



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **OREGON**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

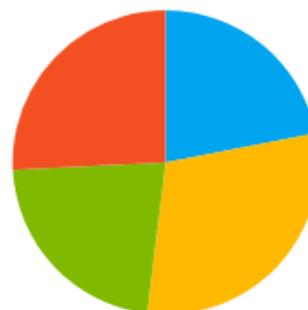
### State Contacts

| MCH Director   | CSHCN Director  | State Family or Youth Leader  |
|--|---|---|
| Cate Wilcox, MPH<br>Title V Director, MCH Section Manager<br>cate.s.wilcox@state.or.us<br>(971) 673-0299 | Brian Rogers, MD<br>Director of the Institute on Development & Disabil<br>rogersbr@ohsu.edu<br>(503) 494-2700 | Tamara Bakewell, MA<br>Family Involvement/Oregon Family to Family Health<br>bakewell@ohsu.edu<br>(503) 494-0865 |

### Funding by Source

| Source             | FY 2015 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$6,198,272          |
| State MCH Funds    | \$8,482,655          |
| Local MCH Funds    | \$6,299,075          |
| Other Funds        | \$7,284,024          |
| Program Income     | \$0                  |

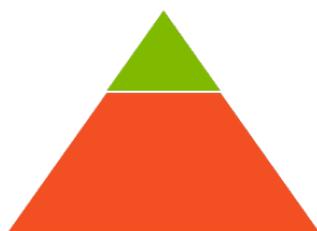
FY 2015 Expenditures



### Funding by Service Level

| Service Level                      | Federal     | Non-Federal  |
|------------------------------------|-------------|--------------|
| Direct Services                    | \$0         | \$0          |
| Enabling Services                  | \$2,258,907 | \$20,164,867 |
| Public Health Services and Systems | \$3,939,365 | \$1,900,887  |

FY 2015 Expenditures Federal



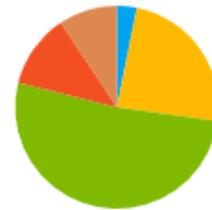
FY 2015 Expenditures Non-Federal



### Total Reach of Title V in Serving MCH Populations

| Populations Served  | Individuals Served | FY 2015 Expenditures | %           |
|---------------------|--------------------|----------------------|-------------|
| Pregnant Women      | 45,714             | \$872,820            | 3.2%        |
| Infants < 1 Year    | 45,714             | \$6,645,747          | 24.0%       |
| Children 1-22 Years | 141,906            | \$14,298,172         | 51.7%       |
| CSHCN               | 198,757            | \$3,254,274          | 11.8%       |
| Others *            | 41,800             | \$2,573,186          | 9.3%        |
| <b>Total</b>        | <b>473,891</b>     | <b>\$27,644,199</b>  | <b>100%</b> |

FY 2015 Expenditures



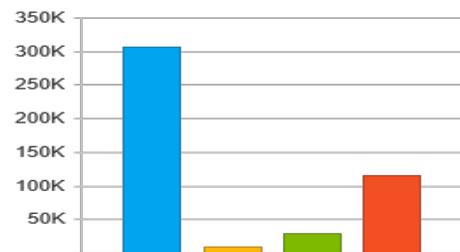
FY 2015 Individuals Served



\*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.

### Communication Reach

| Communication Method             | Amount  |
|----------------------------------|---------|
| State Title V Website Hits:      | 307,060 |
| State Title V Social Media Hits: | 9,172   |
| State MCH Toll-Free Calls:       | 29,687  |
| Other Toll-Free Calls:           | 114,747 |



