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# Oregon MCAH Title V Block Grant

## MCAH Title V Updates and Annual Planning

Feb 28, 2024



# Welcome and Webinar logistics

***Thanks for joining us for this MCAH Title V Technical Assistance webinar.***



- Please type your name and agency affiliation into the chat box
- Materials for this webinar are posted on the [MCH Title V website](http://healthoregon.org/titlev) (healthoregon.org/titlev). Webinar recording will be added by COB March 1st.
- If you have any technical difficulties during the webinar, contact Doris Halpin-Reyes at 503-422-1714

# Introductory polls

- How long have you been working on the MCAH Title V program?
  - Less than a year
  - 2-5 years
  - More than 5 years
- What size of Title V grantee agency do you represent?
  - Small LPHA or tribe (grant under \$25,000)
  - Medium sized LPHA or tribe (grant \$25,000 – \$100,000)
  - Large LPHA (grant over \$100,000)
  - Unsure

# Purpose of the webinar

## To provide:

- ❖ An introduction to state MCAH Title V staff
- ❖ An update on Oregon's MCAH Title V Program
- ❖ An overview of Title V priorities and activities – including any changes for this year
- ❖ A review of the Title V Annual Plan process and requirements
- ❖ Answers to your questions

# 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.

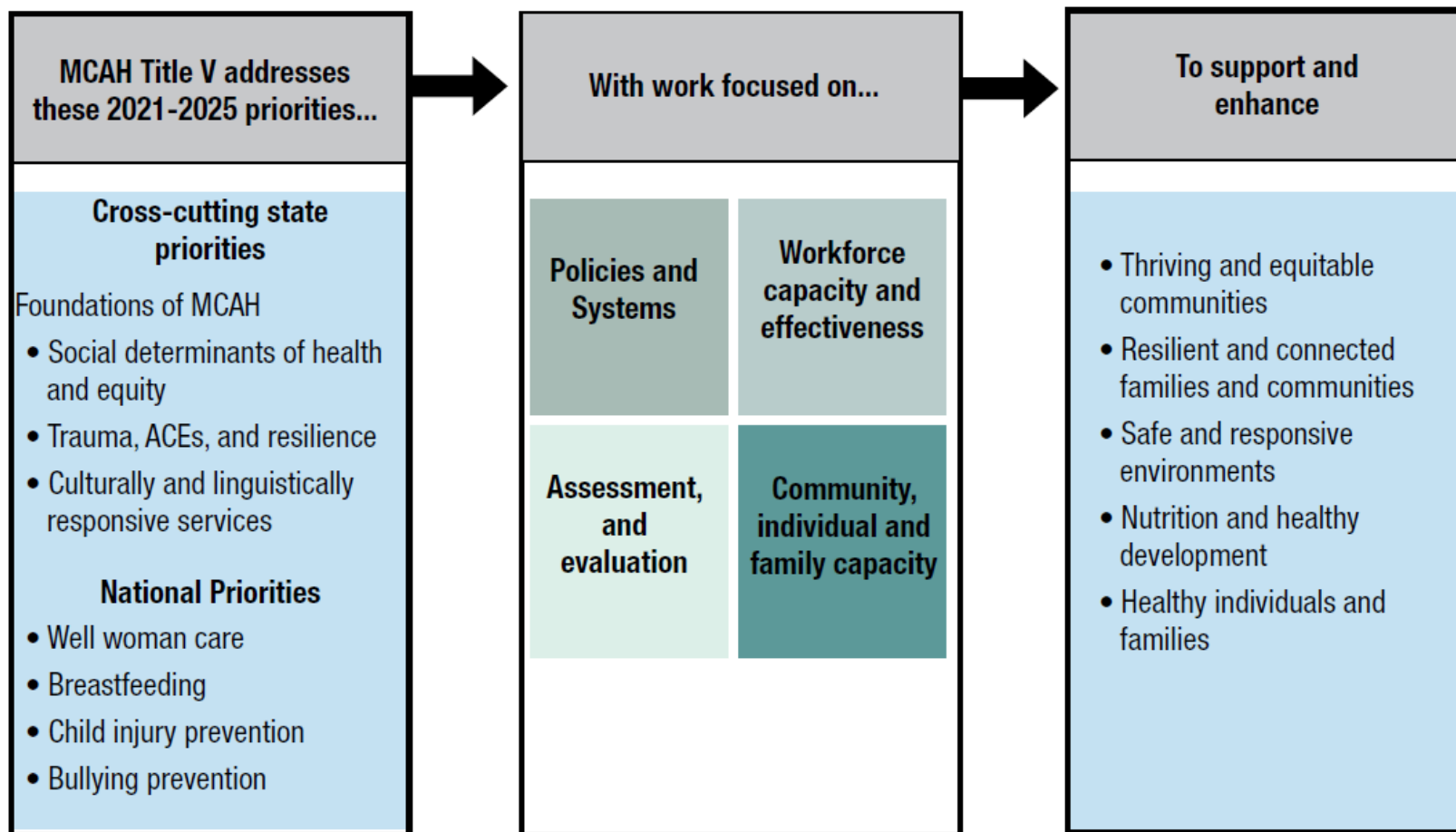
## **States are required to:**

- Conduct a 5-year needs assessment
- Choose among 19 national priority areas/performance measures in 5 population domains; plus state-specific priorities
