



PARTNERSHIP FOR
MATERNAL &
CHILD HEALTH
OF NORTHERN NEW JERSEY

Kashieka Phillips

Community Alignment Program Supervisor



The Partnership for Maternal and Child Health serves nearly 40,000 people annually in our eight-county region through innovative programs that support healthy pregnancy and parenthood.

We're changing the paradigm in maternal health by amplifying, supporting, and empowering our communities.

We firmly believe all people must have access to safe, respectful births, and every family deserves the opportunity to thrive.

- Bergen
- Essex
- Hudson
- Morris
- Passaic
- Sussex
- Union
- Warren



PARTNERSHIP FOR
MATERNAL &
CHILD HEALTH
OF NORTHERN NEW JERSEY

- **All birthing people** can access safe births using best clinical practices.
- **All children** will maximize their potential to grow, learn, and thrive through the support of a healthy family and community.
- **All programs** are free and voluntary for anyone who wants to participate.

Most programs are offered in English and Spanish.



PMCH Programs

Childhood Lead Prevention

Community of Caring

The Paterson Doula Cooperative

The Greater Newark Doula Cooperative

Connecting NJ

Case Management Program

Early Childhood Specialist Initiative

Emotional Well-Being for Parents

Family Success Centers

Irvington & Dover

FELLAS

Healthy Women, Healthy Families (CHW)

Home Visitation

Healthy Families

Nurse-Family Partnership

Parents as Teachers

Immunization Programs

Perinatal Addictions Prevention Project

Prematurity Prevention Initiative

Professional and Continuing Education and Engagement

Smart Choices for a Healthy Life

Teen Education Programs



Connecting New Jersey

Connecting NJ is a county-level, centralized point-of-entry referral system for pregnant people, fathers, and families with young children to access programs, services, and supports (via telephone, in person, virtually, etc..)

- PMCH is the leading agency for Connecting NJ in 5 counties:
 - Bergen
 - Hudson
 - Morris
 - Passaic
 - Union



CONNECTING NJ

Provides :

- Easy access to resource information
- Referrals to community services to promote child and family well-being
- Linkages from pregnancy to age 5
- Case management service, developmental health promotion, and developmental screening
- Referrals to evidence-based home visitation (EBHV) programs and Healthy Women Healthy Families (HWHF). (Primary Referral Source).



<https://www.nj.gov/connectingnj/>

ConnectingNJ

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.

[ESPAÑOL](#)



Connecting NJ is a network of partners and agencies dedicated to helping New Jersey families thrive.

We provide mothers, fathers, grandparents, and guardians free or affordable access to people, organizations, and other sources of information needed to raise healthy children.

Connecting NJ utilizes a county-based, single point-of-entry system that simplifies and streamlines the referral process for obstetrical and prenatal care providers, community agencies, and families.





PARTNERSHIP FOR
MATERNAL &
CHILD HEALTH
OF NORTHERN NEW JERSEY

Looking for programs, resources and more in your area?

Individuals and families who are interested in getting connected can fill out the form below or contact a Connecting NJ office listed in the table.

[Connecting NJ Form](#)

Show 10 entries

Search:

County	Lead Agency	Name of Connecting NJ	Phone #
Atlantic	Southern NJ Perinatal Cooperative	The Connection	1-800-611-8326
Bergen	Partnership for Maternal & Child Health of Northern NJ	Connecting NJ - Bergen County	973-942-3630 x11
Burlington	Southern NJ Perinatal Cooperative	The Connection	1-800-611-8326
Camden	Southern NJ Perinatal Cooperative	The Connection	1-800-611-8326
Cape May	Southern NJ Perinatal Cooperative	The Connection	1-800-611-8326
Cumberland	Acenda Integrated Health	OGS Connect	856-431-4180
Essex	Prevent Child Abuse NJ	Essex Pregnancy and Parenting Connection	973-621-9157
Gloucester	Acenda Integrated Health	OGS Connect	856-431-4180
Hudson	Partnership for Maternal & Child Health of Northern NJ	Connecting NJ - Hudson County	201-876-8900 x 221
Hunterdon	Central Jersey Family Health Consortium	Connecting NJ - Hunterdon County	888-551-6217

Showing 1 to 10 of 21 entries

Previous 1 2 3 Next

ConnectingNJ

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 | |

Your Contact Information

Parenting Information

Are you a parent?*

Yes No

Have you ever been pregnant?*

Yes No N/A

Are you currently pregnant?*

Yes No N/A

Are you a first-time parent?*

Yes No


If yes, is this your first child?

