



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEW JERSEY

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 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
Dr. Marilyn Gorney-Daley MCH Services Director marilyn.gorney-daley@doh.nj.gov (609) 292-4043	Dr. Sandra Howell SCHEIS Director sandra.howell@doh.nj.gov (609) 292-4043	Diana MTK Autin Executive Co-Director, Statewide Parents Advocate Network diana.autin@spanadvocacy.org (973) 642-8100

Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$10,341,324
State MCH Funds	\$141,274,423
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

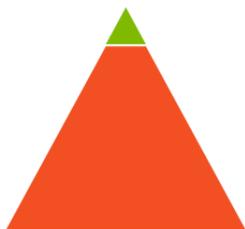
FY 2018 Expenditures



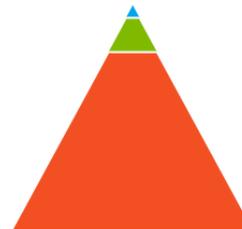
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$7,453,000
Enabling Services	\$1,715,406	\$21,275,188
Public Health Services and Systems	\$8,625,918	\$117,374,539

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



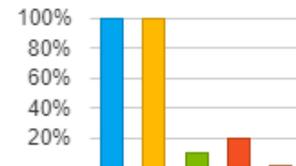
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	100.0%	\$13,817,629
Infants < 1 Year	100.0%	\$6,138,940
Children 1 through 21 Years	10.0%	\$6,391,045
CSHCN (Subset of all Children)	19.0%	\$124,277,518
Others *	1.0%	\$0

FY 2018 Expenditures
Total: \$150,625,132



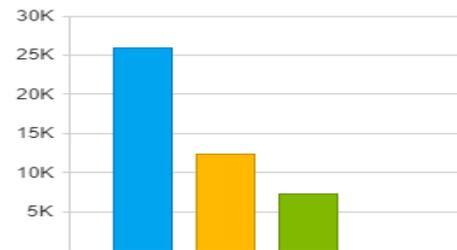
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	25,888
State Title V Social Media Hits:	12,400
State MCH Toll-Free Calls:	7,285
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
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 8	Physical Activity	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	Child Health
NPM 14	Smoking	Women/Maternal Health

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 (no co-sleeping, on back, and no soft bedding)
NPM 6	Developmental Screening	ESM 6.1	Promote parent-completed early childhood developmental screening using an online ASQ screening tool.
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.1	Number of schools participating in an activity (training, professional development, policy development, technical assistance) to improve physical activity among children (6-17).
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 and/or Shared Plan of Care (SPoC).
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 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Preventive and any dental services for children enrolled in Medicaid or CHIP (CMS-416)
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	Increase referrals of pregnant women to Mom's Quit Connection.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	The percentage of Black non-Hispanic preterm births in NJ	Cross-Cutting/Systems Building
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
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

Program Overview

The mission of the NJ Department of Health (NJDOH), Division of Family Health Services (FHS) is to improve the health, safety, and well-being of families and communities in New Jersey (NJ). 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's strategic plan, the State's 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 9.0 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 through a well-trained workforce. 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 Children and Youth with Special Health Care Needs (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.

Although the overall infant mortality rate in New Jersey is lower than the national rate (4.8 per 1,000 live births versus 5.9 per 1,000 live births in 2015), the disparity between white, non-Hispanic (NH), and black, NH, is significant. The infant mortality rate for black, NH, is more than three times that of white, NH, and this disparity has remained constant for at least ten years. Additionally, disparities are seen between New Jersey counties and municipalities in terms of black infant mortality rates and other health outcomes. Counties such as Atlantic, Camden, Cumberland, Essex, Hudson, Mercer, and Passaic have black infant mortality rates ranging from 6.5 per 1,000 births to 17.1 per 1,000 births. Further investigation within these counties showed that certain municipalities drive these high county rates and therefore, a specific focus on municipalities is necessary to address disparities. In an attempt to identify some of the root causes of this issue, three (3) regional focus groups were performed with key stakeholders. These focus groups helped identify some of the social determinants of health (SDOH) that contribute to the persisting disparities.

As a result, the Healthy Women, Healthy Families (HWHF) Initiative (formerly the Improving Pregnancy Outcomes (IPO) initiative) is focused on working to help community-based programs improve services and provide quality access to perinatal care to reduce disparities in birth outcomes. HWHF grants were awarded in July 2018 through a competitive request for proposals (RFP) process. The goal of this initiative is to improve maternal and infant health outcomes for women of childbearing age (defined by CDC as 15-44 years of age) and their families, with a focus on black families, through a collaborative and coordinated community-driven approach. This is being done using a two-pronged approach: 1) county-level activities focus on providing high-risk families and/or women of childbearing age access to resource information and referrals to local community services that promote child and family wellness and 2) Black Infant Mortality (BIM) municipality level activities focus on black NH women of child-bearing age by facilitating community linkages and supports, implementing specific BIM programs, and providing education and outreach to health providers, social service providers and other community level stakeholders.

