

MAP to Action

Resources: Community-Based Social Supports

MAP WORK SESSION - Thursday, 2/2 at 10am

Improve Community-Based Social Supports

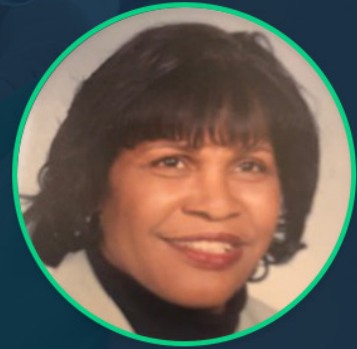
Expert Co-Facilitators



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Moderators



Moderator:
Linda Schwimmer,
*President & CEO, New Jersey
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Moderator:
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NEW JERSEY HEALTH CARE
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View Recording of This Session: <https://youtu.be/oaEffD2YdzI>

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Community Support Programs



We are committed to improving the health of women, children, and families. We are changing the paradigm in public health by supporting pregnancy and new parenthood, empowering the community, engaging healthcare providers, and advocating for quality equitable healthcare.

- One of three designated birth consortia in the state covering Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren, and Union counties - licensed and regulated by the NJ Department of Health
- We lead 30 community programs and reach approximately 40,000 people annually
- In 2021, 47,977 babies were born in our region
- 23 member hospitals and 2 birthing centers
- We operate Connecting NJ in 5 counties - Bergen, Hudson, Morris, Passaic, and Union*

**Programs awarded through competitive RFP process.*



ConnectingNJ

- A county-based, single point-of-entry system across New Jersey that simplifies and streamlines the referral process for obstetrical and prenatal care providers, community agencies, and families.
- Network of community providers
- Referrals include:
 - NJ Family Care
 - Prenatal care
 - Maternal home visitation
 - Community doulas
 - Breastfeeding support
 - Family planning resources
 - Access to practical needs





We connect New Jersey families - moms, dads, newborns, teens, young adults, and grandparents - with the best health and social resources available in their local community.

Looking for programs, resources and more in your area?

Individuals and families who are interested in getting connected can fill out the form below.

How can we help?

What type of support, resources, or services are you interested in?

- | | |
|---|--|
| <input type="checkbox"/> Basic needs (ex. clothing, diapers, formula) | <input type="checkbox"/> Healthcare for myself or my children (ex. primary care, dentist, physical therapy) |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Home visiting (In-home parent support) |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Housing/Rental/Utility assistance |
| <input type="checkbox"/> Child development | <input type="checkbox"/> Legal advice |
| <input type="checkbox"/> Community Health Worker (assistance connecting to services) | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Prenatal and postpartum care |
| <input type="checkbox"/> Doula services | <input type="checkbox"/> Public benefits (ex. TANF/GA and SSI) |
| <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Food assistance | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Health Insurance | <input type="text"/> |

connecting.nj.gov

Maternal Home Visitation & Outreach

Connecting NJ is the main referral source for our maternal home visitation programs and many of our other support services.

Healthy Women, Healthy Families

- Community Outreach Workers - *Bergen, Passaic, Hudson, Morris, & Union*

Evidence-Based Maternal Home Visitation Programs*

- Nurse-Family Partnership
 - *Bergen, Passaic, Hudson, & Union*
- Healthy Families
 - *Passaic, Morris, & sections of Essex*
- Parents As Teachers
 - *Bergen, Warren, & Morris*

**Programs awarded through competitive RFP process.*



Successful Implementation

- Critical closed loop follow-up during the Connecting NJ referral process
- The nurses and family support workers should culturally reflect the unique communities they serve
- Provide flexibility to meet the needs of the family
- Nurses, community health workers, and home visitors create strong bonds with the family
- Building trusted relationships in the community and with healthcare providers - Community Advisory Boards
- New Jersey adopted maternal home visitation before other states
- Sustained long-term program funded through the federal and state government
- Continuous quality improvement process
- **Improved health outcomes for mother and baby**



