



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

OKLAHOMA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Oklahoma

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
Binitha Kunnel Administrative Program Manager, FSPS Assessment binithak@health.ok.gov (405) 426-8097	Joni Bruce Executive Director

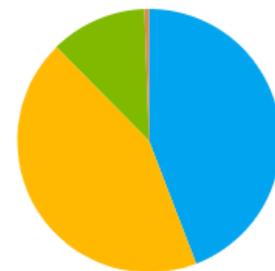
State Youth Leader
No Contact Information Provided

State Hotline: (888) 574-5437

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$7,749,201
State MCH Funds	\$7,625,082
Local MCH Funds	\$2,072,843
Other Funds	\$0
Program Income	\$97,033

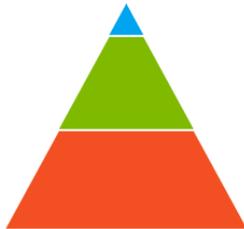
FY 2024 Expenditures



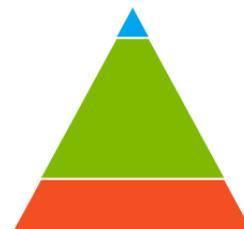
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,090,798	\$1,289,632
Enabling Services	\$3,231,154	\$6,161,327
Public Health Services and Systems	\$3,427,249	\$2,344,001

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



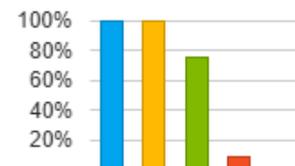
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$668,761
Infants < 1 Year	100.0%	\$5,510,477
Children 1 through 21 Years	75.0%	\$6,316,611
CSHCN (Subset of all infants and children)	9.0%	\$4,078,529
Others *	0.0%	\$0

FY 2024 Expenditures Total: \$16,574,378



FY 2024 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Help reduce the risk and impacts of chronic disease in the MCH population.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Create the postpartum plan training for the County Health maternity providers ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child <ul style="list-style-type: none"> ○ ESM PA-Child.1: Percent of students who agreed with the statement "I will get at least 60 minutes physical activity everyday" on the post assessment survey. ● Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <ul style="list-style-type: none"> ○ ESM FS.1: Create a tool to determine the percent of students who presented to the school nurse who were screened and referred for food insufficiency 	New	Women/Maternal Health, Child Health
<p>Improve the mental and behavioral health of the MCH population.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM <ul style="list-style-type: none"> ○ ESM ADM.1: Percent of students participating in the PREP & OHY program who reported they were more likely to talk to a trusted person/adult. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: The percent of families who are able to access services for their child with behavioral health needs 	Continued	Adolescent Health, Cross-Cutting/Systems Building
<p>Reduce differences in health outcomes for the MCH population.</p>	Revised	Perinatal/Infant Health, Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <ul style="list-style-type: none"> ○ ESM FS.1: Create a tool to determine the percent of students who presented to the school nurse who were screened and referred for food insufficiency <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Ratio of differences in the infant mortality rate 		
<p>Improve quality health care access for the MCH population.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of family caregivers and professionals who report an increase in knowledge after receiving training related to the topic of medical home. ○ ESM MH.2: Percent of families receiving information or services by the Oklahoma Family Network who report they will use information acquired to help their child/family receive appropriate care. 	Continued	Child Health, Children with Special Health Care Needs
<p>Promote safe school and home environments for children and youth.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: The percent of families who are able to access services for their child with behavioral health needs 	New	Cross-Cutting/Systems Building
<p>Strengthen supports and needed training for child care and youth-serving providers.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC <ul style="list-style-type: none"> ○ ESM TAHC.1: Percent of families participating in the Sooner SUCCESS program who report having a plan for their child's transition to adult healthcare. 	New	Adolescent Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM TAHC.2: Percent of family caregivers and professionals who report an increase in knowledge after receiving training related to transition to adult healthcare. 		
<p>Expand access to resources and educational opportunities for parents and families.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs ● B) Percent of infants placed to sleep on a separate approved sleep surface ● C) Percent of infants placed to sleep without soft objects or loose bedding ● D) Percent of infants room-sharing with an adult during sleep - SS <ul style="list-style-type: none"> ○ ESM SS.1: Percent of infants put to sleep on their back among Cribs Program participants. ● Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <ul style="list-style-type: none"> ○ ESM FS.1: Create a tool to determine the percent of students who presented to the school nurse who were screened and referred for food insufficiency ● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM <ul style="list-style-type: none"> ○ ESM ADM.1: Percent of students participating in the PREP & OHY program who reported they were more likely to talk to a trusted person/adult. ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC <ul style="list-style-type: none"> ○ ESM TAHC.1: Percent of families participating in the Sooner SUCCESS program who report having a plan for their child's transition to adult healthcare. ○ ESM TAHC.2: Percent of family caregivers and professionals who report an increase in knowledge after receiving training related to transition to adult healthcare. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: The percent of families who are able to access services for their child with behavioral health needs ● SPM 1: Ratio of differences in the infant mortality rate 	<p>New</p>	<p>Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs, Cross-Cutting/Systems Building</p>

