



OREGON  
**HEALTH**  
AUTHORITY

March 3, 2026

# MCAH Title V Priorities

## Housing Instability and Food Sufficiency

### Technical Assistance Webinar for Local Grantees

# Welcome & Logistics

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Thank you for joining us!

Materials for this webinar will be posted in the chat box, as well as on the [MCAH Title V website](#) by March 13<sup>th</sup>.

If you have any technical difficulties during the webinar, contact Allison Potter at (971) 421-7567 or [allison.k.potter@oha.oregon.gov](mailto:allison.k.potter@oha.oregon.gov)

For live captions hit the (...) then “Language and Speech” and select Show Live Captions



# Purpose of the Webinar

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To provide information about Oregon's 2026-2030 MCAH Title V priorities, strategies, and examples of local work.

To answer your questions and provide tools to help you develop your Title V MCAH Annual Plans (due April 16).

# Agenda

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- Title V Structure and Intent
- How Housing Instability and Food Sufficiency are connected as upstream MCAH topics
- Priority Overview, Strategies, & Sample Projects:
  - Housing Instability
  - Food Sufficiency



# MCH Title V Block Grant

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**MCH Title V Block Grant** provides federal funds to improve the health of Oregon's women, infants, children, adolescents, and children and youth with special health care needs.

Oregon's Title V funds support the work of local public health authorities; Tribes; state Family and Child Health and Adolescent Health staff; and the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN).

## **Oregon's Title V program priorities:**

- Are revised every 5 years based on the findings of the state's MCAH Needs Assessment
- Include national priorities/performance measures chosen from a set of 19 priorities in 5 population domains; plus, community identified state priorities reflecting Oregon's unique MCAH needs.

# Oregon 2026-2030 MCH Title V Priorities

Domain	Priority Areas
Women's & Maternal Health	<ul style="list-style-type: none"><li>• Postpartum Care (with a focus on PP mental health)</li></ul>
Perinatal and Infant Health	<ul style="list-style-type: none"><li>• Housing Instability</li></ul>
Child Health	<ul style="list-style-type: none"><li>• Food Sufficiency</li><li>• Medical Home*</li></ul>
Adolescent Health	<ul style="list-style-type: none"><li>• Adolescent Mental Health</li></ul>
Community Identified State Priority Area	<ul style="list-style-type: none"><li>• Person and family centered services and care</li><li>• Parent and caregiver support</li><li>• Safe and healthy environments</li></ul>
Children and Youth with Special Health Care Needs	<ul style="list-style-type: none"><li>• Medical Home</li><li>• Transition to Adult Health Care</li></ul>



\*state level work only

# Title V work is focused upstream on:

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# Timeline

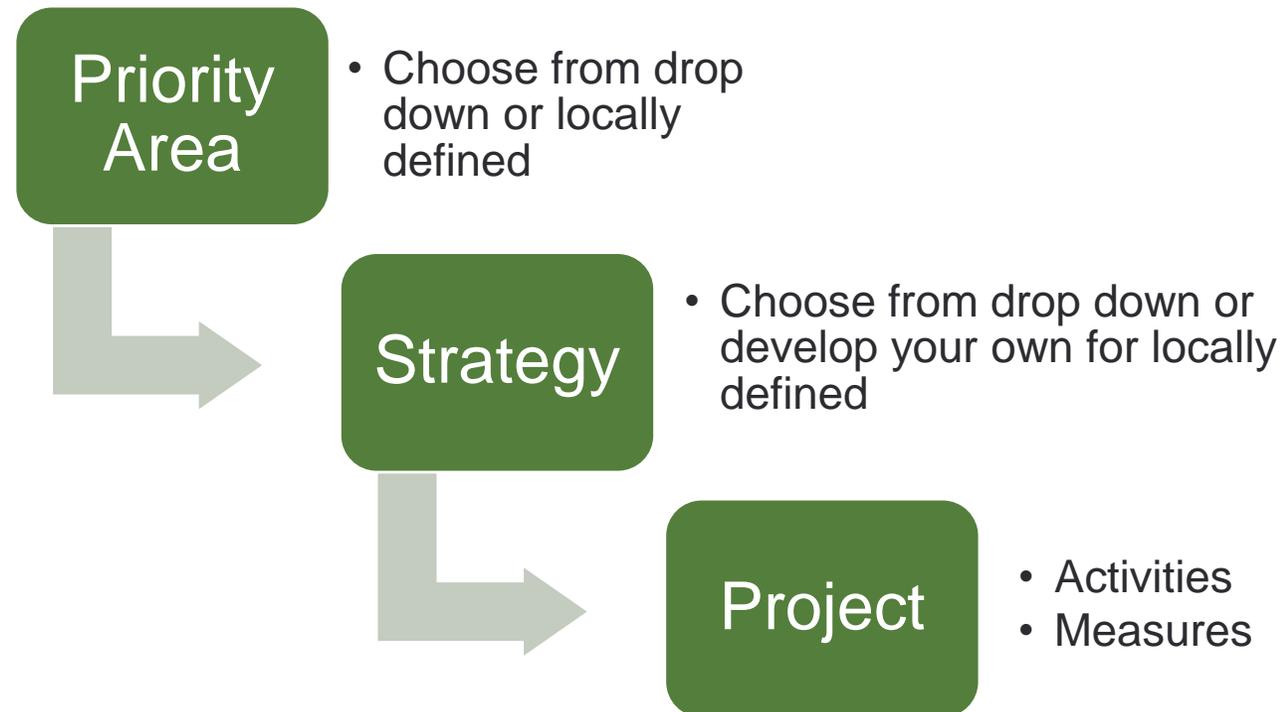
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# Annual Plans due April 16th

