



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **OKLAHOMA**

State Snapshot

FY 2019 Application / FY 2017 Annual Report

November 2018

### 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 FY 2019 Application / FY 2017 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

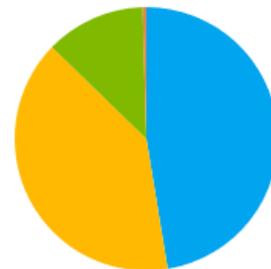
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Joyce Marshall Director, Maternal and Child Health Service joycem@health.ok.gov (405) 271-4480	Carla McCarrell-Williams Title V Director-Children with Special Health Care Needs Carla.McCarrell-Williams@okdhs.org (405) 521-4092	Joni Bruce Executive Director, Oklahoma Family Network jonib@ofn.mobi (405) 271-5072

### Funding by Source

Source	FY 2017 Expenditures
Federal Allocation	\$6,956,304
State MCH Funds	\$5,849,288
Local MCH Funds	\$1,802,006
Other Funds	\$0
Program Income	\$65,969

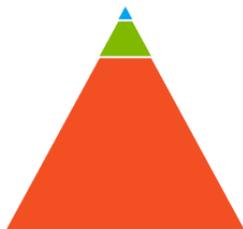
FY 2017 Expenditures



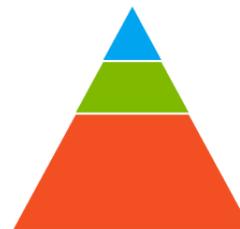
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$397,151	\$1,417,745
Enabling Services	\$1,097,874	\$1,342,758
Public Health Services and Systems	\$5,461,279	\$3,088,785

FY 2017 Expenditures Federal



FY 2017 Expenditures Non-Federal



### Percentage Served by Title V

Population Served	Percentage Served	FY 2017 Expenditures
Pregnant Women	68.0%	\$849,389
Infants < 1 Year	100.0%	\$2,001,764
Children 1 through 21 Years	25.0%	\$5,201,700
CSHCN (Subset of all Children)	25.0%	\$4,057,109
Others *	1.0%	\$0

**FY 2017 Expenditures**  
Total: \$12,109,962



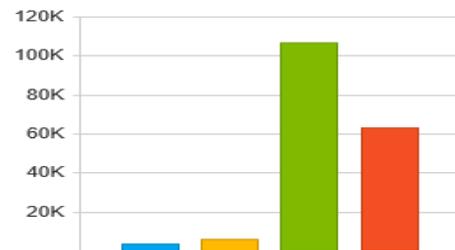
\*Others– Women and men, over age 21.

**FY 2017 Percentage Served**



### Communication Reach

Communication Method	Amount
State Title V Website Hits:	3,442
State Title V Social Media Hits:	6,159
State MCH Toll-Free Calls:	110,777
Other Toll-Free Calls:	65,327



### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health
NPM 9	Bullying	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Adolescent Health, Children with Special Health Care Needs

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	The number of service sites utilizing the Women's Health Assessment Tool developed by the Oklahoma State Department of Health or any alternative preconception tool
NPM 4	Breastfeeding	ESM 4.1	The percentage of births occurring in Oklahoma birthing hospitals designated as Baby-Friendly
NPM 5	Safe Sleep	ESM 5.1	The percentage of infants delivered at birthing hospitals participating in the sleep sack program
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.1	The percentage of infants delivered at birthing hospitals providing the Period of Purple Crying Abusive Head Trauma curriculum
NPM 9	Bullying	ESM 9.1	The number of trainings provided by MCH to school staff on bullying prevention
NPM 10	Adolescent Well-Visit	ESM 10.1	The number of adolescents trained on Teen Pregnancy Prevention/Positive Youth Development curriculum
NPM 12	Transition	ESM 12.1	The number of providers who address transition to adult health care in their practice

### State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Infant mortality rate per 1,000 live births	Perinatal/Infant Health
SPM 2	Maternal mortality rate per 100,000 live births	Women/Maternal Health
SPM 3	The percent of families who are able to access services for their child with behavioral health needs	Children with Special Health Care Needs

## Executive Summary

### Program Overview

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children, and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 50 million women and children in the U.S. Since 1935, federal and state funds have supported state activities that improve the health of pregnant women, mothers and infants, children, and children with special health needs. These groups are often referred to as the 'MCH population.'