### 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               |

### Evidence-Based or –Informed Strategy Measures

| NPM #  | NPM Short Name          | ESM #    | ESM Title  |
|--------|-------------------------|----------|--|
| NPM 1  | Well-Woman Visit        | ESM 1.1  | Number of women who have been surveyed or who have participated in focus groups to identify barriers to well women care.   |
| NPM 1  | Well-Woman Visit        | ESM 1.2  | Number of women reached using traditional and social marketing campaigns such as CDC Show Your Love brochures, social media including Facebook and Twitter, attendance at health fairs and community meetings, and public service announcements. |
| NPM 4  | Breastfeeding           | ESM 4.1  | Number of Oregon Health Authority and Department of Human Services agencies partnered with to implement breastfeeding support policy.  |
| NPM 4  | Breastfeeding           | ESM 4.2  | Number of hits to state intranet website with policy on breastfeeding in the workplace.  |
| NPM 8  | Physical Activity       | ESM 8.1  | The number of trainings for childcare providers which promote physical activity identified and added to a list of trainings approved by the Oregon Registry Trainer Program Review Teams (Portland State University).                            |
| NPM 8  | Physical Activity       | ESM 8.2  | The number of trainings which promote physical activity approved by the Oregon Registry Trainer Program Review Teams (Portland State University), and offered to childcare providers.  |
| NPM 10 | Adolescent Well-Visit   | ESM 10.1 | The number of health professionals who attend training on the promotion of youth friendly services (e.g. through the Transformation Center, youth-friendly grants, Reproductive Health/School-based Health Conference, etc.).                    |
| NPM 10 | Adolescent Well-Visit   | ESM 10.2 | The Oregon Sports Pre-Participation Examination (PPE) form revised to include a question on last comprehensive checkup is adopted by the Oregon State Board of Education.  |
| NPM 11 | Medical Home            | ESM 11.1 | Number of REACH teams that created a plan by which care information for targeted CYSHCN are shared between health care providers and educators.  |
| NPM 12 | Transition              | ESM 12.1 | Percent of SPOC initiated by county public health departments contracting with OCCYSHN, that serve transition-aged youth over 12 years old.  |
| NPM 12 | Transition              | ESM 12.2 | Percent of the SPOC that are initiated for youth that address transition planning.   |
| NPM 13 | Preventive Dental Visit | ESM 13.1 | The number of materials developed on the impact of gestational diabetes, pre-diabetes, and diabetes on the risk of developing periodontal disease.   |

|        |                         |          |   |
|--------|-------------------------|----------|---|
| NPM 13 | Preventive Dental Visit | ESM 13.2 | The number of health professionals trained on the impact of gestational diabetes, pre-diabetes, and diabetes on the risk of developing periodontal disease. |
| NPM 14 | Smoking                 | ESM 14.1 | The number of child care providers worked with, contacted, or engaged in smoke free childcare project.  |
| NPM 14 | Smoking                 | ESM 14.2 | The number of child care agencies that have a signed voluntary commitment to implement a smoke free campus policy.  |

### State Performance Measures

| SPM # | SPM Title   | Population Domain(s)      |
|-------|---|---------------------------|
| SPM 1 | A) Percentage of new mothers who experienced stressful life events before or during pregnancy<br>B) Percentage of mothers of 2 year olds who have adequate social support   | Cross-Cutting/Life Course |
| SPM 2 | A) Percentage of households experiencing food insecurity<br>B) Percentage of households with children < 18 years of age experiencing food insecurity  | Cross-Cutting/Life Course |
| SPM 3 | A) Percentage of children age 0 - 17 years who have a healthcare provider who is sensitive to their family's values and customs<br>B) Percentage of new mothers who have ever experienced discrimination while getting any type of health or medical care | Cross-Cutting/Life Course |