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- [Title V Implementation Guidance](#)- highlights program requirements including how many strategies are required for your funding level
- Plan structure:



# Resource Guides

- Available on the [Title V website](#) for each priority area
- Examples of local work/projects including activities, measures, and resources

## Oregon's 2026-2030 MACH Title V Priorities- Resource Guide



ADOLESCENT HEALTH  
**Adolescent Mental Health**

For more information or technical assistance with Adolescent Mental Health strategies please contact:

Alexis W. Phillips (Alexis.W.Phillips@oha.oregon.gov)

Adolescent mental health refers to the emotional, psychological, and social well-being of youth, shaping how they think, feel, and act. It includes how young people cope with stress, form relationships, and make decisions. The goal for this priority area work is to improve adolescent mental health and well-being by strengthening protective factors, improving systems that support adolescent mental health, and fostering strategic partnerships across Oregon.

### Strategies:

1. Strengthen the workforce to deliver youth-centered, responsive mental health services.
2. Support schools and communities to implement programs that build youth protective factors and resilience.
3. Elevate youth and family voice to shape and guide mental health initiatives.
4. Promote awareness and reduce stigma around adolescent mental health.
5. Build and strengthen cross-system partnerships to address gaps in adolescent mental health services.

Below are examples of what this work can look like for grantees. These project ideas are offered to help with planning, but grantees are also welcome to develop their own projects/ activities/ measures. Note: Activities should be outlined in a way that helps outline how the project will be done. Include at least one measure per project for the annual plan.

### Adolescent Mental Health

**Strategy #1: Strengthen the workforce to deliver youth-centered, responsive mental health services.**



This strategy focuses on building, sustaining, and strengthening the adolescent mental health workforce to ensure youth receive youth-centered and accessible mental health supports. Efforts may include training, skill-building, and shared learning among educators, behavioral health staff, and community partners who already support youth.

### Example Local Level Projects/Work

- Example A: Youth-Centered Mental Health Training

# Housing Stability & Food Sufficiency



# Housing Instability

Housing stability, affordability, safety, and quality all affect health outcomes, as do the physical and social characteristics of neighborhoods.

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[Allison.k.potter@oha.Oregon.gov](mailto:Allison.k.potter@oha.Oregon.gov)



# Housing Instability

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## Housing instability can occur due to:

- high housing costs,
- difficulty making housing payments,
- poor housing quality,
- unstable neighborhoods,
- overcrowding,
- frequent moves,
- eviction,
- homelessness, or
- reliance on temporary housing programs

## EXHIBIT 1

### Four pathways connecting housing and health



**SOURCE:** Adapted by the author from Gibson et al. 2011, Sandel et al. 2018, Maqbool et al. 2015, and Braveman et al. 2011.

# Housing Instability

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## Goal:

- Pregnant women, infants, children and families have safe, stable and affordable housing.