Title V funds are used to address the state's maternal and child health priorities. Fifty-nine states and jurisdictions receive the Title V Block Grant and are required to write annual reports and every five years complete a statewide needs assessment. For 2017, 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 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.

#### Population Needs and Title V Priorities:

Beginning in the Fall of 2013, MCH (Maternal and Child Health Service at OSDH) and CSHCN (Children with Special Health Care Needs Program at DHS) released a public input survey, with the help of OFN, to identify emergent needs for the state of Oklahoma's MCH population. CSHCN also sought input from Sooner SUCCESS on the needs of Medicaid-eligible CYSHCN (children and youth with special health care needs). Health-related data were reviewed from a variety of sources, including birth and death certificates, population-based surveillance systems, school-based surveys, and focus groups. Tribal listening sessions were conducted with eight of the largest tribal nations in the state and their health care providers. Coalition meetings and partner meetings were also used to gather information on needs and the capacity of the state to serve the MCH population.

MCH, CSHCN, and OFN synthesized and discussed the information received from the public input survey, tribal listening sessions, coalition and partnership meetings, and the data analysis to establish the following Title V priorities for 2016-2020. The 2016-2020 priorities are those most likely to make the most impact in improving the health of the Oklahoma MCH population (See Table 1).

Reduce Infant Mortality
Reduce the incidence of preterm and low birth weight births
Reduce the incidence of unintentional injury among children
Reduce the incidence of suicide among adolescents
Reduce health disparities
Improve the transition to adult health care for children and youth with special health care needs
Reduce teen pregnancy
Reduce unplanned pregnancy
Improve the mental and behavioral health of the MCH population
Reduce the prevalence of chronic health conditions among childbearing age women

#### Oklahoma's Progress on National and State Performance Measures:

In Oklahoma, the Title V program utilizes a lifecourse framework for needs assessment, program planning and performance reporting at the state and local levels. Trainings, data, and activities are structured so that emphasis is placed on 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 lifecourse work accomplished with families through OFN.

Both MCH and CSHCN Title V, in partnership with OFN, support and assure 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 and the Tulsa Health Department are essential MCH partners, providing services or administering projects via direct contracts. MCH continues to be integrally involved with the work of the Oklahoma Perinatal Quality Improvement Collaborative, which aims to improve the care of women and infants throughout the state and the Oklahoma Health Improvement Plan (OHIP) Child Health Group, which brings together multi-disciplinary professionals focused on improving health for children and youth in the state. CSHCN Title V has contracts in place with the Comprehensive Pediatric Sickle Cell Clinic, Family Support 360°, the Oklahoma Infant Transition Program, Sooner SUCCESS, and the JD McCarty Center to provide high quality, family-centered services to Oklahoma's CYSHCN.

Programs administered in some part with Title V funds include: *Preparing for a Lifetime, It's Everyone's Responsibility* Infant Mortality Reduction Initiative; the Collaborative Improvement and Innovation Network on Preconception/Interconception Health; *Every Mother Counts* Maternal Mortality and Morbidity Reduction Initiative; Period of PURPLE Crying program; PRAMS, TOTS and YRBS surveillance programs; Teen Pregnancy Prevention Projects throughout the state; Pregnancy Assistance Fund (PAF); State Systems Development Initiative; Fetal Infant Mortality Review (FIMR) projects; Personal Responsibility Education Program (PREP) projects; school health programs in the two major metropolitan areas; *Becoming Baby Friendly Oklahoma*; and other-related programs and initiatives.

