

# STATE TITLE V BLOCK GRANT NARRATIVE

STATE: **OK**

APPLICATION YEAR: **2005**

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## **I. GENERAL REQUIREMENTS**

### **A. LETTER OF TRANSMITTAL**

The Letter of Transmittal is to be provided as an attachment to this section.

### **B. FACE SHEET**

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

### **C. ASSURANCES AND CERTIFICATIONS**

The Assurances Non-Construction Programs, Form 424B, is signed by the Oklahoma Commissioner of Health. The Certifications regarding debarment and suspension, drug-free workplace requirements, lobbying, Program Fraud Civil Remedies Act (PFCR), and environmental tobacco smoke are also signed by the Oklahoma Commissioner of Health. The original signed documents will be kept in a central folder in Maternal and Child Health Service (MCH) at the Oklahoma State Department of Health. Copies are available upon request by contacting MCH Administration at (405)271-4480 or paulaw@health.state.ok.us.

### **D. TABLE OF CONTENTS**

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

### **E. PUBLIC INPUT**

Oklahoma provides access for the public to our annual report and application throughout the year via an active link to the federal Maternal and Child Health Bureau (MCHB), Title V Information System (TVIS) website. This active link is found on the Maternal and Child Health Service (MCH) web page on the Oklahoma State Department of Health's (OSDH) website. Hard copies of the annual report and application are provided on request.

Public input was sought through a statewide press release from OSDH on February 26, 2004. The press release was also sent to radio stations and minority newspapers located throughout the state to gain input from various racial, ethnic, and cultural groups (American Indian, Asian, African American, Latino, and Chinese). The Family Voices in Oklahoma newsletter contained an article requesting public input in its March/April 2004 issue.

Input via e-mail, letters, and telephone calls was received throughout the year from individuals and organizations that reviewed the document. Public comments focused on support for the current services provided and requests for additional information about activities of MCH and the CSHCN Program.

Input was received by MCH during its MCH Comprehensive Site Visits to county health departments and monitoring visits to contractors. MCH staff talked with individuals, families, and providers about services and sought input on recommendations for improvement and identification of gaps in services. The CSHCN Program received input from families and providers during the community forums that it facilitated during the year.

## **II. NEEDS ASSESSMENT**

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

### **III. STATE OVERVIEW**

#### **A. OVERVIEW**

[From the 2002 Application]: Oklahoma's cultural composition is a major determinant in addressing health issues for the state's maternal and child health population. Classical indicators of maternal and child health associates Oklahoma with some of the poorer states of the Deep South. However, the western plains area contains residents who are culturally linked to the strong independent attitude pervasive in many of the western states today. As a result, the Oklahoma State Department of Health (OSDH) is challenged to provide services that address all the health needs of the maternal and child health populations and yet is responsive to the attitudes of the people who resist governmental involvement.

[From the 2003 Application]: One of the two overarching goals of Healthy People 2010 is to eliminate health disparities. This presents some unique challenges to the Oklahoma public health care planning and delivery systems. Blended families and other non-traditional family groups have created new needs with respect to building new approaches to public health improvements. While no one non-white racial or ethnic group represents much more than ten percent of the total population, Oklahoma's cultural composition is very diverse. Many of these cultures are determined by racial and ethnic background, but others, just as strong, are represented by national origins and the principles that motivated families to first move to Oklahoma even before statehood.

[From the 2002 Application]: Historically, the state's politics and its population have been strongly conservative. Nevertheless, many specific issues strongly advocated by the state health agency are supported by the state legislature through funding allocations, enabling legislation, or by both.

[From the 2003 Application]: Over the past three years, administrative problems surfaced within the Oklahoma State Department of Health (OSDH) that resulted in significant organizational changes. While these issues were not related to any function of the Title V Program, the changes made in the OSDH system have had major effects upon the structure and scope of Title V in Oklahoma. The agency problems have also caused an increase in legislative scrutiny of the OSDH's activities. In addition, the economic recession over the past year has forced state budgets to be reduced and the OSDH has had to share in the budget cuts during the current state fiscal year and in state fiscal year 2003.

[From the 2004 Application]: This past year has seen a continued reduction in state revenues. The primary state services targeted for sustained funding have been primary and secondary education and Medicaid/Medicare services. In contrast, the Oklahoma State Department of Health (OSDH) has sustained a 27% loss in general revenue, resulting in a process of buyouts and layoffs of 120 staff, elimination of one entire program (Eldercare), staff reductions in other areas, and strict limitations on refilling vacancies.

Oklahoma became a democratic state with elections this year leading to the selection of a democratic governor and both the Senate and House majority becoming democratic. The newly elected Governor Brad Henry, a lawyer and state Senator from Shawnee, began his first term in office January 2003. The gubernatorial change has created a change in the Governor's cabinet secretaries. Previously, there was a Cabinet Secretary for Health and Human Services that provided oversight for the state's agencies responsible for social services, juvenile services, health care financing (Medicaid), mental health and substance abuse, and the OSDH. Governor Henry split this cabinet position into two positions, a Cabinet Secretary for Health and a Cabinet Secretary for Human Services. Tom Adelson, a Tulsa attorney and businessman who served on the governor's transition team, has been appointed by Governor Henry as the new Secretary of Health to oversee operations of the OSDH, the Department of Mental Health and Substance Abuse Services, and the Oklahoma Health Care Authority (OHCA), the state Medicaid agency. Howard Hendrick, a former state senator and Cabinet Secretary for Health and Human Services in the previous administration, has been appointed as Secretary of Human Services. This position oversees the Oklahoma Department of Human Services (OKDHS), the University Hospitals Authority, and the Office of Juvenile Affairs.

During the most recent legislative session, several statutes and rules were added that will impact maternal and child health services. These include a rule to enforce zero-based budgeting for all

agencies; tort reform to place limits on medical malpractice; new smoking restrictions in public places; and, authorization for state agencies to utilize prescription drug purchasing pools.

***//2005/ State agencies have continued to work with overall reduced budgets with no further cuts mandated during the year as was experienced throughout the previous year. State revenue has stabilized with dramatic increases seen from oil and gas revenues. The legislature approved state funding towards a pay increase for state employees up to \$2100 annually. This increase is to occur incrementally with employees employed January 1, 2005 to receive \$1400 and employees employed July 1, 2005 to receive \$700.***

***On May 27, 2004, Governor Brad Henry appointed Dr. Terry Cline, Commissioner of Mental Health and Substance Abuse Services, to replace Secretary of Health Tom Adelson, who resigned. As Secretary of Health, Dr. Cline oversees operations at the Oklahoma State Department of Health (OSDH), Oklahoma Health Care Authority (OHCA), the state's Medicaid agency, and the Oklahoma Department of Mental Health and Substance Abuse Services. Howard Hendrick continues in the position of Secretary of Human Services. This position oversees the Oklahoma Department of Human Services (OKDHS), the University Hospitals Authority, the Office of Juvenile Affairs, the Oklahoma Commission on Children and Youth, the Department of Rehabilitation Services, the J.D. McCarty Center, the Office of Handicapped Concerns, and the Oklahoma Indian Affairs Commission. An organizational chart of the Governor's Cabinet is on file in MCH and available upon request by contacting MCH Administration at (405) 271-4480 or paulaw@health.state.ok.us.***

***During this year's legislative session, several bills were passed impacting the maternal and child health population. These include allowing mothers to breastfeed in public and exempting breastfeeding mothers from jury duty; designating funding to continue provision of child care for low income families; providing for breast and cervical cancer treatment for low-income women; mandating insurance coverage for women's annual ob/gyn health exams; requiring all children under six to be transported in a child safety seat or booster seat; requiring the state's public schools to create a Healthy and Fit School Advisory Committee; placing restrictions on the sale of pseudoephedrine; and, legislation sending the tobacco tax question to a vote of the people which would raise an additional \$140 million for state health care needs. //2005//***

[From the 2002 Application]: According to the 2000 Census, 7.9% of the 3,450,654 people living in Oklahoma reported Native American as their only race. In contrast, 11.4% reported Native American race either alone or in combination with one or more other races. Historically, Oklahoma has recorded one of the highest percentages and total number of Native Americans. Within this racial group, over 3 dozen tribes are represented. Consequently, it is difficult to define common characteristics that adequately describe these divergent groups. Beginning with the 2000 Census, individuals were allowed to report multiple race classifications, creating an incompatibility with racial characteristics reported in previous census years. It is unclear how the changes in reporting race for the U. S. Census will impact the Native American composition for the nation.

[From the 2003 Application]: Oklahoma's intercensal growth between 1990 and 2000 was 9.7%, well below the nation's average 13.9% growth rate. As a result, the state has lost one of its six congressional seats in the U.S. House of Representatives. In 2001, the state's estimated population was 3,460,100, representing an estimated annual growth of less than 10,000 persons. This latest estimate lowers Oklahoma to the 28th most populous state, one position less than in 2000. The estimates for racial and ethnic composition reveal that 23.8% of the population reported race or ethnicity other than white, either as their only race/ethnicity or in combination.

Individuals indicating African American as one or more of the reported races represented 8.3% of the population. As with Native Americans, it is difficult to measure change from the last Census due to the option of reporting multiple races in 2000. Hispanics now represent 5.2% of our population, a growth rate of more than 100 percent between 1990 and 2000, and well outpacing the national growth rate of 57.9%. Slightly more than 30% of the state's net growth in population was due to the increase in the Hispanic population.

[From the 2004 Application]: Unofficial estimates project the Hispanic population to become the

largest minority population in the state in 2003. The burden of Hispanic uninsured, undocumented mothers and children, is the greatest in the Oklahoma City and Tulsa metropolitan areas, though other areas of the state have seen an equal rate of Hispanic growth.

***//2005/ The rate of population growth continues to be slower than that of the country as a whole. The 2003 population estimate for Oklahoma stood at 3,511,500, an increase of 1.76% over the decennial census and a rank of 33 out of the 50 states in population size. This compares to a growth rate of 3.34% for the entire nation.***

***The latest official population estimates for racial composition indicate that the Hispanic population grew to 192,769 in 2002, representing 5.5% of the state's population. It is not known how many of this population are not included in population estimates because of immigration restrictions; however, the growth of Hispanics seeking public health services continues to grow significantly and far exceeds the public health resources for maternal and child health care.***

***The 2003 Oklahoma per capita income of \$26,656 is well below the national average of \$31,632. The economy has begun to see improvements during the latest state fiscal year; however, most of the growth has been a result of the oil and gas revenues rather than individual and corporate income tax or state sales tax growth. Typical for Oklahoma, the economic recovery has been slower than what has been observed for the nation as a whole. State sales tax has recently shown an improvement along with income tax revenues, and projections indicate that these income sources for the state will continue to grow throughout the coming fiscal year. //2005//***

[From the 2002 Application]: More than 39% of Oklahomans live outside metropolitan statistical areas (MSAs). Yet, available health care services, both general and specialized care, are clustered in urban areas. Some rural counties in Oklahoma do not have physicians who deliver babies nor have hospitals that provide delivery services except on an emergency basis. One major change, which has been observed during the second half of this decade, is the transformation that corporate health care has brought to both inpatient and ambulatory care. Many of the smaller communities are discovering that their independent hospitals cannot survive financially. Even when purchased or managed by a larger hospital corporation or consortium, services are severely curtailed, eliminated, or hospitals closed because of cost containment. This transition is continuing and the full impact of local unavailability of traditional care has not been realized by most of the residents who have not yet been directly impacted by these changes. Also, managed care has now been integrated into the state's Medicaid services. However, the Medicaid services are still evolving as the Oklahoma Health Care Authority (OHCA) continues to seek statewide implementation of Medicaid reimbursed care using health maintenance organizations; therefore, evaluation of these changes is still difficult.

Oklahoma continues to lag behind the nation in household earnings. Median household money income in 1997 was estimated at \$30,002, which was \$7,000 below the national estimate. The 2000 Oklahoma per capita personal income was \$23,517, ranking Oklahoma 43rd lowest of the 50 states.

Currently, one in two children born to Oklahoma residents is the result of a mistimed or unwanted pregnancy. Another measure of the potential for good health starting in infancy is the level of prenatal care received during the first trimester of pregnancy. Oklahoma lags behind the rest of the nation in this regard at 80.1% in 1999. According to the National Vital Statistics Report for final birth data for 1999, only five states reported a lower rate of entry into prenatal care than Oklahoma. Oklahoma has historically had higher birth rates than the United States (U.S.) average for 15-19 year-old females. In 1999, Oklahoma reported a rate of 59.2 births per 1,000 women ages 15-19, almost 20 percent higher than the national rate of 49.6. In a 2000 national survey, only 72% of 2-year-old children were reported to be adequately immunized in Oklahoma. In Oklahoma for state fiscal year 2000, 20.8% of the state's children were enrolled in the state Medicaid program and an estimated 21.7% were without health insurance.

