



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

OREGON

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Oregon

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

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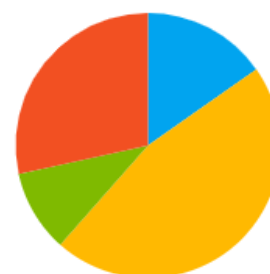
State Youth Leader
Stefanie Murray Adolescent School Health Unit Manager

State Hotline: (866) 698-6155

Funding by Source

Source	FY 2024 Expenditures
■ Federal Allocation	\$6,149,420
■ State MCH Funds	\$18,652,690
■ Local MCH Funds	\$4,038,377
■ Other Funds	\$11,471,425
■ Program Income	\$0

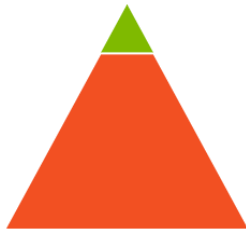
FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$1,325,065	\$28,558,230
Public Health Services and Systems	\$4,824,355	\$5,604,262

FY 2024 Expenditures
Federal



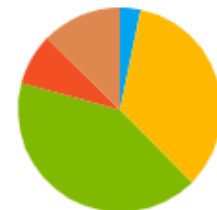
FY 2024 Expenditures
Non-Federal



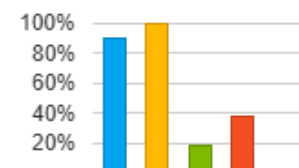
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	90.1%	\$1,295,042
Infants < 1 Year	100.0%	\$13,632,889
Children 1 through 21 Years	18.4%	\$16,527,081
CSHCN (Subset of all infants and children)	37.8%	\$3,228,446
Others *	1.1%	\$5,013,512

FY 2024 Expenditures
Total: \$39,696,970



FY 2024 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>High quality person-centered preconception, prenatal, interconception and postpartum services</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of individuals engaged in strategy development who are external partners. 	Revised	Women/Maternal Health
<p>Resilient and connected youth</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ○ ESM MHT.1: Percent of individuals engaged in strategy development who are external partners. 	New	Adolescent Health
<p>High quality, family-centered, coordinated systems of care for children, youth and families.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Primary care involvement in shared care planning ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC <ul style="list-style-type: none"> ○ ESM TAHC.1: Young adult with medical complexity/family participation in transfer to adult health care preparation appointments ○ ESM TAHC.2: Training participant knowledge about key moving to adult health care concepts. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percentage of children who have a healthcare provider who is sensitive to their family's values and customs. 	Revised	Child Health, Children with Special Health Care Needs, Cross-Cutting/Systems Building

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<ul style="list-style-type: none"> ● SPM 4: Number of state, regional, agency, or organization workgroups or committees that OCCYSHN works with to seat a CYSHCN Family Leader on ● SPM 5: Number of caregivers of CYSHCN served through CaCoon public health nurse home visiting 		
<p>Enhanced environmental and social drivers of health.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth - HI-Pregnancy <ul style="list-style-type: none"> ○ ESM HI-Pregnancy.1: Percent of individuals engaged in strategy development who are external partners. 	New	Perinatal/Infant Health
<p>Improved lifelong nutrition.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <ul style="list-style-type: none"> ○ ESM FS.1: Percent of individuals engaged in strategy development who are external partners. 	Continued	Child Health
<p>Stable and responsive relationships.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percentage of parents and caregivers who have someone they can turn to for emotional support with raising children. 	Revised	Cross-Cutting/Systems Building
<p>Resilient and connected communities.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percentage of children that live in safe neighborhoods. 	Revised	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Oregon's Title V framework and leadership role

Oregon's Title V program relies on shared leadership between the Oregon Health Authority (OHA) Public Health Division (PHD) Family and Child Section (FCH), its Adolescent and School Health programs (ASH), and the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) at Oregon Health and Science University's (OHSU) Institute on Development & Disability. A leadership team makes Title V program and policy decisions and ensures alignment across the programs and agencies. Designated state priority leads oversee state-level program and policy work and provide technical assistance and oversight to local public health and tribal Title V grantees. Title V Maternal, Child and Adolescent Health (MCAH, composed of FCH and ASH) also has a tribal liaison who supports the work of the tribal Title V MCAH grantees. The state priority leads, Title V coordinator, Title V MCAH and OCCYSHN Title V staff, and Title V MCAH tribal liaison coordinate work across populations/domains. MCAH work is also integrated and coordinated across priorities through 3 cross-cutting teams: perinatal and women's health, injury prevention, and foundations of MCAH.

