

Oregon MCH Title V Executive Summary – Block Grant 2023

Oregon’s Title V framework and leadership role

Oregon’s Title V program relies on shared leadership between the Oregon Health Authority (OHA) Public Health Division (PHD) Maternal and Child Section (MCH), its Adolescent and School Health program (ASHP), and the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) at Oregon Health and Science University’s Institute on Development & Disability. A leadership team makes Title V program and policy decisions and ensures alignment across the programs and agencies. Designated state priority leads oversee state level program and policy work and provide technical assistance and oversight to local public health and tribal Title V grantees. Title V Maternal, Child and Adolescent Health (MCAH) also has a tribal liaison who supports the work of the tribal Title V MCAH grantees. The state priority leads, Title V coordinator, Title V MCAH and OCCYSHN Title V staff, and Title V MCAH tribal liaison coordinate work across populations/domains. MCAH work is also integrated and coordinated across priorities through perinatal and women’s health, injury prevention, and foundations of MCAH teams.

Findings from the Title V five-year needs assessment guide the identification of Oregon’s Title V needs and priorities. These in turn inform development of the structure and work of the program, guided by Title V staff and leadership, as well as grantees, families, and community partners. Ongoing needs assessment and surveillance activities are conducted in the interim years to support development of evidence based/informed activities, monitor progress, identify emerging issues, and modify approaches as needed.

Title V MCAH and OCCYSHN strategies, activities and measures are developed by Oregon’s Title V subject matter experts, in consultation with researchers, MCHB, and state and local partners, and family and youth leaders. Thirty percent of Title V funding is allocated to OCCYSHN to address the Title V CYSHCN national and state-specific cross-cutting priorities at both the state and local levels. The remaining funds are administered through the OHA PHD to implement and monitor state and local level MCAH work in the maternal/women, perinatal/infant, child, adolescent, and cross-cutting domains.

Population needs, Title V priorities, strategies, and plans

Oregon’s 2020 Title V Needs Assessment identified six national and three state-specific priorities for 2021-2025. These are: well woman care, breastfeeding, prevention of child injury and bullying, medical home and transition to adult health care for CYSHCN, toxic stress/trauma/ACEs, social determinants of health and equity, and culturally and linguistically responsive MCAH services (CLAS). An overview of Oregon’s Title V MCAH priority needs, strategies, progress and plans for each domain is outlined below.

Maternal/Women’s Health Domain

Oregon's Title V program provides leadership for policy and system development efforts in maternal/women's health including support for universally offered home visiting, maternal mortality review (MMRC), and ensuring that health system transformation addresses the need for comprehensive, culturally responsive women's and maternal health services.

Needs/priorities

Based on the 2020 MCAH needs assessment, high quality, culturally responsive preconception, prenatal and inter-conception services are a priority need for this maternal/women's health. This need is addressed through work on well-woman care (NPM 1). Social determinants of health; health equity; safe and supportive environments; stable and responsive relationships; and resilient, connected families and communities are cross-cutting needs that also impact this population and are being addressed through both NPM 1 and Oregon's cross-cutting systems domain work.

Strategies

Well woman care strategies focus on support for behavioral health needs; home visiting workforce development; access to culturally responsive preventive care for low income and undocumented women; and development/engagement of community based advisory groups.

Perinatal/Infant Health Domain

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

Needs/priorities

Based on the 2020 needs assessment, improved nutrition is a priority need for perinatal/infant health, which is being addressed through work on breastfeeding (NPM 4). Social determinants of health; health equity; safe and supportive environments; stable and responsive relationships; and resilient, connected families and communities are cross-cutting needs that also impact this population and are being addressed through both NPM 1 and Oregon's cross-cutting/systems building work.

Strategies

Breastfeeding strategies focus on support/implementation of workplace laws and policies; workforce development including training and enhanced diversity; culturally appropriate approaches for work with tribal communities; access to culturally responsive preventive care for low income and undocumented women; and development/engagement of community based advisory groups. Additional food security strategies impacting this population are included in the Foundations of MCAH work within the cross-cutting domain.

Child Health Domain

Title V's work in child health focuses 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 is integration of child health into programs and policies across state and local agencies, including the early learning and education systems.

Needs/priorities

Based on the 2020 needs assessment, enhancing safe and supportive environments; stable and responsive relationships; and resilient/connected families and communities are needs for Oregon's children. The need to address social determinants of health and health and equity also impact this population. These needs will be addressed through work on child injury (NPM 7), as well as through Oregon's cross-cutting/systems building work on the Foundations of MCAH.

Strategies

Child injury strategies focus on improved data capacity; use of child injury data to inform policy; enhanced workforce capacity; partnerships and coalition-building including around shared risk and protective factors.

Adolescent Health Domain

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 inform policies and programs that reflect their needs through youth advisory councils, focus groups, surveillance tools and youth action research.

Needs/priorities

Based on the 2020 needs assessment, enhancing safe and supportive environments; stable and responsive relationships; and resilient/connected families and communities are needs for Oregon's adolescents. The need to address social determinants of health and health equity also impacts this population. These needs will be addressed through work on bullying (NPM 9), as well as through Oregon's cross-cutting/systems building work on the Foundations of MCAH.