Implementation Challenges

- Lack of awareness of Connecting NJ/programs
- Stigma around community programs - "It's not for me", "I don't need help"
- Fear/lack of trust in the system
- Limited resources
- Challenging roles for staff - emotionally taxing, limited income, high workload



Investing in Systemic Changes

- Expand current successful evidence-based programs
- Recent expansion of Healthy Women, Healthy Families and "right sizing" for home visitation
- Sustained financial investment
- New isn't always better
- Community programs cannot succeed in silos
- Strategic partnerships - the community, other organizations, funders, state/federal entities, hospitals, & other health providers are critical for investment, referrals, & expertise



Investing in Systemic Changes





Thank you!

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Medical-Legal Partnerships to Improve Maternal Health

Presented by:
Erika Kerber, Esq.
Community Health Law Project

February 2, 2023

What are Social Determinants of Health?



“[C]onditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

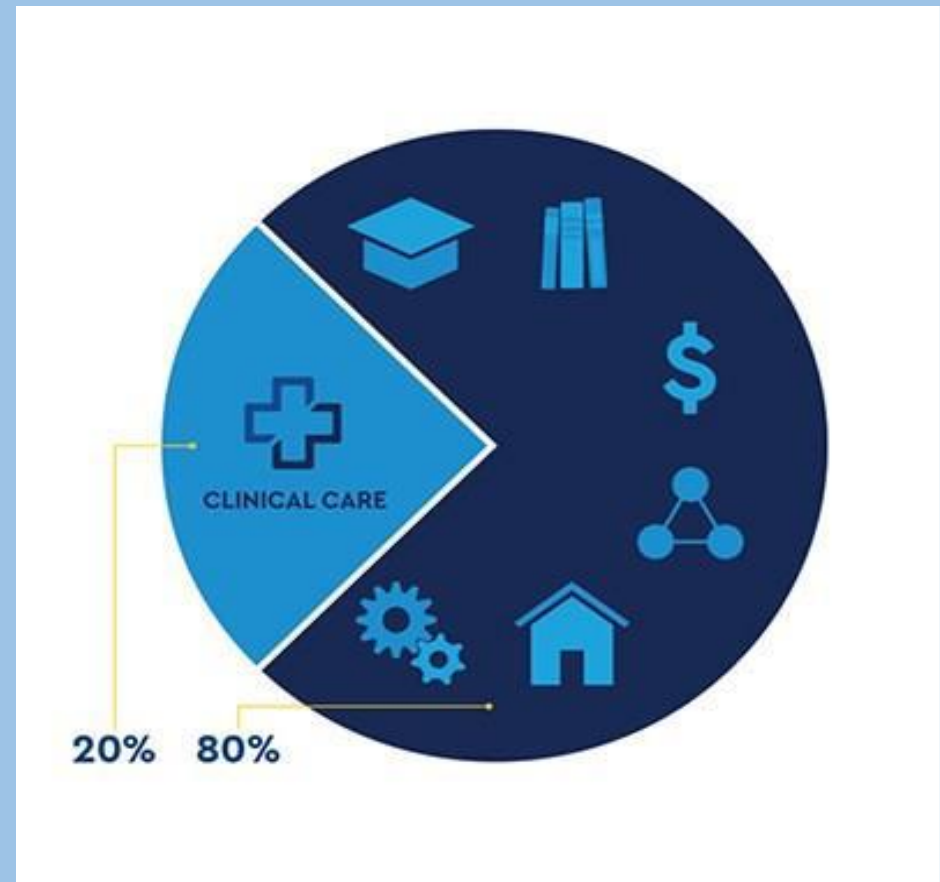
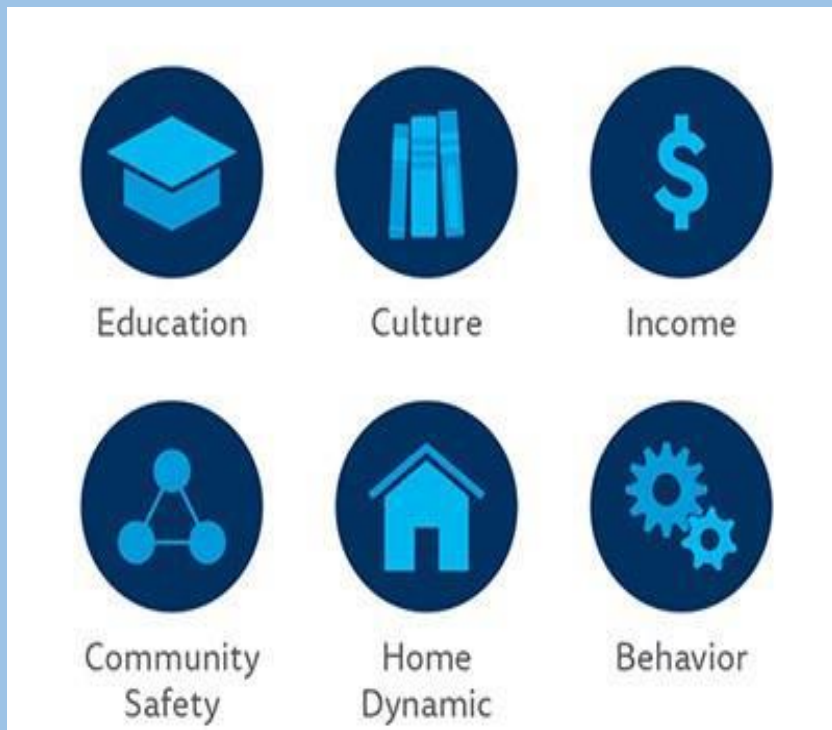
Source: Office of Disease Prevention and Health Promotion, 2020 Topics and Objectives