Yes No

If yes, are you currently in prenatal care?

Yes No

If yes, due date?

mm/dd/yyyy 

Would you like information on support, resources, or services for any of the children living in your home?

Child 1

DOB

mm/dd/yyyy 

Name

Relation

-Select Relation- 

Comments

Comments/Questions

Referring Agency, Name of Person
Making the Referral + Contact
Information

Consent

I agree to have the information I provided for this initial referral shared with Connecting NJ for my county. I agree to be contacted by Connecting NJ staff, who will further assist with connecting me and/or my family to supportive services.

Submit



The Partnership for Maternal and Child Health of Northern NJ

Connecting NJ

Initial Referral Form

PLEASE PRINT CLEARLY

*** REQUIRED ***

Participant Information

*** Date of Referral**

*Last Name		*First Name		*Date of Birth			
*Street Address				*City			
*Zip Code		*County		Participant ID			
<u>Primary Language:</u> (Choose one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		* <u>Race</u> (Choose one) <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American		* <u>Ethnicity:</u> Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Alaskan/Pacific Islander <input type="checkbox"/> Other		* <u>Health Insurance</u> (Select all that apply) <input type="checkbox"/> Medicaid PE <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid ME <input type="checkbox"/> Commercial/Private <input type="checkbox"/> NJ Family Care <input type="checkbox"/> Uninsured/Self Pay	

Participant Contact Information:

Household Information:

				Married? <input type="checkbox"/> Yes <input type="checkbox"/> No		* # of children in the home	
*Primary Phone		<u>Preferred Contact Method</u> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Email <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Text		Date(s) of birth of children needing services		Name of Child	
Alternate Phone		* <u>At which phone number can we text you?</u> <input type="checkbox"/> Primary <input type="checkbox"/> Alternate		1.			
Email		<input type="checkbox"/> None		2.			
				3.			
				4.			

Participant Is... (Choose one)

Participant Is...(Choose one)			
<input type="checkbox"/> Preconceptional Woman	<input type="checkbox"/> Pregnant Woman	<input type="checkbox"/> Interconceptional Woman	<input type="checkbox"/> Male
Has no children and has never been pregnant.	*First Time Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No *In Prenatal Care? <input type="checkbox"/> Yes <input type="checkbox"/> No *Due Date: <input type="text"/>	Previously pregnant and not currently pregnant. (Does not matter if woman has children.) * First Time Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Are You a Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No *First Time Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No *Does your child live w/ you? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Referral – Household Needs		
<input type="checkbox"/> Primary care for myself	<input type="checkbox"/> Public benefits	<input type="checkbox"/> Group parent support
<input type="checkbox"/> Primary care for my children	<input type="checkbox"/> In-home parent support (home visiting)	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Prenatal care	<input type="checkbox"/> Assistance connecting to services (CHW)	

Referral Agency Information
Referral Agency Information

Name of Person Making Referral	Phone

Email	Extension

Comments: *Participant Consent I agree to have the information I provided for this initial referral shared with the Central Intake hub for my county. I agree to be contacted by Central Intake staff, who will further assist with connecting me and/or my family to supportive services. Oral Consent Given <input type="checkbox"/> Participants under the age of 18 understand that it is in their best interest to include a trusted adult in decisions related to health. © Family Health Initiatives 2500 McClellan Ave, Ste 270 Pennsauken, NJ 08109 Please E-MAIL to: avargas@pmch.org	For Program Use Only: Date Pregnancy Test Given: <input type="text"/> Pregnancy Test Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No Outreach Type: <input type="checkbox"/> Agency <input type="checkbox"/> Door to Door <input type="checkbox"/> Self <input type="checkbox"/> Event: <input type="text"/>
--	---