## National Performance Measure:

- Percent of women with a recent live birth who experienced homelessness or lacked a usual place to sleep in the 12 months before a recent live birth.
  - Percent of children 0-11 who experienced housing instability in the last year.
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# Housing Instability Strategies

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1. Promote policies that increase access to safe, stable and affordable housing for families and individuals during pregnancy and early childhood.
2. Develop cross-sector systems, programs, and initiatives to meet the integrated housing and other service needs of the MCH population.
3. Develop or advocate for medical-legal partnerships to provide legal services to MCH clients with unsafe/unstable housing or at risk for eviction.
4. Work with housing advocates and shelter systems to address child/family safety and other needs in the shelter system.
5. Enhance access to programs that address home safety and housing remediation concerns for the MCH community.
6. Provide screening, education, counseling, and referral to housing support services in MCH and other health care settings for those experiencing unstable housing.

# Housing Instability Strategy 1

Promote policies that increase access to safe, stable and affordable housing for families and individuals during pregnancy and early childhood.

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## Example Local Level Project/Work:

Work with local [community action site](#) (coordinated entry site) to prioritize and identify gaps in wraparound supports for individuals and families throughout pregnancy, postpartum, and early childhood.

## Activities

- Develop partnerships with local community action site, policy leaders, and other key partners.
- Identify gaps in wraparound supports by interviewing staff, other key partners, and clients who have accessed services.
- Develop recommended policy changes to enhance wraparound support.
- Implement one or more of the recommended policy changes.
- Develop an ongoing evaluation plan

## Measures

- Number of partners and clients interviewed in assessment.
- Number of policy recommendations developed to address gaps in system.
- Number of Title V/coordinated entry site partners that demonstrate sustained capacity and commitment to providing wraparound supports to families in housing crises.

## Housing Instability Strategy 2

Develop cross-sector systems, programs, and initiatives to meet the integrated housing and other service needs of the MCH population.

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**Example Local Level Project/Work:** Provide housing navigators as part of MCH programs to break down barriers to accessing and maintaining housing for families and individuals during pregnancy and early childhood.

### Activities

- Partner with housing advocates to identify opportunities for linking housing navigators and/or CHWs to MCH programs.
- Develop systems to link the housing navigators/CHWs to MCH programs.
- Secure funding and/or inter-agency agreements as needed to implement the enhanced housing support for MCH clients.
- Provide training as needed to MCH staff and housing navigators/CHWs
- Pilot the new system
- Assess and modify as needed.

### Measures

- Number of partners recruited.
- System to integrate housing navigators into MCH program developed (y/n)
- Number or percent of MCH clients served by the housing navigators/housing support CHWs

## **Housing Instability Strategy 3**

Develop or advocate for medical-legal partnerships to provide legal services to MCH clients with unsafe/unstable housing or at risk for eviction.

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### **Example Local Level Project/Work:**

Partner with existing Oregon MLPs to address the housing needs of MCH clients.

### **Activities**

- Assess the needs of MCH clients by speaking to clients, housing navigators, and other partners.
- Identify an Oregon based MLP interested in partnering to address the housing needs of MCH clients.
- Convene partnerships between legal support providers, housing supporters, social service agencies, health care providers, and early childhood programs through the MLP to address the needs of MCH clients
- Provide training and resources to MLP legal support providers

### **Measures**

- Number of training events provided to MLP legal support providers.
- Number of partnerships convened between legal support providers, housing supporters, social service agencies, health care providers, and early childhood programs through the MLP.

## **Housing Instability Strategy 4**

Work with housing advocates and shelter systems to address child/family safety and other needs in the shelter system.

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### **Example Local Level Project/Work:**

Ensure that community housing shelters that accept families have safe sleep spaces for infants and young children.

### **Activities**

- Develop and/or enhance partnerships with local housing shelters and organizations working on infant safe sleep.
- Assess the safe sleep needs in the shelter system
- Identify resources to provide safe sleep equipment as needed to local shelters.
- Collaborate on policy changes as needed to ensure that shelters that accept families have policies and procedures in place to ensure safe sleep spaces.
- Provide culturally relevant safe sleep educational materials and training to shelter staff as needed.

### **Measures**

- Assessment of safe sleep needs in local shelter completed (y/n)
- Percent of families with children under 3 years old who were provided with safe sleep space while using the shelter.

