

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



PERINATAL/INFANT HEALTH Housing Instability

For more information or technical assistance with Housing Instability strategies please contact:

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The relationship between housing and health is complex. Housing stability, affordability, safety, and quality all affect health outcomes, as do the physical and social characteristics of neighborhoods. **Stable housing is the foundation of a healthy life.** Housing instability and displacement have damaging health impacts that can last lifetimes, or even generations. The goal of Title V's Housing Instability work is that pregnant women, infants, children and families in Oregon have safe, stable and affordable housing.

Strategies:

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.

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.

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Strategy #1: Promote policies that increase access to safe, stable and affordable housing for families and individuals during pregnancy and early childhood.



Work related to this strategy may include enacting and promoting policies that account for demographic disparities, investing in preventive eviction diversion programs, and enacting source-of income nondiscrimination laws. Some examples of evidence-based/informed actionable policy work include eligibility and design of [housing first programs](#), [expanding families' access to long-term rental vouchers and subsidies](#) and [the Housing Choice voucher program](#),

operationalizing [Housing Prescriptions as Health Care](#), and ensuring [rapid re-housing during pregnancy and wraparound housing supports throughout pregnancy and early childhood for families](#).

Example Local Level Projects/Work

- **Example A:** 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.

Community Action Agencies are both service providers and strategic coordinators within their communities in addressing poverty. They promote self-sufficiency by addressing both immediate needs—such as housing, food, and utility assistance—and long-term goals like rental housing stability, homeownership, and financial literacy. For this example, you can partner with your local community action agency or any other community agency that helps families access multiple housing supports.

- Possible activities related to this project/work:
 - Develop partnership with local community action/coordinated entry site, policy leaders, and other key partners.
 - Conduct an assessment to identify gaps in wraparound supports for individuals and families throughout pregnancy, postpartum, and early childhood by interviewing staff at community action/coordinated entry site, 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 to ensure this system continues to assess gaps and priorities for this population.
 - Possible measures related to this project/work:
 - 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.
 - Resources/Evidence:
 - MCH Evidence Center evidence tool on [policy and system level changes for housing instability in pregnancy](#).
 - [Community Action Partnership of Oregon](#); includes contact information to county/regional specific community action partners.
- **Example B:** Work with the local housing authority to prioritize individuals and families during pregnancy, postpartum, and early childhood in the Housing Choice voucher program.
 - Possible activities related to this project/work:
 - Develop partnership with the local housing authority.
 - Interview local housing navigators and MCH clients about their experience with accessing the Housing Choice voucher program.
 - Develop plan with local housing authority to prioritize vouchers for individuals and families during pregnancy, postpartum, and early childhood.

- Make policy changes in effected agencies to support provision of Housing Choice vouchers to MCH population.
- Disseminate information about the program to the community and local service providers.
- Possible measures related to this project/work:
 - Plan to prioritize individuals and families during pregnancy, postpartum, and early childhood developed with local housing authority. (y/n)
 - Number (or proportion) of Housing Choice vouchers awarded to individuals and families during pregnancy, postpartum, and early childhood.
 - Policy change implemented to prioritize individuals and families during pregnancy, postpartum, and early childhood in the Housing Choice voucher program. (y/n)
- Resources/Evidence:
 - MCH Evidence Center evidence tool on the [Housing Choice Voucher program for housing instability in pregnancy](#).
 - HUD website on the [Housing Choice Voucher program](#).

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Strategy #2: Develop cross-sector systems, programs, and initiatives to meet the integrated housing and other service needs of the MCH population.



Work related to this strategy may include development of partnerships, systems, or initiatives with health, social service, education, early childhood, or other partners. The focus of this work is on improving systems and linkages among them to better address the housing and other health related needs during pregnancy and early childhood.

