



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

OREGON

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

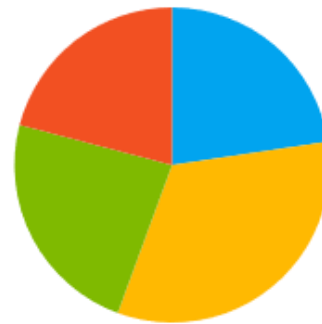
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Cate Wilcox, MPH	Marilyn Sue Hartzell	Tamara Bakewell, MA
Title V Director, MCH Section Manager	OCCYSHN, Title V-CSHN Director	Family Involvement Coordinator
cate.s.wilcox@state.or.us	hartzell@ohsu.edu	bakewell@ohsu.edu
(971) 673-0299	(503) 494-6961	(503) 494-0865

Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$6,122,592
State MCH Funds	\$8,922,561
Local MCH Funds	\$6,360,256
Other Funds	\$5,655,785
Program Income	\$0

FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$1,910,541	\$19,480,235
Public Health Services and Systems	\$4,212,051	\$1,458,367

FY 2014 Expenditures Federal



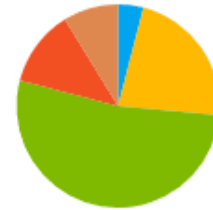
FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	44,681	\$1,066,397	4.0%
Infants < 1 Year	44,681	\$5,922,456	22.4%
Children 1-22 Years	1,075,547	\$13,922,868	52.6%
CSHCN	198,222	\$3,217,703	12.2%
Others *	865,976	\$2,319,512	8.8%
Total	2,229,107	\$26,448,936	100%

FY 2014 Expenditures



FY 2014 Individuals Served



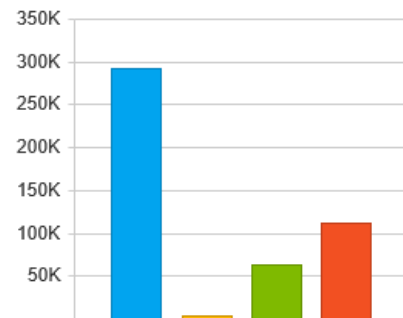
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health, Adolescent 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	Cross-Cutting/Life Course
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	291,544
State Title V Social Media Hits:	2,959
State MCH Toll-Free Calls:	62,573
Other Toll-Free Calls:	112,646



Executive Summary

Overview

For the past 18 months, a major focus of Oregon's Title V program has been to conduct a needs assessment (NA) that would pave the way for aligning our state's Title V program with Block Grant 3.0 requirements, as well as with the needs of Oregon's women, infants, children, youth and families with/without special health care needs. The NA explored Oregon's needs in relation to each of the 15 national priority areas, as well as the currently identified state Title V priorities, and emerging Oregon Maternal, Child and Adolescent Health (MCAH) needs. Additional questions examined the changing MCAH landscape in Oregon including the impact of health and early learning system transformation on Title V programs and services, and Title V's role in addressing disparities and improving health equity. The Title V needs assessment served to both engage stakeholders around the state in the Block Grant transformation and to elucidate priority MCAH population needs. Results were used to inform Oregon's Title V priorities, including selection of 8 national performance measures and 3 state-specific priorities for the coming five years. Stakeholder engagement was central to all phases of the process, and will be further expanded over the coming year through the strategy design, ESM/SPM development, and implementation phases of BG 3.0. Work to align state and local level staffing, resource allocation and data collection with new Title V priorities and performance measures has begun and will continue through the beginning of the 2016 grant year. Key challenges for the Title V program relate to the need to modify work to accommodate: changing health and early learning systems, financing structures, and constraints on capacity and staffing at both state and local levels.

As needs assessment and Block Grant 3.0 transformation has been underway, work on the current national performance measures and state Title V priorities/performance measures is ongoing. Oregon's priority needs, key accomplishments and challenges in each domain are outlined below.

Maternal/Women's Health

Oregon's Title V program provides leadership for policy and system development efforts related to intimate partner violence, integration of SBIRT into health system transformation, and ensuring that health systems reform addresses the need for comprehensive, culturally responsive preconception and inter-conception services.

Emergent needs/highest ranked priorities

Family violence and alcohol use are Oregon's current state Title V priorities for maternal/women's health. Based on the 2015 needs assessment, high quality, culturally responsive preconception, prenatal and inter-conception services are a priority need for this population. This need will be addressed through work on NPM 1 well-woman care, as well as NPM 13 oral health, NPM 14 smoking, and Oregon's new state performance measure on culturally and linguistically accessible services.