- Develop strategies and measures to “move the needle” on the selected national priorities
- Align use of funds with these priorities and strategies

# Oregon's Title V Needs Assessment and priority selection

- State level Title V priorities are revised every 5 years based on the findings of the state's MCAH Needs Assessment.
- State Title V priorities include:
  - At least one priority in each population domain, chosen from a set provided by the MCHB, and
  - state-specific priorities reflecting other Oregon MCAH needs.
- Priorities for the current 5-year cycle (Oct 2021 – Sept 2025) are based on findings of the 2020 Oregon's Title V Needs Assessment.
- The 2025 MCAH Title V Needs Assessment which is underway now will guide the selection of state Title V priorities for Oct 2025-Sept 2030.

# Oregon Title V Framework for Maternal, Child and Adolescent Health



Revised 2/4/2021

# SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM





# Preview of the new National Priority Area Options

## MCAH Title V Block Grant Priority Options by Domain - 2026 – 2030

(Based on Sept 2023 Draft Guidance)

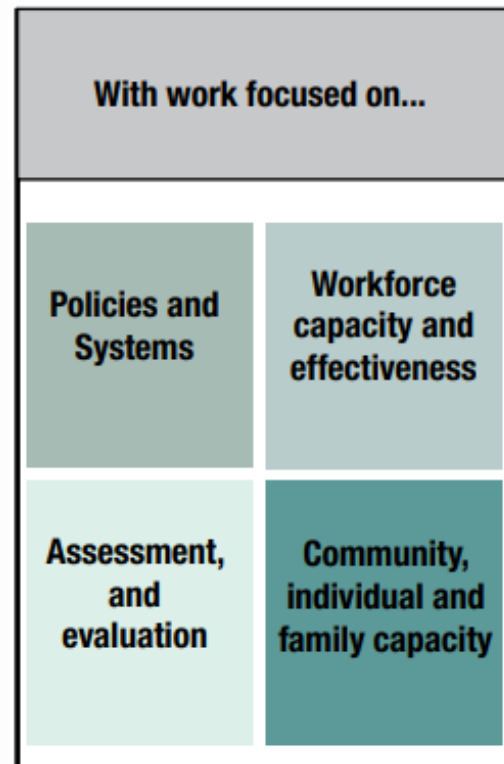
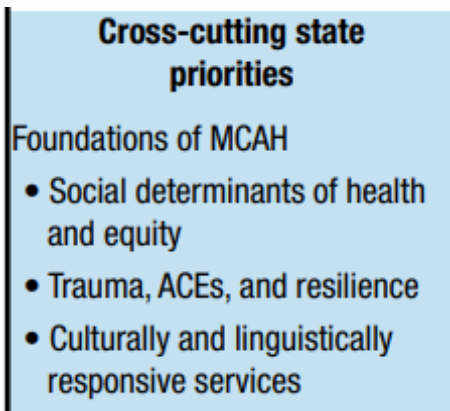
- States are required to pick at least one national priority area in each population domain.
  - A priority can only count toward the requirement in one domain.
- Pink highlighted priorities indicate areas that are not a Title V focus for Oregon since other funding sources are dedicated to serve those needs.