Common Social Determinants of Health

- **Income & Health Insurance:** Resources to Meet Basic Daily Needs and Healthcare
- **Housing and Utilities:** A Healthy Physical Environment
- **Education and Employment:** Quality Education and Job Opportunities
- **Legal Status:** Access to Public Entitlements; Jobs
- **Personal and Family Stability:** Safe Homes and Social Support

How do Social Determinants of Health Affect Health Outcomes?

- 80% of a person's health is determined by Social Determinants of Health, while 20% is impacted by clinical care.



- The U.S. spends more money on health care than any industrialized country, but it ranks:
 - 42nd in life expectancy
 - 169th in low birth weight
- These poorer outcomes are the result of where the money is spent.
 - Other first-world countries with better outcomes spend \$2 on social services for every \$1 they spend on healthcare.
 - The US spends \$0.90 on social services for every \$1 it spends on healthcare.

Examples of Legal Assistance Addressing SDOH:

- Fighting unlawful evictions
- Forcing landlords to comply with building or health codes
- Restraining orders for victims of domestic violence to keep themselves and their children safe
- Workers need protection from unsafe or toxic working conditions
- Access to entitlements and food stamps
- Health Insurance Coverage Issues

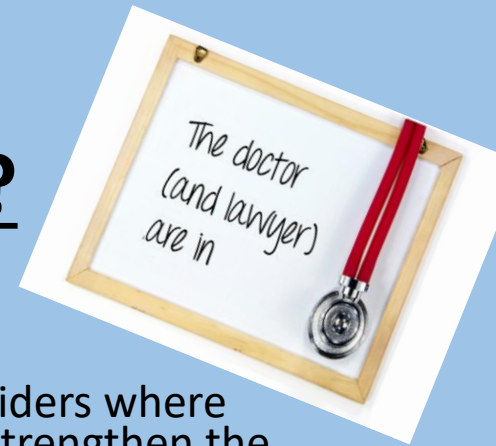


According to a recent study:

In 2017, **71%** of low-income households experienced at least one civil legal problem including problems with health care, housing conditions, disability access, and domestic violence.