Findings from the Title V five-year needs assessment guide the identification of Oregon's Title V needs and priorities. These in turn inform development of the structure and work of the program, guided by Title V staff and leadership, grantees, families, as well as federal, state, and community partners. Ongoing needs assessment and surveillance in the interim years supports developing evidence based/informed strategies and activities, monitoring progress, identifying emerging issues, and modifying approaches as needed. Thirty percent of Title V funding is allocated to OCCYSHN to address the Title V CYSHCN and state-specific cross-cutting priorities at both the state and local levels. OHA PHD administers the remaining funds to implement work in the maternal/women, perinatal/infant, child, adolescent, and cross-cutting domains.

Population needs, Title V priorities, strategies, and plans

Oregon's Title V leadership identified seven national and three state-specific priorities for 2026-2030 using our 2025 Needs Assessment and prioritization process results. These are: postpartum care, housing instability for the perinatal and infant population, food insufficiency and medical home for children, adolescent mental health, medical home and moving from pediatric to adult health care for CYSHCN, person and family centered services and care, parent and caregiver support, and safe and healthy environments. An overview of Oregon's Title V priority needs, strategies, progress and plans for each domain is outlined below.

Maternal/Women's Health Domain: Oregon's Title V program provides leadership for policy and system development in maternal/women's health including support for home visiting, maternal mortality review, and comprehensive, person and family centered women's and maternal health services.

- **Needs/priorities:** Based on the 2025 needs assessment, high quality person-centered preconception, prenatal, interconception and postpartum services are a priority need for maternal/women's health. This need is addressed through work on postpartum care with a focus on postpartum mental health. Oregon's local Title V grantees will also continue to work on well woman care through June 2026.
- **Strategies:** Well woman care strategies focus on support for behavioral health needs; home visiting workforce development; access to person centered preventive care; and development/engagement of community based advisory groups. All of Oregon's MCAH Title V plans for Postpartum Care will be at the state level only in this grant application. Local level grantees will begin implementing work on this priority in July 2026 with the support of state-level staff. Postpartum visit strategies include strategy development, partner engagement, and technical assistance for local grantees.

Perinatal/Infant Health Domain: Title V provides leadership and technical assistance for linkages to prenatal care, oral health, maternal mental health, and other perinatal/infant services; infant mortality reduction; Pregnancy Risk Assessment Monitoring System (PRAMS) and Early Childhood Health in Oregon (ECHO) surveillance systems; Early Hearing Detection and Intervention (EHDI); breastfeeding support; Universally-offered Home Visiting, and integration of perinatal/infant health into programs and policies across state and local agencies.

- **Needs/priorities:** Based on the 2025 needs assessment, enhanced environmental and social drivers of health; stable and responsive relationships; and resilient and connected communities are priority needs for perinatal/infant health, which is being addressed through work on the Housing Instability NPM. Oregon's local Title V grantees will also continue to work on the breastfeeding priority through June 2026.
- **Strategies:** Breastfeeding strategies focus on support/implementation of workplace laws and policies; workforce development; person and family centered approaches for work with tribal communities; access to preventive care; and

development/engagement of community based advisory groups. Additional food security strategies impacting this population are included in the Foundations of MCAH work within the cross-cutting domain. All of Oregon's MCAH Title V plans for Housing Instability will be at the state-level only in this grant application. Local level grantees will begin implementing work on this priority in July 2026 with the support of state-level staff. Housing Instability strategies include strategy development, partner engagement, and technical assistance for local grantees.

Child Health Domain: Title V's work in child health focuses on increasing community and caregiver capacity to promote the foundations of health: stable responsive relationships, safe supportive environments, and nutrition and healthy behaviors. A major focus is integration of child health into programs and policies across state and local agencies, including the early learning and education systems.

- **Needs/priorities:** Based on the 2025 needs assessment, enhanced environmental and social drivers of health; improved lifelong nutrition; high quality, family-centered, coordinated systems of care for children, youth and families; and resilient and connected communities are needs for Oregon's children which are being addressed through work on the Food Insufficiency and Medical Home NPMs. Oregon's local Title V grantees will also continue to work child injury prevention through June 2026.
- **Strategies:** Child injury Prevention strategies focus on improved data capacity; use of child injury data to inform policy; enhanced workforce capacity; partnerships and coalition-building. All of Oregon's MCAH Title V plans for Food Insufficiency will be at the state level only in this grant application. Local-level grantees will begin implementing work on this priority in July 2026 with the support of state-level staff. Food Insufficiency strategies include strategy development, partner engagement, and technical assistance for local grantees.

