



March 5, 2026



OREGON
HEALTH
AUTHORITY

**MCAH Title V Priorities
Postpartum Care, Adolescent Mental Health, and
Person & Family Centered Services and Care
Technical Assistance Webinar for Local Grantees**

Welcome & Logistics

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 13th.

If you have any technical difficulties during the webinar, contact Maria Ness at (503) 459 – 2120 or maria.n.ness@oha.oregon.gov

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



Purpose of the Webinar



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

- Title V Structure and Intent
- How Postpartum Care, Adolescent Mental Health, and Person & Family Centered Services and Care are connected as upstream MCAH topics
- Priority Overview, Strategies, & Example Projects:
 - Postpartum Care
 - Adolescent Mental Health
 - Person & Family Centered Services and Care



MCH Title V Block Grant

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, state-specific priorities reflecting Oregon MCAH needs.

Oregon 2026-2030 MCH Title V Priorities

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

*state level work only



Title V work is focused upstream on:

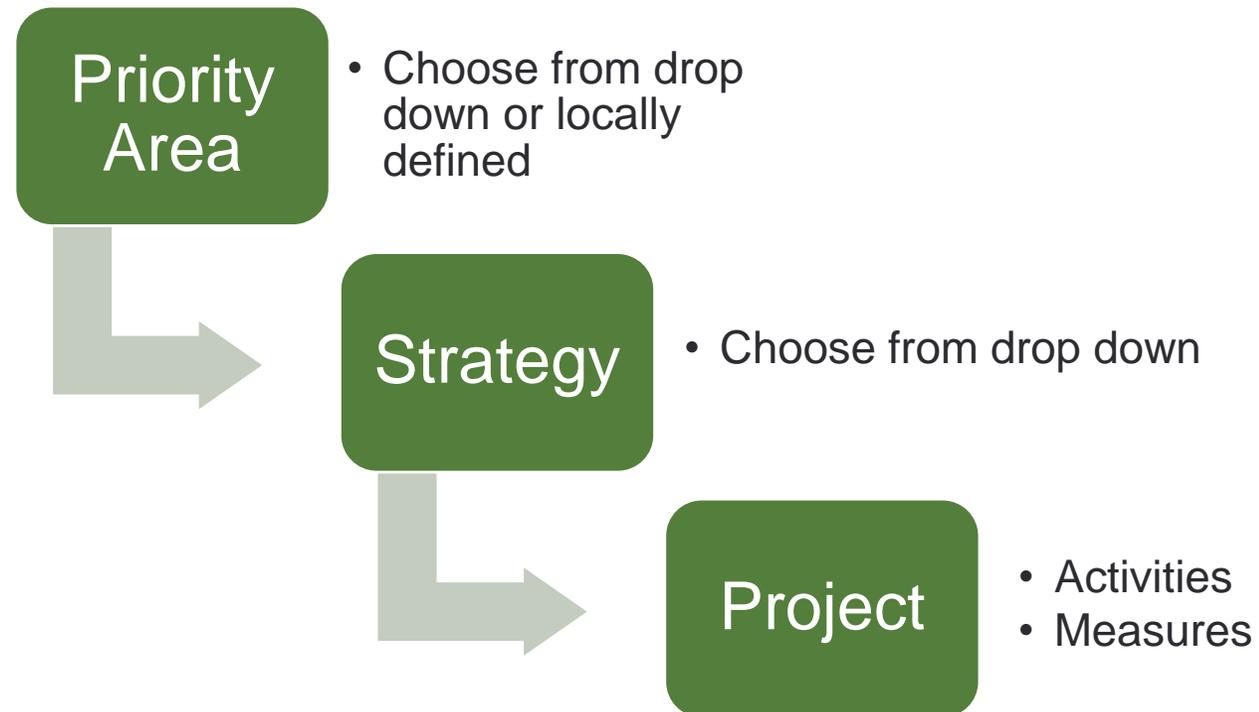


Timeline



Annual Plans due April 16th

- [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

Postpartum Care, Adolescent Mental Health, Person & Family Centered Services and Care



Postpartum Care (with a focus on PP Mental Health)

Women's & Maternal Health Domain

A comprehensive postpartum visit, including mental health screening & guidance, contraceptive counseling, and other clinical services, is recommended for individuals within 12 weeks of giving birth.