In 1995, Oklahoma implemented Medicaid managed care in three urban areas of the state pursuing a

health maintenance organization (HMO) model initially under a 1915(b) waiver and later under an 1115(a) waiver. Under the 1115(a) waiver, Oklahoma began implementing a primary care case manager model in 1996 in the rural parts of the state. The rural model is unique in that it partially capitates the primary care services to the primary care provider. Consequently, major disruptions have occurred in the provision of direct services by county health departments because of the shift of patients to Medicaid primary care case managers. The impact of Medicaid managed care and health care reform strongly affects inpatient care as well. In a move seen as cost cutting, the state legislature transferred the management of the teaching hospitals in Oklahoma City to HCA Columbia Corporation in 1998. Previously, these two hospitals, Oklahoma Memorial Hospital and Children's Hospital of Oklahoma, were the state's only indigent care facilities. With these continuing changes in the management and distribution of health care delivery, Oklahoma's Title V Maternal and Child Health (MCH) Program is in the process of redirecting efforts toward enabling services, such as outreach and transportation, and population-based services. Many rural physicians have voiced major concerns over the changes forced upon them by Medicaid managed care, and many are refusing to participate. The Oklahoma Chapter of the American Academy of Pediatrics in 2001 joined with a community organization to file a lawsuit over the failure of the state's Medicaid agency to provide adequate access to care for children enrolled in Medicaid. The implementation of the State Children's Health Insurance Program (SCHIP) in Oklahoma has used the Medicaid option, initially expanding covering children through age 17 at 185% of the Federal Poverty Level. In July 2001, Medicaid/SCHIP coverage will increase to include children through age 18.

[From the 2003 Application]: Medicaid and the State Children's Health Insurance Program (SCHIP) were increased to include children through age 18 in July 2001.

[From the 2004 Application]: To date, the Medicaid program has not altered eligibility for children or mothers in Oklahoma though various scenarios were discussed and proposed during the current year. A waiver to cover reproductive-age women and men for family planning services continues to be reviewed by the Centers for Medicare and Medicaid Services (CMS). It is anticipated that this waiver will be approved before the end of calendar year 2003. One change in eligibility has been the loss of retroactive certification for pregnant mothers to the beginning of their pregnancy. In addition, the state had provided for a medically needy category in addition to the categorically needy; the former was eliminated effective February 1, 2003. This portion of the program allowed families to spend down their income and resources to meet program limits. These changes were implemented as cost cutting measures.

***//2005/ Medicaid saw changes this year with the reduction of health maintenance organizations (HMOs) willing to provide health care services in the state. State law requires as least a minimum of three HMOs be available for the state to take advantage of the HMO option. The HMO option went away January 1, 2004. Coverage of health care services moved to a preferred provider organization (PPO) model with the OHCA, the state Medicaid agency, as the administrative agent. In addition, in an effort to increase access to healthcare, legislation was passed this year entitled "Health Employee and Economy Improvement Act Revolving Fund". This legislation will allow small employers and employees to purchase employer-sponsored, state approved private insurance or to buy into state sponsored health insurance through a state premium assistance payment. Once this new legislation is implemented, it is expected that more families will have health insurance coverage to pay for the services they and their child/ren need. //2005//***

[From the 2002 Application]: Oklahoma has been quick to implement the Temporary Assistance to Needy Families (TANF) Program. Through the Work Experience Program and the Supplemental Work Program, women are offered work experience that can provide them with skills to become gainfully employed. Concerns still exist, however, on its impact on enrollment in Medicaid and on children previously eligible for Supplemental Security Income.

[From the 2003 Application]: Oklahoma implemented the Temporary Assistance to Needy Families (TANF) Program October 1, 1996. The TANF Program is designed to assist TANF participants with work experience opportunities that will develop the skills necessary to become gainfully employed. Oklahoma has been able to significantly reduce TANF caseloads through comprehensive, consistent, client-centered casework. In response to the five-year time limit for the receipt of TANF, a program with specific guidelines was designed and implemented to assist those families who had received

TANF for the five years but continued to need assistance. When Congress changed the guidelines for individuals less than 21 years of age with disabilities, effectively reversing the Zebeley decision, Oklahoma was able to provide health benefits for the majority of those individuals who were no longer considered disabled and removed from the Social Security Administration rolls. Using a combination of TANF and SoonerCare benefits, services were continued.

[From the 2004 Application]: The state Supplemental Security Income (SSI) roles are just slightly below the level prior to Congress' change in the guidelines. The Children with Special Health Care Needs (CSHCN) Program has not detected any children who lost Medicaid eligibility as a result of losing SSI eligibility.

***//2005/ Authorization for the Temporary Assistance to Needy Families (TANF) Program expired effective October 1, 2003. Congress has continued the operation of this program along with the Child Care Development Block Grant through a series of continuing resolutions the most recent of which is expected to expire September 30, 2004. Pending re-authorization, legislation calls for higher participation rates and changes in countable work activities. It is expected the funding levels for TANF will remain the same, with additional grant funding for marriage-related activities. Some additional funding is expected for the Child Care Block Grant. //2005//***

[From the 2002 Application]: In early 1998, the state of Oklahoma and three partnership communities were awarded a Turning Point planning grant. This initiative was funded through the Robert Wood Johnson and Kellogg Foundations as an initiative to transform and strengthen the public health infrastructure in the United States to meet the challenge to protect and improve the public's health in the 21st century. The Oklahoma proposal focused on state and community partnerships to address community driven population-based public health interventions. MCH has supported Turning Point as part of its overall community-based strategy to address MCH services. Recognizing the success of this planning initiative, Robert Wood Johnson Foundation awarded a four-year implementation grant to Oklahoma in 2000. This grant proposes to expand the Turning Point initiative to all 77 counties in Oklahoma by 2004.

[From the 2004 Application]: As of June 2003, forty-three (43) community Turning Point partnerships are established. The Maternal and Child Health Service (MCH) values its relationship with Turning Point in identifying systems needs and impacting systems development and changes at the community level.

***//2005/ As of June 2004, forty-eight (48) community Turning Point partnerships are established with six developing partnerships. In May, the Oklahoma Turning Point Council announced a new website: [www.okturningpoint.org](http://www.okturningpoint.org). The Maternal and Child Health Service (MCH) continues to work closely with Turning Point serving on the state level council and committees. //2005//***

## **B. AGENCY CAPACITY**

[From the 2002 Application]: Under the provisions of Public Law 97-35, Section 509(b), the OSDH and the Oklahoma Department of Human Services (OKDHS) share the administration of the Oklahoma Title V Program. Administration of services to women, infants, children, and adolescents is provided by the OSDH. Administration of services to children with special health care needs is administered by the OKDHS. Since the Omnibus Budget Reconciliation Act (OBRA) of 1981, the OKDHS has received its designated portion of the Title V monies to operate the Children with Special Health Care Needs (CSHCN) Program. The statutory authority which designates the OKDHS to operate the CSHCN Program is covered in Title 10 of the Oklahoma Statutes 1981, Section 175.1 et. seq. and article XXV of the Oklahoma Constitution. This act refers to the Crippled Children's Program (renamed by state statute effective September 1, 1992) as follows:

It is the intent and purpose of this act to provide for a more efficient administration of the Crippled Children's Program in Oklahoma and to provide for a continuity of dependable funds to establish and conduct a program of medical care for children who are crippled or who are suffering from conditions leading to crippling, or otherwise handicapped, or who are suffering from conditions or maladies amenable to treatment; to cooperate with counties and all public and private agencies and institutions interested in the care of children in making county funds and resources of these public and private agencies and institutions available for the care of such children; to cooperate with the appropriate

agency of the federal government in making effective the provisions of the Federal Social Security Act relating to crippled children and such other laws, provisions, or programs that the Congress has adopted or may adopt for the remedial care of such children, including provisions for prevention, for locating such children and for providing medical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare for such children.

[From the 2004 Application]: One of the goals for the coming year is to have the language of the state statute dealing with the CSHCN Program updated to be more consistent with federal statute and policy.

***//2005/ The Children with Special Health Care Needs (CSHCN) Program worked with Representative Gilbert and Senator Lawler to amend state statute to more closely align with federal statute and policy (see attachment). //2005//***

[From the 2002 Application]: The OSDH and the OKDHS collaborate to administer the CSHCN Program through a memorandum of agreement between the two agencies. This memorandum of agreement was initiated to clarify the relationship between the two agencies to include responsibilities for the Title V Block Grant annual report and application.

[From the 2003 Application]: The 2002 Title V Block Grant application had a requirement placed on it by the Maternal and Child Health Bureau (MCHB) requesting a more detailed memorandum of agreement between Maternal and Child Health (MCH) and the Children with Special Health Care Needs (CSHCN) Program outlining specific working relationships. A revised memorandum of agreement was submitted to the MCHB March 1, 2002.

[From the 2004 Application]: The OSDH and the OKDHS recently made minor revisions to the memorandum of agreement to further clarify roles. To assist with communication, the agreement identifies points of contact for each agency. Suzanna Dooley, Chief of MCH, is listed for the OSDH. Frank Gault, Program Field Representative, is listed for the OKDHS. The signed memorandum of agreement is attached as an electronic file with an original signed copy on file both with MCH and the CSHCN Program. Copies may also be obtained by contacting Paula Wood at (405) 271-4480 or by e-mail at paulaw@health.state.ok.us.

MCH and the CSHCN Program continue to meet monthly to plan and coordinate activities. These meetings have also provided a forum to engage other programs such as Newborn Metabolic Screening, Genetics, Early Intervention (SoonerStart), and the Women, Infants, and Children (WIC) supplemental nutrition program in discussions and collaborative planning.

***//2005/ There have been no changes to the memorandum of agreement for the coming year. The OSDH Commissioner of Health and the Director of the OKDHS have signed the memorandum of agreement for 2005 with an original signed copy on file both with MCH and the CSHCN Program. A copy of the memorandum of agreement is available upon request by contacting MCH Administration at (405) 271-4480 or paulaw@health.state.ok.us.***

***MCH and the CSHCN Program continue to meet routinely to accomplish collaborative planning and coordination of services. The Newborn Metabolic and Genetics programs are being scheduled to attend these monthly meetings on an every other month basis or more often if the need arises. //2005//***

[From the 2002 Application]: In June 2001, the OSDH's Board of Health appointed a new Commissioner of Health. During the time period from May 2000 to June 2001, an Acting Director was appointed by the OSDH Board of Health amidst a federal investigation of Medicaid fraud involving the regulation of long-term care facilities. Under the Acting Director's leadership, the OSDH Board of Health authorized several major reorganizations of the agency to increase efficiency and effectiveness in addressing the public's health. The Maternal and Child Health Service (MCH) became the Family Health Services (FHS) and moved up within the agency to the Deputy Commissioner level. The mission of the FHS is to protect and promote the health of Oklahoma's women, children, and families by assessing health status, establishing evidence-based priorities, and providing leadership to assure the availability of individual, family, and population-based services. The FHS has a broad focus that includes the traditional Title V MCH programs (Child and Adolescent Health and Women's Health

which includes Maternity and Family Planning) as well as Early Intervention (SoonerStart), Office of Child Abuse Prevention, Children First, Child Guidance, Screening and Special Services, Dental Health, and the Women, Infants, and Children (WIC) supplemental nutrition program. Central office staffing for the FHS includes 121.8 FTE positions.

[From the 2003 Application]: In May 2002, Child and Adolescent Health, Women's Health, and the Title V MCH functions within Family Health Services (FHS) Administration were reorganized into the MCH Service as part of the FHS. The Public Health Social Work Coordinator and Parent Advocate positions were reassigned from other programs within FHS to MCH. The Program Development Coordinator shared between Child and Adolescent Health and Women's Health was reassigned to support overall Title V policy and program development. Program assessment and epidemiology staff from Child and Adolescent Health and Women's Health were consolidated into MCH Assessment.

Child and Adolescent Health provides preventive and primary care services for children, adolescents, and their families through School Health, Adolescent Health, Child and Adolescent Health Clinical Services, SAFE KIDS, Healthy Child Care Oklahoma, and Sudden Infant Death Syndrome (SIDS). Women's Health provides preventive and primary care services for pregnant women, mothers, infants, and their families through population-based health education and promotion activities for women and clinical services through the Maternity and Family Planning programs. MCH Assessment provides population-based data and information from the Pregnancy Risk Assessment Monitoring System (PRAMS), The Oklahoma Toddler Survey (TOTS), the Youth Risk Behavior Survey (YRBS), the Middle-School Youth Risk Behavior Survey (MSYRBS), the Oklahoma Fifth Grade Health Survey, the Oklahoma First Grade Health Survey, and other data information and surveillance systems to impact planning and development of state and local MCH policy and program services.

