HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

NEW JERSEY

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - New Jersey

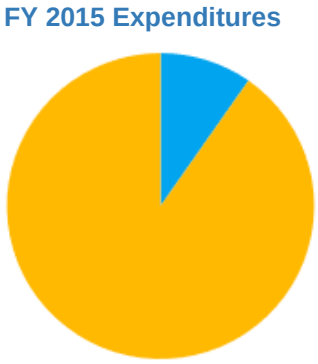
The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2017 Application / FY 2015 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
Lakota Kruse, MD, MPH Interim Title V Director lakota.kruse@doh.nj.gov (609) 292-4043	Dr. Marilyn Gorney-Daley Service Director SCHEIS marilyn.gorney_daley@doh.nj.us (609) 292-4043	Diana MTK Autin Executive Co-Director, Statewide parent Advocacy N diana.autin@spannj.org (973) 642-8100

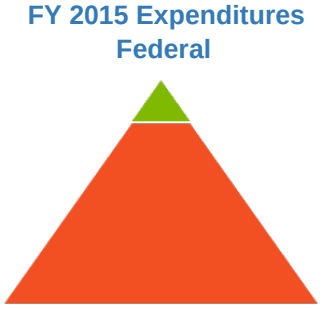
Funding by Source

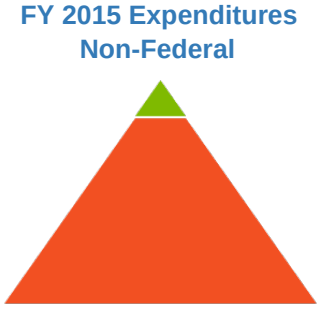
Source	FY 2015 Expenditures
Federal Allocation	$12,069,963
State MCH Funds	$112,335,864
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$2,228,599	$18,120,473
Public Health Services and Systems	$9,841,364	$94,215,391





Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	96,471	$5,706,929	4.6%
Infants < 1 Year	103,305	$5,477,241	4.4%
Children 1-22 Years	206,221	$6,360,046	5.2%
CSHCN	64,700	$105,732,529	85.8%
Others *	30,000	$0	0.0%
Total	500,697	$123,276,745	100%

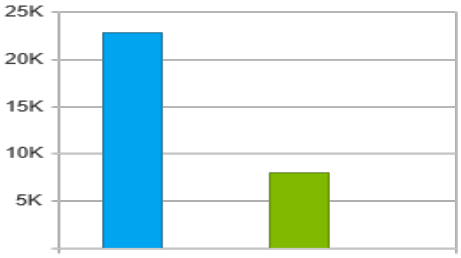
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2015 Expenditures

FY 2015 Individuals Served

Communication Reach

Communication Method	Amount
State Title V Website Hits:	22,821
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	7,974
Other Toll-Free Calls:	0



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Increase first trimester prenatal care rate
NPM 4	Breastfeeding	ESM 4.1	Increase the Percentage of Births in Baby Friendly Hospitals
NPM 5	Safe Sleep	ESM 5.1	Promote the complete Infant Safe Sleep Environment
NPM 6	Developmental Screening	ESM 6.1	Promote parent-completed early childhood developmental screening using an online ASQ screening tool.
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of pediatric patients served in practices participating in the Medical Home Technical Assistance Program in the last year.
NPM 11	Medical Home	ESM 11.1	Percent of CYSHCN ages 0-18 years served by Special Child Health Services Case Management Units (SCHS CMUs) with a primary care physician.
NPM 12	Transition	ESM 12.1	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
NPM 13	Preventive Dental Visit	ESM 13.1	Preventive and any dental services for children enrolled in Medicaid or CHIP (CMS-416)

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	The percentage of Black non-Hispanic preterm births in NJ	Perinatal/Infant Health
SPM 2	The percentage of children (≤6 years of age) with elevated blood lead levels (≥10 ug/dL).	Child Health
SPM 3	Percentage of newborns who are discharged from NJ hospitals, reside in NJ, did not pass their newborn hearing screening and who have outpatient audiological follow-up documented.	Children with Special Health Care Needs, Perinatal/Infant Health
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.	Children with Special Health Care Needs
SPM 5	Age of Autism Diagnosis	Children with Special Health Care Needs

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. FHS 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 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).