**Maternal/Women:**

*Accomplishments:*

- Assisted through the county health departments, approximately 45,515 women and men with family planning services, and linked them to follow-up services or assisted with Medicaid (SoonerCare) enrollment as needed. Exceeded 2020 goal for long acting reversible contraceptives (LARCs) usage for SoonerCare participants. Selected to participate on new CoIIN team for preconception care.
- Continued to staff Maternal Mortality Review (MMR) and promoted via the Alliance for Innovation on Maternal Health (AIM) postpartum hemorrhage and hypertension bundles published by the Patient Safety Council for birthing hospitals in Oklahoma. Severe maternal morbidity has been reduced by 24% since AIM began in 2015.

*Plans:*

- Continue to work with the Oklahoma Health Care Authority (OHCA) to provide family planning services to low-income females and males of reproductive age not eligible for Medicaid-covered services, and facilitate enrollment in Medicaid for those eligible.
- Encourage family planning providers to treat every visit as a preconception health visit and provide targeted preconception health counseling to every female using the Women's Health Assessment tool.
- Look for partnership opportunities to provide preconception/interconception care and education in the community and increase access to long acting reversible contraception.
- Continue work on Maternal Mortality Review.

**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 (HBEP) and Becoming Baby-Friendly in Oklahoma (BBFOK) Projects.
- Distributed infant safe sleep message and sleep sacks to 70.5% of infants born in Oklahoma.
- Distributed 115 cribs to families in need via the crib pilot project for safe sleep.
- Increased the number of Breastfeeding Friendly Worksites to 178 and Baby-Friendly Hospitals to 7, delivering 15.7% of all births statewide.
- 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 to partner with and support newborn screening activities in the state.
- Promote breastfeeding initiation and duration through various initiatives. MCH will continue to work with partners to promote the BBFOK.
- Recruit additional delivery hospitals to participate in the Sleep Sack program.
- Continue work with the Oklahoma Perinatal Quality Improvement Collaborative to assist hospitals to appropriately screen and triage women who present with signs and symptoms of preterm labor; ensure the use of progesterone therapy for appropriate candidates to prevent preterm births; and encourage birthing hospitals to continue hard stop policies to not permit early elective deliveries (prior to 39 weeks) without a medical indication.

**Child:**

*Accomplishments:*

- Added one hospital to the group of participating hospitals in the Period of PURPLE crying program, which teaches new parents about infant crying patterns and soothing techniques to prevent abusive head trauma. Became a Jurisdiction-wide project with over 85% of births born in a hospital implementing PURPLE and was recognized by the National Center for Shaken Baby Syndrome.
- Surpassed goal for CLICK for Babies Campaign receiving over 67,000 knitted hats donated to support Period of PURPLE Crying and Abusive Head Trauma Awareness.
- Continued funding Child Passenger Safety activities, including staff time for the installation of car seats to families in need.
- Provided funding for the Oklahoma Center for Poison and Drug Information for training and technical assistance to families, students, health care providers and child care programs.

*Plans:*

- Provide leadership on the Infant Injury Prevention Work Group, as part of the statewide infant mortality initiative, *Preparing for a Lifetime, It's Everyone's Responsibility*.
- Maintain a collaborative relationship with Injury Prevention Service (IPS) and Safe Kids Oklahoma, through funding and MCH staff assistance with car seat safety events and seat installations.
- Train and identify partners to provide education in local communities on Graduated Driver Licensing, distracted or impaired driving, seatbelt use, and alcohol use while driving as they relate to children and youth.
- Continue funding Oklahoma Center for Poison and Drug Information education and outreach activities.

