



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

OKLAHOMA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 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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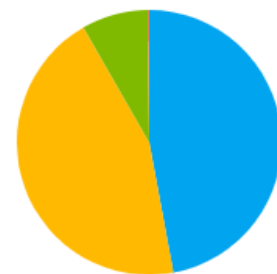
State Youth Leader
No Contact Information Provided

State Hotline: (888) 574-5437

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$7,732,383
State MCH Funds	\$7,337,723
Local MCH Funds	\$1,330,648
Other Funds	\$0
Program Income	\$29,360

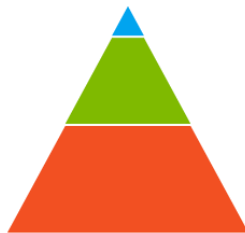
FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,019,673	\$1,034,012
Enabling Services	\$2,997,866	\$4,834,531
Public Health Services and Systems	\$3,714,844	\$2,829,187

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



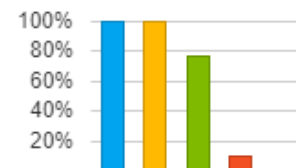
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$546,388
Infants < 1 Year	100.0%	\$5,939,272
Children 1 through 21 Years	77.1%	\$4,926,897
CSHCN (Subset of all infants and children)	9.5%	\$4,070,716
Others *	0.0%	\$0

FY 2023 Expenditures Total: \$15,483,273



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Reduce infant mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: The number of women receiving in-person, telehealth, or telephonic breastfeeding support Title V-funded services by IBCLCs. ○ ESM BF.2: The percentage of births occurring in Oklahoma birthing hospitals designated as Baby-Friendly ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: The percentage of infants delivered at birthing hospitals participating in the sleep sack program ○ ESM SS.2: Percent of infants put to sleep on their back among Cribs Program participants. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Infant mortality rate per 1,000 live births 	<p>Perinatal/Infant Health</p>
<p>Improve the health of reproductive age individuals</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: The number of service sites and community partners utilizing the new preconception assessment tool developed by the Oklahoma State Department of Health and CoIIN team ○ ESM WWV.2: Percentage of mothers with Medicaid paid deliveries who had coverage 60 days - 12 months postpartum. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Maternal mortality rate per 100,000 live births 	<p>Women/Maternal Health</p>
<p>Improve access to social workers and support systems throughout the state</p>	<p>Perinatal/Infant Health, Cross-Cutting/Systems Building</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: The number of women receiving in-person, telehealth, or telephonic breastfeeding support Title V-funded services by IBCLCs. ○ ESM BF.2: The percentage of births occurring in Oklahoma birthing hospitals designated as Baby-Friendly 	
<p>Improve quality health education for children and youth</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child <ul style="list-style-type: none"> ○ ESM PA-Child.1: Number of schools participating in an activity (training, professional development, policy development, technical assistance) to improve physical activity among children ages 6-17. ○ ESM PA-Child.2: Percent of teachers who reported the lessons related to physical activity had a positive (high or medium), long-term impact on their students. ○ ESM PA-Child.3: 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 adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: The number of adolescents trained on Teen Pregnancy Prevention/Positive Youth Development curriculum ○ ESM AWW.2: Percent of students participating in the PREP and Healthy Youth programs who reported they were more likely to better understand what makes a relationship healthy. 	<p>Child Health, Adolescent Health</p>
<p>Improve the mental and behavioral health of the MCH population</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: The number of service sites and community partners utilizing the new preconception assessment tool developed by the Oklahoma State Department of Health and CoIIN team ○ ESM WWV.2: Percentage of mothers with Medicaid paid deliveries who had coverage 60 days - 12 months postpartum. ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: The number of trainings provided to school and community staff on bullying prevention 	<p>Women/Maternal Health, Adolescent Health, Children with Special Health Care Needs</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM BLY.2: Percent of teachers indicating a decrease in challenging behaviors among students who were given SEL presentations (Note: SEL tools are completed by teachers) ○ ESM BLY.3: Percent of teachers who reported that lessons related to topics on bullying prevention had a positive (high or medium) impact on their students. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: The percent of families who are able to access services for their child with behavioral health needs 	
