



## **The Maternal and Child Health Block Grant**

### **What is the Maternal and Child Health Block Grant?**

The Maternal and Child Health Program is administered by the U.S. Department of Health and Human Services Division of Maternal and Child Health. It is a partnership between the U.S. Department of Health and Human Services and State Departments of Health. Each year, state Departments of Health, including the New Jersey Department of Health, submit a Maternal and Child Health Block Grant application for funding to the U.S. Department of Health and Human Services. The application is reviewed by representatives from the U.S. Department of Health and Human Services as well as by professionals in the field of maternal and child health as well as parent leaders. The amount allocated to each state is based on a formula that takes into consideration the number of low-income children in that state compared to the total number of low-income children in the U.S., as well as overall child population.

### **What is the purpose of the Title V Maternal and Child Health Program?**

The Title V Maternal and Child Health program seeks to:

1. Assure access to quality care, especially for those with low-incomes or limited availability of care;
2. Reduce infant mortality;
3. Provide and ensure access to comprehensive prenatal and postnatal care to women (especially low-income and at risk pregnant women);
4. Increase the number of children receiving health assessments and follow-up diagnostic and treatment services;
5. Provide and ensure access to preventive and child care services as well as rehabilitative services for certain children;
6. Implement family-centered, community-based, systems of coordinated care for children with special healthcare needs; and
7. Provide toll-free hotlines and assistance in applying for services to pregnant women with infants and children who are eligible for Title XIX (Medicaid).

### **How does a state decide how to allocate its MCH Block grant funds?**

Every five years, the state must conduct a statewide, comprehensive needs assessment. The state uses that needs assessment to identify priority areas to improve outcomes for maternal and child health. The state reviews National Health Standards/Outcome Measures (there are 24 NHS/OMs) and other national, state, and local data including information from stakeholders who receive and deliver MCH services, to identify its strengths and needs. (Examples of the NHS/OMs include the % of children without health insurance, the % of children or adolescents who are overweight or obese, and the % of children with special healthcare needs receiving care in a well-functioning system, among others). The state uses their needs assessment to develop an action plan and identify how to allocate funds among the six MCH populations. These populations are: Maternal/Women's Health; Perinatal/Infant Health; Children; Adolescents/Young Adults; Children with Special Healthcare Needs; and Cross-Cutting or Life Course. At least 30% of the funds must be allocated to services and supports for children with special healthcare needs and their families, and at least 30% must be earmarked for preventive and primary care services for children. States can't use any more than 10% of their Title V funds on administrative costs. Title V MCH Block grant funds can also be used to cover direct services to the maternal and child health population that aren't covered by any other program. States must match at least every \$4 of federal Title V money by at least \$3 of state and/or local money.

## **What are the National Performance Measures? What MCH populations do they address?**

- NPM 1:** Well-woman care (Women, Maternal)
- NPM 2:** Low risk cesarean deliveries (Women, Maternal)
- NPM 3:** Risk Appropriate Prenatal care (Perinatal, Infant)
- NPM 4:** Breastfeeding (Perinatal, Infant)
- NPM 5:** Safe sleep (Perinatal, Infant)
- NPM 6:** Developmental screening (at appropriate times using appropriate tools) (Children)
- NPM 7:** Injury Hospitalization (Child, Adolescent)
- NPM 8:** Physical Activity (Child, Adolescent)
- NPM 9:** Bullying (Adolescent)
- NPM 10:** Adolescent well-visit (Adolescent)
- NPM 11:** Access to a medical home to coordinated all needed healthcare services (Children, children with special healthcare needs)
- NPM 12:** Transition to adult systems of care (Children with special healthcare needs, children)
- NPM 13:** Preventive Dental Visit (children)
- NPM 14:** Household smoking (Cross-cutting/life course)
- NPM 15:** Adequate insurance coverage (Cross-cutting/life course)