Title V Lead:

Anna Stiefvater

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Postpartum Care

- The weeks after birth are essential for a parent's health and well-being.
- Postpartum care can prevent illness and maternal mortality by identifying and addressing complications early.
- Access to mental health services postpartum is an important concern, with long wait times for providers causing delays in receiving crucial support during a critical time for new parents.

Postpartum Care Strategies

1. Collaborate with home visiting programs to support people in obtaining timely postpartum care
2. Develop health education materials (e.g. brochures, videos, digital content) about perinatal mental health
3. Expand access to community-based perinatal care including mental health care
4. Support Traditional Health Workers (e.g. Community Health Workers, Doulas) to provide postpartum mental health screenings and support clients in accessing behavioral health services

Postpartum Care Strategy 1

Collaborate with home visiting programs to support people in obtaining timely postpartum care

Example Local Level Project/Work: Train and support home visitors to screen for maternal conditions, help postpartum clients make and attend medical appointments, and provide access to community services.

Activities

- Enhance training for home visitors to provide culturally sensitive education that emphasizes the importance of postpartum care.
- Conduct a continuous quality improvement project focused on improving the rates of postpartum visit attendance among home visiting clients.

Measures

- Number of home visitors trained to provide postpartum care education, referrals, and follow-up.
- Percent of home visits with postpartum clients that include postpartum care education and care coordination.

Postpartum Care Strategy 2

Develop health education materials (e.g., brochures, videos, digital content) about perinatal mental health.

Example Local Level Project/Work: Engage community partners in the development of postpartum mental health education materials.

Activities

- Organize listening sessions with new parents to understand their challenges and language that resonates.
- Collaborate with partners on video testimonials or short educational clips featuring trusted community members.

Measures

- Number of community partners engaged in the development of postpartum mental health education materials.
- Number of educational resources that include postpartum mental health information.

Postpartum Care Strategy 3

Expand access to community-based perinatal care including mental health care.

Example Local Level Project/Work: Strengthening partnerships among healthcare providers, community organizations, and mental health specialists creates a coordinated network that improves access to perinatal services.

Activities

- Facilitate or participate in multidisciplinary coalitions that include doulas, lactation consultants, mental health specialists, and home visitors.
- Engage community-based organizations (CBOs) like WIC, faith-based groups, and parent support networks to identify and refer families in need.

Measures

- Number of disciplines represented per meeting
- Number of active partnerships

Postpartum Care Strategy 4

Support Traditional Health Workers (e.g. Community Health Workers, Doulas) to provide postpartum mental health screenings and support clients in accessing behavioral health services.

Example Local Level Project/Work: Increase Traditional Health Worker capacity to provide postpartum mental health support.

Activities

- Offer training for Traditional Health Workers on postpartum mental health education and screening for perinatal mood and anxiety disorders (PMADs).
- Provide certification support for THWs to meet state requirements.

Measures

- Number of Traditional Health Workers trained to deliver postpartum mental health education who report and increase in knowledge and/or skill.
- Number of THWs who received certification support

Postpartum Care Resources

- State lead can provide TA for plans and as needed
 - Anna Stiefvater (anna.k.stiefvater@oha.oregon.gov)
- [Resource Guide](#) (Title V website)
 - Resources linked within resource guide
- [MCH Evidence Center](#)
- [MCH Innovations Database](#) (AMCHP)

Questions & Discussion



Adolescent Mental Health

Adolescent Health Domain



Adolescent mental health refers to the emotional, psychological, and social well-being of youth, shaping how they think, feel, and act.

Title V Lead:

Alexis W. Phillips, MPH

alexis.w.phillips@oha.oregon.gov

Adolescent Mental Health | Background & Context

- Adolescence is a critical period for emotional, social, and cognitive development.
- Poor mental health can impact school success, relationships, and long-term well-being.
- Adolescent mental health is a leading health concern for Oregon youth (i.e., suicide prevention, depression, and anxiety).
- Early identification and support can prevent negative outcomes and promote resilience.

Adolescent Mental Health | Goals & Focus Areas

- Improve adolescent mental health and well-being.
- Strengthen prevention and protective factors in schools and communities.
- Elevate youth and family voice in shaping mental health initiatives.
- Promote awareness and reduce stigma around mental health.
- Foster strategic partnerships across Oregon.