Legal Services Corp. The Justice Gap (2017)

What are Medical-Legal Partnerships?



Partnerships between health care providers and legal service providers where attorneys are embedded as specialists in health-care settings to “strengthen the social determinants of health among low and moderate income patients using the force of law.”

- Integrate civil law attorneys into health care settings.
- Attorneys train health care workers to screen for health-harming legal needs.
- When problems are found, like unsafe living conditions, these problems can be addressed preventively through the in-clinic attorney.
- Allows doctors and lawyers to work together to help patients by strengthening legally protected social supports.
- Some partnerships leverage their knowledge and expertise to advance local and state policies that lead to safer and healthier environments.

Source: National Center for Medical-Legal Partnership; Center for Health Policy at Brookings

IMPACT OF MEDICAL-LEGAL PARTNERSHIPS

- When Legal Expertise is Used to Address Social Needs:
 - Individuals with Chronic Illnesses are Admitted to the Hospital Less Frequently
 - People More Likely to Take Their Medications as Prescribed
 - People Report Less Stress
 - Less Money is Spent on Health Care Services for Those who Would Otherwise be Frequent Hospital Users
 - Clinical Services are More Frequently Reimbursed by Public and Private Payers

Source: National Center for Medical-Legal Partnership (citing to several research articles)

Medical-Legal Partnerships to Improve Maternal Health

A pregnant woman living in poverty faces stress that often has negative consequences for her and her baby's health. Unmet housing needs, lack of access to quality healthcare, financial insecurity, immigration status, and family stability are just some of the SDOH affecting pregnant women. Many of these stressful situations require legal aid.

CHLP's Medical-Legal Partnerships

- Behavioral Health Providers
 - Addiction Treatment Providers
 - HIV/AIDS Treatment Providers
-

- Horizon NIH Program - Utilizes CHW's
- IOT-SEI (Integrated Opioid Treatment & Substance Exposed Infants) – Provides comprehensive array of services for opioid dependent pregnant women, their infants, and families – including legal services.

Maternal MLP's in Other States

California

- Beginning in 2018, developed Maternal Medical-Legal Partnership between legal aid attorneys/Equal Justice Works Fellows and Nurse-Family Partnership (NFP) Program to address the SDOH of low-income mothers in Los Angeles County.
- NFP provides physical and mental healthcare to low income pregnant and post-partum mothers through a home visitation model.
- The MLP provides free direct legal services in conjunction with the NFP.
- Address health-harming legal issues
 - Food and income insecurity
 - Family violence
 - Access to insured and affordable healthcare
 - Housing instability and habitability issues

Delaware

- In 2013, began as a pilot project b/w Delaware Div. of Public Health and Delaware Community Legal Aid Society with support from the Collaborative Improvement and Innovation Network to Reduce Infant Mortality led by the National Institute for Children's Health Quality.
- MLP works as a referral system from healthcare providers to legal services. Providers are trained in how MLPs improve health outcomes and how to refer to the legal partner.
- Clinicians and social workers give their patients a questionnaire called the "Perceived Stress Scale" to assess anxiety and stress levels and obtain additional information about stressors during the patient visit. If appropriate, the patient is referred to the legal partner.
- MLP participants reported an improvement in mental and physical well-being and lower levels of stress.

Pennsylvania

- Began in 2016, MLP based in Philadelphia which is a Nursing-Legal Partnership that brings together lawyers and nurses to improve the lives of mothers and children living in poverty.
- Lawyers with expertise in public benefits, housing, consumer and other areas of poverty law collaborate with nurses to screen mothers for unmet legal needs that harm maternal-child health using the following I-HELP categories:
 - I – Income Supports
 - H – Housing & Utilities
 - E – Education
 - L – Legal/Immigration Status
 - P – Personal & Family Stability
- MLP is funded through multi-year grants from local, national, and international funders.