Accomplishments and significant challenges

The percent of family planning providers who screen for intimate partner violence has increased significantly since this measure became a Title V priority – from 12.4% to 38% in the past two years. Training and implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) for substance use and depression screening in adolescent well visits has become a priority across pediatric, school-based health center, and CCOs. Statewide use of SBIRT in CCOs has increased from 2% in 2013 to 7.3% in 2014.

Plan for coming year

State and local level strategies/ESMs for improving access, quality, and cultural/linguistic responsiveness of well woman care, oral health, and tobacco prevention/cessation services for women will be developed and launched by March 2016. SBIRT training for primary care providers will continue, as will work with partners to integrate intimate partner violence screening and referral into the health care system.

Perinatal/Infant Health

Oregon's Title V program provides leadership and technical assistance for the integration of maternal mental health, linkages to prenatal care and other perinatal services, and breastfeeding support into state and local level MCH programs and policies.

Emergent needs/highest ranked priorities

Maternal mental health is the current state Title V priority for perinatal/infant health. Based on the 2015 needs assessment, improved nutrition is a priority need for this population which will be addressed through work on NPM 4 breastfeeding, as well as Oregon's new state performance measures on food insecurity, culturally and linguistically responsive services, and toxic stress/trauma.

Accomplishments and significant challenges

Oregon has integrated screening for perinatal depression and anxiety into training for home visitors, and depression screening/follow up has become an incentive measure for Oregon's CCOs. Title V has worked with 211info to provide enhanced support and referrals for perinatal mental health around the state. Policies and guidelines that support breastfeeding have been added or modified in TANF and state agencies, and related outreach/training materials developed.

Plan for coming year

State and local level Title V strategies/ESMs for increasing breastfeeding initiation and duration among target populations will be developed and launched by March 2016. Efforts to integrate maternal mental health into preconception, prenatal and inter-conception care will continue in collaboration with the Oregon CoIIN and Maternal, Infant and Early Childhood Home Visiting (MIECHV) initiatives.

Child health

The Title V program's work in child health is focused on increasing community and caregiver capacity to promote the foundations of health: stable responsive relationships, safe supportive environments, and nutrition and healthy behaviors.

Emergent needs/highest ranked priorities

Enhancing parent resources and support is the current state Title V priority for child health. Based on the 2015 needs assessment, enhancing physical activity is a priority need for this population, which will be addressed through work on NPM 8 physical activity, as well as Oregon's new state performance measures on culturally and linguistically responsive services and toxic stress/trauma.

Accomplishments and significant challenges

Title V has worked with partners across state agencies and parenting stakeholder groups to build parent skills and parent engagement, including training parent leaders and holding parent cafes around the state. Over the past year, this work has been integrated with statewide efforts to develop trauma-informed systems and reduce the impact of toxic stress and ACES on children and families. One major challenge of this work is the lack of consensus on a set of skills, strategies and measures that can help frame shared goals and outcomes related to parent skills and engagement.

Plan for coming year

State and local level Title V strategies/ESMs for increasing physical activity among children will be developed and launched by March 2016. Strategies will be coordinated with physical activity and healthy weight efforts in chronic disease prevention and WIC, across multiple settings including childcare and schools.

Adolescent Health

Title V strengthens policies and systems that support adolescent health in school-based health centers, schools, health systems, and communities. The program engages youth to develop policies and programs that reflect their needs through youth action research.

Emergent needs/highest ranked priorities

Increasing adolescent well-visits and decreasing overweight/obesity are the current state Title V priorities for adolescent health. Based on the 2015 needs assessment, high quality, confidential preventive health services for adolescents continues to be a priority need for this population. Title V will address this need through continued work on adolescent well-visit (NPM 10), as well as Oregon's new state performance measures on culturally and linguistically responsive services and toxic stress/trauma.

Accomplishments and significant challenges

Title V convened and provided leadership for policy work on confidentiality of adolescent health services, and development of a youth participatory action research curriculum. The percent of adolescents in CCOs with a well care visit has increased from 27% in 2011 to 32% in 2014, but remains a metric that has shown little improvement broadly. The teen birth rate (for 15-17 year olds) declined by 28% from 2010 to 2013. A significant challenge to working on the physical activity PM came with the elimination of state Title V staffing for adolescent physical activity/nutrition and the subsequent integration of the work into the chronic disease prevention program.