**Adolescent:**

*Accomplishments:*

- Reduced statewide teen birth rates (15-19 year olds) by approximately 40% over the last 15 years.
- Maintained five state-funded adolescent pregnancy prevention projects in local county health departments, and administered the Personal Responsibility Education Program (PREP) grant for Oklahoma City and Tulsa County Health Departments and added a new curriculum which addresses out-of-home youth.
- Awarded the Pregnancy Assistance Fund (PAF) grant to support parenting and pregnant youth in Oklahoma City and Tulsa metropolitan statistical areas.
- Supported three Public Health Youth Councils across the state to champion public health issues among youth in their respective communities.
- Provided family planning clinical services to adolescents in county health departments and contract clinics.

*Plans:*

- Collaborate with local county health departments to establish, support, and sustain local Public Health Youth Councils which identify issues within their communities affecting adolescents and work with public health professionals to implement solutions.
- Conduct trainings with others who work with youth using evidence-based methods such as Question Persuade Refer (QPR), 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 via the Whole School, Whole Community, Whole Child (WSCC) model.
- Continue to provide family planning services to adolescents in county health departments and contract clinics.

**CYSHCN:**

*Accomplishments:*

- Funded Sooner SUCCESS activities, including a provider survey to assess transition processes and policies for primary care and specialty clinics.
- Funded parent-to-parent support, sibling support, training, and opportunities for family leadership via OFN.
- Continued funding the Oklahoma Infant Transition Program (OITP), the Pediatric Sickle Cell Clinic in Oklahoma City, and the Oklahoma Family Support 360° Center.
- Provided formula, adaptive equipment, medical care, and diapers to CYSHCN with financial need that was not otherwise covered by Title XIX Medicaid funds.
- Provided respite vouchers to families with CYSHCN.

*Plans:*

- Continue to provide formula, adaptive equipment, medical care, and diapers to CYSHCN with financial need.
- Continue contracts with Sooner SUCCESS, OFN, OITP, Family Support 360°, and the Sickle Cell Clinic to further work in the state for the families of children and youth with special health care needs.
- Efforts will be ongoing to develop a transition toolkit for primary care providers by 2020.
- 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. Oklahoma Title V is committed to an ongoing review of health needs and capacity issues across the state. It is recognized that collaboration and partnership are necessary to truly impact the health of the state's MCH population.

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 405-271-4480 or joycem@health.ok.gov or **Carla McCarrell-Williams**, CSHCN Title V Director, DHS at 405-521-4092 or Carla.McCarrell-Williams@okdhs.org.

## How Title V Funds Support State 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. As the only state in the nation with no mandatory health education in schools, 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. Title X program capacity has been expanded due to the ability to use Title V funds to enhance activities for females and males of reproductive age, where otherwise unavailable. In addition, 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.

The CSHCN program utilizes federal funds for specialty services to children with special needs and their families. Included services are neonatal services, specialty services for children with sickle cell anemia, durable medical supplies, and respite care. 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 the Association of Maternal and Child Health Programs (AMCHP). This helps assure families have a voice in MCH and CSHCN services.

## MCH Success Story

CLICK for Babies provides handmade, purple knit hats to participating Period of PURPLE Crying hospitals in an effort to provide parents and caregivers with a visual reminder of the PURPLE crying techniques; to help prevent shaken baby syndrome. A postcard that said "Knit a cap and help save a baby!" with a photo of knitting needles and purple yarn was released August 1, 2017. The message was sent as a press release and put on Facebook and went viral. It was viewed by people from all across the US and the world. People mentioned hearing or reading about CLICK on social media, on national TV, their local news stations, or online news and print magazines.

By mid-August, packages began arriving. Caps came from around the world, and almost every US state, with caps knitted and crocheted by people ages 8-101 years- women, men, youth groups, senior centers, church groups, and a retired couple who were blind. Packages even came from Puerto Rico, while they were dealing with hurricanes. For the next three months hundreds of boxes, packages and envelopes were opened and caps counted. The total number of caps received was 67,488!

One of the unexpected benefits of the packages was the privilege of reading the notes, letters and cards that often accompanied the caps. There were stories that would bring laughter or tears, photos of babies, children, knitters, cards with handmade artwork, but the predominant message was appreciation for the opportunity and well wishes for such important work.