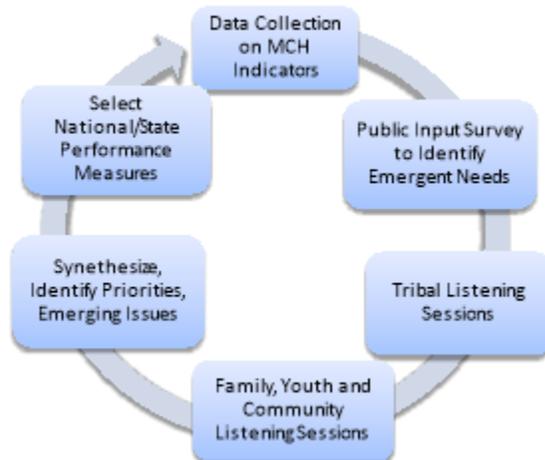
Executive Summary

Program Overview

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is used to address the state's maternal and child health priorities. In FFY 2025, Oklahoma benefited approximately 1.3 million women, infants, and children with Title V programs. In Oklahoma, Title V is administered by the Oklahoma State Department of Health (OSDH) and the Oklahoma Human Services (OKDHS), in close partnership with the Oklahoma Family Network (OFN). This assures families have a voice in the services they receive.

Needs Assessment Overview and Determination of Title V Priorities:

Figure 1. Oklahoma Process for 2026-2030 Needs Assessment

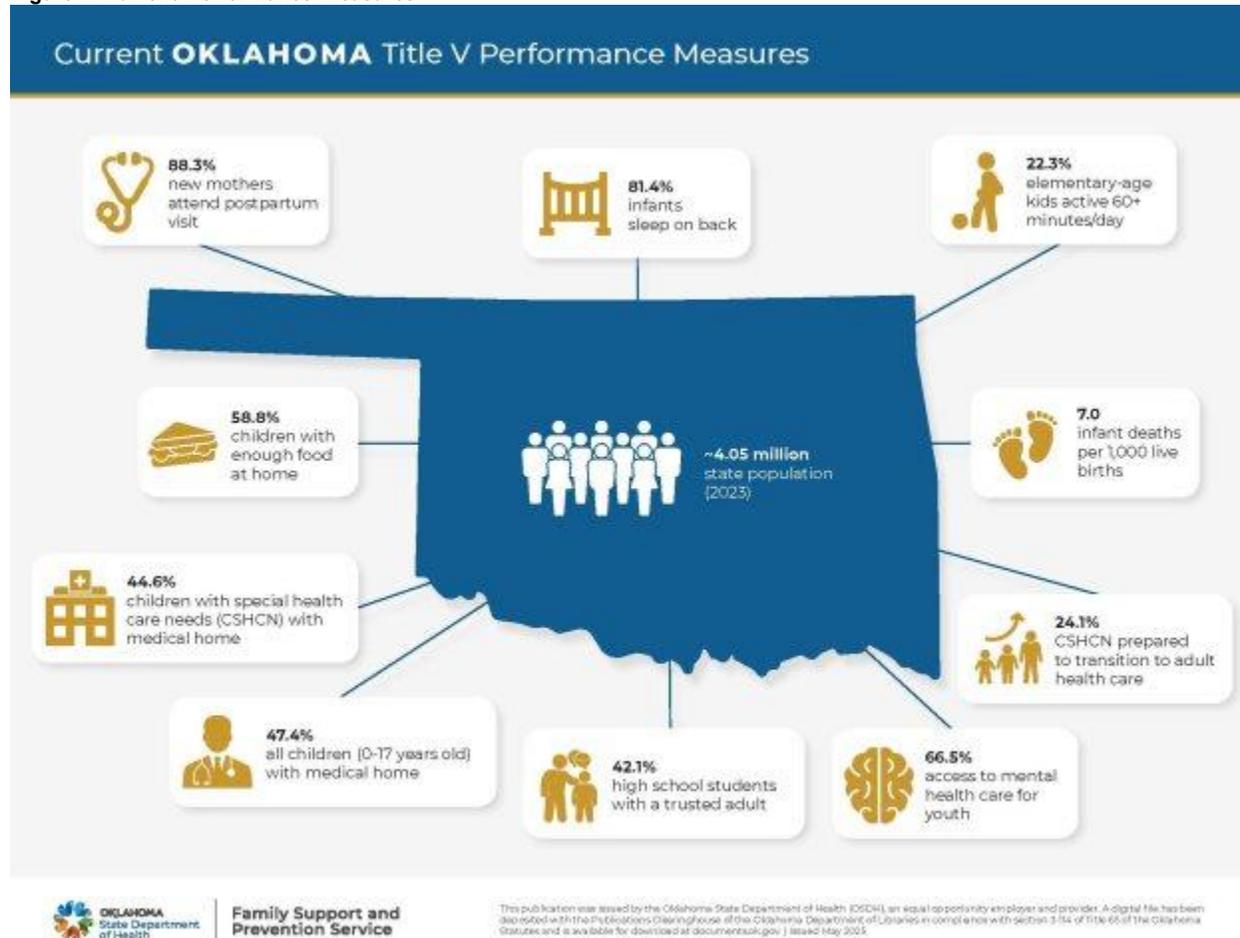


In 2024, OSDH analysts collected data on MCH health indicators from a variety of sources, including birth and death certificates, population-based surveillance systems, school-based surveys, and focus groups; See Figure 1. A public input survey was released in March 2024 to identify emergent needs. Tribal listening sessions were conducted with two tribal nations in the state and their health care providers. MCH then conducted two non-tribal family and community listening sessions, which included families and caregivers of children and youth with special health care needs (CYSHCN), and one youth listening session. OSDH, OKDHS, and OFN used all of the information received to establish the following Title V priorities for 2026-2030, See Table 1.

Table 1. Oklahoma Title V Priorities
Improve quality health care access for the MCH population
Improve the mental and behavioral health of the MCH population
Reduce differences in health outcomes for the MCH population
Help reduce the risk and impacts of chronic disease in the MCH population
Promote safe school and home environments for children and youth
Strengthen supports and needed training for child care and youth-serving providers
Expand access to resources and educational opportunities for parents and families

The current National and State Performance Measures for Oklahoma, and their data points can be found below in Figure 2.

Figure 2. Current Performance Measures



Oklahoma’s Progress on National and State Performance Measures:

In Oklahoma, the Title V program utilizes a life-course framework for needs assessment, program planning and performance reporting at the state and local levels. Trainings, data, and activities are structured to emphasize the importance and effectiveness of reducing risk factors and increasing protective factors early in life to reduce poor health and social outcomes later in adolescence and adulthood. The most prominent examples of this are the *Preparing for a Lifetime, It’s Everyone’s Responsibility*, infant mortality reduction initiative led by Title V, and the life-course work accomplished with families through OFN.

Title V, in partnership with OFN, supported and assured comprehensive, coordinated and family-centered services via a system of trainings, partnerships, contracts, and direct services. The provision of services for MCH populations are accomplished through county health departments, professional service agreements, vendor and state agency contracts, requests for proposals, and invitations to bid. Although administratively separate, the Oklahoma City-County Health Department (OCCHD) and the Tulsa Health Department (THD) are essential OSDH partners, providing services and administering projects via direct contracts. Title V MCH continues to be integrally involved with the work of the Oklahoma Perinatal Quality Improvement Collaborative (OPQIC) and the Oklahoma Maternal Health Task Force (OMHTF), which aim to improve the care of women and infants throughout the state and the Children’s State Advisory Work Group (CSAW), which brings together multi-disciplinary professionals in child-serving agencies focused on improving mental and behavioral health for children and youth in the state. CSHCN Title V had contracts in place with the Comprehensive Pediatric Sickle Cell Clinic, JumpStart Clinic, Family Support 360°, the Oklahoma Infant Transition Program (OITP), OFN, Sooner SUCCESS, and the JD McCarty Center, to provide high quality, family-centered CYSHCN services.