[From the 2004 Application]: During the past year, MCH has reviewed and changed staff assignments to provide better coordination and support for critical activities. The Public Health Social Work Coordinator has been assigned responsibility for Sudden Infant Death Syndrome (SIDS) activities. A Nurse Manager in MCH Child and Adolescent Health Division, a family nurse practitioner, has been assigned responsibility for Maternal Mortality Review, Child Death Review, and monitoring of the Fetal and Infant Mortality Review (FIMR) Project. This was done to initiate a more coordinated approach and connection of these activities in identifying gaps in health care systems and interventions to eliminate the gaps. The Healthy Child Care Oklahoma Project Coordinator has been assigned the responsibility for coordinating early childhood activities to include the submission of the planning grant to the Maternal and Child Health Bureau (MCHB) for development of a statewide comprehensive early childhood system. Positions in MCH Women's Health Division have been realigned to support three nurse managers rather than the two positions that were in the Division to support technical assistance and consultation for the Maternity and Family Planning programs. Support staff have also been realigned to better meet the needs of professional staff.

***//2005/ On October 26, 2003, James M. Crutcher M.D., M.P.H. became the new OSDH Commissioner of Health.***

***MCH has continued to realign positions and responsibilities and, as a result, will be adding a nutritionist to the state office staff. This position will provide technical assistance and support to MCH programs on policies and procedures as well as technical assistance to service providers. The Chief of MCH has been appointed to Child Death Review per a change in state statute. The Public Health Social Work Coordinator position will be assuming responsibility of monitoring and providing technical assistance to the Fetal and Infant Mortality Review (FIMR) Project in Tulsa County and work with the Chief of MCH to establish a project in Oklahoma County. The Chief of MCH, Director of MCH Women's Health Division, and Director of MCH Assessment are beginning work with the Deputy Commissioner of Family Health Services (FHS) to restructure the process for Maternal Mortality Review. //2005//***

[From the 2003 Application]: To strengthen its capacity, MCH will partner with all areas in the FHS: Child Guidance, Screening and Special Services, Early Intervention (SoonerStart), Children First, Office of Child Abuse Prevention, Dental, and the Women, Infants and Children (WIC) supplemental nutrition program. MCH will work closely with FHS areas that provide statewide services directly supported with Title V MCH funds (Screening and Special Services and Dental) and with the OSDH

Community Health Services which receives Title V MCH funds for direct, enabling, population-based, and infrastructure services delivered through the county health department system.

[From the 2004 Application]: MCH continues to work closely with all areas within the OSDH. The OSDH Commissioner of Health facilitates a monthly Executive Team Meeting that all Deputy Commissioners, Service Chiefs, and Program Directors attend. This meeting provides the opportunity for agency updates, sharing of activities from programs, asking of questions, and informal networking. MCH also participates on key agency committees and work groups that focus on data systems, analysis, and utilization; retention of personnel; personnel budgeting; cultural respect; agency forms; and, compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Deputy Commissioner of the Family Health Services (FHS) has two meetings a month with Chiefs of all Services administratively organized under the larger FHS. These meetings provide the opportunity for the Chief of MCH to interact with all Chiefs in FHS and to discuss collaborative activities. In addition, MCH works closely with other FHS Services in our daily activities on health issues such as dental care of mothers and children, nutrition, childhood obesity, diabetes, injury prevention, newborn hearing screening, newborn metabolic screening, genetics, prevention of birth defects, asthma, lead screening, school health, family resource and support services, child care, and early childhood.

MCH has a close relationship with the agency's Vital Statistics and Health Care Information areas. The Director of MCH Assessment and the MCH State Data Contact work closely with these areas in linkage of data and data analysis. Beginning in August of 2002, MCH began routine monthly meetings with the OSDH Community Health Services to work together on MCH issues that impact county health departments. Both Services have found these meetings to be invaluable in ongoing communication, supporting policy and procedure, implementing needed changes, and collaboration on budgets. MCH also has an every other month meeting with the OSDH Chronic Disease Service for joint planning on women's preventive health activities and use of MCH and Chronic Disease data. Currently, quarterly meetings are being scheduled with the OSDH Immunization Service to bring staff together to do joint planning. MCH also initiated collaborative meetings with the OSDH Dental Service, Screening and Special Services, and Public Health Laboratory Service this year to discuss budgeting of Title V funds in those areas and to collaborate on activities and development of budgets. These meetings will continue as routine meetings each year to better coordinate budgeting of funds and their use.

Beginning in 2002 and continuing into 2003, MCH participated as the OSDH began a developmental process focused on enhancing the capacity of the agency to carry out its public health mission. The beginning step was to have upper and middle management OSDH staff from the state and field offices, to include the Commissioner of Health, participate in a self-assessment of the agency's overall capacity to carry out its public health mission within the context of the ten essential public health services. This initial baseline assessment focused on what OSDH staff perceived. It did not involve staff from other state agencies though discussions have occurred related to a future assessment wherein other state agencies would provide their perceptions. The State Public Health System Performance Assessment from the Centers for Disease Control and Prevention's (CDC) National Public Health Performance Standard Program was used. The purpose of the National Public Health Performance Standards Program is to provide measurable performance standards that public health systems can use to ensure the delivery of public health services. It identifies a state public health system as the state public health agency working in partnership with other state government agencies, private enterprises, and voluntary organizations that operate statewide to provide services essential to the health of the public.

To accomplish this assessment, OSDH staff met on a weekly basis over a three-month period to identify for each of the ten essential public health services the contribution that the OSDH made as a percentage of the state public health system effort. Several of these areas were specific to MCH. Once the assessment was completed, it was forwarded to the CDC for analysis. The CDC shared the results of the assessment in the fall of 2003 with strategies discussed on ways to improve capacity. An Organizational Development Team, made up of many of the same individuals who participated in the assessment, began to meet twice a month to develop and implement activities to improve coordination and collaboration within the OSDH. Some of the activities implemented include:

completion of 360 degree evaluations for the Commissioner of Health, Deputy Commissioners, Chiefs, and County Health Department Administrators; initiation of an Employee Advocacy Group, made up of employees not in management or supervisory positions, to study issues and offer solutions on problems related to the agency work environment; establishment of a Workforce Development Committee to develop an agency workforce development plan; utilization of bioterrorism monies to help support Master of Public Health (MPH) degrees and advanced career tracks in epidemiology and nursing; organization of the OSDH Informatics Council to coordinate data collection, analysis, and reporting; and, initiation of assessments by county health departments to identify their capacity to meet the public health mission.

In responding to issues that MCH identified as a result of participating in this assessment, MCH has invited the CSHCN Program, the Healthy Start projects, Turning Point, the Oklahoma Primary Care Association, the OSDH Office of Primary Care, the Oklahoma Institute for Child Advocacy, and the Center for Learning and Leadership-University Center for Excellence in Developmental Disabilities Education Research and Service to an initial meeting being scheduled for September to begin discussion on establishing a state level advisory group for Title V.

***//2005/ All the coordination activities identified in 2004 are ongoing. MCH has had ongoing discussions with the CSHCN Program, the Healthy Start projects, Turning Point, the Oklahoma Primary Care Association, the OSDH Office of Primary Care, the Oklahoma Institute for Child Advocacy, and the Center for Learning and Leadership-University Center for Excellence in Developmental Disabilities Education Research and Service regarding a state level advisory group for Title V. Based on these discussions and the need to restructure our five-year needs assessment process for the Title V Block Grant, the identification of an advisory group has moved in a new direction. MCH and the CSHCN Program are looking at all our partners (e.g., families, state and community agencies and organizations, policy-makers, and service providers) to have input into our priorities and services and not limiting it to a small select group. With this in mind and using information received during the technical assistance workshop on needs assessment and state performance measures the Maternal and Child Health Bureau (MCHB) conducted on February 12-13, 2004, in St. Louis, Missouri, MCH and the CSHCN Program held its first formal needs assessment meeting on June 17, 2004. Subsequent meetings have been scheduled through the summer and fall. Recommendations received through this component of the needs assessment process will be used by MCH and the CSHCN Program in identification of state priorities and preparation of the 2006 application. //2005//***

[From the 2002 Application]: The mission of the CSHCN Program is to help individuals and families in need, help themselves lead safer, healthier, more independent, and productive lives. The OKDHS and the CSHCN Program leadership have remained for the most part stable. The Associate Director of Programs who was very knowledgeable regarding CSHCN resigned to accept a position with the state Medicaid agency. The Director of the OKDHS has taken a much more active role in the expenditure of CSHCN funds. This has included a redirection of CSHCN funds, which no longer allows funding of genetic, nutrition, and social work services previously provided under a Negotiated Service Plan with the OSDH. To meet the challenges of these ongoing changes to include redirection of CSHCN funds, FHS and CSHCN leadership meet on a routine basis to facilitate communication and joint program initiatives.

[From the 2003 Application]: The Oklahoma Department of Human Services (OKDHS) and the CSHCN Program leadership have undergone changes in the last year. The Associate Director of Programs position changed to the Chief Operating Officer (COO) Human Services Centers and the individual holding that position also changed. The current COO was the former Director of Children and Family Services Division (Child Welfare). The Family Support Services Director who is also the CSHCN Director has changed twice. As of May 1, 2002, a new permanent Family Support Services Director/CSHCN Director was named. The Director of the OKDHS continues to take an active role in the expenditure of CSHCN funds.

***//2005/ Leadership of the CSHCN Program remains unchanged. //2005//***

## C. ORGANIZATIONAL STRUCTURE

[From the 2004 Application]: In Oklahoma, state health and human services are loosely organized under the Cabinet Secretary for Health and the Cabinet Secretary for Human Services who are appointed by the Governor. Health and human services agencies in Oklahoma include the OSDH, OKDHS, Department of Mental Health and Substance Abuse Services (DMHSAS), Department of Rehabilitation Services, Office of Juvenile Affairs, OHCA, and Oklahoma Commission on Children and Youth. The Department of Corrections and the Oklahoma State Department of Education are under different cabinet secretaries. The Oklahoma Commission on Children and Youth is charged with planning and coordinating children's services in the state in addition to providing oversight for juvenile services. The agency heads of all the major agencies serving children are appointed to serve on the Oklahoma Commission on Children and Youth.

[From the 2002 Application]: Oklahoma is one of six or seven states with two agencies that administer the Title V Program, the OSDH and the OKDHS. The OSDH is authorized to receive and disburse the Title V MCH Block Grant Funds as provided in Title 63 of the Oklahoma Statutes, Public Health Code, Sections 1-105 through 1-108 as the state health agency. These sections create the OSDH, charge the Commissioner of Health to serve under the Board of Health, and outline the Commissioner of Health's duties as "general supervision of the health of citizens of the state." Title 10 of the Oklahoma Statutes, Section 175.1 et.seq. grants the authority to administer the CSHCN Program to the OKDHS.

The FHS within the OSDH is responsible for the Title V MCH programs. The Interim Deputy Commissioner for FHS reports to the Commissioner of Health within the OSDH and serves as the Title V MCH Director. The Office of Title V Systems in FHS Administration coordinates MCH block grant activities within the OSDH and with the CSHCN Program at the OKDHS. Title V MCH services are administered by programs within FHS at the state level, through budgets and work plans with the OSDH Community Health Services county health departments, and contractual agreements with various state and community agencies and organizations.

[From the 2003 Application]: In May 2002, Child and Adolescent Health, Women's Health, and the Title MCH functions within FHS Administration were reorganized into the MCH Service as part of the FHS of the OSDH. The Chief of the MCH Service was designated as the Title V MCH Director. The Public Health Social Work Coordinator and Parent Advocate positions were reassigned from other programs within the FHS to MCH as part of this reorganization.

[From the 2004 Application]: The organizational structure of the OSDH, FHS, and MCH remain unchanged. Organizational charts of the OSDH, FHS, and MCH to include Child and Adolescent Health Division, Women's Health Division, and MCH Assessment are on file in MCH with electronic versions or hard copy available by contacting Paula Wood at (405) 271-4480 or by e-mail at paulaw@health.state.ok.us.