Adolescent Mental Health | Key Data Sources

- Oregon's Student Health Survey (SHS) – youth reported experiences of bullying, substance use, etc.
- Youth Risk Behavior Survey (YRBS) – national data
- Local health system or other school-based reports – service utilization, gaps
- Community needs assessments – interviews and focus groups with youth, families, and communities

Adolescent Mental Health 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.

1

Adolescent Mental Health Strategy 1

Strengthen the workforce to deliver youth-centered, responsive mental health services.

Example Local Level Project/Work:

Provide accessible, professional development opportunities that build the skills of school and community staff to recognize youth mental health needs, engage youth effectively, and respond using trauma-informed and youth-centered approaches.

Possible Activities:

- Identify priority training needs with input from youth, families, and frontline staff.
- Coordinate and host virtual or in-person trainings for school and community partners.
- Facilitate peer learning opportunities for participants to share challenges and best practices.

Possible Measures:

- Number of staff trained.
- Percent of participants who demonstrated/reported improvements in knowledge or confidence.
- Percent of participants who report satisfaction with training relevance.

2

Adolescent Mental Health Strategy 2

Support schools and communities to implement programs that build youth protective factors and resilience.

Example Local Level Project/Work:

Implement youth-led or youth-informed art exhibits, cultural events, or creative gatherings that foster connection, cultural pride, and community cohesion.

Possible Activities:

- Partner with youth, culturally specific organizations, and community centers to co-design events.
- Provide stipends for youth artists and performers.
- Integrate community dialogue and resource sharing into events.

Possible Measures:

- Number of events held.
- Number of youth participants reached.
- Percent of youth who reported sense of belonging or connection.
- Percent of community who reported satisfaction with events.

3

Adolescent Mental Health Strategy 3

Elevate youth and family voice to shape and guide mental health initiatives.

Example Local Level Project/Work:

Establish or expand youth and family advisory groups that guide local mental health initiatives.

Possible Activities:

- Recruit youth and family members.
- Provide stipends, meals/snacks, and transportation supports.
- Create feedback loops to show how input informs decisions.

Possible Measures:

- Number of participants engaged.
- Number of advisory meetings held.
- Percent of participants who reported satisfaction and/or perceived impact.

4

Adolescent Mental Health Strategy 4

Promote awareness and reduce stigma around adolescent mental health.

Example Local Level Project/Work:

Support youth to design and disseminate mental health awareness campaigns using social media, posters, videos, or photo campaigns.

Possible Activities:

- Recruit and compensate youth content creators.
- Develop youth-led campaign messaging.
- Disseminate materials through schools and community partners.

Possible Measures:

- Number of views, shares, or other participation that demonstrates engagement.
- Number of posters, videos, photos shared.
- Percent of youth that reported changes in stigma or awareness.
- Percent of priority populations reached.

5

Adolescent Mental Health Strategy 5

Build and strengthen cross-system partnerships to address gaps in adolescent mental health services.

Example Local Level Project/Work:

Develop a locally tailored adolescent mental health resource guide that helps youth, families, and providers navigate available services.

Possible Activities:

- Convene cross-system partners to inventory services.
- Engage youth to review accessibility and relevance.
- Disseminate guides through schools and community partners.

Possible Measures:

- Number of partners contributing to the guide.
- Number of resource guides distributed.
- Percent of youth and/or families who report satisfaction with the guide(s).

Adolescent Mental Health Resources

- State lead can provide TA for plans and as needed
 - Alexis W. Phillips (alexis.w.phillips@oha.oregon.gov)
- [Resource Guide](#) (Title V website)
 - Resources linked within resource guide
- [MCH Evidence Center](#)
- [MCH Innovations Database](#) (AMCHP)

Questions & Discussion



Person and Family Centered Services & Care

Crosses All Population Domains

Responsiveness to diverse cultural health beliefs and practices, providing information and care in preferred languages, and using plain language to address health literacy and other communication needs are crucial to ensuring access, addressing inequities, and providing trauma-informed care.

Title V Lead:

Wendy Morgan

Communications and Equity Coordinator

Wendy.Morgan@oha.oregon.gov



Person & Family Centered Services and Care

Improve culturally responsiveness and trauma-informed care through supporting the MCAH Workforce on community engagement, policy/systems work, and professional development and capacity.