Plan for coming year

State and local level Title V strategies/ESMs for increasing quality, confidentiality and utilization of well-care visits will be developed and launched by March 2016. Ongoing work on confidentiality and alignment of school based health centers with health system transformation will be integrated into strategy/ESM development

Children and Youth with Special Health Care Needs (CYSHCN)

Title V CYSHCN provides leadership and support for the development of comprehensive, coordinated and integrated systems of care that are culturally responsive for CYSHCN and their families. It leads policies that support access to care for CYSHCN, and partners with families in policy and program development.

Emergent needs/highest ranked priorities

Medical home (MH) and youth transition to adult health care (TAHC) are Oregon's current state Title V CYSHCN priorities. In addition, culturally and linguistically responsive services are a state CYSHCN priority. Findings from the needs assessment showed that the population's complex needs require high quality, family-centered coordinated systems of care to meet their needs. The National

Consensus Framework includes MH and TAHC as 2 of its 10 domains in the Standards for Systems of Care for CYSHCN. The priorities will be addressed through work on NPM 11 and 12.

Accomplishments and significant challenges

OCCYSHN was awarded one of 12 state implementation grants to improve systems of care serving Oregon's CYSHCN through a collaborative cross state effort. OCCYSHN increased the number of community-based family liaisons who are part of the Family Involvement Network (FIN) and Oregon Family to Family Health Information Center (ORF2FHIC) shared family network and it continues to partner with families in all decision-making efforts. The CaCoon home visiting and Community Connections Network (CCN) programs initiated a shared workforce development effort this year to increase local cross systems care coordination. OCCYSHN was significantly challenged this year by delayed hiring of key administrative and program staff due to an unsuccessful recruitment and internal institutional delays in releasing positions.

Plan for coming year

Work assignments will be aligned with Block Grant 3.0 priorities. Lead staff members, with support of Assessment and Evaluation staff and needed content expertise, will be assigned to the MH and THAC priority areas. Community-based partners' input will shape strategy development and implementation plans, including increased and more effective coordinated care. MH and TAHC strategies and ESMs will begin Spring 2016 and shape contracts with local partners extending 2016 through 2020.

Cross-cutting or Life Course

Oregon's Title V program uses a life course focus and equity lens to maximize investment in policies, systems and programs that will ensure community and caregiver capacity to support the foundations of lifelong health.

Emergent needs/highest ranked priorities

Improving oral health among children is a current state Title V priority/performance measure. Based on the 2015 needs assessment, improved oral health for pregnant women and children; reduced tobacco use and exposure among pregnant women and children; MCAH nutrition; safe and nurturing relationships/stable, attached families; and improved health equity and reduced MCH disparities are all high priority cross-cutting needs for Oregon's MCAH population. These will be addressed through work on NPM 13 oral health, NPM 14 smoking, as well as Oregon's new state performance measures on food insecurity, toxic stress/trauma, and culturally and linguistically responsive services.

Accomplishments and significant challenges

Significant accomplishments in Oral health began with the release of an updated State Oral Health Plan that will guide the state's oral health work for the next five years. This spurred the hiring of Oregon's first ever state Dental Director in February 2015. The Oral Health Program continued to grow the State Dental Sealant program and initiated a Dental Sealant Certification Program whereby local programs can be trained and certified to provide high quality school-based dental sealant programs. MCH initiated a Dental Pilot program that will help advance workforce and access innovations. MCH is currently challenged by the inability to hire for the Oral Health Program Coordinator, vacant since February when the staff person resigned. All of the other cross-cutting priorities are newly identified.

Plan for coming year

State and local level strategies/ESMs for improving access, quality, and cultural/linguistic responsiveness of well woman care, oral health, and tobacco prevention/cessation services for women will be developed and launched by March 2016. SBIRT training for primary care providers will continue, as will work with partners to integrate intimate partner violence screening and referral into the health care system. State and local level Title V strategies/ESMs for oral health and tobacco will be developed and launched by March 2016. Ongoing work in perinatal and child oral health will be integrated into strategy/ESM development. New state performance measures and associated strategies will be developed for food insecurity, toxic stress/trauma, and culturally/linguistically responsive services during the coming grant year.