***//2005/ There have been no significant changes in organizational structure of the OSDH, FHS, or MCH. Organizational charts are on file in MCH and available upon request by contacting MCH Administration at (405) 271-4480 or paulaw@health.state.ok.us. //2005//***

[From the 2002 Application]: The Title V CSHCN Program is located in the OKDHS within Health Related and Medical Services (HRMS). HRMS is organizationally placed under the Family Support Services Division. The Division Administrator is also the Title V CSHCN Director and reports to the Associate Director of Programs. The Associate Director of Programs position is presently being filled by an interim that is unfamiliar with the CSHCN Program. The Associate Director of Programs reports directly to the Director of the OKDHS. The Director of the OKDHS relates to the Governor's Office through the Cabinet Secretary for Health and Human Services. The CSHCN Program provides services in every county of the state through the local county offices of the OKDHS and through contractual agreements with community agencies and organizations.

[From the 2003 Application]: The OKDHS and the CSHCN Program have undergone organizational change. The position previously known as the Division Administrator is now the Division Director. The individual holding this position also serves as the Title V CSHCN Director. This position reports to the Chief Operating Officer (COO) Human Services Centers. The COO reports directly to the Director of

the OKDHS. In January 2002, the Governor designated the Director of the OKDHS as Cabinet Secretary for Health and Human Services. The individual who had held the position of Cabinet Secretary for Health and Human Services resigned to pursue running for Governor.

[From the 2004 Application]: Howard Hendrick, the Director of the OKDHS, and who was the Cabinet Secretary for Health and Human Services in the previous administration, is now the Secretary for Human Services.

[From the 2003 Application]: The Medical Director for the OKDHS is presently housed in the Developmental Disabilities Division (DDSD) and is primarily responsible for providing medical direction to children and adults with special needs served by DDSD. At the direction of the Director of the OKDHS, the Medical Director also serves as the Medical Director for the CSHCN Program.

[From the 2004 Application]: Organizational charts of the OKDHS, Family Support Services Division, Health Related and Medical Services, and the CSHCN Program are on file in MCH with electronic versions or hard copy available by contacting Paula Wood at (405) 271-4480 or by e-mail at paulaw@health.state.ok.us.

***//2005/ There have been no significant changes in organizational structure of the OKDHS and the CSHCN Program. Organizational charts are on file in MCH and available upon request by contacting MCH Administration at (405) 271-4480 or paulaw@health.state.ok.us. //2005//***

[From the 2003 Application]: Presently the CSHCN Program is working to formalize input from the parent advocates that are associated with the programs with which the CSHCN Program contracts. The CSHCN Program also receives input from the Advisory Committee on Services for Persons with Developmental Disabilities, a legislatively created group that meets regularly and makes recommendations to the Director of the OKDHS on services for persons with developmental disabilities. Further, the Director of the OKDHS meets with several informal groups of parents with children with special needs. The CSHCN Program has strong ties with the DDSD and receives feedback from that Division. The Field Operations Division and Children and Family Services Division (Child Welfare) also provide feedback and program input. All policies and procedures are reviewed by all Program Managers within the Family Support Services Division to assure there is minimum program overlap and to further the integration of all programs of the OKDHS into a smooth service delivery system. There is direct input from the population in general and from many state and federal legislators. Feedback and program input is also received from the CSHCN contractors. The OKDHS and the Oklahoma Health Care Authority (OHCA), the Medicaid agency for the state, have a close relationship and have provided medical and dental consultations as needed. By contract, the OHCA administers the specialized formula program currently funded with CSHCN funds. The OHCA assists in identifying program gaps and needs.

[From the 2004 Application]: The CSHCN Program continues to receive input from parents formally through parent advocates that the CSHCN Program funds through contractual agreements with service providers. Input also continues to be received through informal groups of parents and individual parents. The OKDHS continues to look at staffing levels for the CSHCN Program and the possibility of dedicating fulltime staff to the program. However, with the major budget problems that Oklahoma is experiencing, a change in present staffing level is unlikely at this time.

***//2005/ There are no changes to report. //2005//***

## **D. OTHER MCH CAPACITY**

[From the 2002 Application]: Leadership of FHS includes the Interim Deputy Commissioner, MCH Program Specialist and Assessment and Research Analyst in the Office of Title V Systems in FHS Administration, and nine Service Chiefs. Of approximately 121.8 central office staff positions within FHS, Title V directly funds a total of approximately 30 FTE. Grants, state funds, and other federal funds also provide funding for FHS staff. While staff may be assigned responsibility for one program area, their responsibilities often link and overlap with other FHS program areas. Assessment, planning, evaluation, and data analysis have been a major priority in FHS. Epidemiologists and a biostatistician have been hired to fulfill these functions for most FHS program areas. A full-time parent advocate has been employed by FHS to represent the interests of families in FHS and the CSHCN Program planning and activities. FHS has re-established the state level Public Health Social Work

Coordinator position this past year. MCH has been negatively impacted the past two years with a state mandated salary increase without concomitant increases in funding for federally funded positions. Coupled with the downsizing that occurred with agency reorganization during the past year, approximately 15 MCH positions have been eliminated.

[From the 2003 Application]: Leadership of the FHS includes the Deputy Commissioner who previously served as the Title V MCH Director and eight Service Chiefs or Directors. In May 2002, Child and Adolescent Health, Women's Health, and the Title V MCH functions within FHS Administration were reorganized into the MCH Service. With this change, the Chief of the MCH Service now serves as the Title V MCH Director. The Public Health Social Work Coordinator and Parent Advocate positions within FHS were reassigned to MCH Service as part of this reorganization. Of approximately 227.8 staff positions within FHS, Title V directly funds a total of approximately 30 FTE, primarily within the MCH Service.

[From the 2004 Application]: MCH central office organizational chart currently shows 39 FTE of which 36 will be funded for 2004. Title V funds directly support 25.6 FTE, Title X funds directly support 5.98 FTE, and 4.42 FTE are supported by other funds.

Suzanna Dooley remains the Chief of MCH Service, Beth Ramos remains the Director of Child and Adolescent Health Division, and Dick Lorenz remains the Director of MCH Assessment. The position of Director of Women's Health Division was vacated during the year. This position is currently approved for refill with plans to have the position filled by fall. Richard Larwig, Program Development Coordinator, Ellen Wisdom, Public Health Social Work Coordinator, Lyn Thoreson, MCH Parent/Family Advocate, and Paul Patrick, MCH Data Contact, all remain part of the MCH leadership team. Dr. Bob Block from the Department of Pediatrics, University of Oklahoma, Tulsa campus, serves as the Medical Consultant to the Child and Adolescent Health Division through a contractual agreement. Dr. Pamela Miles from the Department of Obstetrics and Gynecology, University of Oklahoma Health Sciences Center, Oklahoma City campus, serves as the Medical Consultant to the Women's Health Division through a contractual agreement. Brief biographies of the leadership team for MCH are attached.

MCH has continued to reorganize internally through reassignment of staff and reallocation of positions to classifications needed to strengthen MCH's capacity to promote and protect the health of all mothers and children. A nutrition position has been added to the organizational chart. Plans were to fill this position early in the next year but, with state budget shortfalls, it is anticipated that this position will not be filled until late 2004 if not early 2005. It is anticipated that funds will then be available due to changes in Medicaid reimbursement for newborn metabolic screening and family planning services that are being provided with Title V funds. Another position that will remain on the organizational chart but will need to wait to be filled until realignment of funds can be accomplished is a position for an epidemiologist to focus on child and adolescent health. This position will provide program evaluation and serve as a resource to assist county health departments as they conduct community needs assessment. This position will be in addition to the epidemiology position currently filled to conduct the Youth Risk Behavior Survey, Middle School Risk Behavior Survey, Fifth Grade Health Survey, and First Grade Health Survey. A Nurse Manager position in Child and Adolescent Health will remain on the MCH organizational chart with plans to review how this position may or may not be used in the future. MCH has also recently hired a biostatistician to meet grant activities outlined in the State Systems Development Initiative (SSDI)). This has been a difficult position to fill due to salary level and the freeze on hiring state employees. MCH has worked with Human Resources to make this a non-classified exempt position that has allowed the salary to be set at a more competitive level with other states in the region.

MCH revisited the MCH Parent Advocate position responsibilities. The position is critical in assuring that all MCH programs keep the interests of families and their perspectives at the heart of policy development and program planning. The position is to facilitate connecting parents and families from communities across the state with state health and human services agencies and policy makers as opportunities present to impact policy and program services. Another responsibility has been to facilitate meetings of the parent advocates from the CSHCN funded programs. This group has recently met for the first time and will plan to meet quarterly to coordinate activities and develop

strategies to involve more parents and families in MCH and CSHCN program activities.

MCH has a routine meeting on Tuesday morning of each week for planning. These meetings have assisted in MCH accomplishing activities related to planning and setting of priorities. These meetings have also provided a routine time for MCH to meet with other areas in the agency such as HIV/STD and Turning Point as specific issues have needed to be addressed. MCH also has a general staff meeting every other month that brings all MCH staff together for agency updates, training, and Service-wide planning.

***//2005/ The MCH central office organizational chart currently shows 40 positions of which 38 are currently funded for 2005. Of these, 24 positions are funded on Title V Block Grant funds with the remaining 14 positions funded on state or other federal grant funds.***

***Brief biographies of the leadership team for MCH are attached. Changes in team include Pat Saslow, M.S., A.R.N.P. filling the Women's Health Division Director position February 1, 2004; Richard Larwig being reassigned from MCH to the Deputy Commissioner of Family Health Service as the Director of Financial Administration February 1, 2004; and, Ellen Wisdom, Public Health Social Work Coordinator, submitting a resignation to accept a position at the University of Oklahoma School of Social Work effective July 2, 2004.***

***The position in MCH that was vacated with Richard Larwig's role change has been restructured to support the Chief and Directors of MCH in relation to budgets and contracts. The Public Health Social Work Coordinator position will be posted for refill immediately. It is anticipated that this position will be filled no later than September 1, 2004. The nutrition position that MCH was unable to budget last year will be budgeted this year with plans to fill the position before the start of the 2005 Title V Block Grant period. MCH continues to struggle with filling two epidemiologist positions. Paperwork was recently completed and approved to move one of these positions, the Women's Health epidemiologist position, from a classified to exempt position to enable changing work experience and education requirements to facilitate hiring. MCH will keep two unbudgeted FTE/positions on its organizational chart. These FTE/positions are providing MCH with flexibility in having FTE/positions available for grants that MCH is currently applying for that will require addition of staff to carry out the grant activities.***

***Weekly staff meetings and the Service-wide general staff meeting times remain unchanged. A routine twice a month meeting for MCH Comprehensive Site Visits has been added to accomplish planning and evaluation of this critical activity. //2005//***

[From the 2002 Application]: The system used by the OKDHS to track the number of FTE in the CSHCN Program is different than that used by the OSDH. No FTE within the OKDHS is totally funded by Title V. The most recent projection is that approximately 48 FTE were involved with the CSHCN Program during the last fiscal year. The CSHCN Program has expanded its parent involvement to include support for nine parent positions in various CSHCN programs (Oklahoma Areawide Services Information System (OASIS) parent coordinator - 1, OASIS staff - 5, Oklahoma Infant Transition Project ? 1, Tulsa Neonate Follow-up Clinic - 1, and the Sickle Cell Clinic ? 1).

[From the 2003 Application]: The OKDHS administration is in the process of looking at staffing levels for the CSHCN Program and the possibility of dedicating fulltime staff to the CSHCN Program. Even if staff are dedicated specifically to the CSHCN Program, those staff would be expected to have an overall knowledge of all programs within Family Support Services Division and would be expected to fill in other areas if the need arose.

[From the 2004 Application]: Mary Stalnaker remains the Director of Family Support Services Division and the CSHCN Director. Jim Struby is the Programs Administrator filling a position that was vacant during the last block grant period. Karen Hylton has replaced Beverlee Brown as the Programs Manager for Health Related and Medical Services where the CSHCN Program is administratively placed. Dr. Robert Brown remains the Medical Director for the OKDHS and also the CSHCN Program. Brief biographies of the CSHCN Program leadership are attached.

***//2005/ Mike Chapman took over the duties as the Supplemental Security Income-Disabled***

***Children Program (SSI-DCP) Coordinator when Terry Johnsen was promoted to a position in the Developmental Disabilities Services Division. Brief biographies of the CSHCN Program leadership are attached. //2005//***

[From the 2003 Application]: The CSHCN Program at present is strongly encouraging all of its contractors to bring a parent/family advocate into their programs. Placement of advocates in the direct service delivery areas has proved to be an asset in strengthening the delivery of services. As with any program that seeks to use advocates, the problem is finding a parent/family member that has the care of the child/family member stabilized and can take on the responsibility of employment.