## **Annual Reports**

As part of their MCH Block Grant application, states must include an annual report. The annual report starts with a State Overview and includes any update on state needs assessments, and then a progress report on their program activities and performance on at least 5 of the 15 National Performance Measures (NPMs) (they must have at least one NPM for each of the five MCH populations). If states have developed one or more State Performance Measures (SPMs) to address their identified priorities, they must also report on progress on these SPMs. States report on the performance measures (PMs) they chose for each NPM they select. States also report on the Structural/Process Measures (S/PMs) they are using to address the NPMs and their Evidence-Based Strategy Measures to improve performance on each item. Each of the five MCH populations must have its own performance update section. You can find these annual reports and block grant applications for all states at <https://mchdata.hrsa.gov/tvisreports/>.

## **New Jersey's Maternal and Child Health Block Grant**

### **What are New Jersey's priorities for maternal and child health?**

The New Jersey Department of Health Division of Family Health Services is New Jersey's Title V Maternal and Child Health agency. New Jersey's Title V has identified (a) improving access to health services, (2) reducing disparities in health outcomes, and (3) increasing cultural competency of services as its three priority goals. Specific focus areas include improving birth outcomes, preventing obesity, early access to prenatal care, reducing black infant mortality, improving nutrition and healthy activity, promoting youth development, smoking prevention, improving access to quality care for children and youth, and improving and integrating information systems.

### **What are New Jersey's State selected National Performance Measures (NPMs)?**

New Jersey selected NPM 1 (well-woman care); #4 (breastfeeding); #5 (safe sleep); #6 (developmental screening); #8 (physical activity); #10 (adolescent preventive medical visit); #11 (medical home for children with and without special needs); #12 (transition to adulthood); #13 (oral health); and #14 (household smoking). The chart below lists the NJ State Priority Needs and the corresponding New Jersey-selected National Performance Measure, as well as SPAN projects that focus on improving the state's performance in each area.

NJ State Priority Needs (SPN)	NJ National Perf. Measures	SPAN Project
SPN #1 Increasing healthy births SPN #3 Reducing Black Infant Mortality	NPM #1 Well Woman Care	<ul style="list-style-type: none"> <li>• Preventing Fetal Alcohol Spectrum Disorders</li> <li>• Community Doula project</li> <li>• Partners for Prevention of Birth Defects</li> </ul>
SPN #3 Reducing Black Infant Mortality	NPM #4 Breastfeeding	<ul style="list-style-type: none"> <li>• Community Doula project</li> </ul>
SPN #3 Reducing Black Infant Mortality	NPM # 5 Safe Sleep	<ul style="list-style-type: none"> <li>• Community Doula project</li> </ul>
SPN #5 Improving Access to Quality Care for CYSHCN	NPM #6 Developmental Screening	<ul style="list-style-type: none"> <li>• Bright Futures</li> <li>• Family Resource Specialists (FRS) @ Autism Medical Homes</li> <li>• Health Advocacy Toolkit</li> <li>• Health &amp; Education Rights of CYSHCN in Child Welfare &amp; Juvenile Justice</li> <li>• Learn the Signs. Act Early</li> <li>• NJ Inclusive Child Care Project (NJICC).</li> </ul>
SPN #2 Improving Nutrition & Physical Activity	NPM #8 Physical Activity	<ul style="list-style-type: none"> <li>• NJICC</li> <li>• Obesity Prevention</li> <li>• Parents As Champions/ Whole School Whole Child</li> </ul>
SPN#4 Promoting Youth Development SPN #5 Improving Access to Quality Care for CYSHCN	NPM #10 Adolescent Preventive Medical Visit	<ul style="list-style-type: none"> <li>• Bright Futures</li> <li>• Health Advocacy Toolkit</li> <li>• Health &amp; Education Rights of CYSHCN in CW &amp; JJ</li> </ul>
SPN #5 Improving Access to Quality Care for CYSHCN	NPM #11 Medical Home	<ul style="list-style-type: none"> <li>• Bright Futures</li> <li>• Family to Family Health Information Center (F2F)</li> <li>• Family WRAP/D70</li> <li>• Health &amp; Education Rights of CYSHCN in CW &amp; JJ</li> </ul>
SPN#4 Promoting Youth Development SPN #5 Improving Access to Quality Care for CYSHCN	NPM #12 Transition to Adulthood	<ul style="list-style-type: none"> <li>• F2F</li> <li>• Family WRAP/D70</li> <li>• Health Advocacy Toolkit</li> <li>• Health &amp; Education Rights of CYSHCN in CW &amp; JJ</li> <li>• Parent Training &amp; Information Center (PTI)</li> <li>• REACH for Transition</li> </ul>
SPN #5 Improving Access to Quality Care for CYSHCN	NPM #13 Oral Health	<ul style="list-style-type: none"> <li>• F2F</li> <li>• Health Advocacy Toolkit</li> <li>• Health &amp; Education Rights of CYSHCN in CW &amp; JJ</li> </ul>
SPN #3 Reducing Black Infant Mortality SPN #8 Smoking Prevention	NPM #14 Household Smoking	<ul style="list-style-type: none"> <li>• Stakeholders for Prevention</li> <li>• Community Doula project</li> </ul>
SPN #7 Improving & Integrating Information Systems	NPM All	<ul style="list-style-type: none"> <li>• Enhancement of SPAN Contact management system</li> </ul>