Programs administered in some part with Title V funds included: *Preparing for a Lifetime, It’s Everyone’s Responsibility*; OPQIC, Maternal Mortality Review Committee (MMRC); Period of PURPLE Crying Program; Pregnancy Risk Assessment Monitoring System (PRAMS); The Oklahoma Toddler Survey (TOTS) and Youth Risk Behavior Surveillance System (YRBS) surveillance programs; Teen Pregnancy Prevention and Positive Youth Development Projects throughout the state; State Systems Development Initiative; Infant Safe Sleep Cribs and Sleep Sacks Projects; *Becoming Baby Friendly Oklahoma*, Grandparent Toolkit, media campaigns, health education activities, and other-related programs and initiatives.

Maternal/Women:

Accomplishments:

- Continued MMRC and the OMHTF, completing the fifth Maternal Health Morbidity and Mortality Annual Report.

- Supported maternity clinics in maternity deserts in the state.
- Continued public service announcements on streaming services with messages regarding preconception health and healthy pregnancies.

Plans:

- Train staff and partners in the Postpartum Plan tool, to encourage women to plan for their postpartum period, including the postpartum visit.
- Continue work with the MMRC and OMHTF to reduce disparities in maternal health.
- Coordinate maternal health activities with county health departments and the State Maternal Health Innovation Program grant to improve prenatal and postpartum care in areas of need via maternity clinics.

Perinatal:

Accomplishments:

- Provided funding and support for the Oklahoma Mothers' Milk Bank (OMMB) and the Oklahoma Breastfeeding Hotline (OBH). Promoted breastfeeding duration and the establishment of Baby-Friendly Hospitals through funding and support of the Oklahoma Hospital Breastfeeding Education Project (HBEP) and Becoming Baby-Friendly in Oklahoma (BBFOK) Project.
- Distributed cribs to families in need via the cribs project for safe sleep and continued the sleep sack hospital program in 28 birthing facilities.
- Screened 100% of all newborns in Oklahoma through the Newborn Screening Program and 100% of affected newborns received short-term follow-up and were referred to long-term follow-up care coordination.

Plans:

- Revitalize the *Preparing for a Lifetime* infant mortality reduction initiative.
- Continue to partner with and support newborn screening activities in the state.
- Promote breastfeeding initiation and duration through various initiatives.
- Maintain efforts for the Infant Safe Sleep Hospital Sleep Sack and Cribs Projects.

Child:

Accomplishments:

- Provided funding for the Oklahoma Poison Control Hotline for training and technical assistance to families, students, health care providers and child care programs.
- Participated in the Oklahoma State Obesity Plan Stakeholders Group, serving on the early childhood and school age working groups.
- Maintained school health contracts to support physical and social emotional health activities in the state's two largest school districts and in one statewide school health organization.
- Continued child health well and sick care visits in health department districts, including school-based health clinics.

Plans:

- Promote food security work to align with the new block grant measure.
- Continue work with MCH-funded school nurses and school-based telehealth to assure evidence-based practices are being followed.
- Continue funding health education and outreach activities.
- Support the provision of well-child health visits and mobile school clinics in county health department clinics in areas of high need.

Adolescent:

Accomplishments:

- Supported six state-funded adolescent pregnancy prevention projects in local county health departments and administered the Personal Responsibility Education Program (PREP) grant for OCCHD and THD.
- Planned the 3rd Biennial Adolescent Health Summit.

Plans:

- Collaborate with local county health departments to establish and support local Public Health Youth Councils (PHYCs) and other youth-involved groups to identify issues within their communities affecting adolescents to find solutions.
- Conduct trainings with adults who work with youth using evidence-based methods such as Families Talking Together and It's That Easy.
- Ensure Title V-funded school health education and promotion programs will continue to provide age and grade appropriate health and wellness information.

CYSHCN:

Accomplishments:

- Funded parent-to-parent support, sibling support, training, and opportunities for family leadership via OFN.
- Continued funding the OITP, Sooner SUCCESS, Jump Start/Autism Clinic Family Partner, the OU Pediatric Sickle Cell Clinic, and the Oklahoma Family Support 360° Center.
- Provided supplemental formula, adaptive equipment, and medical care to CYSHCN with financial need that was not covered by Title XIX Medicaid funds.
- Supported Navigating Autism Training for 400 child care providers.

- Provided funding for respite vouchers.

Plans:

- Continue to provide formula, adaptive equipment, and medical care to CYSHCN with financial need.
- Continue contracts with Sooner SUCCESS, OFN, Jump Start, J.D. McCarty, OITP, Family Support 360°, and the Sickle Cell Clinic to further work in the state for the families of CYSHCN.
- Conduct partner meetings to create a plan to address health care transition across multiple Title V MCH and CSHCN partners and contractors.
- Connect families of CSHCN with behavioral and or mental health needs to resource information, respite, and training to ensure access to needed services.
- Train additional child care providers in Navigating Autism, including virtual and in-person sessions.