{From the 2004 Application}: The OKDHS administration continues to evaluate the staffing levels for the CSHCN Program but the continuing budget crisis makes the addition of staff or even the reallocation unlikely. The CSHCN Program continues to push all of the vendors to utilize parent advocates as paid staff in their programs. The Sickle Cell Clinics have not been successful in finding an individual who is willing to work for the program even on a part-time basis. However, the Sickle Cell Clinic has been able to establish a parent support group that meets regularly.

***//2005/ The CSHCN Program applied for and received a small MCHB grant through the Utah State University, Champions for Progress Program. This grant will allow for the development of a survey to be used with members of the CSHCN population, parents/caretakers, and providers. The grant will also allow for the continuation of the community forums that were started last year as well as identify additional opportunities to look at alternative methods of getting more direct input from parents/caretakers and the CSHCN population. //2005//***

## **E. STATE AGENCY COORDINATION**

[From the 2002 Application]: The public health system in Oklahoma includes the OSDH and county health departments in 69 of 77 counties. The City-County health departments in Oklahoma and Tulsa counties have their own personnel systems and are administratively separate from the state system. The remaining county health departments are administrative units of the OSDH. In addition, there are four community health centers in Oklahoma and an extensive network of Indian Health Service hospitals and clinics. Two medical schools are located in Oklahoma with one in Tulsa and the other in Oklahoma City, which also maintains a Tulsa campus. In addition, the College of Public Health within the University of Oklahoma Health Sciences Center in Oklahoma City contributes significantly to the advancement of public health in Oklahoma through its educational and training programs. The FHS coordinates on a number of levels with other state agencies serving children to enhance public health interventions with the FHS population.

[From the 2003 Application]: County health departments will increase to 70 of 77 counties during state fiscal year (SFY) 2003 with Harper County to open a new facility during July 2002. MCH will work closely with the Oklahoma Primary Care Association as it works with the OSDH Office of Primary Care and OSDH Turning Point to facilitate the expansion of federally qualified health centers (FQHCs or 330 health facilities) in Oklahoma. Currently, there are five 330 grantees with 11 sites providing services. It is anticipated that the number of sites will more than double to 30 by 2005.

[From the 2004 Application]: MCH continues to support work of the Oklahoma Primary Care Association, OSDH Office of Primary Care, and OSDH Turning Point to expand federally qualified health centers in Oklahoma. There are now six grantees (Mary Mahoney Health Center in Oklahoma City; Southeast Area Health Center in Oklahoma City; Central Oklahoma Family Medical Center in Konawa; Kiamichi Family Medical Center in Battiest; Morton Comprehensive Health Services in Tulsa; and, Northeast Oklahoma Community Health Center in Hobart) with 13 sites providing services.

The CSHCN Program will continue to provide services in all 77 counties in the state.

***//2005/ Collaborative partnerships continue between MCH and the Oklahoma Primary Care Association, OSDH Office of Primary Care, and OSDH Turning Point to expand federally qualified health centers (FQHCs) in Oklahoma. There has been a seventh grantee added this year, Family Health Center of Southern Oklahoma in Tishomingo, with 14 sites now providing***

**services.**

***The OKDHS continues to strive for a comprehensive services model. To meet this goal, more of the front line staff have been trained to include an explanation of services available to the CSHCN population at the time of application. Some new Human Service Centers (local county offices) have been opened and there are now 88 local offices where an application for services can be completed. //2005//***

[From 2002 Application]: With the implementation of Medicaid managed care in 1995, county health departments are largely restricted to providing services to a small group of clients with Medicaid cards that are not enrolled in managed care. These services are eligible for fee-for-service reimbursement. Children who receive Aid to the Disabled were transitioned into managed care in 1999-2000. Foster children, children in the Oklahoma Department of Human Services' (OKDHS) custody, and children in an adoption subsidy remain in a fee-for-service reimbursement.

County health departments continue to be eligible for certification as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) providers under the Child Health Center category. EPSDT services can be provided to children with Medicaid cards that are in fee-for-service and a small number of managed care clients who are referred from the primary care physician and are unable to get EPSDT services in a timely manner (within three weeks).

The OSDH and the OHCA, the state Medicaid agency, have a cooperative agreement whereby the OSDH (MCH) is responsible for developing the Medical Standards of Care for maternity (including high risk case management and enhanced care services), family planning, and EPSDT services provided by the OSDH and certain other public clinics. As part of this agreement, the OSDH conducts initial and periodic reviews and certification of all public health agencies (including county health departments) that provide Title XIX Medicaid services. Standards are updated annually and technical assistance and consultation are provided to approved agencies and agencies seeking approval on an ongoing basis as well as when deficiencies are identified. The agreements for the standards and approval responsibilities are ongoing. Agreements for the provision of direct Title XIX Medicaid services are updated on an annual basis each July. The OSDH-OHCA agreement also provides Medicaid funding for targeted case management for nurse home visitation, family planning, maternity, limited EPSDT, limited immunization reimbursement, and partial support for the state immunization registry.

While the OSDH has been completing Medicaid presumptive eligibility applications for pregnant women at numerous public health clinics throughout the state since 1991, a new contract between the OSDH and the OHCA was initiated in state fiscal year (SFY) 1999 whereby the OHCA will reimburse the OSDH a portion of the cost of this service in order to promote early entry into prenatal care and eliminate the need for a face-to-face interview between the consumer and the OKDHS in order to complete Medicaid certification. Under this agreement, county health department support staff also inform the client about SoonerCare (the state's Medicaid Managed Care Program) and instruct the client in how to enroll in the managed health care program and select a primary health care provider. If the client successfully enrolls in SoonerCare, the OSDH is reimbursed for this service.

[From the 2004 Application]: A Medicaid Family Planning Waiver is near completion. This is a cooperative effort of the OSDH MCH, OKDHS, OHCA, and the Oklahoma State Medical Association. The Oklahoma Primary Care Association and tribes have also been involved and are supportive of this expansion of Medicaid covered services. Once approved, this waiver will increase Medicaid coverage up to 185% of federal poverty level (FPL) for comprehensive family planning services to women and men 19 years of age and older. January 1, 2004 has been set as the target date for implementation.

***//2005/ The cooperative agreement between the OSDH and OHCA has been signed for 2005. Changes pertinent to MCH include incorporation of what was a separate data sharing agreement, discontinuation of reimbursement for completion of Medicaid applications, addition of reimbursement for Medicaid administrative services that OSDH provides, and addition of fee-for-service unbundled reimbursement rates for child health (EPSDT), maternity,***

**and family planning clinical services.**

**Oklahoma has received a draft approval letter from the CMS for the Medicaid family planning waiver and is now awaiting a final version of this letter. The OHCA and OSDH have chosen to jointly plan the implementation of the family planning waiver and the breast and cervical cancer Medicaid expansion option, being implemented this year in Oklahoma, to assure that policies and systems are not duplicative, complement one another as appropriate, and provide no barriers to services. Implementation planning committees (Eligibility, Systems, Outreach, and Policy) are having routine meetings with a target date for implementation of both new services being January 1, 2005. //2005//**

[From the 2002 Application]: FHS continues to participate in the Multi-agency Data Sharing Initiative coordinated by the Oklahoma Commission for Children and Youth (OCCY) that now includes the Children's Coordinated Database System. The Commission is a statutorily mandated entity that plans and coordinates the services provided to the children and youth in Oklahoma as well as providing oversight to the delivery of services. The Children's Coordinated Data System Task Force is a statutory-based initiative to facilitate the sharing of service data, analytic data, and information and referral data across state agencies serving children. The OSDH, OKDHS, OHCA, Department of Mental Health and Substance Abuse Services, Oklahoma State Department of Education, Office of Juvenile Affairs, Department of Commerce, Office of State Finance, OCCY, and Department of Rehabilitative Services are participants. The Multi-agency Data Sharing Initiative also includes the Oklahoma Employment Security Commission and focuses on workforce development including the OKDHS TANF Program.

[From the 2003 Application]: Phase I of the state interagency data sharing initiative has now been completed with pilot testing of the system now known as JOIN (Joint Oklahoma Information Network). The current plan is for the OSDH to participate under Phase II of JOIN.

[From the 2004 Application]: The Public Health Social Work Coordinator in MCH participates on the Information and Referral (I&R) Work Group of the Joint Oklahoma Information Network (JOIN). This group is developing the fields for the initial database.

**//2005/ The OSDH and the OKDHS will continue to participate in the Joint Oklahoma Information Network (JOIN). There are three components to JOIN: a data repository that has information on who is currently receiving services and what those services are from the participating state agencies; an eligibility wizard that provides individuals and families seeking services with a brief description of the service and any eligibility requirements; and, a centralized resource and referral service for individuals and families. This last component is being developed with the Oklahoma Areawide Services Information System (OASIS). Plans are to integrate OASIS into JOIN to serve as its centralized resource and referral service. OASIS is the Title V 1-800 toll free resource and referral line. //2005//**

[From the 2002 Application]: FHS regularly collaborates and provides technical assistance to the Healthy Start projects in Oklahoma and Tulsa counties. In addition, since 1999, FHS has provided support for a Fetal and Infant Mortality Review (FIMR) Project in Tulsa County.

[From the 2004 Application]: MCH assisted in the program planning and funding for the Region VI Healthy Start Conference this past fall in Tulsa. MCH is currently involved in the planning for next year's Region VI Healthy Start Conference to be held in New Mexico. MCH has been engaged in preliminary discussions with the Oklahoma City County Health Department to replicate the FIMR Project in Tulsa County in Oklahoma County.

**//2005/ MCH continues to work closely with the Healthy Start projects. In April, MCH co-sponsored a conference focused on prematurity with the Healthy Start projects and the Oklahoma Chapter of the March of Dimes. In June, MCH co-sponsored a conference with the Oklahoma County Healthy Start project. Dr. Ira Chasnoff returned to the state to facilitate further discussion and planning on how to address substance abuse prevention and intervention with the maternal population. In addition, the Director of Women's Health Division attended the Region VI Healthy Start Conference hosted by New Mexico in June.**

**Discussions continue with the Oklahoma City County Health Department to initiate a FIMR**

**Project. With realignment of funds and prioritization of this activity, funding is available in 2005 to initiate a contractual agreement with Oklahoma City County Health Department to begin development of a project. Funding has also been increased for 2005 to the FIMR Project in Tulsa County. MCH is supporting staff from both Oklahoma City County Health Department and the Tulsa City County Health Department to attend the National FIMR Conference in Washington D.C. in August 2004.**

**CSHCN held two community forums that were attended by representatives from agencies from all over the state as well as community and family advocates. The purpose of these forums was to get input on how the CSHCN service delivery system is viewed by those who use it. The goal is to use their input to assist CSHCN in enhancing family partnerships and information dissemination. //2005//**

[From the 2002 Application]: The FHS collaborates with local public health agencies, private providers, educational institutions, and other health related programs to develop, sponsor, and coordinate training events for health care professionals in public and private health settings in order to improve health care delivery. During such events, health and allied health professionals receive information and skill-building opportunities to learn advances in medical technology, innovative approaches to working with high-risk populations, and standards of excellence in clinical practice. Additionally, FHS collaborates with colleges and universities in the preparation of health care professionals with regard to public health, population-based services, and MCH issues and services.

[From the 2003 Application]: MCH works collaboratively with other OSDH Services and Offices, the CSHCN Program, Oklahoma City County Health Department, Tulsa City County Health Department, the Oklahoma County and Tulsa County Healthy Start projects, the University Affiliated Programs, the Oklahoma State Medical Association (OSMA), the OKDHS, the OHCA, the Oklahoma State Department of Education, the Department of Mental Health and Substance Abuse Services, the Indian Health Service and tribal governments, the Oklahoma Areawide Services Information System (OASIS), the Oklahoma Primary Care Association, the Oklahoma Public Health Association, state and local policy makers, the Oklahoma Area Health Education Center Network, universities, colleges and vocational-technical school, community-based clinics and health care providers, communities, individuals, and others to assure access to comprehensive and quality health care for Oklahoma's Title V maternal and child health population.

[From the 2004 Application]: MCH works collaboratively with other state agencies in pursuing grant opportunities. MCH assists through providing resources and with technical assistance in the writing of grants. Earlier this year Oklahoma was selected as one of four states added to the initiative - Building Early Learning Systems in the State's Early Learning Community. This is a collaborative activity of the OKDHS Division of Child Care, United Way, Oklahoma Institute for Child Advocacy (OICA), Oklahoma Child Care Resource and Referral Association, OSDH Child Guidance and MCH. MCH worked with the Oklahoma State Department of Education to submit a grant application - Improving the Health, Education and Well-being of Young People Through Coordinated School Health Programs, a Centers for Disease Control and Prevention (CDC) grant. This grant was awarded to the Oklahoma State Department of Education with a contractual agreement put in place with the OSDH for MCH to coordinate one component of this grant, the Youth Risk Behavior Survey. Currently, MCH is collaborating with the OSDH Chronic Disease Service, OSDH Turning Point, and tribes to develop an application for the Steps to A Healthier US, a community focused initiative to reduce the burden of asthma, diabetes, obesity, and tobacco use. Also, discussions are occurring with the University of Oklahoma College of Public Health concerning a National Institute of Health (NIH) grant opportunity focused on conducting a longitudinal study of youth risk behaviors and developmental assets.