Adolescent Health Domain: Title V strengthens policies and systems that support adolescent health in schools, including supporting clinical services in school-based health centers, health systems and communities. The program engages youth to inform policies and programs through youth advisory councils, focus groups, and other methods.

- **Needs/priorities:** Based on the 2025 needs assessment, resilient and connected youth, and stable and responsive relationships are needs for Oregon's adolescents. These needs will be addressed through work on NPM Adolescent Mental Health. Oregon's local Title V grantees will continue to work on bullying prevention through June 2026.
- **Strategies:** Bullying prevention strategies focus on workforce development; bullying prevention education in schools; development of partnerships and shared initiatives; and Positive Youth Development including authentic youth engagement and youth participatory action research. All of Oregon's MCAH Title V plans for Adolescent Mental Health will be at the state level only in this grant application. Local level grantees will begin implementing work on this priority in July 2026 with the support of state-level staff. Adolescent Mental Health strategies include strategy development, partner engagement, and technical assistance for local grantees.

Children and Youth with Special Health Care Needs (CYSHCN) Domain: OCCYSHN leads, collaborates with, and supports improvements in comprehensive, coordinated, family-centered systems of services for CYSHCN and their families.

- **Needs/priorities:** Based on the 2025 needs assessment, resilient and connected youth; high quality, family-centered, coordinated systems of care for children, youth and families; and improved lifelong nutrition are needs for Oregon's CYSHCN. These priorities will be addressed through work on NPMs medical home and moving from pediatric to adult health care for CYSHCN, and the state priorities of person and family centered services and care and parent and caregiver support.
- **Strategies:** Medical Home (MH) strategies focus on increasing cross-sector care coordination (XSCC) for CYSHCN and their families through public health nurse home visiting and family-centered, team-based shared care planning; supporting regional and state learning collaboratives; leading development and implementation of an online Community Health Worker curriculum to prepare the workforce to respond to the needs of the CYSHCN population; promoting regional and state-level infrastructure development to support XSCC, including coordination of emergency care between families and providers; and leveraging the Oregon Family to Family Health Information Center (ORF2FHIC) to support families of CYSHCN and incorporate their wisdom into the work.

Strategies around Moving from Pediatric to Adult Health Care (P2AHC), focus on promoting system of care infrastructure and workforces to prepare youth with special health care needs and their families for moving from pediatric to adult health care. Strategies are integrated with those of MH, given their interrelationship. P2AHC quality improvement projects, begun as part of the Children with Medical Complexity CoIN, continue. OCCYSHN leverages ORF2FHIC to continue to educate families and CYSHCN about P2AHC and its importance.

Cross-cutting/Systems Building Domain: Oregon's Title V program uses a life course focus to maximize investment in policies, systems and programs. Work in this domain is the primary focus of state-specific priorities.

- **Needs/priorities:** Based on the 2025 needs assessment, Oregon's MCAH needs in the cross-cutting/systems domain include all seven of our identified priority needs for the MCAH population: high quality person-centered preconception, prenatal, interconception and postpartum services; resilient and connected youth; high quality, family-centered, coordinated systems of care for children, youth and families; enhanced environmental and social drivers of health; improved lifelong nutrition; stable and responsive relationships; and resilient and connected communities. These needs span the life course and all MCAH populations. The Title V program addresses these needs through work in each of the domains and national priority areas, as well as through the work on state-identified priorities of person and family centered services and care, parent and caregiver support, and safe and healthy environments.

Oregon's local Title V grantees will continue to work on previously identified Foundations of MCAH priorities through June 2026. Title V MCAH staff are assessing whether similar Foundations of MCAH framework will be appropriate for the new 2026-2030 cross-cutting/systems building priority areas.

- **Strategies:** The MCAH Title V program addresses current cross-cutting domain priorities through a set of upstream "Foundations of MCAH" strategies. Strategies are grouped as follows.
 - Policy and systems strategies focus on workplaces, institutions, and services; systems to integrate screening and referral for social and economic drivers of health; housing, food systems, and economic supports for families.
 - Workforce strategies focus on skills and abilities of the workforce to deliver person and family centered services, and standards to address these.
 - Community, individual and family capacity strategies focus on programs (e.g., home visiting) and community initiatives that promote family health, safety, protective factors, and resilience.
 - Assessment and evaluation strategies focus on development and use of data to drive MCAH policy and programs.

All of Oregon's MCAH Title V plans for the newly identified priorities of person and family centered services and care, parent and caregiver support, and safe and healthy environments will be at the state level only in this grant application. Local level grantees will begin implementing work on these priorities in July 2026 with the support of state-level staff. Strategies include strategy development, partner engagement, and technical assistance for local grantees. OCCYSHN employs similar strategies to address these priorities with a focus on integration and coordination of programs and systems across Title V work to support CYSHCN and their families.