<p>Improve access to family-centered programs via family support navigators</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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: The number of providers who address transition to adult health care in their practice ○ ESM TR.2: Percent of families participating in the Sooner SUCCESS program who report having a plan for their child's transition to adult healthcare. ○ ESM TR.3: Percent of family caregivers and professionals who report an increase in knowledge after receiving training related to transition to adult healthcare. 	<p>Children with Special Health Care Needs</p>
<p>Increase quality health care access for the MCH population</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: The number of service sites and community partners utilizing the new preconception assessment tool developed by the Oklahoma State Department of Health and CoIIN team ○ ESM WWV.2: Percentage of mothers with Medicaid paid deliveries who had coverage 60 days - 12 months postpartum. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of CYSHCN who received care coordination services from Title V CSHCN contract providers in the past year. ○ ESM MH.2: Percent of family caregivers and professionals who report an increase in knowledge after receiving training related to the topic of medical home. ○ ESM MH.3: 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. 	<p>Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: The number of providers who address transition to adult health care in their practice ○ ESM TR.2: Percent of families participating in the Sooner SUCCESS program who report having a plan for their child's transition to adult healthcare. ○ ESM TR.3: Percent of family caregivers and professionals who report an increase in knowledge after receiving training related to transition to adult healthcare. ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Infant mortality rate per 1,000 live births 	
<p>Increase health equity for the MCH population</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: The number of service sites and community partners utilizing the new preconception assessment tool developed by the Oklahoma State Department of Health and CoIIN team ○ ESM WWV.2: Percentage of mothers with Medicaid paid deliveries who had coverage 60 days - 12 months postpartum. ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: The number of women receiving in-person, telehealth, or telephonic breastfeeding support Title V-funded services by IBCLCs. ○ ESM BF.2: The percentage of births occurring in Oklahoma birthing hospitals designated as Baby-Friendly ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: The percentage of infants delivered at birthing hospitals participating in the sleep sack program ○ ESM SS.2: Percent of infants put to sleep on their back among Cribs Program participants. ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child <ul style="list-style-type: none"> ○ ESM PA-Child.1: Number of schools participating in an activity (training, professional development, policy development, technical 	<p>Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>assistance) to improve physical activity among children ages 6-17.</p> <ul style="list-style-type: none"> ○ ESM PA-Child.2: Percent of teachers who reported the lessons related to physical activity had a positive (high or medium), long-term impact on their students. ○ ESM PA-Child.3: 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 adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: The number of adolescents trained on Teen Pregnancy Prevention/Positive Youth Development curriculum ○ ESM AWW.2: Percent of students participating in the PREP and Healthy Youth programs who reported they were more likely to better understand what makes a relationship healthy. ● 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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: The number of providers who address transition to adult health care in their practice ○ ESM TR.2: Percent of families participating in the Sooner SUCCESS program who report having a plan for their child's transition to adult healthcare. ○ ESM TR.3: 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: Infant mortality rate per 1,000 live births 	