Example Local Level Projects/Work

- **Example A:** Develop a system to integrate/link housing stability programs with schools or child care settings. These enhanced systems would connect families to housing and health resources and enable them to apply for assistance through schools or child care centers.
 - Possible activities related to this project/work:
 - Develop a list of school/child care, and housing partners who might be interested in this project.
 - Convene meetings with partners to explore the viability of providing housing support in coordination with other services delivered through the school.
 - Develop a plan with interested partners to provide housing stability services for the families of students with unstable housing.
 - Secure needed funding and other commitments to implement the new system.
 - Possible measures related to this project/work:
 - Number of partners engaged

- Plan to provide housing stability services within the school or child care setting developed (y/n)
 - Number of families served through the enhanced system
 - Resources/Evidence
 - MCH Evidence Center evidence tool on [School-Based Support](#)
- **Example B:** Work with housing providers to integrate onsite services (such as food, child care or health care) for the MCH population into affordable housing sites and developments.
 - Possible activities related to this project/work:
 - Identify and develop partnerships with potential affordable housing provider partners.
 - Assess the need for additional services for the MCH population in local affordable housing sites.
 - Work with partners to develop a plan and secure support for identified services (food, child care, health care, etc.) in one or more housing sites.
 - Pilot the enhanced system.
 - Possible measures related to this project/work:
 - Number of partners engaged
 - Plan for integrating additional services into affordable housing site(s) developed (y/n)
 - Number of families served through the enhanced system
- **Example C:** 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.
 - Possible activities related to this project/work:
 - Partner with housing advocates to identify opportunities for linking housing navigators and/or community health workers (CHWs) with housing expertise 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.
 - Possible measures related to this project/work:
 - 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

Resources/Evidence related to this Strategy

- MCH Evidence Center evidence tool on [Service-Enriched housing](#)
- MCH Evidence Center [Housing Instability Evidence Accelerator](#)

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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.



Medical-legal partnerships (MLPs) integrate the expertise of lawyers into health care settings to help health care providers and systems to optimize health outcomes. This includes addressing social needs such as housing stability.

Example Local Level Projects/Work

- **Example A:** Partner with existing Oregon MLPs to address the housing needs of MCH clients.
 - Possible activities related to this project/work:
 - Assess the needs of MCH clients by speaking to clients, housing navigators, and other partners like community-based organizations.
 - 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 with unsafe/unstable housing or who are at risk for eviction.
 - Provide training and resources to MLP legal support providers to effectively serve MCH clients with unsafe/unstable housing or who are at risk for eviction.
 - Possible measures related to this project/work:
 - 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 to address the needs of MCH clients with unsafe/unstable housing or who are at risk for eviction
 - Resources/Evidence:
 - [National Center for Medical-Legal Partnership initiative](#) includes resources showing evidence of this model as well as tips for implementation.
 - MCH Evidence Center evidence tool on [Legal Support for Tenants in Eviction Proceedings](#).

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Strategy #4: Work with housing advocates and shelter systems to address child/family safety and other needs in the shelter system.



Work related to this strategy is focused on improving safety and other needs of pregnant women, children and families using shelter services or systems.

Example Local Level Projects/Work

- **Example A:** Ensure that community housing shelters that accept families have safe sleep spaces for infants and young children.
 - Possible activities related to this project/work:
 - 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.
 - Possible measures related to this project/work:
 - 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

- **Example B:** Partner with local housing advocates to identify and address the health and safety needs of pregnant women, children and families in the local shelter system.
 - Possible activities related to this project/work:
 - Identify housing and injury prevention community partners with a shared interest in addressing the safety needs of pregnant women, children and families in the local shelter system.
 - Convene or join with partners and families with lived experience to develop an assessment of the safety needs of pregnant women, children and families in the local shelter system.
 - Conduct the needs assessment.
 - Analyze findings to identify strengths, priority needs, and potential resources to address them.
 - Develop a plan to address the priority needs identified, informed by users of the system.
 - Secure partner support to implement the planned safety improvements.
 - Possible measures related to this project/work:
 - Number of partners engaged to support the initiative

- Needs assessment completed (y/n)
- Percent of priority needs identified which were addressed
- Resources/Evidence:
 - MCH Evidence Center evidence tool on [establishing timely medical service delivery for children facing homelessness](#).
 - Save the Children - [Child Safety Guidance for Shelters and Local Assistance Centers](#)
 - School House Connection – [Childproofing Checklist for Housing and Homeless Service Providers](#)

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Strategy #5: Enhance access to programs that address home safety and housing remediation concerns for the MCH community.