MCH is submitting a grant application to the MCHB for a Statewide Early Childhood Comprehensive Systems Planning Grant. The purpose of the grant is to support states to plan, develop, and ultimately implement collaborations and partnerships to support families and communities in their development of children who are healthy and ready to succeed at school entry. The grant proposal is a collaborative work of multiple partners to include FHS programs, the OICA, the OKDHS, the Oklahoma State Department of Education, the Oklahoma Child Care Resource and Referral Association, and the Oklahoma Success by Six Initiatives.

***//2005/ MCH is working with the OSDH Tobacco Use Prevention Service, Oklahoma Department of Mental Health and Substance Abuse Services, and the Oklahoma State Department of Education to coordinate statewide surveillance activities. Specifically, MCH administers the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS) statewide every odd year, OSDH Tobacco Use Prevention Service administers the CDC Youth Tobacco Survey (YTS) every odd year, and the Oklahoma Department of Mental Health and Substance Abuse Services will administer a state modified version of the Communities That Care survey every even year. The state agencies developed and signed a joint letter that was sent out to school administration across the state informing them of the collaborative work these agencies are accomplishing in order to decrease disruptions to school activities.***

***MCH has submitted a grant application in response to the CDC Announcement: Enhancing State Capacity To Address Child and Adolescent Health through Violence Prevention due June 23, 2004. This application was accomplished in partnership with the OSDH Injury Prevention Service, OSDH Turning Point, OSDH Child Guidance Service, OSDH Chronic Disease Service, Oklahoma Institute for Child Advocacy, the University of Oklahoma College of Public Health, and multiple other state partners. If awarded, this cooperative agreement will provide infrastructure funding to accomplish planning for development of a comprehensive state plan for addressing violence with children and adolescents.***

***MCH did receive approval and funding for the MCHB Early Childhood Comprehensive Systems Planning Grant. The purpose of the planning grant is to support states to plan, develop, and ultimately implement collaborations and partnerships to support families and communities in their development of children who are healthy and ready to succeed at school entry.***

***The CSHCN Program received a MCHB grant through the Utah State University, Champions for Progress Program. This grant will allow for the development of a survey to be used with members of the CSHCN population, parents/caretakers, and providers. The grant will also allow for continuation of the community forums that were started last year as well as identify additional opportunities to look at alternative methods of getting more direct input from parents/caretakers and the CSHCN population. //2005//***

[From the 2002 Application]: The CSHCN Program will continue in its interagency agreement with the J.D. McCarty Center for diagnostic services, respite care, and parental assistance and training. It will also continue its interagency agreement with the Children's Hospital of Oklahoma, Oklahoma Infant Transition Project (OITP), and Tulsa Neonate Program. These programs assist the parents of neonates in providing care for the infant through training, support, and follow-up services. In addition, the OITP trains professionals in the neonate nurseries. Interagency agreements related to funding of OCCY for parent travel and child care stipends, the Tulsa Pediatric Clinic, University of Oklahoma School of Medicine/Tulsa Medical College, the University of Oklahoma Health Sciences Center Sickle Cell Clinic in Oklahoma City and its satellite clinic in Tulsa, and the regional CSHCN clinics will continue. These agreements are reviewed on an annual basis and are available from the CSHCN Program.

[From the 2003 Application]: Services described for the CSHCN Program remain in place with the notation that in addition to purchasing phenylketonuria (PKU) formula and amino acid bars for children with PKU, the CSHCN Program purchases other specialized formulas for children with other metabolic disorders without resource or income tests. The CSHCN Program is funding psychological, psychiatric, and medical services for the CSHCN population that is in temporary custody of the OKDHS. This part of the population has been underserved due to a lack of providers and their rapid movement from placement to placement. The CSHCN Program will continue the interagency agreements and related services as described above with the exception that services provided by the J.D. McCarty Center will be respite care for medically fragile children only.

[From the 2004 Application]: The CSHCN program will continue the interagency agreements as described above. The contractual agreement with the Child Study Center for developmental outreach clinics in rural areas of the state has taken a different approach. The CSHCN Program is providing funding to the Child Study Center to support a model development project (Sooner SUCCESS) to

promote and strengthen a comprehensive, unified system of health, social, and educational services supporting children and youth with special needs and their families in a six county region in western Oklahoma (Major, Garfield, Blain, Kingfisher, Logan, and Canadian). The project is currently partnering with existing regional formal and informal service and support systems to identify the status of children and youth with special needs and the array of services available to them and their families. With this information, the project is to assist the region in identifying an approach that more efficiently interfaces services across the multiple providers with whom children, youth, and their families engage. A mechanism will be developed to assist local service providers and family coalitions to identify and respond to individual family's needs not typically met through existing service approaches.

The CSHCN Program has continued to provide specialized formula to eligible children though it has seen a significant increase in the number of children requiring specialized formulas as well as an increase in the cost of the formulas. In April, the CSHCN Program and MCH met with the WIC to clarify WIC policy related to specialized formula. This meeting facilitated establishing linkages between CSHCN staff and WIC staff so direct communications could take place on future questions and concerns each program might have in meeting the needs of a family with a child with special health care needs.

***//2005/ The CSHCN Program will continue the interagency agreements and contracts described above. The specialized formula program continues to grow as families and providers learn of the services. In addition to formula, under the SSI-DCP diapers are provided to children with special needs over the age of three. //2005//***

## F. HEALTH SYSTEMS CAPACITY INDICATORS

See Forms 17, 18 and 19.

[From 2004 Application]: Data is received from multiple sources for these indicators: the OSDH Center for Health Care Information, the OHCA, the state Medicaid agency; the Pregnancy Risk Assessment Monitoring System (PRAMS), the OKDHS, and national data sets. Examples of data used are vital statistics, Medicaid enrollee data, Medicaid claims data, State Children's Health Insurance Program (SCHIP) enrollee data, SCHIP claims data, and census data. The MCH will use the State Systems Development Initiative (SSDI) to link these data sets to provide more comprehensive information about the health status of Oklahoma's maternal and child health population.

The OSDH continues to develop its Public Health Oklahoma Client Information System (PHOCIS). This system provides clinical information on maternity, child health, and family planning clients and services. Modules continue to be refined for enabling, population-based, and infrastructure services. This system has a link with the Oklahoma State Immunization Information System (OSIIS), the immunization statewide registry, and a new module just completed for WIC, the special supplemental nutrition program for women, infants, and children. A module is also being completed to document early intervention services (SoonerStart) provided to the 0 to 3 year old population. MCH will look to link data from PHOCIS with other systems to learn more about the population served by the health department system and to gain a clearer picture of the need for safety net services within the state's health care system.

MCH and the CSHCN Program will look closer at each of the health systems capacity indicators over the next year. The MCH/CSHCN Monthly Coordination Meeting and the Tuesday morning MCH Planning Meeting will provide a forum for assessment, discussion, and planning. MCH and the CSHCN Program will look at how to better integrate the indicators into ongoing assessments and planning. Activities currently occurring related to each indicator will be addressed with gaps identified. These indicators will also be valuable as MCH begins to explore with the CSHCN Program, the Oklahoma Primary Care Association, the OSDH Office of Primary Care, the Healthy Start projects, the Center for Learning and Leadership-University Center for Excellence in Developmental Disabilities Education Research and Service, OSDH Turning Point, and the OICA the development and initiation of a Title V state level advisory group.

MCH has a close working relationship with the OKDHS and the OHCA. MCH will assure information on these health systems capacity indicators is shared back with these agencies to facilitate ongoing collaboration to improve health care systems for the Medicaid population. MCH will explore with OSDH Turning Point the use of these indicators by community Turning Point partnerships as new partnerships complete initial health systems capacity assessments and ongoing partnerships revisit their assessments.

***/2005/ These activities are ongoing. //2005//***

## IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

### A. BACKGROUND AND OVERVIEW

[From the 2002 Application]: The Government Performance and Results Act (GPRA), enacted in 1993, requires federal agencies to establish standards measuring their performance and effectiveness. Performance measures are used to monitor the effect that Title V services have on important health outcomes and processes. These measures in effect are markers of progress in improving health and reducing related risks of our target populations. While many external forces beyond the control of the Title V programs can affect these measures, they still provide direction for Title V services and assure that the focus remains on health improvement. Figure 3, Title V Block Grant Performance Measurement System, presents a schematic approach that begins with the needs assessment and identification of priorities and culminates in improved outcomes for the Title V population.

[From the 2004 Application]: The change to identified national performance measures for Title V Programs by the Maternal and Child Health Bureau (MCHB) facilitated Oklahoma Maternal and Child Health (MCH) to use these measures in all state and agency required strategic planning and performance reports. MCH uses the national outcome measures and the national and state performance measures in the agency performance and budget report submitted each fall to the state legislature by the Oklahoma State Department of Health (OSDH). These measures are part of the OSDH strategic plan for improving the health of Oklahomans.

MCH completed a process this past year in which each national and state performance measure was linked directly or indirectly to one or more of the six national outcome measures. This built further upon the logic model framework that MCH has used for the past several years in strategic planning around each national and state performance measure. A clearer picture was provided on how activities that impact performance measures ultimately impact outcomes. This process initiated many intense and often challenging discussions about needed changes in national performance measures, state performance measures, policy, and program activities.

***//2005/ The Maternal and Child Health Service (MCH) continues to use Title V national and state performance measures in the OSDH performance and budget report submitted in the fall to the state legislature. //2005//***

### B. STATE PRIORITIES

[From the 2002 Application]: Oklahoma's priority needs were reviewed and re-established with the five-year Needs Assessment and Plan beginning with federal project year 2001. Though some organization changes have occurred, the population status and the health care system have not changed sufficiently to necessitate changing the priorities already established.

[From the 2003 Application]: Under the direction of the OSDH Commissioner of Health, the OSDH has undertaken several planning and priority setting processes that will ultimately effect the priorities of the Title V program. One of the mechanisms being used is the National Public Health Performance Standards Program's State Public Health System Performance Assessment Instrument. The assessment began in January 2002 and it is expected that the progression to setting priorities will not be completed until late 2002. It is anticipated that the results of the assessment and planning processes will be incorporated into the next scheduled Title V needs assessment rather than setting interim priorities.

[From the 2004 Application]: During the fall of 2002 into the winter of 2003, the OSDH continued to involve staff of all levels in processes to set state public health priorities. Data from state and national sources was presented and reviewed, services provided and capacity to provide services was presented, and national priorities were taken into consideration. After much discussion and negotiation, staff came to a consensus and identified seven public health priorities for the OSDH. These priorities have received approval and support of the OSDH Board of Health. These areas are: immunization, infectious disease, responsible sexual behavior, injury and violence, nutrition and overweight, physical activity and fitness, tobacco use prevention, and infrastructure.

The OSDH uses these identified priorities to make decisions related to strategic planning and future direction of the agency. For example, when a program identifies a grant opportunity, information on the grant is brought before the agency leadership for approval to apply. If the grant fits into these priorities, it facilitates the program being able to move forward with the application. If the grant does not fit into these priorities, further discussion takes place before a final decision is made. During this year's budget shortfall, these priorities provided direction as decisions were made about what programs and services to support.

It has been less difficult for MCH than for other areas of the OSDH to integrate these priorities into current program activities as MCH sees itself already addressing these priority areas. Since the identification of the priorities, MCH has been involved in internal discussions regarding how to further address these priorities areas as MCH prepares to accomplish its five-year needs assessment while at the same time still looking at the big picture in identifying the health status and needs of the MCH population.

MCH is adding a new state performance measure this year. The need for this measure was already under discussion in MCH as MCH was (and still is) in the midst of reviewing and prioritizing areas for core and state specific questions for the Centers for Disease Control and Prevention's (CDC) upcoming revision of the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire when the agency priorities were set. This new performance measure is focused on decreasing tobacco use during pregnancy. Data for reporting on this state performance measure will be obtained from the PRAMS.