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.

Based on NJ's eight selected SPNs as identified in the Five-Year Needs Assessment, NJ has selected the following ten 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 #8 Physical activity,

NPM #10 Adolescent Preventive Medical Visit

NPM #11 Medical Home,

NPM #12 Transitioning to Adulthood,

NPM #13 Oral Health, and

NPM #14 Household Smoking.

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 Initiaitve (IPO).

The IPO Initiative grants were awarded in 2014 through a request for proposals process. The IPO Initiative which promotes a life course perspective (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, CI, is a single point of entry for screening and referral of women of reproductive age and their families to necessary medical

and social services. CI 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 (SPECT - single point of entry and client tracking).

Augmenting the IPO Initiative is our participation in the National Governors Association Center for Best Practices' Learning Network on Improving Birth Outcomes (NGA IBO) Initiative. 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 January of 2016, the recommendation report was completed and several working groups members have taken the lead in implementing recommendations.

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. IM CoIIN activities have been extended to July, 2017.

Another program promoting the LCP and augmenting our efforts to reduce infant mortality, pre-term births and maternal morbidity is the Maternal and Infant Early Child Home Visiting (MIECHV) Program which has expanded Home Visiting (HV) across all 21 NJ counties with 6,857 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.

Other initiatives that are contributing towards positive outcomes in addressing the state priority areas such as reducing teen pregnancy; promoting youth development and improving physical activity and nutrition are the NJ Personal Responsibility Education Program, and the NJ Abstinence Education Program.

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 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 with pulse oximetry through the Critical Congenital Heart Defects (CCHD) screening program. As of December 2015, DOH has received reports of 20 infants with previously unsuspected CCHDs screening detected through the screening program.

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 (QI) project to enhance consistency in documentation within individual 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 Outcomes for

CYSHCN, as well as targeted improvement in CMRS documentation in the following two areas; transition to adulthood and access to a medical home. The 2014 findings were used as a baseline to compare with New Jersey and the nation's performance as reported on the National Survey, and 2015 data was collected for comparison. Results are discussed in Plan for the Application Year - NPM #11 and NPM #12.

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 2015, the Title V program initiated family satisfaction surveys in English and Spanish. Over 800 responses were received and nearly 150 respondents completed their open ended questions in Spanish. In 2016, results will be shared with provider agencies, and used in review and planning for services. To date, 82% of the 18 participating agencies have submitted family satisfaction surveys for State office review and analysis. Data is being cleaned and tabulated at the State office, and upon receipt of the remaining surveys a final report is anticipated to be prepared in the fall 2016. 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 2015, the Department received a 2-year/$300,000 HRSA State Implementation Grant for Enhancing the System of Services for CYSHCN through Systems Integration D-70 grant opportunity. This project enhances NJ's capacity to improve upon the proportion of CYSCHN who receive integrated care through a patient-centered medical home or health home approach. Working in collaboration with community partners including the NJ Academy of Pediatrics/Pediatric Council on Research and Education (NJ AAP/PCORE), the Statewide Parent Advocacy Network (SPAN), NJ Medicaid and others, this initiative addresses access to a medical home through collaborative partnerships across agencies, organizations and programs, and the development of policy and programs to ensure CYSHCN receive the comprehensive services and supports needed. As part of the overall arching goals of the project the partnerships foster (1) development of a shared resource, (2) integration of care for CYSHCN with the goal of working towards creating a comprehensive system of care for CYSHCN, and (3) a strategy to improve cross-system care coordination.

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.