**Oregon**

**Maternal and Child Health Block Grant 2021**

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2019, 92.1% of all pregnant women, 98.0% of infants, and 59.6% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit [www.amchp.org](http://www.amchp.org).

**MCH Block Grant Funds to Oregon**

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<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
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<tr>
<td></td>
<td>$6,217,387</td>
<td>$6,268,884</td>
<td>$6,263,146</td>
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**Title V Administrative Agency:**
Center for Prevention and Health Promotion, Public Health Division, Oregon Health Authority; Oregon Center for Children and Youth with Special Health Needs, Institute on Developmental & Disability at the Oregon Health & Science University

*States must provide a three dollar match for every four Federal dollars allocated.*

**Protecting and Improving the Health of Oregon’s Families**

**Foundations of Maternal, Child and Adolescent Health –** Oregon’s Title V program promotes the foundations of maternal, child and adolescent health through an integrated focus on social determinants of health and equity, toxic stress, trauma, ACEs and resilience; and culturally and linguistically responsive services. This approach acknowledges the long-term and pervasive impacts of racism, trauma and adversity, and social inequities on the health of the MCAH population. State and local level work addresses policies and systems; workforce capacity and effectiveness, community, individual and family capacity, and assessment and evaluation. Strategies include trauma-informed and culturally responsive workforce training; support for family-friendly policies such as paid family leave and earned income tax credit; development of culturally responsive and trauma-informed systems and services; and community outreach and prevention programs.

**Women’s and Infants’ Health –** Oregon’s Title V Women’s and Infants’ Team focuses on foundational work to improve the health of women and infants, as well as strategies to address breastfeeding and well woman care. Strategies include efforts to: strengthen early identification and support for women’s behavioral health needs; support advanced training and quality improvement for the home visiting workforce, establish community-based perinatal, women’s and infant health advisory groups to promote best practice and policy change; and ensure access to culturally responsive preventive clinical care for low income and undocumented women. State Title V staff work with the Oregon Perinatal Collaborative, Oregon’s Health Systems Division (Medicaid), Oregon Coordinated Care Organizations (CCOs) and other partners to improve the quality of care, birth and long-term health outcomes. Oregon Mothers Care provides outreach and referral services to prenatal care and other pregnancy related services. In 2019 Oregon launched a Maternal and Morbidity Review Committee focused on reducing maternal morbidity and mortality. Title V also partners with Oregon’s early care and education systems transformation to integrate public health, health care and early learning services for pregnant people, infants, children and families. Local public health nurses provide Babies First!, Nurse-Family Partnership, and CaCoon home visiting services to approximately 7,000 clients per year, over 65% of which are infants and children with multiple risk factors. Beginning in 2021, Oregon is also rolling out Family Connects Oregon, a universally offered home visiting program for all families with newborns.

**Injury Prevention –** Oregon’s Title V Injury Prevention Team focuses on foundational work to address injury prevention, as well as strategies to improve child injury and bullying prevention. Strategies include efforts to strengthen workforce capacity, partnerships and coalitons to support education, prevention and communications; data collection, analysis and interpretation of injury data; and support for engaging youth in all aspects of bullying prevention including youth participatory action research. The Title V Injury Prevention team collaborates with the Injury and Violence Prevention Section and other programs/agencies on upstream injury prevention work including the integration of a shared risk and protective factors framework across state public health.