Work related to this strategy is focused on enhancing the health and safety of individuals and families in the MCH community by increasing access to programs and resources that address home safety and housing remediation concerns. This can include eliminating lead-based paint and radon hazards, ensuring indoor air is clean, ensuring water is safe to drink, and ensuring other home health and safety improvements are made.

Example Local Level Projects/Work

- **Example A:** Develop community resources and partnerships to address home safety and housing remediation for the MCH population.
 - Possible activities related to this project/work:
 - Identify what home safety and housing remediation resources are available in the community.
 - Build partnerships with the community resources and determine the best access path for MCH clients.
 - Develop a system for MCH programs to access and update the resource list.
 - Train MCH providers on accessing resource list and providing referrals for services.
 - Possible measures related to this project/work:
 - Develop community resource list (y/n)
 - Percent of MCH providers trained
 - Resources/Evidence:
 - [OHA Healthy Homes and Neighborhoods](#)
- **Example B:** Integrate screening and referral to Healthy Homes or other housing remediation services into existing programs that serve MCH population.
 - Possible activities related to this project/work:

- 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.
- Possible measures related to this project/work:
 - Number of partnerships with any Healthy Homes or other housing remediation services in your community that have the capacity to serve MCH clients
 - Number of clients screened for any Healthy Homes or other housing remediation services
 - Percent of screened clients that are referred to any Healthy Homes or other housing remediation services among those that need services
- Resources/Evidence:
 - [Healthy Homes Grant Program website](#) – to learn about the grant program and see a list of local grant recipients (services and client eligibility varies by grant recipient).

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Strategy #6: Provide screening, education, counseling, and referral to housing support services in MCH and other health care settings for those experiencing unstable housing.



This strategy is focused on ensuring that pregnant women and families with young children receive housing related support when they access MCH or medical services. Work on this strategy may include providing screening and referral services in a variety of settings, and/or housing navigation services.

Example Local Level Projects/Work

- **Example A:** Provide screening for housing needs and referral to housing support services to all nurse home visiting clients.
 - Possible activities related to this project/work:
 - 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.
- Possible measures related to this project/work:
 - 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
- **Example B:** Partner with the CCOs and primary care providers to provide screening for housing needs and referral to housing support services in primary care clinics.
 - Possible activities related to this project/work:
 - Assess the current status of housing screening and referral in primary care practices in the community.
 - Develop partnerships with CCO and/or providers partners that may be interested in integrating housing screening and referral into primary care.
 - Develop systems to provide the screening and refer primary care clients as needed to housing and/or MCH services.
 - Pilot the new system.
 - Assess and modify as needed.
 - Possible measures related to this project/work:
 - Assessment of housing screening and referral in local primary care practices complete (y/n)
 - Number of systems developed to integrate screening and referral into one or more primary care practices
 - Number of primary care clients who receive screening/referral for housing needs in the healthcare setting

Resources/Evidence related to this Strategy

- MCH Evidence Center evidence tool on [Social Screening within healthcare](#)
- [Oregon Primary Care Association – Social Needs Tools and Resources](#)

Additional Housing Instability Resources:

- [Housing and Health: An Overview of the Literature](#)
- [CDC: Social Determinants of Health: Know what Affects Health](#)
- [Healthy People 2030 Neighborhood and Built Environment objectives](#)
- [Corporation for Supportive Housing \(CSH\): Housing is the best Medicine](#)