## **Housing Instability Strategy 5**

Enhance access to programs that address home safety and housing remediation concerns for the MCH community.

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### **Example Local Level Project/Work:**

Integrate screening and referral to Healthy Homes or other housing remediation services into existing programs that serve MCH population.

### **Activities**

- Identify and develop partnerships with any Healthy Homes or other housing remediation services in your community that have the capacity to serve MCH clients.
- Identify the best ways for MCH clients to access these services, working with partners to find ways to prioritize MCH clients.
- Build workflows for MCH programs to screen and make referrals for services.

### **Measures**

- Number of partnerships with any Healthy Homes or other housing remediation services in your community
- Number of clients screened for or referred.
- Percent of screened clients that are referred among those that need services

## **Housing Instability Strategy 6**

Provide screening, education, counseling, and referral to housing support services in MCH and other health care settings for those experiencing unstable housing.

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### **Example Local Level Project/Work:**

Provide screening for housing needs and referral to housing support services to all nurse home visiting clients.

### **Activities**

- Assess current practices related to housing screening and referral within home visiting programs
- Identify opportunities to integrate screening and referral for housing needs into home visiting program(s)
- Identify policy or practice changes needed to integrate the service
- Establish/enhance referral partnerships with community housing supports as needed
- Modify home visiting program policies/procedures as needed to integrate assessment/referral for housing needs
- Train staff as needed
- Implement the housing screening and referral process
- Assess and modify the process as needed.

### **Measures**

- Assessment of current housing screening/referral practices in home visiting program(s) completed. (y/n)
- Number of home visiting program policies/procedures modified to include screening/referral for housing needs.
- Percent of home clients screened for housing needs.

# Housing Instability Resources

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- State leads can provide TA for plans and as needed
  - Nurit Fischler ([Nurit.R.FISCHLER@oha.oregon.gov](mailto:Nurit.R.FISCHLER@oha.oregon.gov)),
  - Allison Potter ([Allison.k.potter@oha.Oregon.gov](mailto:Allison.k.potter@oha.Oregon.gov))
- [Resource Guide](#) (Title V website)
  - Resources linked within resource guide
- [MCH Evidence Center](#)
- [MCH Innovations Database](#) (AMCHP)

# Questions & Discussion

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# Food Sufficiency

Having enough healthy food is essential to life. Everyone should have access to sufficient healthy, nutritious food. Food insufficiency occurs when a household cannot consistently afford and access the safe and nutritious foods to meet their dietary needs.

Title V Lead:

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Jameela Norton (4/1/26 and beyond)

[Jameela.Norton@oha.oregon.gov](mailto:Jameela.Norton@oha.oregon.gov)



# Food Sufficiency

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More than 1 in 4 children 0-11 live in food insufficient households

- About 36% of Oregon children who are food insecure are likely ineligible for federal nutrition assistance programs (Feeding America)

Food insecurity is experienced differently across groups. For children it is higher among:

- Lower income households
- Non-English-speaking households
- Living with a non-parent caregiver
- Not having a medical home

# Food Sufficiency

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- Food insecurity has lifelong impacts
- Food insecurity among children is associated with:
  - Poor health status
  - Mental health problems
  - Behavioral and socio-emotional problems
  - Poor educational performance and academic outcomes
- There are many successful interventions but access to these is inequitable

# Food Sufficiency Strategies

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1. Increase the availability of fresh fruits and vegetables in low-income areas.
2. Promote local food production initiatives, particularly in low-income areas.
3. Support increased access and use of nutrition assistance programs.
4. Improve access and use of school, after school, and summer meal programs.
5. Increase Tribal food sovereignty through increasing access to traditional foods.
6. Collaborate with healthcare providers to screen for and address food sufficiency.



## Food Sufficiency Strategy 1

Increase the availability of fresh fruits and vegetables in low-income areas

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**Example Local Level Project/Work:** Increase access to farmers' markets and mobile markets that bring fresh produce directly to communities

### Activities:

1. Identify and develop partnerships to improve access
2. Develop implementation plan for establishing markets
3. Increase access to markets
4. Provide support to buy and use produce

**Measure:** # of partnerships formed between local farmers, food retailers, community organizations, and government agencies to collaboratively enhance access to affordable, nutritious foods

## Food Sufficiency Strategy 2

Promote local food production initiatives, particularly in low-income areas



**Example Local Level Project/Work:** Participate in cross-sectoral food policy council or network to guide comprehensive coordination for strengthening local food production and food systems.