Population Domain	National Priority Areas							
Women's and Maternal Health	Postpartum care	Postpartum mental health	Contraceptive use		Dental health (during pregnancy)		Housing instability	R/E discrimination in health services
Perinatal and Infant Health	Breastfeeding	Safe sleep	Level III NICU births				Housing instability	R/E discrimination in health services
Child Health	Developmental screening	Physical activity	Food insufficiency	Childhood vaccination	Dental health (ages 0-11)	Medical home (ages 0-17)	Housing instability	
Adolescent Health	Adolescent well care	Adolescent mental health	Connection to Adults	Adolescent tobacco use	Dental health (ages 12-17)		Bullying prevention	Transition to adult health care
CYSHCN						Medical home	Bullying prevention	Transition to adult health care

# Questions?



# Foundations of MCAH: Overview



# *Foundations of MCAH: Policy & Systems*

Allison Potter, Robin Stanton, Wendy Morgan, Nurit Fischler

**Goal:** Policy, systems, resources and funding address upstream drivers of maternal, child and adolescent health, foundations of lifelong health, and family protective factors.

Strategies focus on policies and systems to:

- Strengthen economic supports for children, youth and families;
- Enhance food security and food sovereignty;
- Enhance screening/referral and equitable access to SDOH.
- Create equitable, anti-racist, and trauma informed workplaces and services
- Support access to safe, stable and affordable housing.



# ***Foundations of MCAH: Workforce Capacity and Effectiveness***

**Workforce Strategy #1:** Advance the skills and abilities of the workforce to deliver equitable, trauma informed, and culturally and linguistically responsive services.

**Workforce Strategy #2:** Implement standards for workforce development that address bias and improve delivery of equitable, trauma-informed, and culturally and linguistically responsive services.

**Workforce Strategy #3:** Support efforts to expand capacity and improve diversity in the workforce.



# ***Foundations of MCAH: Community, Individual and Family Capacity***

## **Goal:**

Communities, individuals and families have access to resources, services and built environments that promote family health, safety, protective factors, resilience and equity

## **Strategies**

1. Support/fund programs - such as home visiting - that engage families and build parent capabilities, resilience, supportive/nurturing relationships, and children's social-emotional competence
  - **Lead:** Anna Stiefvater
  - **Sample activity:** Implement an equity initiative within a home visiting program.
2. Build community capacity for improved health, resilience, social/cultural connection and equity.
  - **Lead:** Nurit Fischler
  - **Sample activity:** Convene or participate in coalitions, inter-agency collaborations, or cross-systems initiatives to prevent/address trauma and promote resilience and/or address the social determinants of health and equity.

# Foundations of MCAH: Assessment & Evaluation

- *Goal: Data on social determinants of health, trauma, and equity are monitored and shared to inform and drive policy and program decisions.*
- *Four strategies:*
  1. *Equity focus of performance measurement and evaluation*
  2. *Needs assessment and analysis of foundations topics*
  3. *Assess local needs and conduct quality improvement*
  4. *Engage families and communities in assessment*
- *Local example of work: Lane county*
  - *CBO feedback on engagement of BIPOC community*
  - *Report created and shared back to partners*
  - *Great success despite time and capacity constraints!*



# Well Woman Care

- Goal is to improve the health of people before, between and beyond potential pregnancies by supporting access to respectful, culturally responsive, high-quality well-woman care.
- No major changes to strategies or activities
- Examples (*Local Activities*)
  - Josephine: Partner with organizations and shelters that serve unhoused people to ensure access for preventive reproductive care
  - Douglas: Convene or participate in a local community based perinatal, women's and infant health advisory group



# Chest/Breastfeeding

*Robin Stanton, Nutrition Consultant*

**Goal:** *to increase duration through targeted support in the health care system, in the community, or in the workplace*

*Diversity in the Workforce strategy remains in the Foundations Priority*



## **Examples**

- *Local – Support home visiting staff to attend advanced training; most popular strategy*
- *State – policy & system change for lactation support in home visiting programs*
  - *Development of [Lactation Support Toolkit for Home Visitors](#)*

# *Child Injury Prevention*

Injury and violence are leading causes of death, hospitalizations and emergency department visits for infants, children and adolescents in the United States and here in Oregon. Unintentional and intentional injuries are largely preventable and have lasting impacts.