***//2005/ MCH and the Children with Special Health Care Needs (CSHCN) Program have initiated the needs assessment process for the five-year needs assessment. MCH and the CSHCN Program are looking at all our partners (e.g., families, state and community agencies and organizations, policy-makers, and service providers) to have input into our priorities and services. With this in mind and based on information received during the technical assistance workshop on needs assessment and state performance measures the Maternal and Child Health Bureau sponsored and conducted on February 12-13, 2004, in St. Louis, Missouri, MCH and the CSHCN Program held its first formal needs assessment meeting on June 17, 2004. There were 57 attendees representative of our partners from across the state at this initial meeting. At this meeting, attendees received an orientation to the history of Title V, the purpose of the Title V Block Grant, and instructions for participation in our needs assessment process. Attendees self selected their area(s) of interest (Pregnant Women, Mothers and Infants; Children; and/or Children With Special Health Care Needs) and began a work group process for each area of identifying and recommending priority areas of need. Each work group is to have a final written report containing up to ten priorities and actions steps to impact each priority submitted to MCH and the CSHCN Program by October 31, 2004. MCH and the CSHCN Program will use these recommendations in identification of state priorities and preparation of the 2006 application. //2005//***

## C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

### a. Last Year's Accomplishments

Newborn screening continued to be funded by MCH. All newborns born in Oklahoma were screened through the Newborn Screening Program (NSP) for the disorders of phenylketonuria (PKU), congenital hypothyroidism, galactosemia, sickle cell disease, and other hemoglobinopathies. The number of disorders identified in calendar year (CY) 2003 included: PKU (3); congenital hypothyroidism (21); classic galactosemia (0); sickle cell disease (13); hemoglobin disease (2); hemoglobin C trait (53); and, sickle cell trait (209).

For CY 2003, 100% of the sickle cell traits and hemoglobin C traits were referred for counseling. The Sickle Cell Association counseled 45% of these referrals.

MCH continued to provide low-phenylalanine formula and education for women with PKU seeking to have a child. One woman received services with no pregnancy occurring during this reporting period. The Women, Infants and Children (WIC) supplemental nutrition program continued to provide formula per its program guidelines. The CSHCN Program continued to purchase PKU formula, amino acid bars, and other specialized metabolic formula for individuals with PKU under age 21.

The Oklahoma state genetics implementation grant moved into its second year of a four-year grant period. This grant provided funding for a full-time state genetics coordinator, state genetics education coordinator, and two long-term follow-up programs for newborn screening.

The State Genetics Program continued to staff and provide support for the Oklahoma Genetics Advisory Council (OGAC). OGAC held three meetings during the year with subcommittees of the council also meeting routinely. Close collaboration occurred with OGAC and other key stakeholders as planning moved forward for an expansion of newborn screening to include medium-chain acyl coenzyme-A dehydrogenase deficiency (MCAD), cystic fibrosis (CF), and congenital adrenal hyperplasia (CAH).

The legislature declared the month of April as Genetics Month. A website was created for Genetics Month that featured the month's activities and included a calendar with a genetic fact for each day and links to state and national genetic websites. Four lectures were provided to health care professionals covering several different genetic topics. Unique genetics educational events for the public were held. Positive Exposure, an innovative photography exhibit was displayed at a local science museum for six weeks. The exhibit captured the images of individuals living with genetic conditions. A genetics book display was also featured at a local bookstore. A list of books covering many genetic topics was available for consumers at the bookstore and through the Genetics Month website. A book signing featuring Oklahoma author, Terri Detrich, was held at two local bookstores. Mrs. Detrich along with her husband and daughter authored the book, *The Spirit of Lo*, about their family's journey which began when their youngest daughter was diagnosed with cystic fibrosis.

## b. Current Activities

Key newborn screening infrastructure components of the state genetics plan for long-term follow-up and adult transition services have continued to be established over the year. All infants identified with a disorder through newborn screening are referred for care coordination services. The quality assurance program is being refined for the NSP utilizing funds from the state genetics plan implementation grant. Twenty-two (22) hospitals received newborn screening program in-services as part of the NSP's quality assurance (QA) program.

Collaborative discussions and negotiations between the Oklahoma State Department of Health (OSDH) and the Oklahoma Health Care Authority (OHCA), the state's Medicaid agency, achieved an OHCA rule change to allow the NSP to bill for screened Medicaid clients. This will provide a stable funding stream for the NSP to expand and maintain short-term and long-term follow-up services. In addition, the OHCA passed rules for Medicaid to fund low-phenylalanine formula for adults with PKU; a gap identified during the genetic needs assessment in 2000. The OSDH Board of Health passed rules, subsequently signed by the Governor, to increase the fee for newborn screening and to mandate screening for medium-chain acyl coenzyme-A dehydrogenase deficiency (MCAD), cystic fibrosis (CF), and congenital adrenal hyperplasia (CAH). Additional staff for the lab and follow-up are being hired and infrastructure components of the newborn screening system will be funded by the fee increase.

The CSHCN Program continues to expand and refine the referral and follow-up procedures for this portion of the program. The CSHCN Program and NSP collaborate to assure children receive needed services and NSP staff participated in two needs assessments forums held by the CSHCN Program.

The Oklahoma State Medical Association (OSMA) dedicated its October 2004 journal to genetics. The journal contains information on the state genetics plan, expanded newborn screening, preconception and prenatal cystic fibrosis carrier screening, cancer genetics, and genetic counseling. A Genetic Fact Sheet for patients is also included. This journal is received by over 90% of the medical doctors in Oklahoma.

### c. Plan for the Coming Year

MCH will continue to provide funding as needed to support newborn metabolic screening. All newborns born in Oklahoma will continue to be screened through the NSP for the genetic disorders of phenylketonuria (PKU), congenital hypothyroidism, Galactosemia, sickle cell disease, and other hemoglobinopathies and will be screened for three new disorders of medium-chain acyl coenzyme-A dehydrogenase deficiency (MCAD), cystic fibrosis (CF), and congenital adrenal hyperplasia (CAH). The NSP will maintain short-term follow-up services to assure all infants with abnormal lab results are followed until resolution with diagnosis and date of treatment, normal lab result or lost to follow-up. The NSP will provide long-term follow-up services to include care coordination and support services for all affected newborns. All follow-up services are in collaboration with the medical home.

The NSP plans to expand NSP services to include an endocrine long term follow-up program to serve infants identified with congenital hypothyroidism and CAH through screening, a courier system to expedite testing, and a full-time metabolic dietitian to better meet the needs of individuals with PKU and to prepare for expansion of rare metabolic disorders. The fee increase will support a comprehensive newborn screening system that meets the American Academy of Pediatrics (AAP) standards.

The NSP will continue to provide education and low phenylalanine formula to women with PKU wishing to have a child and expand to provide this service to all adults with PKU. The WIC and CSHCN Programs will continue to provide supplemental nutrition to children with special needs per their individual program policies.

The state genetics implementation grant, a Health Resources and Services Administration (HRSA) grant, will move into its fourth and final year. This grant includes an education program that provides ongoing in-services to hospitals and providers; a quality assurance program from heelstick to long-term outcome; a long-term follow-up program that will provide case management for infants identified with a metabolic disorder and a Healthy and Ready to Work Program (HRTW) which will provide adult transition services, career planning, and other services for adolescents with sickle cell disease and cystic fibrosis. Additionally, a metabolic workgroup will continue to meet to facilitate the implementation of expansion for the genetic disorder of MCAD and the other metabolic disorders that the lab methodology can detect. An endocrine workgroup will be established for the expansion of CAH.

The OGAC will continue to meet and make recommendations to the OSDH Commissioner of Health and the OSDH Board of Health on public health and genetics. The Newborn Screening Programs and Pediatrics Committee of the OGAC will continue to meet bi-annually to identify and discuss important newborn screening issues. These meetings will be scheduled for the fall of 2004 and the spring of 2005.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

#### a. Last Year's Accomplishments

This was a new 2004 performance measure.

#### b. Current Activities

The CSHCN Program is increasing visibility and importance of the role of the parent advocate. Parent advocate positions are funded with five contract providers. The J.D. McCarty Center provides respite care services for medically fragile children. The Oklahoma Areawide Services Information System (OASIS) is the 1-800 information and referral line for the state. The Oklahoma Infant Transition Project (OITP) works with very involved neonates and their families to assure a smooth transition from the neonatal intensive care unit (NICU) to home. The OITP also works with families to help them establish a medical home for their child/ren to ease the follow-up care. The Pediatric Sickle Cell Program provides care and serves as a resource center for individuals with sickle cell disease. The Tulsa Neonatal Clinic works with neonates and their families to establish a medical home and assure the availability and quality of follow-up care. The parent advocates work within these programs at all levels to assure that the parent perspective is represented in the policy and development of program services.

The MCH Family Advocate continues to meet with the parents who are funded through the CSHCN contract providers. These meetings provide the opportunity to explore ways to involve additional families in MCH and CSHCN program and services development activities as well as a time to share work experiences.

The Supplement Security Income-Disabled Children's Program (SSI-DCP) provides diapers, formula, and adaptive equipment for individuals under the age of 18 years who receive SSI payment. Individual plans of service coordination are developed locally through the 101 local Oklahoma Department of Human Services (OKDHS) offices. Local OKDHS staff, the child's health care provider, and the parents work together to develop the individual service coordination plan and review it annually.

The CSHCN Program continues community forums to gain input regarding the current health care system for children with special health care needs and changes parents and health care providers would like to see. The community forums also provide an environment for parents and health care providers to network and share experiences.

Sooner SUCCESS, a project funded by the CSHCN Program and located at the University of Oklahoma Health Sciences Center (OUHSC) Child Study Center, continues to develop the pilot project that is ongoing in a six county area in western Oklahoma to identify children with special needs and issues families are having related to coordination of care. This multi-agency collaborative project includes the CSHCN Program, MCH, Oklahoma State Department of Health (OSDH) Child Guidance Service, University of Oklahoma College of Public Health, Oklahoma Health Care Authority (OHCA), Oklahoma Commission on Children and Youth (OCCY), OUHSC Child Study Center, and Oklahoma State Department of Education (OSDE).

#### c. Plan for the Coming Year

Community forums will continue with support from the Champions For Progress Grant received from the Maternal and Child Health Bureau (MCHB). This one year funding of \$15,900 will be used to develop a survey instrument, administer the survey, analyze data received from the survey, expand the number and locations of the community forums, and explore the use of

technology to allow more parent/caretaker input into the overall planning process for CSHCN services. The CSHCN Program will integrate input from the community forums into this year's process for the five-year needs assessment for the Title V Block Grant 2006 application.

The CSHCN Program and MCH will continue their collaborative relationship with Sooner SUCCESS. The CSHCN Program and MCH will participate in evaluation and planning activities of this multi-agency project.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

#### a. Last Year's Accomplishments

This was a new 2004 performance measure.

#### b. Current Activities

The CSHCN Program has a clause in each of its contracts that requires the contractor to help families establish eligibility for Medicaid as a step to insure a payment for medical services. With a payment source established, it is much more likely that the family will be successful in establishing a medical home. There have been significant outreach efforts in the state by the Oklahoma Health Care Authority (OHCA), the state Medicaid agency, and the Oklahoma Department of Human Services (OKDHS) to increase the number of individuals under the age of 21 years who receive Medicaid paid services.

Federal administrative decisions led to funding being discontinued in 2004 for the National Medical Home Learning Collaborative that the CSHCN Program was awarded in 2003. The CSHCN Program and MCH continue discussions on strategies to educate families and health care providers on the definition and importance of every child having an identified medical home. A question was developed and added to The Oklahoma Toddler Survey (TOTS), a follow back survey to mothers who participated in the Pregnancy Risk Assessment Monitoring System (PRAMS), in an effort to gain information on the percent of two year olds whose mothers perceive their toddler has a medical home. The PRAMS is a Centers for Disease Control and Prevention (CDC) population-based surveillance system focused on the health status and access to care of Oklahoma women who delivered a live birth.

With support of the CSHCN Program, the Tulsa Neonate Program provides services from a medical home model. Over 300 infants receive ongoing primary medical care. In addition, the University of Oklahoma School of Dentistry and the largest homeless shelter in Oklahoma City are being provided technical assistance by the CSHCN Program as they collaborate on a clinic for individuals to include children with special health care needs. The clinic is self-supporting based on the income generated by Medicaid fees. The clinic makes referrals for ongoing medical care and works with the other providers in the Oklahoma University Health Sciences Center to promote establishment of medical homes for its patients.

The CSHCN Program purchases medical, psychological, and psychiatric care for that portion of the CSHCN population that are in temporary custody of the OKDHS. This is to assure that these individuals receive care while they are in temporary living arrangements. Every effort is made to establish a medical home and a plan of care that can be continued after the individual is moved to a more long-term living arrangement.

