up for CYSHCN age birth to 21 years of age. Ultimately, services and supports provided through Special Child Health Services Case Management Units (SCHS CMUs), Family WRAP (Wisdom, Resources, and Parent to Parent), and Specialized Pediatric Services Providers (SPSP) via Child Evaluation Centers (CECs), Cleft Lip/Palate Craniofacial, and Tertiary Care Services are constructs that support NJ's efforts to address the six MCH Core Outcomes for CYSHCN. This safety net is supported by State and Title V funds administered via community health service grants, local support by the County Boards of Chosen Freeholders, reimbursement for direct service provision, and technical assistance to grantees. Through our Title V program partners, FHS continues to address families' social conditions by providing, in addition to quality health care, referrals to support services such as public health insurance options, legal services, food stamps, WIC, employment and public assistance. These are critically important to improve health outcomes and decrease the need for drugs or other medical interventions, improve quality, and reduce costs.

In 2014, CMU staffs launched a quality improvement project to enhance consistency in documentation within individualized service plans across the SCHS CMUs, and to improve upon the Case Management Referral System's (CMRS) data gathering capability. Information garnered from this initiative is anticipated to enhance NJ's efforts to improve performance on the six core MCHB outcomes for CYSHCN. However, the challenges of reconfiguring data reporting and tracking systems, as well as training and retraining State and community-based agencies, while keeping the needs of CYSHCN and their families center to our mission is a continuing challenge.

The reorganization of State services and supports for CYSHCN by our intergovernmental partners provided an opportunity to realign pathways for families and providers to access a continuum of care across the lifespan. Concurrently, the Affordable Care Act's assurances pose challenges as well as benefits for families with CYSHCN to maintain and optimize access to community-based care. These exciting changes are anticipated to broaden health insurance access. NJ's Title V CYSHCN program diligently collaborates with intergovernmental and community-based partners to ensure that care through these multiple systems will be coordinated, family centered, community-based, and culturally competent. Communication across State agencies and timely training for State staffs, community-based organizations and families with CYSHCN remains a priority to ensure that families are adequately supported during the reorganization of these systems.

Family input is centric to development and evaluation of FCCS programs. In 2014, the Title V program initiated family satisfaction surveys in English and Spanish. Nearly 1,800 responses were received and 150 respondents completed their open ended questions in Spanish. In 2015, results will be shared with provider agencies, and used in review and planning for services. Findings from the family satisfaction surveys should indicate areas for further investigation and quality improvement. Additionally, family and youth input on multi-system access to care is obtained through the Community of Care Consortium, a coalition led by Statewide Parent Advocacy Network, a key partner to NJ's Title V program and comprised of parents of CYSHCN and youth, State agency representatives, and community-based organizations.

In sum, NJ is actively working on ways to improve outcomes while simultaneously celebrating some already achieved improvements, to the benefit of the women and children served as a result of the strong partnership between the State and the MCH Bureau.