Strategies

Bullying prevention strategies focus on workforce development; bullying prevention education in schools; development of partnerships and shared initiatives; and Positive Youth Development strategies, including authentic youth engagement strategies and youth participatory action research.

Children and Youth with Special Health Needs (CYSHN) Domain

Title V CYSHCN provides leadership and support for the development of comprehensive, coordinated, family-centered systems of care that are culturally responsive for CYSHCN and

their families. It leads efforts that support equitable access to care for CYSHCN, and partners with families and communities in policy and strategy development.

Needs/priorities

Based on the 2020 needs assessment, assuring high quality, family-centered, coordinated systems of care for CYSHCN, increasing health care equity and culturally and linguistically responsive services (CLAS), and reducing disparities are needs for Oregon's CYSHCN. These priorities will be addressed through work on NPMs 11 and 12 and all three state priorities.

Strategies

Medical Home (MH) strategies focus on increasing cross-systems care coordination (CSCC) for CYSHCN and their families through public health nurse home visiting; supporting local public health in convening cross-sector child health teams to implement family-centered shared care planning; supporting regional and state learning collaboratives and an online Community Health Worker curriculum to prepare the workforce to respond to the needs of the CYSHCN population; promoting regional and state level infrastructure development to support CSCC, including coordination of emergency care between families and providers; and leveraging the Oregon Family to Family Health Information Center to both support families of CYSHCN and incorporate their wisdom into the work.

Health Care Transition (HCT) strategies focus on developing the health care and public health workforces' ability to prepare youth with special health care needs (YSHCN) and their families for transferring from pediatric to adult health care. Strategies are integrated with those of MH, given their interrelationship. Quality improvement projects, begun as part of the Children with Medical Complexity COIN work focused on transition, will continue. ORF2FHIC is leveraged to continue to educate families and YSHCN about HCT and its importance.

Cross-cutting/Systems Building Domain

Oregon's Title V program uses a life course focus and equity lens to maximize investment in policies, systems and programs that support lifelong health. Work in this domain crosses all priorities and is the primary focus of the state-specific priorities.

Needs/priorities

Based on the 2020 needs assessment, Oregon's MCAH needs in the cross-cutting/systems domain include: enhancing safe and supportive environments; assuring stable, responsive relationships and resilient, connected families and communities; improving lifelong nutrition; increasing health equity; addressing social determinants of health and equity; and assuring high quality, culturally responsive preventive systems and services. These needs span the lifecourse and all MCAH populations. The Title V program addresses these needs through work in each of the domains and national priority areas, as well as through the work on Foundations of MCAH, which addresses state-identified priorities of toxic stress, trauma, ACEs and resilience; culturally and linguistically responsive MCAH services (CLAS), and social determinants of health and equity (SDOH-E).

Strategies

The OHA MCAH Title V program addresses cross-cutting domain priorities through a set of upstream “Foundations of MCAH” strategies. This approach reflects the integrated nature of work on social determinants of health and equity, trauma/ACEs, and equity/CLAS. Strategies are grouped as follows.

- Policy and systems strategies focus on equitable, anti-racist and trauma informed workplaces, institutions, and services; systems to integrate screening and referral for SDOH-E; housing, food systems, and economic supports for families.
- Workforce strategies focus on skills and abilities of the workforce to deliver equitable, trauma informed and culturally appropriate services, and standards to address these.
- Community, individual and family capacity strategies focus on programs (e.g., home visiting) and community strategies that promote family health, safety, protective factors, resilience, and equity.
- Assessment and evaluation strategies focus on development and use of data on social determinants of health, trauma, and equity to drive MCAH policy and programs.

OCCYSHN strategies to address SDOH-E, trauma/ACEs, and CLAS similarly focus on integration of strategies and systems across Title V work to support CYSHCN and their families.

Progress on State and National Performance measures

Title V MCAH and OCCYSHN staff monitor progress on state and national performance measures (SPMs and NPMs). Oregon’s NPMs have shown mixed results during the past year. NPMs that have shown improvement include 1: well woman care, 4A: breastfeeding initiation, 4B: exclusive breastfeeding at 6 months, and 9: bullying. One NPM has worsened slightly; 7.1: child injury hospitalizations. The changes in NPMs are small and should be interpreted with caution.

Thirty-nine percent of CYSHCN had a medical home (NPM 11) in 2016-17 compared to 38% in 2019-2020 (National Survey of Children’s Health). Meaningful improvement occurred between 2016-2017 and 2019-2020 on health care transition (NPM 12). During the former timeframe, only 17% of youth with special health care need received services necessary to make transitions to adult health care compared to 27% during the latter timeframe.

Among SPMs, two showed improvements. These were 2: children with a healthcare provider who is sensitive to their family’s values and customs, and 3: children living in a household that received food or cash assistance. These improvements were both moderate and the small changes should be interpreted with caution. One SPM worsened; 1: prenatal stress. This increase may have been partially due to the stress brought on by the COVID-19 pandemic.

