



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

OKLAHOMA

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

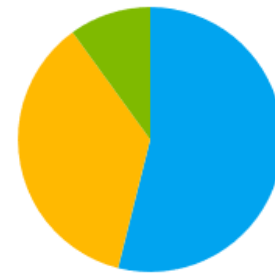
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Joyce Marshall Title V MCH Director, Oklahoma State Department of Health joycem@health.ok.gov (405) 271-4480 x56839	Carla McCarrell-Williams Title V CSHCN Director, Oklahoma Department of Human Services 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 2018 Expenditures
Federal Allocation	\$7,056,875
State MCH Funds	\$4,725,532
Local MCH Funds	\$1,304,765
Other Funds	\$0
Program Income	\$1,195

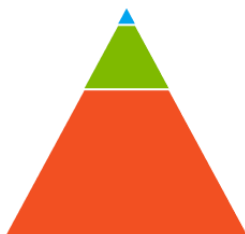
FY 2018 Expenditures



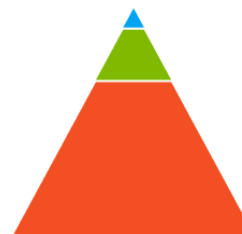
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$490,344	\$519,221
Enabling Services	\$1,980,758	\$1,367,576
Public Health Services and Systems	\$4,585,773	\$4,144,695

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



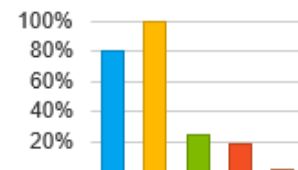
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	80.0%	\$755,306
Infants < 1 Year	100.0%	\$2,722,839
Children 1 through 21 Years	25.0%	\$5,184,381
CSHCN (Subset of all Children)	18.0%	\$3,714,144
Others *	1.0%	\$6,000

FY 2018 Expenditures
Total: \$12,382,670



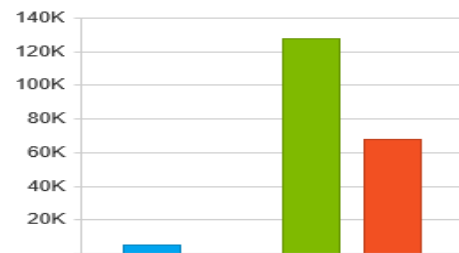
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	4,969
State Title V Social Media Hits:	243
State MCH Toll-Free Calls:	127,757
Other Toll-Free Calls:	67,904



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 an estimated 56 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. In 2018, 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.

Population Needs and Title V Priorities:

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 state's capacity.

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 "move the needle" 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 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, Its 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 and administering projects via direct contracts. MCH continues to be integrally involved with the work of the Oklahoma Perinatal Quality Improvement Collaborative (OPQIC), which aims to improve the care of women and infants throughout the state and the 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, Family Partners, 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*; the Collaborative Improvement and Innovation Network (CollIN) on Preconception/Interconception Health; Maternal Mortality Review Committee; Period of PURPLE Crying program; PRAMS, TOTS and YRBS surveillance programs; Teen Pregnancy Prevention and Positive Youth Development Projects throughout the state; State Systems Development Initiative; Fetal Infant Mortality Review (FIMR) projects; Infant Safe Sleep Cribs and Sleep Sacks Projects; Personal Responsibility Education Program (PREP) projects; school health programs in the two major metropolitan areas; *Becoming Baby Friendly Oklahoma*; Every Mother Counts Initiative and other-related programs and initiatives.

Maternal/Women:

Accomplishments:

- Began work on a Collaborative Improvement and Innovation Network (CoIIN) team focused on preconception health with various partners: two family planning clinics, four Healthy Start organizations, and a Federally Qualified Health Center. The goal is to develop, implement, and disseminate a woman-centered, clinician-engaged, community-involved approach to the well woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.
- Continued to staff Maternal Mortality Review (MMR) and promote postpartum hemorrhage and hypertension bundles published by the Patient Safety Council for birthing hospitals in Oklahoma.

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.
- Look for partnership opportunities to provide preconception/interconception care and education in the community and increase access to long acting reversible contraception (LARC).
- Provide LARCs via a Medicaid-funded Health Service Initiative to assure access without waiting lists.
- Continue work on MMR and strengthen the MMR Committee.

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 162 cribs to families in need via the crib project for safe sleep and continued the sleep sack hospital program.
- Oklahoma increased the number of Breastfeeding Friendly Worksites to 220. Oklahoma currently has 8 Baby-Friendly Hospitals delivering more than 15% of all births statewide.
- Screened 100% of all newborns in Oklahoma through 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 promote community efforts, including INTEGRIS hospital-based Milk Bars.
- Recruit additional delivery hospitals to participate in the Infant Safe Sleep Hospital Sleep Sack and Cribs Projects.
- Continue work with the Oklahoma Perinatal Quality Improvement Collaborative and partners to address opioid use/abuse in pregnant women and increasing rates of newborns diagnosed and treated for neonatal abstinence syndrome.

Child:

Accomplishments:

- Began participating in the Child Safety Learning Collaborative, to increase motor vehicle safety for youth.
- Continued support for Child Passenger Safety (CPS) activities, including staff time for the installation of car seats to families in need and providing staff to train new CPS technicians.
- Provided funding for the Oklahoma Poison Control Hotline 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 MCH staff assistance with car seat safety events, CPS training, 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 Poison Control Center education and outreach activities.

Adolescent:

Accomplishments:

- Reduced state-wide teen birth rates (15-19 year olds) by approximately 50% since 2000.

- Maintained two 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 healthy relationships for older teens and college-age youth.
- Provided family planning clinical services to adolescents in county health departments and contract clinics.

Plans:

- Collaborate with local county health departments to establish and support 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), Family Partners, the OU Pediatric Sickle Cell Clinic, and the Oklahoma Family Support 360° Center.
- Provided formula, adaptive equipment, and medical care to CYSHCN with financial need that was not otherwise covered by Title XIX Medicaid funds.
- Provided funding to J.D. McCarty and the Supplemental Security Income-Disabled Children's Program for respite vouchers to families with CYSHCN.

Plans:

- Continue to provide formula, adaptive equipment, and medical care to CYSHCN with financial need.
- Continue contracts with Sooner SUCCESS, OFN, Family Partners, J.D. McCarty, 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.
- Finalize the transition toolkit for primary care providers.
- 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 Federal 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

TEFRA (Tax Equity and Fiscal Responsibility Act of 1982) gives states the option to make Medicaid (SoonerCare in Oklahoma) benefits available to children with physical or mental disabilities who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits due to their parents' income or resources. This allows children who are eligible for institutional services to be cared for at home.

In Oklahoma, TEFRA is managed by the Oklahoma Health Care Authority, the state's Medicaid agency, and the Department of Human Services. For years the TEFRA application and renewal process was extremely daunting. It often took six months or more to certify SoonerCare for families. Recently, an overhaul of the TEFRA process was completed, including the addition of several new tracking tools. These changes significantly decreased the processing and certification time for applicants.

Per the Oklahoma Family Network (OFN), the new process has directly impacted families. This is well illustrated by a Hispanic family with a child who has a genetic disorder. The father works in the oil field, sometimes 60+ hours per week. His child needs several therapies per week and the family lost their SoonerCare coverage. OFN staff was able to link the family with TEFRA. The application process went smoothly and within a month, the child was again receiving SoonerCare services. Other families new to TEFRA called the program "life changing" and are grateful for the streamlined application 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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.