## **Specific Activities Supported in Part by the Maternal and Child Health Block Grant**

***Childhood Lead Poisoning Prevention Project:*** The NJ Healthy Homes Training Center provides professional development for health, social services, and housing home visitors as well as housing inspectors on lead poisoning prevention and detection, as well as resources to serve children who are lead poisoned.

***Children with Special Health Care Needs:*** NJ funds a network of county Special Child Health Services Case Management Units to provide case management to families of children with special healthcare needs. All families of children on the registry are connected to their local county Special Child Health Services Case Management Unit for follow-up support. SPAN Family Resource Specialists work with the Case Management Unit in each county to provide additional support, information and advocacy. Title V also supports NJ Statewide Parent to Parent (providing emotional support and connection to resources for families), and NJ's Family Voices State Affiliate Organization, which works to keep families at the center of children's healthcare. NJ funds 10 Child Evaluation Centers including 5 Fetal Alcohol Spectrum Disorder Diagnostic Centers, 5 Cleft Lip/Palate Craniofacial Centers, and 3 Tertiary Care Centers. The Ryan White Part D Family Centered HIV Care Network coordinates access to HIV/AIDS treatment and family support via a network of 7 regional centers who collaborate on community education activities with the AIDS Education Training Center.

***Parents As Champions for School Health:*** Three regional grantees work with schools to help them assess their current status and implement the Center for Disease Control's Whole School, Whole Child program. School teams can also apply for mini-grants. SPAN is funded to train parent leaders to advocate for and help implement effective Whole School, Whole Child initiatives in their schools and districts via the Parents as Champions for School Health project. Trained parent leaders can work with their schools to secure mini-grants around coordinated school health and parent engagement.

***Improving Access to Health Services:*** New Jersey provides reimbursement for uninsured primary medical and dental health services through Federally Qualified Health Centers.

***Healthy Women Healthy Families Initiative:*** The New Jersey Department of Health selected Central Intake and Community Health Worker, Centering Pregnancy, black breastfeeding, and fatherhood grantees to improve Black maternal and infant health outcomes in the communities with the highest need, as well as three pilot Community Doula projects. (SPAN is the Essex County Community Doula grantee. In addition to the work of the Community Health Workers and Community Doulas, SPAN facilitates a leadership development program for 10 women each year and provides them with funds to initiate educational and support activities in their local community). With funding from the New Jersey Departments of Health, Children and Families, and Education, every county has a Central Intake for families of young children to access information. In addition, New Jersey is participating in the National Governors Association Center for Best Practices' Learning Network on Improving Birth Outcomes. SPAN is funded to participate on the state Collaborative Improvement and Innovation Network (COIIN) team, and to conduct focus groups with diverse women of childbearing age around unnecessary cesarean deliveries, smoking cessation strategies, and post-pregnancy visits.