New Jersey is taking a targeted approach to reducing BIM rates through the enhancement of existing programs and creating new programs with the emphasis on this priority population. New Jersey recognizes the importance of a statewide collaboration of existing and non-traditional partners to address the SDOH which will be instrumental in moving the needle on Black Infant Mortality reduction. As a result, partners from the Departments of Labor and Workforce Development, Education, Transportation, Children

and Families, Human Services, the Office of the Attorney General and the community will strategically collaborate to reduce black Infant mortality. FHS will be working very closely with NJDOH Office of Population Health and has created an FHS-Population Health Team (FHS-PHT) with the purpose of: (a) ensuring health in all policies, (b) leveraging resources and inter- and intra-departmental collaborations, and, (c) addressing health disparities using a multi-sectorial approach.

The HWHF Initiative will continue to expand outreach and increase referrals to community-based MCH services. Outreach is a major component for the Community Health Workers. They are the boots on the ground, trusted members of the community that provide services in a culturally and linguistically competent manner. As of May 10, 2019, more than 17,000 women have been screened since 2018 and more than 9,000 were connected to programs like HWHF, Home Visiting and Healthy Start. Additionally, HWHF will require Community Health Workers to provide case management and more intensive follow ups. The HWHF initiative also has a heavy focus on the use of metrics that will guide the grantees to be more outcomes-focused in their activities.

Another program promoting the Life Course Perspective 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 6,997 families participating in HV during SFY 2018. 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 contributing towards positive outcomes in addressing the State's priority areas of reducing teen pregnancy, promoting youth development, and improving physical activity and nutrition are the Whole School, Whole Community, Whole Child (WSCC) School Health NJ Project, the NJ Personal Responsibility Education Program (PREP), and the NJ Abstinence Education Program (AEP).

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 2019, the State is proposing funding of the FQHCs with \$30 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 61 disorders. In July 2018, screening for six lysosomal storage disorders was implemented which brings the total number of disorders NJ screens newborns for to 61. 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 April 2019, NJDOH has received reports of 28 infants with previously unsuspected CCHDs 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 CYSHCNs up to 21 years of age. Ultimately, services and supports provided through 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 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; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); employment; and public assistance. These service referrals are critically important to improve health outcomes and decrease the need for drugs or other medical interventions, improve quality of life, and reduce costs.

In 2019, CMU staffs continued to build upon a quality improvement (QI) initiative initially launched in 2014 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, to promote targeted improvement in CMRS documentation in the following two areas; transition to adulthood and access to a medical home. Staff used the 2014 findings as a baseline to compare with NJ and the nation's performance as reported on the National Survey, and comparison data is collected annually, beginning in 2015. Results are discussed in Plan for the Application Year – National Performance Measure (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 and 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.

Additionally, family and youth input on multi-system access to care is obtained through the Community of Care Consortium, a coalition led by SPAN statewide Parent Advocacy Network (SPAN), 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 because of the strong partnership between the State and the MCH Bureau.

How Federal Title V Funds Support State MCH Efforts

Title V Funds are essential in supporting NJ's MCH efforts. With regard to maternal mortality, the Department of Health provides Title V funds to the Central Jersey Family Health Consortia to implement the Maternal Mortality Review Committee. The funds are used for staff to do chart abstraction, case summaries and data entry into the Maternal Mortality Review Information Application system being used in collaboration with CDC. Improving maternal and infant health and reducing both Black Infant and Black Maternal Mortality are priorities in NJ. Title V funds are being used for the Healthy Women, Healthy Families Initiative, which is focused on addressing disparities, including Black Infant Mortality. The Table in Section 3.D.1. Expenditures on page 41 demonstrates the federal/state partnership and how FY 2019 Federal Title V funds (\$11,500,000) are supported by State MCH funds (\$158,057,356).

Title V funds are used to partially fund the Fetal Infant Mortality Review programs in the Maternal Child Health Consortia. Title V funds are also used to partially fund the Family Health Line which is the 1-800 number for referrals to a variety of programs and services.

Title V funds are used to support NJ's MCH efforts in 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.

MCH Success Story

This year's MCH success story for NJ is the Healthy Women, Healthy Families program, which is a five-year state-wide grantee program implemented on July 1, 2018, includes six community-based grantees in 12 regions and is focused on improving birth outcomes and reducing black infant mortality. Specific black infant mortality reduction activities in 8 municipalities (Atlantic City, Camden, East Orange, Irvington, Jersey City, Newark, Paterson, and Trenton) include breastfeeding, centering, fatherhood initiatives, and doulas. As of May 10, 2019, though the \$4.7 million investment in HWHF, the Department of Health has provided funding for partners to hire 77 outreach workers – 40 doulas, 29 Community Health Workers, and eight Community Health Worker supervisors – to improve maternal health, especially the health of black women.

As of May 10, 2019, more than 17,000 women have been screened since 2018 and more than 9,000 were connected to programs like HWHF, Home Visiting and Healthy Start. Nearly three-quarters of these women were pregnant and nearly 30 percent reside in the 8 municipalities with the highest rates of black infant mortality. 92 women are participating with the Doula pilot program with 44 having delivered their child with the support of a doula.

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.