## Executive Summary

### Overview

Oregon's Title V program continues to transform to meet the needs of Oregon's women, infants, children, youth and families with/without special health care needs, as well as to align with Block Grant (BG) 3.0. The findings of Oregon's 2015 Maternal and Child Health (MCH) Title V Needs Assessment resulted in the identification of eight national priorities and 3 state-specific priorities for 2016-2020. They are: well woman care, breastfeeding, child physical activity, adolescent well care, medical home and transition to adult health care for children and youth with special health care needs; oral health, smoking, toxic stress/trauma/ACEs, food insecurity, and culturally and linguistically responsive MCAH services (CLAS). The work of Oregon's Title V program over the past year has primarily focused on: developing evidence-based/informed strategies and measures for our new 8 national priorities; developing state performance measures and initial plans to address our 3 state-specific priorities; transforming systems to align state and local level staffing, resource allocation, and data collection with BG 3.0; and supporting our local grantees to transition to work on BG 3.0 priorities. Stakeholder engagement has been central to all phases of the process, and will continue to be central to ongoing needs assessment, strategy implementation, evaluation, and modification of strategies/activities as needed over the coming years. Key challenges for the Title V program include the continuing need to re-define work and partnerships to align with health and early learning systems transformation; and organizational structure/leadership changes, as well as ongoing capacity and funding constraints at both the state and local level. Oregon's priority MCAH Title V 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 maternal/women's health including: ensuring that health systems reform addresses the need for comprehensive, culturally responsive maternal health services, the prevention of rape and intimate partner violence (IPV).

#### Emergent needs/highest ranked priorities

Based on the 2015 MCAH needs assessment, high quality, culturally responsive preconception, prenatal and inter-conception services are a priority need for this population. This need is being addressed through work on NPM 1 well-woman care (WWC), as well as NPM 13 oral health, NPM 14 smoking, and Oregon's new state performance measures on toxic stress/trauma and culturally and linguistically accessible services.

#### Accomplishments and significant challenges

Efforts to increase the percent of family planning providers who screen for intimate partner violence (IPV) has been very successful, going from 12.4% in 2013 to 47% in 2015. With the end of the pilot project support through Futures without Violence, as well as MCH funding for a policy position at the Oregon state-wide Domestic Violence coalition, focus has shifted to provider trainer teams and sustainability plans to ensure ongoing support for IPV screening and referral in health care.

#### Plan for coming year

Strategies and measures for improving access, quality, and cultural/linguistic responsiveness of well woman care (WWC) have been developed, and implementation has begun at the state and local levels. WWC strategies include: case management to improve utilization of well woman care, social marketing and promotion of WWC, education/training for providers, access to WWC through family planning clinics, and research on barriers to WWC. Work will be coordinated with strategies to improve oral health and tobacco cessation for pregnant women, as well as toxic stress/trauma and CLAS strategies.

### Perinatal/Infant Health

Oregon's Title V program provides leadership and technical assistance for linkages to prenatal care, oral health, maternal mental health and other perinatal services; infant mortality reduction; PRAMS and PRAMS2 surveillance systems; early hearing detection and intervention (EHDI); breastfeeding support; and integration of perinatal/infant health into programs and policies across state and local agencies.

#### Emergent needs/highest ranked priorities

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 Coordinated Care Organizations (CCOs). Oregon Mothers Care provided patient navigation services to 4,500 pregnant women, 82% of whom received first trimester care. Follow-up for infants referred on newborn hearing screening has increased from 44% (2012 cohort) to 75% (2014 cohort). Breastfeeding support is being integrated as a strategy across multiple initiatives including the 1305 CDC grant, and the State Health Improvement Plan.

#### Plan for coming year

Strategies and measures for breastfeeding support have been developed, and implementation has begun at the state and local levels. Breastfeeding strategies include: Increasing access to workplace breastfeeding support; training and education of women and healthcare providers, and enhancing the availability of breastfeeding support from professionals.

### 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. A major focus of our child health work is integration of child health into programs and policies across state and local agencies, including the early learning and education systems.

#### Emergent needs/highest ranked priorities

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

Over the past year, work on parent skills and engagement has been integrated with MIECHV and statewide efforts to develop trauma-informed systems and reduce the impact of toxic stress and Adverse Childhood Experiences (ACEs) on children and families.