Texas

- Austin's People's Community Clinic Medical-Legal Partnership created a legal checkup to help pregnant women in Texas.
- The MLP created videos for patients to watch that cover different issues including health insurance, food security, domestic violence, employment, housing, healthcare decisions, parental rights, and breastfeeding rights.
- In addition to the videos, MLP attorneys are embedded on site at the clinic and attend group medical visits and address patients' legal issues.
- Patients reported less stress and increased legal literacy to help empower themselves to better understand their rights.
- Providers reported improved self-efficacy in providing whole-person care.

GRANT IMPACT REPORT



Medical-Legal Partnership Outcomes Suggest Addressing the Legal Needs of Pregnant Women Lowers Extreme Preterm Birth Rate

Grantee: Legal Aid Society of Greater Cincinnati

Project Name: Maternal Health Law Partnership (M-HeLP)

bi3 Funding Priority: Maternal and Infant Health

Grant Award: \$874,000

Grant Timeframe: 2016-2019

Grant Purpose: To improve health outcomes for pregnant patients of the TriHealth Good Samaritan OB-GYN Center by resolving health-harming legal needs through legal advocacy and increasing engagement in prenatal care.

Project Partners: TriHealth Good Samaritan Hospital and Cincinnati Children's Hospital Medical Center

Key Accomplishments

- Created a screening tool for civil legal needs and integrated it into TriHealth's electronic medical record (EMR)
- Screened 88% (2,809) of 3,184 maternity patients during the grant period
- Referred 802 patients to legal support to resolve health-harming legal needs
- 900 cases were opened to address health-harming legal needs (some patients required more than one legal case)
- Conducted 17 training sessions on a variety of legal topics for 286 Good Samaritan team members

Key Outcomes

- 36% reduction in extreme preterm birth rate (1.4% for M-HeLP mothers compared to 2.2% for the total Good Samaritan population delivering during the same period)
- 97% of cases (670) completed with an outcome that resolved individual social needs
- Estimated cost savings by preventing 18 extreme premature births is more than \$1 million

Overall Learnings

- The most common health-harming legal needs included inadequate or unsafe housing, access to public benefits (e.g. Medicaid, food stamps) and family law issues.
- Integrating screening for social determinants into patients' EMR and provider workflow increased the capability of TriHealth providers to identify and take action to address patients' needs.
- Cohesive and accurate data collection requires proactive planning and investment.
- Health-harming legal needs can arise at any time during pregnancy and the newborn period; ongoing screening is necessary to identify and address new issues.
- Successful shared project management depends upon meaningful investment and sustained commitment from all partners.
- The current fee-for-service medical reimbursement structure makes sustainability challenging for programs addressing the social determinants of health; partners continue to look for opportunities to leverage value-based reimbursement and other funding sources.

Promising Sustainable Sources of Funding for Medical-Legal Partnerships

Medicaid Financing Models

- Medicaid Managed Care Contracts
 - Eg. Eskenazi Health & Indiana Legal Services – Contracted with a Medicaid managed care entity to sponsor a Medical-Legal Partnership at two of their health centers.
- Medicaid §1115 Demonstration Waivers
 - Eg. LA County Dept. of Health & Neighborhood Legal Services of LA County – Provide legal services to the vulnerable MediCal beneficiaries targeted by the LA Whole Person Care Program. \$500,000 was designated for legal services, technical assistance, and training for the first year of the demonstration program. Whole Person Care also uses 1:1 local to federal matching funds to support the Medical-Legal Partnership.
- Delivery System Reform Incentive Payment (DSRIP)
 - Eg. NYC Health+Hospitals & NY Legal Assistance Group – The NY State Delivery System Reform Incentive Payment Program is the main mechanism NY state is using to redesign their Medicaid program and address population health goals. The program provides funding for this Medical-Legal Partnership collaboration.

North Carolina Medicaid Managed Care

The NC Dept. of Health & Human Services recently released a RFP for Medicaid Managed Care Prepaid Health Plans which states that:

- Prepaid Health Plans are required to provide access to medical-legal partnerships for legal issues adversely affecting health.