Title V partnerships and community engagement

Partnerships and community engagement are core to Oregon’s MCAH Title V work. Our extensive array of partners, spanning family and community, local governments, tribes, and state and national agencies, is described in detail in Section III.A.2. of the grant narrative.

How Title V Funds Support State MCH Efforts

Title V funds complement and support overall state MCAH efforts. The 30% of funding that goes to OCCYSHN provides capacity for work with partners and local grantees on medical home and transition initiatives impacting CYSHCN; and expertise, advocacy, and partnership both within OHSU, and externally to strengthen systems and services, and improve and the health of children and youth with special health needs and their families.

The remaining 70% of Title V funding, administered through the OHA PHD, is used to support maternal, child, and adolescent health specialists, nurses, epidemiologists, and policy analysts working in: local health departments, tribes, and at the state level. The MCAH capacity provided through Title V supports work on the identified Title V priorities; ongoing MCAH assessment and surveillance, policy and partnership work; and multiple planning and system development efforts to which Title V staff contribute at the state and local level. The flexibility of the Title V program and funds have been critical to supporting Oregon's response to the COVID-19 pandemic at both the state and local levels. It has allowed for quick and nimble shifting of capacity to where it was most needed for both COVID-19 and wildfire emergency response, which was not always allowed with other federal grant funds.

Stakeholder engagement and partnerships are central to all phases of Oregon's Title V work, enabling Title V to leverage work across the state on behalf of the MCAH and CYSHCN populations. They enhance the scope and ability of Title V funding to impact the health of Oregon's women, children, youth, and families, including children and youth with special health needs. The Title V Director, CYSHCN Director, Adolescent Health Director, and Title V staff all work with external and internal stakeholders to provide MCAH leadership and ensure that Title V work is represented and integrated statewide. These partnerships – including with the Governor's Children's Cabinet, Coordinated Care Organizations, the Early Learning Division, local health authorities, and tribes - provide critical opportunities to leverage Title V's work and develop collaborations which benefit the MCAH population and maximize use of funds. This work - especially with families and communities - also informs ongoing needs assessment, strategy implementation, evaluation, and modification of strategies/activities throughout the 5-year cycle.

Success Stories

OCCYSHN is especially proud of two achievements since the last submission. First, an EMSC Innovation and Improvement Center (EIIC) grant was awarded by HRSA to further development of the HERO Kids Registry. This registry allows family members of CYSHCN to record critical information about their child's health, which is then available to emergency medical services and emergency departments. This grant and support from Title V enabled OCCYSHN to contract with a software developer, form advisory committees, and secure partnerships key to operating a statewide registry. Second, OCCYSHN developed and launched an online training for Community Health Workers (CHW) to prepare them to work with CYSHCN and their families. The CHW workforce helps local public health authorities by increasing local workforce capacity

to serve a greater number of CYSHCN, often in a more culturally responsive manner. In addition to CHWs, OCCYSHN piloted the course with professionals and paraprofessionals in CCOs, primary care, community-based organizations, and education. It was learned that the course is relevant and useful to those in navigation roles across sectors. The curriculum will help build broad workforce capacity to coordinate care for CYSHCN across systems.

Oregon Title V's partnership with Medicaid has yielded several policy and system changes this year that will have long-term positive impacts on MCAH health and equity. Partners hold regular MOU meetings focused on identifying opportunities and strategies to support our shared populations. Over the past year Title V collaborated closely with Medicaid on Oregon's new 1115 waiver request, which includes continuous eligibility for children birth to 6, expanded age range and services for transition age CYSHCN (up to age 26), and other key strategies to address social determinants of health. Equally important, Oregon's Medicaid program decided not to include the EPSDT program in the waiver request – opening a door to strengthen EPSDT as a key prevention, diagnosis, and treatment program for children/families in Oregon. This is a significant change for Oregon, as implementation of EPSDT under the waiver had created equity barriers for families and confusion for providers. The MOU group will work with Medicaid over the coming year to support implementation of a comprehensive, visible, and equitable EPSDT program. Another achievement of this partnership was the appointment of Oregon's Title V's CYSHCN Director to the Medicaid Health Evidence Review Committee. This committee makes decisions about the prioritized list for Medicaid-covered services, and Dr. Hoffman, a practicing pediatrician, will provide a strong voice for both equity and CYSHCN at that critical table. Finally, Title V is working with Medicaid and Health Policy and Analytics to develop a Child Health Policy Option Package. If approved, the package will fund a Child Health team that works across OHA to promote policy, systems, data, and programs supporting child health.

OHA Adolescent and School Health created a statewide youth advisory council which will make decisions on how to invest \$1 million to increase capacity in schools and communities to better serve youth and schools as they recover from the pandemic. In May 2022, OHA appointed 20 youth leaders representing identities and perspectives of communities across Oregon disproportionately impacted by COVID-19. The council will help define what recovery looks like, identify needs and health inequities that are priorities for youth, and improve state level community and youth engagement. All youth are paid for their time serving on the council and youth-driven community-based organizations will provide mentoring and support.