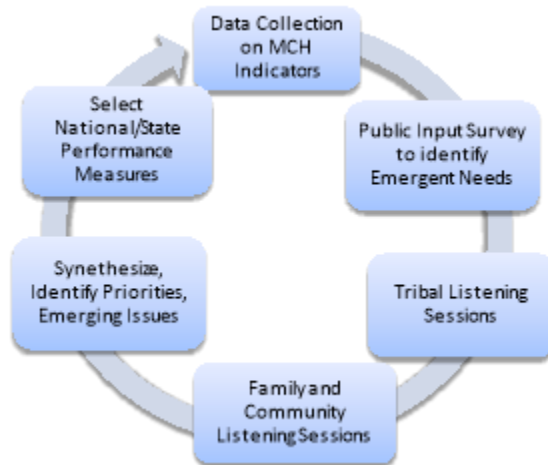
Executive Summary

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 2024, 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 Department of Human Services (DHS), 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 2021-2025 Needs Assessment

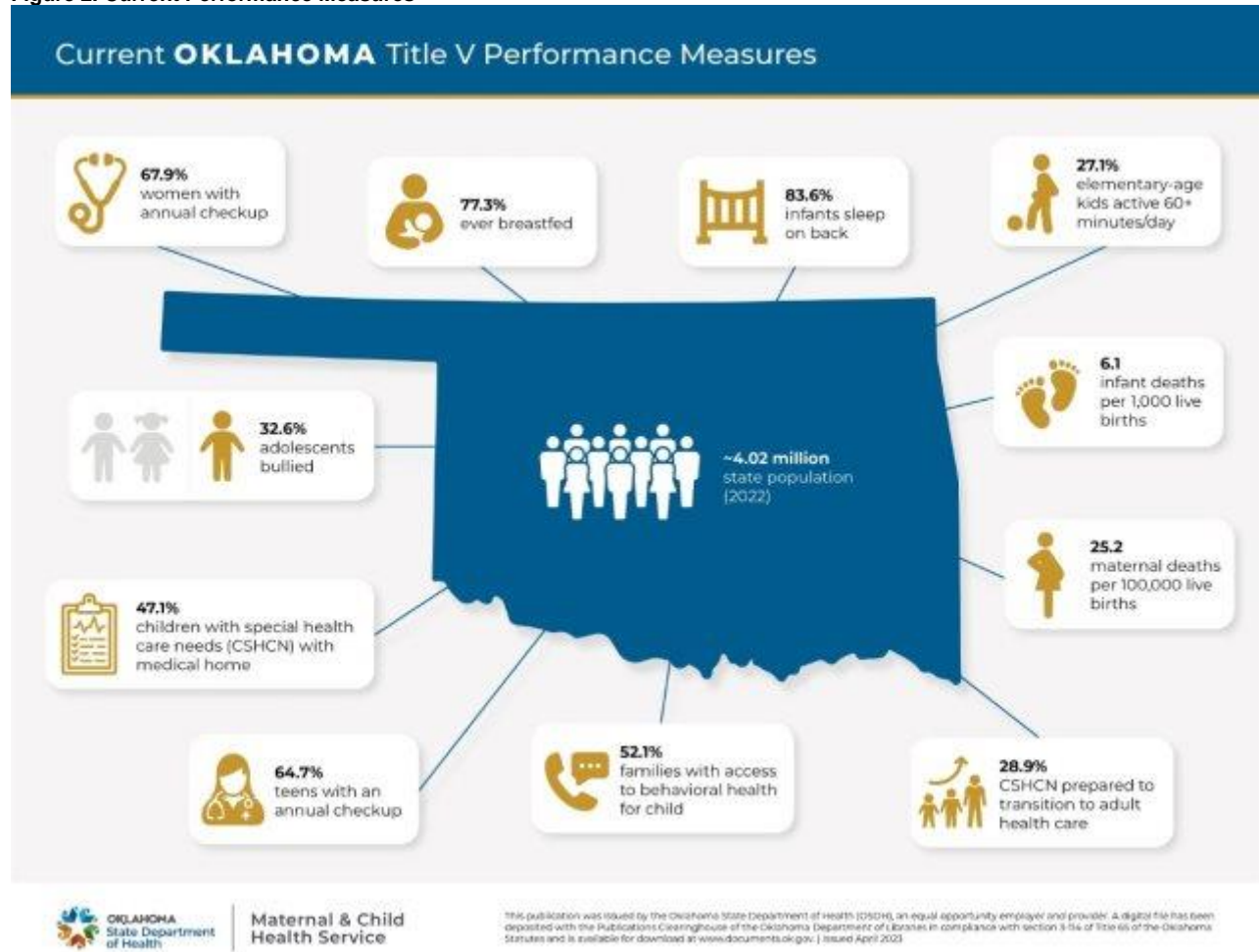


In 2019, MCH analysts collected data on MCH health indicators from a variety of sources, including birth and death certificates, population-based surveillance systems, school-based surveys, and focus groups; See Figure 1. A public input survey was released in March to identify emergent needs. Tribal listening sessions were conducted with nine of the largest 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). MCH, CYSHCN, and OFN used all of the information received to establish the following Title V priorities for 2021-2025, See Table 1.

Table 1. Oklahoma Title V Priorities
Reduce Infant Mortality
Improve the health of reproductive age individuals
Improve access to social workers and support systems throughout the state
Improve quality health education for children and youth
Improve access to family-centered programs via family support navigators
Increase quality health care access for the MCH population
Increase health equity for the MCH population
Improve the mental and behavioral health of the MCH population

Currently, Oklahoma is conducting listening sessions and collecting data for the 2026-2030 Title V Needs Assessment. As a result, no changes have been made to the existing performance measures or evidence-based strategy measures. 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 MCH, and the life-course work accomplished with families through OFN.