We do this through:

- Strengthening core skills
- Supporting culturally responsive care and building relationships
- Reducing sources of stress through policy and systems



Black Maternal Health Week, 2025
FCH, Black Parent Initiative, OHA Public Health
Director

Person and Family Centered Services & Care Strategies

1. Build community capacity for health, resilience, social/cultural connection and optimal health for all.
2. Support policies to ensure systems are trauma-informed and promote optimal health for all.
3. Develop or promote initiatives that build individual, family and community resilience, and prevent health impacts of stressful life events.
4. Support and improve competencies of the MCAH and early childhood workforce to promote optimal health for all.

1

Person & Family Centered Services and Care Strategy 1

Build community capacity for health, resilience, social/cultural connection and optimal health for all.

Example Local Level Project/Work:

Build or strengthen long-term partnerships with community-based organizations (CBOs), cultural groups, and neighborhood coalitions to elevate family/community voice, and build resilient, trauma-informed communities.

- **Activities:**

- Create advisory councils or steering committees with representation from families, cultural groups, and coalitions.
- Host listening-sessions and community forums to identify priorities from families and local leaders.
- Partner with cultural organizations to adapt materials and services to community specific needs.

- **Measures**

- Number and representation of partners: Count CBOs, specific communities, and coalitions engaged.
- Number of programs or campaigns co-created with community partners.
- Number of responses to surveys assessing trust in public health agencies/engagement

2

Person & Family Centered Services and Care Strategy 2

Support policies to ensure systems are trauma-informed and promote optimal health for all.

Example Local Level Project/Work:

Review current policies and procedures using standardized tools to identify areas of potential improvement and change.

- **Activities:**

- Review existing policies to identify and eliminate practices that may inadvertently retraumatize individuals.
- Adopt trauma-informed frameworks with principles such as safety, trustworthiness, empowerment, collaboration, peer support, and cultural responsiveness.
- Review existing policies and procedures to identify and remove barriers that affect specific groups.

- **Measures**

- # of policies reviewed and updated to enhance person and family centered care.
- # of procedures developed/adjusted to promote person and family centered care.

3

Person & Family Centered Services and Care Strategy 3

Develop or promote initiatives that build individual, family and community resilience, and prevent health impacts of stressful life events.

Example Local Level Project/Work:

Sponsor provider education in trauma-informed approaches to care to increase understanding of toxic stress and trauma and resilience.

- **Activities:**

- Partner with community-based organizations (CBOs), cultural groups, and faith-based organizations to provide trainings and to secure trusted spaces in which to hold the trainings.
- Create easy-to-understand infographics and videos about eligibility, benefits, and enrollment deadlines.
- Use social media ads and community pages to reach specific populations.

- **Measures**

- Number of training events held/participated in
- Number of materials distributed promoting the training.
- Number of participants attending trainings.

4

Person & Family Centered Services and Care Strategy 4

Support and improve competencies of the MCAH and early childhood workforce to promote optimal health for all.

Example Local Level Project/Work:

Assess and identify professional development needs for agencies to improve equitable and trauma-informed services.

- **Activities:**
 - Provide [Foundations of Trauma Informed Care](#) training to agency.
 - Provide [HOPE: Healthy Outcomes from Positive Experiences](#)
- **Measures**
 - # of staff members who participate/complete training
 - # of training opportunities provided



HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

4

Person & Family Centered Services and Care Strategy 4

Support and improve competencies of the MCAH and early childhood workforce to promote optimal health for all.

Example Local Level Project/Work:

Integrate Traditional Health Workers (e.g., doulas, community health workers) into your agency's service model.

• Activities:

- Identify possible candidates for training and certification
- Support THW training and certification
- Work with current programs to identify where THWs can be most effective
- Initiate or increase engagement of THWs in home visiting sessions.

• Measures

- # of THWs trained and certified
- # of direct contacts (i.e., home visits) supported/carried out by THWs.



Person & Family Centered Services and Care Resources

- State lead can provide TA for plans and as needed
 - Wendy Morgan (Wendy.Morgan@oha.oregon.gov)
- [Resource Guide](#) (Title V website)
 - Resources linked within resource guide
- [MCH Innovations Database](#) (AMCHP)

Next Steps for Annual Plan Development

- **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!



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)
maria.n.ness@oha.oregon.gov



For webinar or administrative questions:

Doris Halpin (MCAH Title V Admin Support)
doris.a.reyes@oha.oregon.gov