Comments and Suggestions:

MCH, CSHCN, and OFN welcome comments and suggestions for needs and issues not discussed in this Block Grant Application and Annual Report. For more information about this document, the process, to provide comments, or to partner with Title V, please contact: **Lorri Essary**, MCH Title V Director, OSDH at 405-426-8113 or lorri.essary@health.ok.gov or **Aubrey McDonald**, CSHCN Title V Director, OKDHS at 918-863-4899 or Aubrey.McDonald@okdhs.org.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funding in Oklahoma enables the state MCH program to engage in infant mortality and maternal mortality projects and initiatives to work towards reducing rates in the state. More recently, these funds assist locally funded county health departments with capacity for child health and maternity care clinics. Title V monies are utilized to bolster health education programs in the two largest school districts in the state. Title V match funds are utilized to provide vital outreach in communities where infant mortality rates are high. Funding also supports school and community-based teen pregnancy prevention projects in rural areas identified as high need. Title V MCH utilizes the federal funding to maintain data analytic capacity, to assure that monitoring and health surveillance activities for all key projects are able to continue.

Federal Title V funding allows the CSHCN program to provide specialty services to children with special needs and their families. Included services are neonatal services, psychiatric evaluations, specialty services for children with sickle cell anemia, durable medical supplies, supplemental formula for weight gain, specialized formula supplements for phenylketonuria (PKU) and respite care.

Additionally, the monies enable family partner programs to assist families in finding community-based resources, participate in Title V partnership and decision-making, and attend family-professional partnership trainings, like Joining Forces and the Association of Maternal and Child Health Programs (AMCHP) Conference. This helps ensure families and youth have a voice in MCH and CSHCN services.

MCH Success Story

The Oklahoma Family Network (OFN) hosts the *We Saved You a Seat* podcast to share family stories and experiences for education, awareness, support, and conversation. In FFY24, *We Saved You a Seat* recorded several family stories, two standouts are detailed in this report.

In November, for Prematurity Awareness Month, OFN interviewed a young first-time mother who delivered at 26 weeks gestation. Her experience resulted in the release of three episodes. Each episode covered specific topics of her journey as it related to the care she received by providers, delivery, NICU treatments and outcomes, supports that she sought, and her severe postpartum depression and anxiety experience and intervention.

This young mother connected with the OFN after her baby was born through the hospital referral process. Her husband encouraged her to attend OFN's Peer-to-Peer weekly support group, at the NICU hospital. The mother credits this group, and her subsequent involvement in OFN, with saving her life, as she found herself impacted by severe postpartum depression. She said the support, accountability, and resources offered by the group kept her going. She shared her story via podcast to help others in similar circumstances. She is now a family leader with OFN, encouraging mothers to seek more support when NICU and postpartum health is too heavy to carry alone.

As she listened to approve the podcast's release, she told staff, "It is wild hearing myself talk about all of it, I'm emotional in a good way! [My husband] walked in and I was crying listening to it and he said, "Are you just amazed with how strong you are?" And honestly, I kinda am for the first time. Thank you so much for this opportunity." To listen: https://mcdn.podbean.com/mf/web/367x5m/Kayla_Pitts9pb0m.m4a –

In February 2024, for Rare Syndrome Awareness Month, *We Saved You a Seat* highlighted a father and his story of strength and survival as a single dad with a child diagnosed with Cornelia de Lange Syndrome (CdLS). OFN connected with him through a partnership with LEND as a site practicum and partner.

Through sharing his story, he was connected to other fatherhood support groups. As a result, he was asked to serve on a few committees, and his family story and podcast are shared with other dads walking through NICU, diagnosis, and educational challenges. The conversation OFN had with this dad resulted in four podcast episodes sharing his personal story and challenges. He said that sharing his story via OFN's podcast will allow him to hand people the link to learn more and said that by sharing his story and experiences, he truly felt "seen". To listen:

https://mcdn.podbean.com/mf/web/ctqjrc/Podcast_Recording_Edit_with_Charles_Moore_Part_04bio74.m4a

Both series of podcast episodes have been downloaded over 675 times by practitioners, nurses, and others in the MCH field, as well as by families. OFN has a long list of families willing to share their stories to help more families feel seen and heard.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Oklahoma

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.