SERVICE REFERRALS

Healthcare
Behavioral Health
Breastfeeding Consult/Support
Dental Services
Developmental Screening and
Diabetes Care Program
Doula Care
Eye Care
Family Health
Family Planning
HIV Testing
HIV/AIDS Care & Treatment
Hospitals
Immunization
Infant and Family Development
Lead Testing
Pediatric
Postpartum Care
Pregnancy Testing
Prenatal Care
Primary Medical Care - Children
Primary Medical Care - Other
Primary Medical Care - Participant
Public Health Nursing
Smoking Cessation
STI Testing
Syphilis Testing
Women's Health

Counseling and Intensive Support
Crisis Intervention
DCP&P
Domestic Violence Services
Mediation
Mental Health Counseling
Psychiatric or Psychological
Special Child Health Care
Substance Abuse Assessment
Substance Abuse Services
Support Groups

Nutrition
WIC
Food Pantry
Jolin Food Box
Meals
Nutrition Consult
SNAP-Ed

Concrete Services
Clothing, Furniture, Other
Emergency Shelter
Housing Assistance
In-Kind
Transportation

Employment, Training, Education
Adult Basic Education
College
Education
Employment Services
ESL (English as Second Language)
GED Preparation
Health Education
Job Training Program
Special Education
Vocational or Job Skills Training

Other Services
ACA Navigators
Board of Social Services
Family Leave Insurance
Health Related Case Management
Immigration Services
Insurance Services
IPO Outreach and Case Management
Legal Services
Money Management
Other social service
Out-Of-Service Area
Temporary Disability Insurance
Translation Services

Family and Social Support
Baby Pantry
Basic Needs/General
Child Care
Childbirth Education
Community Centers
Disability Services
Early Head Start/Head Start
Early Intervention (EIP)
Family Success Center
Fatherhood Services
Healthy Start
Lamaze Class
Parent Aide Services
Parenting Centering
Parenting Education
Parenting Groups
Recreational Services
School Based Services
Youth Programs

Public Benefits
Emergency Assistance
Energy Assistance
Food Stamps
General Assistance (GA)
Medicaid
NJ Family Care
SSI
TANF

HWHF BIM Focused Programs
Breastfeeding (BIM Only)
Centering (BIM Only)

COMMUNITY ADVISORY BOARD

- The Community Advisory Board (CAB) Meeting aims to have everyone from the community and local organizations review updates, discuss challenges, and share resources.
- The purpose of this meeting is to encourage families, and community residents to have the opportunity to join and participate in the planning process.
- Virtual Quarterly Meetings (March, June, September, & December)



COMMUNITY HEALTH ASSESSMENT



Community Health Questionnaire

The Partnership for Maternal and Child Health of Northern New Jersey wants to hear from you! The purpose of this survey is to get your feedback on the health services you receive from your county. All entries are anonymous. Please answer all questions to the best of your abilities.

Scan Here!



Cuestionario de Salud Comunitaria

¡La Asociación para la Salud Materna e Infantil del Norte de Nueva Jersey quiere saber de usted! El propósito de este cuestionario es para obtener su opinión sobre los servicios de salud que usted recibe en su condado. Todas las entradas son anónimas. Responda todas las preguntas lo mejor que pueda.

¡Escanea aquí!





“Women and families in this state deserve better. In response, all stakeholders who have the power to initiate change cannot shrink from the challenge of transformative change.”

- Nurture New Jersey 2021 Strategic Plan

Hogan, V.K., Lee, E., Asare, L.A., Banks, B., Benitez Delgado, L.E., Bingham, D., Brooks, P.E., Culhane, J., Lallo, M., Nieves, E., Rowley, D.L., Karimi-Taleghani, P.H., Whitaker, S., Williams, T.D., & Madden-Wilson, J. The Nurture NJ Strategic Plan. The State of New Jersey, Trenton, NJ 2021

Questions About Connecting NJ

Questions for the Audience:

- How helpful is this sharing information about The Partnership of Maternal and Child of Northern New Jersey and Connecting NJ
- Are the families you serve aware of and accessing these programs and services?

THANK
YOU!



Kashieka Phillips
Community Alignment Program Supervisor

kphillips@pmch.org

973-980-8726