**Children and Youth with Special Health Needs –** Approximately one in five Oregon children birth to age 18 has a special health care need. These children have chronic health conditions, requiring more, and more complex, health care and related services than other children (for example, more doctor visits, educational services, mental health services, prescription drugs, or specialized treatments). The mission of the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) is to improve the health, development, and well-being of all of Oregon’s children and youth with special health care needs (CYSHCN). This mission is pursued through policy and program development, optimization of community-based services, population-based assessment and surveillance, and leadership of systems change initiatives impacting health systems and services in Oregon. OCCYSHN administers Title V CYSHCN funds to support (a) Development of family-centered, comprehensive, cross-systems shared care plans for approximately 150 CYSHCN annually through collaboration with community-based teams, (b) Coordinated learning communities addressing system-level barriers, and...
implementation of cross-systems quality improvement efforts to address those barriers, including professional development and technologic advances to support coordinated care across system partners (c) Facilitation and improvement in the transition from the pediatric health system to the adult health system for CYSHCN. Among other activities, OCCYSHN is leading a quality improvement effort to test an innovative approach for pediatric to adult primary care for young adults who are medically complex (a subgroup of CYSHCN) as part of the CMC CoILN, and to meet communities where they are with culturally and linguistically informed approaches. (d) The CaCoon Program, a public health nurse home visiting program which helps families build capacity and resilience through support in coordinating their children’s care, development of care management skills, and facilitating linkage to necessary and appropriate services. (CaCoon provided 6935 home visits to 1192 CYSHCN and their families in 2019), and (e) An active Family Involvement Program to ensure family engagement at all levels of decision-making. OCCYSHN’s Family Involvement Program houses the Oregon Family to Family Health Information Center (OR F2F HIC), which is staffed by parents of children with a variety of special health care needs. OR F2F HIC staff served 1,141 families of CYSHCN providing peer mentorship, guidance and support to help them access services and supports for their children. OR F2F HIC also provides support to the Birth Anomalies Surveillance System.

Adolescent and School Health – The Adolescent and School Health Unit (ASH) works to support the health of all Oregon youth through evidence-based practices and data-driven policies. In the 2019-20 service year, Oregon had 78 certified School-Based Health Centers (SBHCs) that served over 35,000 clients. Over 67,000 youth, ages 5-21, had access to an SBHC. SBHCs provide primary physical health and mental health care. 11 SBHCs have dental providers on site. ASH funded 11 school districts and educational service districts to conduct needs assessments with the goal of implementing either a school nursing or school-based health center model. This past year, ASH’s youth sexual health work supported the training of 48 teachers from 21 high school transition programs to facilitate sexual health curriculum that is evidence-based and comprehensive for individuals with intellectual and developmental disabilities (IDD) to promote skills needed to develop meaningful relationships and prevent interpersonal violence. Implementation of the 10-week curriculum commenced in transition network programs for youth with intellectual and developmental disabilities in the 2020-2021 school year. Additionally, the Adolescent and School Health Unit supports school nurses through statewide and individual technical assistance, trainings and consultation. ASH also facilitate the use of a Youth Participatory Action Research curriculum so that youth can positively impact and influence their communities.

Health Needs in Oregon

- Safe and supportive environments
- Stable and responsive relationships, resilient and connected children, youth, families and communities
- Improved lifelong nutrition
- Improved health equity and reduced MCAH disparities
- Enhanced social determinants of health
- High quality, culturally responsive preconception, prenatal and inter-conception services
- High quality, family-centered, coordinated systems of care for children and youth with special health care needs

Percentage Served by the Oregon MCH Program*

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<tr>
<th>Percentage</th>
<th>Served</th>
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<tbody>
<tr>
<td>93.0%</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>100.0%</td>
<td>Infants under one</td>
</tr>
<tr>
<td>11.0%</td>
<td>Children and adolescents</td>
</tr>
<tr>
<td>45.0%</td>
<td>Children with special health care needs</td>
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<tr>
<td>2.0%</td>
<td>Others</td>
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*2019 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

Current Special Projects of Regional and National Significance (SPRANS)

State Systems Development Initiative (SSDI)
OREGON STATE DEPARTMENT OF HUMAN RESOURCES, HEALTH DIVISION
Portland, OR

Hemophilia Treatment Centers
OREGON HEALTH AND SCIENCE UNIVERSITY
Portland, OR

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Oregon State Profile 2021