Strategies + activities focused on:

POLICY

WORKFORCE

PARTNERSHIPS

EDUCATION + COMMUNICATION

DATA

# ***Bullying Prevention***

- *Bullying (and cyberbullying) is unwanted, aggressive behavior involving a real or perceived power imbalance, which may be repeated overtime*
- *Bullying Prevention highlights primary prevention/upstream strategies, focusing on protective factors such as:*
  - *Positive peer interactions*
  - *Social competencies*
  - *Low frequency of technology use*
  - *Healthier relationships & sexuality education*
- *Local examples → Sports teams, Gay Student Alliance, Art Therapy events*

# Questions?



# Local Level Needs Assessment and Priority Selection

- Consider types of information available to you:
  - Surveillance and survey data
  - Local programmatic data
  - Qualitative knowledge from staff and partners
  - Data from partner organizations such as:
    - Community based organizations
    - Culturally specific programs or agencies
- Consider current efforts:
  - Can you support preexisting initiatives by adding capacity?
  - Would your selection of a strategy create a duplication of effort?
- Consider using selection criteria such as:
  - Magnitude vs. severity
  - Impact on equity
  - Partner alignment



# Local Level Data Sheets

Data sheets include:

- *Local level surveillance and/or survey data for each national priority area, and the foundations of MCAH*
- *List of resources and websites where more state and local level data can be found*



# Overview of Title V Implementation

## Guidance: priority selection

Title V [Implementation Guidance](#) provides the basic implementation requirements for grantees. Please continue to use the updated 2020-2022 Implementation Guidelines (Feb 2021 version).

- ❑ Grantees are no longer required to work on at least one National Priority Area. All grantees are welcome to work on strategies within the state cross-cutting “Foundations of MCAH priority”, or the national priorities.

Title V Funding level	Minimum # of priorities
Less than \$25,000 per year	1
\$25,000 - \$99,999 per year	2
\$100,000 or more per year	3

# Overview of Title V Implementation

## Guidance: strategies, activities and measures

- Strategies are selected from drop down list for each priority.
- Title V strategies include the option to choose activities from a drop-down list. Activities can also be locally developed.
- Measures can also be chosen from a drop-down list for each activity – or measures can be locally determined.
- At least one measure per strategy is required.



# Overview of Title V Implementation

## Guidance: Use of funds

- No more than 10% may be for indirect costs (or Federally-approved indirect rates for tribes)
- Local grantees can continue to use 20% of funding (more with approval) to address locally defined MCAH needs including COVID support for MCAH population.
  - If for some reason more than 20% is needed for your locally-identified priority work, please talk with state Title V staff.
- Funding may be used to contract/partner with other programs or agencies

# Additional Title V Annual plan support

- **An email will be sent out March 1<sup>st</sup>** with a link to sign-up for TA calls, as well as instructions for MCAH Annual Plans.
- **Check the [MCAH Title V Website](http://healthoregon.org/titlev) ([healthoregon.org/titlev](http://healthoregon.org/titlev)) for:**
  - Summary list of Title V MCAH priorities and strategies
  - Priority-specific tables detailing the strategies, activities, measures, and resources for each priority
  - Title V implementation guidance
  - Contact list with names of state Title V Leads for each priority
  - A worksheet to help with Annual plan development
- **State Title V staff are available** to provide help with plan development and answer your questions.  
[Contact List](#)



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- **State Title V staff are available** to provide help with plan development and answer your questions. Use this [contact sheet](#) to reach out to us.

# Questions, comments, TA needs?

- For general MCH Title V questions:  
Nurit Fischler (MCAH Title V Coordinator)  
[nurit.r.fischler@state.or.us](mailto:nurit.r.fischler@state.or.us)

Cate Wilcox (MCH Title V Director)  
[Cate.s.wilcox@state.or.us](mailto:Cate.s.wilcox@state.or.us)

- For priority-specific questions:  
[Contact individual state Title V Leads](#)

- For measures or data questions: Maria Ness  
(Title V Research Analyst)  
[maria.n.ness@state.or.us](mailto:maria.n.ness@state.or.us)

- For webinar or administrative questions: Doris  
Halpin-Reyes (MCAH Title V Admin Support)  
[Doris.A.REYES@oha.oregon.gov](mailto:Doris.A.REYES@oha.oregon.gov)