***Maternal and Child Health Consortia:*** The State funds three regional MCH Consortia to promote the delivery of high quality care to pregnant women and newborns, maximize utilization of highly trained perinatal staff and intensive care facilities, and promote a coordinated and cooperative prevention-oriented approach to perinatal services. The Consortia support efforts to screen pregnant women for substance use and smoking and provide educational forums on these topics as well as post-partum depression.

**Maternal and Infant Early Child Home Visiting:** Evidence-based home visiting is available in every county; last year, there were 76,628 home visits to 12,713 parents and children in 6,857 families. Each of NJ's 21 counties has at least one Healthy Families America, Nurse-Family Partnership, and Parents As Teachers program (each of the 3 models exists in all 21 counties).

**Newborn Screening and Genetic Services Program:** All newborns in NJ are screened for 55 disorders. Follow-up services include notification and communication with parents, primary care providers, pediatric specialists, and others, to ensure the baby has access to testing and treatment. Last year, 99,523 newborns had initial screens and 5,311 infants had out of range screening results. NJ is also the first state in the nation to mandate newborn pulse oximetry screening to detect Critical Congenital Heart Disease. In addition to newborn screening, New Jersey law requires that children with autism also be connected to the registry at whatever age they are identified.

**NJ Children's Oral Health Program:** Regional Oral Health Coordinators provide oral health education and hygiene instruction to students in high need/high risk areas of the state. The program also supports a voluntary school-based fluoride mouth rinse program, Save our Smiles, as well as Project BRUSH, a school-based interactive oral health learning and engagement initiative.

**NJ Parent Link, NJ's Early Childhood, Parenting, and Professional Resource Center:** NJ Parent Link is the gateway to all State services and resources for parents of young children and the professionals who serve them. The website includes interactive consumer content sections, tailored subscription services, a community calendar of events, continuing education/leadership postings, a children's art gallery, an easy to navigate En Espanol feature, and a translation feature.

**Obesity Prevention:** The Shaping NJ for Partnership for Nutrition, Physical Activity, and Obesity Prevention involves 320 partners working to implement 10 obesity prevention strategies and disseminate toolkits for use in various settings including early childhood settings. It is overseen by the Office of Chronic Disease Prevention and Control Services.

**Teen Pregnancy Prevention:** The NJ Abstinence Education Program provides services to youth who are at high risk for teen pregnancy, Sexually Transmitted Diseases, and teen birth; the NJ Personal Responsibility Education Program provides support to replicate evidence-based programs with proven effectiveness in changing behaviors to delay sexual activity, increase condom or contraceptive use for sexually active youth, or reduce pregnancy among youth.

**Want to learn more about the block grant?** You can find New Jersey's most recent MCH Block Grant application which contains information on state performance on national and state performance measures at [www.spanadvocacy.org/content/help-identify-needs-njs-maternal-and-child-health-needs-assessment](http://www.spanadvocacy.org/content/help-identify-needs-njs-maternal-and-child-health-needs-assessment).

**Want to learn more about SPAN's programs funded or related to the block grant?** You can find information on SPAN's array of programs and services funded by or related to the block grant on our website, [www.spanadvocacy.org](http://www.spanadvocacy.org); go to the Programs pull-down menu and check out Family WRAP; Family Voices and our Family to Family Health Information Center; Parent to Parent; the Community of Care Consortium for Children with Special Healthcare Needs; Community Doula/Community Health Workers; Partners for Prevention of Birth Defects and Developmental Disabilities; Parents As Champions for Healthy Schools; and Transition to Adult Life.

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