Progress on state and national performance measures

Oregon Title V staff monitor progress on state and national performance measures (SPMs and NPMs). Oregon's NPMs have primarily shown positive results during the past year. NPMs that have shown improvement include breastfeeding initiation and exclusivity, bullying and P2AHC preparation for CYSHCN. Three NPMs has worsened slightly: well woman care, child injury hospitalizations, and medical home for CYSHCN. Two SPMs, prenatal stress and children with a healthcare provider who is sensitive to their family's values and customs showed moderate improvement. One SPM worsened: "children living in a household that received food or cash assistance". These small changes should be interpreted with caution.

Title V partnerships and community engagement

Partnerships and community engagement are core to Oregon's Title V work. Our extensive array of partners, spanning family and community, local governments, tribes, and state and national agencies, is described in detail in Sections III.C.1.b.iii.-iv. of the grant narrative.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funds complement and support overall state MCAH efforts. The 30% of funding that goes to OCCYSHN provides capacity for work with state, health system, and community partners and local grantees on medical home and moving from pediatric to adult health care initiatives impacting CYSHCN; ongoing assessment, surveillance, and evaluation; and expertise and partnership to strengthen systems and services to improve the health of children and youth with special health needs and their families.

The remaining 70% of Title V funding, administered through the OHA PHD, is used to support maternal, child, and adolescent health specialists, nurses, epidemiologists, and policy analysts working in local health departments, tribes, and at the state level. The MCAH capacity provided through Title V supports work on the identified Title V priorities; ongoing MCAH assessment and surveillance, policy and partnership work; and multiple planning and system development efforts to which Title V staff contribute at the state and local level. The flexibility of the Title V program and funds have been critical in supporting the response at the state and local levels to events impacting Oregon's MCH population including the COVID-19 pandemic and devastating wildfires. This

flexibility in program implementation and funding has also allowed for an investment in upstream work with partner agencies such as Medicaid on implementation of social and environmental drivers of health work.

Community engagement and partnerships are central to all phases of Oregon's Title V work, enabling Title V to leverage work across the state on behalf of the MCAH and CYSHCN populations. They enhance the scope and ability of Title V funding to impact the health of Oregon's women, children, youth, and families, including children and youth with special health needs. The Title V Director, CYSHCN Director, Adolescent Health Director, and Title V staff all work with external and internal partners to provide MCAH leadership and ensure that Title V work is represented and integrated statewide. These partnerships – including with Coordinated Care Organizations, the Oregon Department of Early Learning and Care, local health authorities, and tribes - provide critical opportunities to leverage Title V's work and develop collaborations which benefit the MCAH population and maximize use of funds. This work - especially with families and communities - also informs ongoing needs assessment, strategy implementation, evaluation, and modification of strategies/activities throughout the 5-year cycle.

MCH Success Story

Community, Family, and Provider Involvement in Oregon's 2025 Title V Needs Assessment

In early 2023 Oregon's MCAH Title V team joined a community of practice (CoP) focused on assessment for family and community engagement. A goal of our time in the CoP was to explore how to pro-actively center family and community engagement in the five-year Needs Assessment (NA). This process identified a need to:

- Formalize language about how family and community representatives would be engaged;
- Budget for family leader participation and related costs before beginning the NA;
- Build in activities in the planning and implementation of the NA to understand issues faced by families and communities;
- Ensure that family and community representatives were supported to understand and participate fully; and
- Ensure that family and community representatives were reflective of Oregon's Title V populations.

Oregon's Title V program contracted with Oregon State University's (OSU) College of Health in part because OSU has demonstrated community engagement expertise and was well-positioned to meet the previously described needs.

Engagement of families, youth, and community partners was central to every phase of the NA and prioritization process. This engagement included the recruitment and formation of a NA Advisory Group composed of family and community partners that reflected many communities from across Oregon. This group participated in all phases of the NA – planning, methods development, data collection, interpretation of analysis results, preparation of data summaries – over an 18-month period. In working with OSU and the Advisory Group, Title V ensured each data collection method was developed and implemented to maximize engagement of Title V populations and partners from across the state, including the environmental scan of 33 community health assessments, the Title V provider, partner and family voices survey, nine community listening sessions conducted across Oregon, and the two prioritization meetings. OCCYSHN participated in this process and implemented additional data collection methods and analyses to describe the needs of Oregon's CYSHCN and their families, which included partnership with a community-based organization.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Oregon

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 web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[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.