### Activities:

1. Identify food policy council or network in which to participate
2. Attend group to identify ways to strengthen local food production and food systems
3. Participate in the planning for improving the local food system

**Measures:** # of cross-sectoral food policy councils or network established to guide coordination for strengthening local food production and food systems;  
# of food systems initiatives implemented.

## Food Sufficiency Strategy 3: Health Care Provider Screening

Support increased access and use of nutrition assistance programs



**Example Local Level Project/Work:** Partner with healthcare providers to screen patients for eligibility in nutrition assistance programs.

### **Activities:**

1. Identify healthcare providers to partner with for screening patients for eligibility
2. Support healthcare provider training to screen for eligibility
3. Track referrals and address any identified barriers

**Measure:** # of healthcare providers who integrate food program eligibility screening into their practices; % of eligible individuals and families enrolled in nutrition assistance programs.

## Food Sufficiency Strategy 4

Improve access and use of school, after school, and summer meal programs



**Example Local Level Project/Work:** Raise the visibility and usability, and decrease stigma associated with school meal programs.

### Activities:

1. Identify and develop partnerships
2. Collaborate with partners to develop a plan addressing access or participation barriers
3. Conduct outreach with families

**Measure:** # of partnerships established between schools, food service providers, community organizations, and local farms to enhance the quality and appeal of school meals; % of school districts with increases in school meal participation rates from previous school year.

## Food Sufficiency Strategy 5

Increase Tribal food sovereignty through increasing access to traditional foods



**Example Local Level Project/Work:** Train Tribal members, using community-centered training, in food preservation techniques for indigenous foods

### **Activities:**

1. Develop partnerships
2. Conduct educational outreach about food sovereignty and indigenous foods
3. Provide culturally specific traditional foods and food preservation workshops

**Measures:** # of participants trained in food preservation technique;  
# of participants who become certified food preservers

## Food Sufficiency Strategy 6:

Collaborate with healthcare providers to screen for and address food sufficiency



**Example Local Level Project/Work:** Partner with healthcare systems and payers to establish formal partnerships and referral pathways with community-based food assistance programs and social service agencies.

### Activities:

1. Develop partnerships with providers, food assistance programs, social service agencies and payers of services
2. Engage with partners to identify desired outcome for a formal partnership
3. Develop method and timeline to achieve desired partnership outcome

**Measure:** # of healthcare systems and payers partnered with Title V that establish formal partnerships and referral pathways with community-based food assistance programs and social service agencies.

# Food Sufficiency Resources

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- State leads can provide TA for plans and as needed
  - Robin Stanton (3/31/26) [Robin.w.stanton@oha.oregon.gov](mailto:Robin.w.stanton@oha.oregon.gov)
  - Jameela Norton (4/1/26 and beyond) [Jameela.Norton@oha.oregon.gov](mailto:Jameela.Norton@oha.oregon.gov)
- [Resource Guide](#) (Title V website)
  - Resources linked within resource guide
- [MCH Evidence Center](#)
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# Questions & Discussion

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# Next Steps for Annual Plan Development

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- **Annual plans are due April 16, 2026.** Detailed instructions were sent out by email the first week of March.
- A link to the [Title V website](#) posting of the slides from this webinar is in the chat. The webinar recording will also be posted there.
- [Priority-specific resource guides](#) detailing example projects, activities, measures, and resources for each priority and strategy are posted to the MCAH Title V website.
- Other tools available on the website include:
  - Summary list of Title V MCAH priorities and strategies
  - Updated Title V implementation guidance
  - Contact list for state Title V Leads for each priority
  - Annual plan development worksheet
- State Title V staff are available to provide TA for plan development. This year every grantee must schedule a 1:1 TA call.

# Thank You!

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## For general MCAH Title V questions:

Allison Potter (MCAH Title V Coordinator)  
Allison.k.potter@oha.oregon.gov

Cate Wilcox (MCH Title V Director)  
Cate.s.wilcox@oha.oregon.gov



## For priority-specific questions:

Contact individual state Title V Leads



## For measures or data questions:

Maria Ness (Title V Research Analyst)  
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## For webinar or administrative questions:

Doris Halpin (MCAH Title V Admin Support)  
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