Both MCH and CYSHCN 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 MCH partners, providing services and administering projects via direct contracts. 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 equity activities, and other-related programs and initiatives.

Maternal/Women:

Accomplishments:

- Continued MMRC and the OMHTF, completing the fourth Maternal Health Morbidity and Mortality Annual Report.
- Supported maternity clinics in maternity deserts in the state.
- Created and ran public service announcements on streaming services with messages regarding preconception health and healthy pregnancies.

Plans:

- 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 (if awarded) 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:

- Continue the media campaign for *Preparing for a Lifetime* to reduce infant and maternal deaths.
- 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 bullying prevention and suicide prevention trainings in schools across the state.
- Continue work with MCH-funded school nurses 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 eight state-funded adolescent pregnancy prevention projects in local county health departments and administered the Personal Responsibility Education Program (PREP) grant for OCCHD and THD.
- Hosted the 2nd 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 others who work with youth using evidence-based methods such as Positive Youth Development (PYD) and Life Course Perspective.
- Ensure MCH-funded school health education and promotion programs will continue to provide age and grade appropriate health and wellness information, integrating education and health.

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.
- 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 Sickie Cell Clinic to further work in the state for the families of CYSHCN.
- Promote the transition toolkit for primary care providers.
- Continue to assist families applying for TEFRA.
- Work with partners to identify ways to connect families with services to meet behavioral health needs.

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: **Joyce Marshall**, MCH Title V Director, OSDH at 405-426-8113 or joycem@health.ok.gov or **Aubrey McDonald**, CSHCN Title V Director, DHS 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 are supporting 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. Funding also supports school and community-based teen pregnancy prevention projects in rural areas identified as high need. MCH utilizes Title V federal funding to maintain data analytic capacity, to assure that monitoring and health surveillance activities for all key projects are able to continue uninterrupted.

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 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 assure families have a voice in MCH and CSHCN services.

MCH Success Story

In FFY23, Oklahoma Title V was granted the opportunity to assist families by funding the initial psychological evaluations for families applying for TEFRA (Tax Equity and Fiscal Responsibility Act of 1982). TEFRA gives states the option to make Medicaid benefits available to children with physical or mental disabilities who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of their parent's income or resources. This option allows children who are eligible for institutional services to be cared for in their homes. Obtaining Medicaid through TEFRA allows families to establish and maintain continuity of care and achieve greater health, developmental, and behavioral outcomes. In striving to reach more families, the Title V CYSCHN team along with a community partner (Family Partners), developed a plan to speed up the process for families to receive vital services for CYSCHN, eliminating the cost barrier of the initial psychological evaluation, as well as reducing the travel burden for families across the state applying for TEFRA benefits.

In collaboration with the Oklahoma Health Care Authority (OHCA) and Family Partners, in July 2023 the first family was able to receive a critical psychological evaluation through Title V CYSCHN, with no charge to the family. This assessment was scheduled and completed within three weeks of the family being referred and led to the family being approved for services. Although this initiative was launched near the close of FFY23, there were two psychological evaluations completed with two additional referrals completed and scheduled for FFY24.

An example of the importance of this collaboration came from one child's mother. Their psychological evaluation revealed they had a mild intellectual disability with accompanying language impairment requiring very substantial support. Reflecting on their journey, the mother shared initial overwhelming feelings realizing her child required TEFRA. She stated when she discovered her son needed to have TEFRA to continue his care, she did not know where to start. She then heard about Family Partners and met with the Title V-funded TEFRA Family Support Coordinator. The mother stated that the coordinator was able to walk her through the process of applying, noting at that point her son had gone three months without services. The coordinator also assisted in obtaining the final report once completed. The mother explained she desperately needed her son to have the psychological evaluation because it was their last step in the TEFRA approval process. The mother expressed gratitude for the availability of evaluation locations, allowing them to schedule her son's assessment sooner. The mother stated, "TEFRA has been a lifesaver," noting she was extremely grateful to no longer spend thousands of dollars out of pocket every year. This freed up resources for the sibling in the home and assured the son with special health care needs received the timely health care he deserved.

Moving forward the goal is to assist more families in obtaining initial psychological evaluations through Title V CYSCHN funding and to continue utilizing the Family Support Coordinator to assist families in navigating the TEFRA process.

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 2023.

[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.