Thank you!

Contact Information

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MAP to Action: Social Supports Session
Breakout Room Summary
February 2, 2023

Theme 1: Engagement and investment in Medical Legal Partnerships to Support Client Access to Services – pathways and barriers

Theme 2: ConnectingNJ referral platform and embedding community programs during the full perinatal period; long-term funding for existing, evidence-based programs- lessons learned from PMCH.

What messages/ideas/information from the presentations resonated with you?

- Legal services could be included in RFPs; can be included through talking to providers
- Grantors are happy to see this collaboration. We really can't work in siloes; we need to collaborate.
- Important to talk about sustainability of MLP (medical-legal partnerships).
- Having legal services embed in health care would help people who are experiencing inter-personal violence (domestic violence, sexual violence)
 - CHLP went from universal screening to universal education; clients worry about giving an honest answer during screenings, and fearful of other agencies that may be called in if someone needs help. By providing universal education, people who may not want to disclose information at time of intake can utilize resources when they are ready
- Legal services are confusing for everyone. It is helpful to the health care providers to have a lawyer to consult with to refer patients then or future patients.
 - non-lawyers shouldn't be giving legal advice
- Housing conditions – what are the clients rights dealing with the landlord? Provider learns something new. Provider may see the situation and say "this needs to be elevated up to legal services"

Can you give more information about the community-based doulas?

- NJ has embraced strategies to support birthing individuals. Community doulas come from the community they support. They connect people to local services and show them how to access them. There was a program at the Partnership to support birthing individuals in Paterson to address poor birth outcomes. The collaboration was between St. Joes and the local Family Success Center. They were able to come up with 13 diverse individuals to serve as community doulas. Focus groups were held to understand the birthing experiences of community members. Connect One Health Community Doula training model was used to train the doulas.

Do people request doulas through ConnectingNJ and do you have enough doulas?

- Focus groups showed that people needed support but didn't necessarily know what a doula was. The education around what is a doula was needed. When they learned, individuals realized they might have been providing this kind of support to their family and friends. It is a concern – do we have the capacity to meet the need once we spread the word? NJ has a Doula Collaborative which helps and the state has trained people.

At what point are people referred into the doula program?

- Full spectrum doula services are available. St. Joes has been a great supportive partner.

What does it take to be a receptive partnering hospital?

- Leadership – "we have always done it this way" mentality is an issue. But the barriers are breaking down in a positive way. Policies are being altered so that partnership is possible. Relationships are key.
- We need to look at the disparities honestly. How do we move toward reducing those disparities. Hospitals were responsive to the negative feedback received from black women in the focus groups. We also need to support hospital staff so that they can appropriately respond to the needs of birthing people.