#### Plan for coming year

Strategies and measures for physical activity (PA) have been developed, and implementation has begun on the state and local levels. PA strategies include: support PA in child care settings through policy, training and workforce development; support PA before, during and after school; promote safe and active transportation; promote community PA campaigns and clinical partnerships. 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

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

Work on confidentiality and alignment of school based health centers with health system transformation continued this year. Key adolescent well care (AWC) policy documents were produced including "Protecting Patient Privacy: The Oregon Confidential Communication Request" and "Adolescent well-care visits guidance for Coordinated Care Organizations". CCO rates of AWC visits have increased from 27% in 2011 to 37% in 2015. Screening, Brief Intervention and Referral to Treatment (SBIRT) for substance use and depression has been added as a CCO metric for ages 12-17. A partnership with the Oregon Pediatric Improvement Project and the Oregon Pediatric has engaged adolescent care providers to conduct SBIRT within adolescent well care visits. The teen birth rate (for 15-17 year olds) declined by 37% from 2010 to 2014.

#### Plan for coming year

Strategies and measures to increase quality, confidentiality and utilization of AWC have been developed, and implementation has begun at the state and local levels. State and local level Title V strategies/ESMs for AWC include: Promote policies and practices to make youth health care more friendly; raise awareness of the importance of adolescent well-care; increase outreach to key populations; and leverage School Based Health Centers (SBHCs) to conduct broader outreach within school and community. A partnership with the School based Health Center Alliance will conduct youth listening sessions on access to care, and health professional trainings will be held in a variety of settings.

### Children and Youth with Special Health 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 health care transition (HCT) 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 Standards for Systems of Care for CYSHCN* includes MH and HCT as 2 of its 10 domains of standards. The priorities will be addressed through work on NPM 11 and 12.

#### Accomplishments and significant challenges

OCCYSHN continued work towards improving the systems of care serving Oregon's CYSHCN through its state implementation grant. The CaCoon home visiting and Community Connections Network (CCN) programs continued a shared workforce development effort this year focused on building regional cross-systems care coordination teams. OCCYSHN continued to support Parent Partners who are part of the Family Involvement Program (FI) and Oregon Family to Family Health Information Center (ORF2FHIC) shared family network. It continued to partner with families in all decision-making efforts. OCCYSHN was challenged this year by staff turnover and the retirement of its Director, Marilyn Sue

Hartzell.

**Plan for coming year**

OCCYSHN plans to work towards its priorities by supporting regional care integration and cross-systems care coordination, increasing the utilization of shared plans of care (SPOC), and developing infrastructure to support SPOC. Lead program staff members, with the support of Assessment and Evaluation staff and content experts, have been assigned to the MH and HCT priority areas. Community-based partners' input will shape strategy development and implementation plans, including increased and more effective coordinated care. MH and HCT strategies and ESMs have been developed and will 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**

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 are all high priority cross-cutting needs for Oregon's MCAH population. These are being 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/ACEs, and culturally and linguistically responsive services.

**Accomplishments and significant challenges**

Oral Health is one of the priorities for the Oregon State Health Improvement Plan (SHIP), with a focus on early preventive dental care. The Oral Health Program's school-based dental sealant program served 80.8% of eligible Oregon schools during the 2015-16 school year, and participation in a voluntary certification program for school dental sealant programs increased from 2 to 8 organizations this year. Title V partnered with Oregon's Tobacco Prevention and Education Program to address smoking in pregnancy, and developed 2 tribal pilot sites for prenatal smoking cessation as part of the infant mortality CoIIN.

**Plan for coming year**

Oral health and smoking strategies and measures have been developed, and state/local level implementation has begun. State and local level Title V strategies oral health include: integrate oral health into state MCH, health promotion and chronic disease prevention programs; integrate First Tooth and Maternity Teeth for Two programs into home visiting programs; add oral health services to nurse home visiting and WIC programs; develop a case management system for dental visits, and establish local oral health coalitions. Smoking strategies include: Provide 5As intervention within MCH programs; collaborate with medical, dental, and early childhood providers to build prevention, screening, and intervention into their work practices; collaborate with the Oregon Quit Line to improve outreach and quit rates for pregnant and postpartum women; and promote health insurance coverage benefits for pregnant and postpartum women. State performance measures have been developed for Toxic stress/trauma, culturally/linguistically appropriate services, and food insecurity, and strategy development will take place over the coming year.