Theme 1: Engagement and investment in Medical Legal Partnerships to Support Client Access to Services – pathways and barriers	Theme 2: ConnectingNJ referral platform and embedding community programs during the full perinatal period; long-term funding for existing, evidence-based programs- lessons learned from PMCH.
In your own work/industry/sector, are you engaged in a project or pilot that relates to this work? If not, where do you see potential to engage in the projects or priorities we're discussing today?	
<ul style="list-style-type: none"> • Clients' needs reported relate to legal issues; how to connect this to doulas, collaboratives, and people who don't fully understand birth equity <ul style="list-style-type: none"> ○ First, CHLP talks to the providers, figures out they need and what work they do. Then, how CHLP and provider can work together. Talking to the staff, training them. Use a screening tool created by CHLP. ○ Close engagement – talk to partnering orgs on a weekly basis. 90% of the time, the issues people are dealing with can be handled with legal services; help them apply to services, help them if they get denied. Onsite with a designated office at the health care office (1x/week, 2x/month, etc.) makes it so much easier to really be there • Every MLP is different. Everyone's needs are different • Healthy Steps – medical-legal partnership is a gap. Some places where HS is, MLP exist. Struggle with sustainability. What can we do to better connect families with legal services in lieu of an official partnership? 	<ul style="list-style-type: none"> • NJ Doula Dialogue – spoke to doulas representing all 21 counties who worked during COVID. Asked: how can we bring on new community doulas and keep them? Retention is important. It is not easy to stay in a role of a doula because of funding, childcare etc. We need to address the issue of retention. The workforce session will address this. • How can the collaborative connect with specific hospital systems looking to connect? Looking at SDOH and disparities – collaboration is needed to make NJ safe and equitable. (NJHCQI will follow up) • How can organizations add their services to the referral network? MOUs are available – outreach is done to ensure the information on the website is accurate. There is a ConnectingNJ in every county – so you can reach out directly to the one in your county.
Theme 1: Engagement and investment in Medical Legal Partnerships to Support Client Access to Services – pathways and barriers	Theme 2: ConnectingNJ referral platform and embedding community programs during the full perinatal period; long-term funding for existing, evidence-based programs- lessons learned from PMCH.
How would we collectively measure success for some of these ideas or projects? What are the near-term impacts? What does success look like a few years down the road?	
<ul style="list-style-type: none"> • Department of Public Health for other states was very much involved; important to have government leaders (stakeholders at the state level) who are engaged in this work; California was able to carve out MLP in Los Angeles, and this has grown. But again, at the state level, they acknowledge that this is necessary. • Current Medicaid Waiver: housing support and legal services as necessary supports; constant discussions on this; NJ is looking at other states' work on this <ul style="list-style-type: none"> ○ You have to start somewhere: State leaders want to see if this has worked before and how it impacted the community; need some type of pilot with a partner with grant opportunities 	(Did not discuss – lack of time)

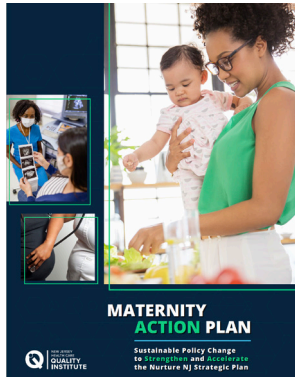
<ul style="list-style-type: none"> • Advocate for large grant opportunities <ul style="list-style-type: none"> ◦ Warren Co. was a big grant, CHLP got a small piece of it but can make a lot work • Not just legal services, it's partnership in general • Using MLP and aggregate services (instead of individual services, looking across all services) as signs of policy implementation failure. Looking at these moments and going back to the state and advocating for policy change or programmatic changes. "In aggregate, what are the services you are providing, and common challenges people face day-to-day and how do we look upstream to look at the state levers to change individuals' downstream experiences." ◦ Need to get everyone at the table to make this happen. ◦ https://medical-legalpartnership.org/response/ A number of these partnerships go further, leveraging their considerable knowledge and expertise to advance local and state policies that lead to safer and healthier environments. https://medical-legalpartnership.org/patients-to-policy/ • National Center for Medical Legal Partnership – information on what's going on at a national level and policy work • Nebraska- integrated MLP throughout their entire hospital system. An oncologist stated he cannot work without a lawyer next to him. Need someone next to him to appeal insurance issues for patients to ensure they their care. Link to video here: https://medical-legalpartnership.org/pbsnewshour/ • Trends right now that make this important- Closing of the public health emergency; people need advocates. Increased Medicare advantage enrollment, but sometimes people need to utilize appeals more because of prior authorizations. 	
<p>In thinking about this topic, what has held you back from this work or a specific project (resources, finances, connection and support from other partners, uncertainty about where to start, etc.)?</p>	
<ul style="list-style-type: none"> • Financing • Sustainability 	<ul style="list-style-type: none"> • Doula Retention issues – a value proposition wheel was created to address community nurses' decisions to enter the field. DCF is currently sharing this information with the DOL so that it can be used in other sectors well. • DCF: we have certain programs in place but need to enhance access. Continue to build awareness in the community – ConnectingNJ work is a great example of that. Retention is a big piece of this. The First Lady's support is instrumental. • Access

- | | |
|--|---|
| | <ul style="list-style-type: none">• Funding• Having the forum to have these discussions.• Statewide promotion to consumers is key to success. Outreach is important through social media. Providers and staff change – so it's a challenge to stay personally connected.• PSAs are coming. |
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MAP to Action

Additional Resources:

Community-Based Social Supports



Maternity Action Plan: <https://njhcqi.info/MAP4NJ>

MAP Executive Summaries: https://www.njhcqi.org/wp-content/uploads/2023/02/MAP_Summaries_ALL_2023_v2.pdf



MAP TO ACTION THEMES

Build the WORKFORCE <i>Needed to Achieve Birth Equity and Quality</i> <ul style="list-style-type: none"> Build interest in the health care workforce early, recruit people of color, recruit Midwives, Nurses, Community Health Workers, Lactation Professionals. Embed on-going anti-racism training and this practice in education and health care settings, including the impact of social and race-based drivers of health. Hold leaders and care providers accountable for unconscious, inequitable behavior. Support "shared decision-making" models that create a culture of hearing and listening to patients. Improve understanding of dual role and work, incorporate doula as part of the team providing care during the perinatal period. Integrate midwives into health systems and as part of medical training to support physiological birthing and holistic models of care. 	Use and Collect DATA <i>to Improve Equity and Quality</i> <ul style="list-style-type: none"> Collect and use qualitative data from patients, providers, and caregivers to improve health equity. Publicly present data in user friendly ways. Use standardized definitions to make reporting easier, enable performance comparisons at local, state, and national levels, and have more timely data reported. Use data for payment and performance accountability. Use data for AIM bundles and other quality improvement initiatives that involve not only hospitals but other interested organizations. 	Reform PAYMENT SYSTEMS <i>to Drive High Quality Holistic Maternal Infant Health Care</i> <ul style="list-style-type: none"> Link reimbursement to health plans, hospital systems, and clinicians to improve maternal and infant health outcomes through alternative payment models. Consider dyadic models that include parent-child coverage and reimbursement structure. Improve and simplify the Medicaid credentialing system (Gainwell FFS and MCOs) to address delays, complexity, and support greater provider participation in Medicaid. Deploy care and payment models throughout the entire reproductive health period that lead to care that is based on the principles of Reproductive Justice. 	Improve Community-Based SOCIAL SUPPORTS <ul style="list-style-type: none"> Publicly share evaluations and impact of this VMM program, and how these programs can be accessed and expanded as needed. Improve Connecting NJ and other Social Service Provider Org and Public Consumer Awareness of Programs/Resources for Perinatal Individuals and Families and how to access; Expand Medical-Legal Partnerships to address legal barriers to access of care and services. Improve usability of the Perinatal Risk Assessment tool for providers, health plans, and community-based organizations for referrals and follow-ups for patients who need various services.
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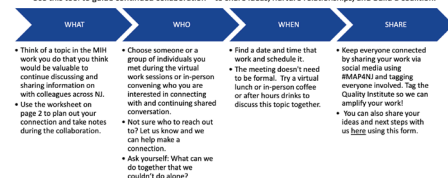
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Key Themes - These are the main concepts that rose to the top throughout the MAP to Action Series: <https://www.njhcqi.org/wp-content/uploads/2023/06/MAP-to-Action-Themes-State-suggestions.pdf>

Connection Guide - Use this tool to guide continued collaboration—to share ideas, nurture relationships, and build a coalition: <https://www.njhcqi.org/wp-content/uploads/2023/04/Connection-Guide.pdf>

MAP TO ACTION CONNECTION GUIDE

Use this tool to guide continued collaboration—to share ideas, nurture relationships, and build a coalition.



Ground your conversations in our shared Maternal Infant Health Values



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