A Medicaid benefit and a small money payment is provided by the OKDHS for individuals that meet the Social Security Administration's definition of disability and have income at or below the Supplement Security Income (SSI) standard. This service, called the State Supplemental

Payment (SSP), also provides the individual with ongoing case management.

### c. Plan for the Coming Year

The CSHCN Program will continue to work closely with its contractors to assure that families are supported in establishing a medical home. Language requiring contractors to assist families in establishment of eligibility for Medicaid will remain in all CSHCN contracts.

Despite the discontinuation of the funding for the National Medical Home Learning Collaborative, efforts will continue in this area. The CSHCN Program will continue to work with the team members (physicians, staff from the physicians' offices, and parents) to move forward with plans to increase the number of individuals that receive medical services through a medical home.

The CSHCN Program and MCH will meet with the President of the Oklahoma Chapter of the American Academy of Pediatrics (AAP) to discuss support of and strategies for expanding medical home concept in Oklahoma.

*Performance Measure 04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

### a. Last Year's Accomplishments

This was a new 2004 performance measure.

### b. Current Activities

Medicaid continues to be the primary source of insurance for the majority of the population with special health care needs. A decline in the total number of individuals covered under Medicaid is being seen as a result of a number of factors: discontinuation of the medically needy program; ending of the aggressive outreach program for the Sooner Care State Children's Health Insurance Program (SCHIP); termination of the health maintenance organization (HMO) service option; and, ongoing budget issues in the state. Given a decline is being seen in the total number, data from the Oklahoma Health Care Authority (OHCA), the state Medicaid agency, indicate that the CSHCN population remained stable in its coverage by Medicaid. Additionally, information from CSHCN contractors and feedback from parents/caretakers indicate there has not been an increase in the number of children with special health care needs that have private insurance. Given this information, the percentage of 56.4% appears to be accurate in reporting for this performance measure.

The CSHCN Program continues to work with its contractors to insure that they are assisting all individuals who appear to meet eligibility criteria in making application for and receiving services under Medicaid. In addition, in an effort to increase access to health care, legislation was passed in the 2004 legislative session entitled "Health Employee and Economy Improvement Act Revolving Fund". This legislation will allow small employers and employees to purchase employer-sponsored, state-approved private insurance or to buy into state-sponsored health insurance through a state premium assistance payment. Once this new legislation has been implemented it is expected that more children will have health insurance coverage to pay for the services they need.

Sooner SUCCESS, a state level multi-agency collaborative project located at the University of Oklahoma Health Sciences Center Child Study Center, is working to develop a model comprehensive system of providers and resources to meet the needs of the CSHCN population

in one western region of the state. Plans are progressing to expand this process to other areas of the state.

### c. Plan for the Coming Year

The CSHCN Program will continue to explore this issue through community forums, other contact with the CSHCN population, and activities of the five-year needs assessment process. As opportunities present, this issue will also be incorporated in discussions with service providers and stakeholders. It is anticipated that a plan will be formulated in 2005 with activities initiated in the 2006 grant year.

*Performance Measure 05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

### a. Last Year's Accomplishments

This was a new 2004 performance measure.

### b. Current Activities

The CSHCN Program began to obtain anecdotal information from parents/caretakers during community forums. The CSHCN Program has been unsuccessful in gathering reliable data to support or refute the results of the national CSHCN survey. The percent reported by the national CSHCN survey was 67.6% and remains the only data available for reporting at this time.

Obtaining data on this performance measure is one of the areas being addressed in the Champions for Progress Grant received this year from the Maternal and Child Health Bureau (MCHB). The CSHCN Program, MCH, and Sooner SUCCESS attended the first grant meeting in May 2004 and continue to work collaboratively on strategies to further involve parents/caretakers in planning and development of community-based services.

Sooner SUCCESS, a state level multi-agency collaborative project based at the University of Oklahoma Health Sciences Center Child Study Center, continues to develop a model comprehensive system of providers and resources to meet the needs of the CSHCN population in a region of western Oklahoma.

The CSHCN Program provides funding for programs to assist families in coordination of services. The Oklahoma Areawide Services Information System (OASIS) is the 1-800 information and referral line for Title V in the state. The J.D. McCarty Center provides respite care services for medically fragile children. The center coordinates services with the parents. The Oklahoma Infant Transition Project (OITP) works with very involved neonates and their families to assure a smooth transition from the neonatal intensive care unit (NICU) to home. The OITP also works with the families to help them establish a medical home for their child/ren to ease the follow-up care. The Pediatric Sickle Cell Program provides care and serves as a resource center for individuals with sickle cell disease. The Tulsa Neonate Program works with neonates and their families to establish a medical home and assure the availability and quality of follow-up care.

All local Oklahoma Department of Human Services (OKDHS) offices work diligently to contact and offer services to every household with a child under the age of 18 years who is certified for Supplement Security Income (SSI). The SSI-Disabled Children's Program (DCP) works with the child's primary health care provider and parents to develop a plan of service coordination that is

reviewed yearly. The SSI-DCP, as a part of the yearly update of the social service plan, works with the child/adolescent and their family to deal with the issues that are involved with transition. The recent increase in the age limit from 16 years of age to 18 years of age has helped to give these issues new importance. There is also an automated referral to the Department of Rehabilitation Services so that services of that agency can be explored for the individual.

### c. Plan for the Coming Year

The Champions for Progress Grant, received from the MCHB, will allow the CSHCN Program to fund activities that were not previously funded due to budget constraints and state regulations. This grant will allow the CSHCN Program to gather information from parents/caretakers and providers on how they prefer to participate in systems development processes and communicate their concerns and needs, as well as developing an evaluation tool for the activities in the grant. The CSHCN Program will also expand the number and location of the community forums in an effort to increase the number of parents/caretakers participating in these forums by offering childcare stipends and mileage reimbursement for participation. Use of technology to bring other parents/caretakers into the process will also be initiated.

*Performance Measure 06: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

### a. Last Year's Accomplishments

This was a new 2004 performance measure.

### b. Current Activities

The CSHCN Program, Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services Division (DDSD), and Oklahoma State Department of Education (OSDE) are participating in a series of meetings to form more collaborative relationships to better address transition issues for all students. The DDSD has multiple services that deal with transition issues. Individuals with special health care needs who have an intelligence quotient (IQ) of 69 or below are able to access these services. The OSDE has a special project that works with transition issues and services for the population who have a higher IQ but have other issues that require assistance in making transitions.

The improvement of data gathering and an improved plan for more comprehensive services is part of the work being planned under the Champions for Progress Grant.

### c. Plan for the Coming Year

The CSHCN Program plans to put together a list of the available transitional services as a resource for parents/caretakers. Work will also be accomplished to establish the importance of these services to the population with special health care needs as part of the five-year needs assessment process.

*Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

## a. Last Year's Accomplishments

National Immunization Survey (NIS) results for year 2002, the latest data available, showed a coverage rate of 65 percent for children less than two years of age who had received measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, haemophilus influenza, and hepatitis B. This represents a considerable decrease from previous years. Much of the decrease can be attributed to vaccine shortages experienced June 2001 through December 2002.

The Oklahoma State Department of Health (OSDH) maintained its policy of providing immunizations to any child that presented at a county health department needing immunizations with priorities for outreach and direct services being the uninsured and underinsured populations. If immunizations were provided to an insured child, county staff worked with the parent/guardian to link the child with his/her primary health care provider for future immunizations.

A contractual agreement remained in place between the OSDH and the Oklahoma Health Care Authority (OHCA) that allowed immunization services through the county health department system for children covered by Medicaid. The contract allowed year-round fee-for-service reimbursement for administration of each vaccine provided to children in SoonerCare Choice (rural Medicaid model). Discussions continued between the agencies exploring the advantages and disadvantages of moving to a fee-for-service system in urban areas. In addition, a contractual agreement remained in place allowing reimbursement for administrative costs related to the Oklahoma State Immunization Information System (OSIIS), Oklahoma's statewide immunization information registry.

MCH worked closely with the OSDH Immunization Service as it collaborated with OSDH Community Health Services, Oklahoma City County Health Department, Tulsa City County Health Department, OHCA, Medical Directors of the health maintenance organizations contracted to provide Medicaid services, the Oklahoma Primary Care Association, the Oklahoma State Medical Association, and the OSDH Offices of Primary Care and Rural Health on strategies to improve immunization rates and prevent vaccine preventable diseases.

MCH continued to participate in the OSDH Immunization Advisory Committee that met quarterly to update health care providers on current immunization issues and to seek input on ways to improve the system of care.

Business partnerships were maintained during the year with Cox Communications, a telecommunications company, and the McDonald's Corporation. Public service announcements (PSAs) and other educational activities promoted a variety of immunization issues including: influenza, hepatitis, National Infant Immunization Week, and an early summer push for back to school immunizations.

## b. Current Activities

Oklahoma currently ranks 48th of 50 states in the Centers for Disease Control and Prevention's (CDC) 2002 ranking of states related to children being up-to-date on immunizations by the age of 24 months. Since October 1, 2003, the state has placed stronger emphasis on targeting pockets in need of immunization services and has conducted population-based immunization surveys in 23 counties that account for 75% of the state's population. Survey results were presented back to key health officials for each county. Additionally, cumulative state results and recommendations were presented to the leadership of the state American Academy of Pediatricians (AAP), American Academy of Family Physicians (AAFP), Osteopathic Association, OSDH, and OHCA. County and state survey results consistently identified extremely poor rates of return visits during a child's second year of life. As a result, the OK By One Project, modeled after a similar project in New Mexico, was adopted and endorsed as an alternative approach to improve vaccine protection levels. The OK By One Project offers a

simplified immunization schedule that allows completion of the primary vaccination series by the one-year-old well child visit. This schedule is acceptable by the CDC Advisory Committee on Immunization Practices (ACIP). An evaluation plan for this intervention was additionally developed and preliminary results will be forthcoming with next year's report. The OK By One Project represents a provider-based intervention in both public and private care sectors. OK By One was officially launched April 30, 2004.

With the required move of Medicaid from the health maintenance organization (HMO) option to fee for service this year, children may now go to any county health department to receive immunizations and the health department receive reimbursement from Medicaid.

OSDH Immunization Field Consultants (IFC) completed immunization audits in 221 child care centers. Staff worked with centers to raise vaccine protection levels with a follow-up visit to centers falling below the 80% coverage level. Immunization representatives targeted over 200 clinics in both the public and private sectors to be the recipients of CDC's Assessment, Feedback, Incentive and eXchange (AFIX) intervention. AFIX is a proven method of practice level improvement. In addition, population-based surveys will be conducted in 40 more counties before the end of the calendar year.

A new web-based version of the OSIIS was implemented in January 2004. The new system is more user friendly, allows automatic generation of public vaccine orders, and provides users with useful reports for improving the quality of care or identifying clinic immunization efforts. As of April 2004, over 70% of the state's children <6 years of age had at least two or more vaccines recorded in the registry.

### c. Plan for the Coming Year

MCH will continue its close partnership with OSDH Immunization Service and support activities targeted toward attaining the goal of 90% of children up-to-date with the primary series of immunizations by their second birthday. Activities will continue to focus on implementation and evaluation of the OK By One Project, improved vaccination of day care attendees, and clinic-level quality improvement. Efforts will also continue to expand private sector partnerships with business and medical communities to promote the health of children.

The OSDH will maintain its policy of providing immunizations to any child that presents at a county health department needing immunizations with priorities for outreach and direct services being the uninsured and underinsured populations. If immunizations are provided to an insured child, county staff will work with the parent/guardian to link the child with his/her primary health care provider for future immunizations.

A contractual agreement will remain in place between the OSDH and the OHCA allowing reimbursement for immunization services received through the county health department system for children covered by Medicaid. In addition, a contractual agreement will remain in place allowing reimbursement for administrative costs related to the OSIIS.

MCH will continue to participate in the OSDH Immunization Advisory Committee that meets quarterly to update health care providers on current immunization issues and to seek input on ways to improve the system of care.

Targeted efforts of the MCH School Health Program will occur in 2005 to reach families through outreach and educational opportunities.

## a. Last Year's Accomplishments

MCH provided leadership for the administration of the first statewide-randomized Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS) to gain additional information on risk taking behaviors of Oklahoma's youth.

The Teen Pregnancy Prevention Fact Pack was updated with current state and county data and posted on the agency website as a resource to inform community leaders and policymakers of the trends and prevention needs in regard to teen pregnancy prevention.

MCH continued to participate on the Interagency Coordinating Council (ICC) for the Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases (STDs), a legislatively mandated council charged with implementing the state's strategic plan for the reduction of teen pregnancy and STDs.

The MCH Adolescent Health Program continued to provide contract monitoring and technical assistance to community-based state-funded teen pregnancy prevention (TPP) projects located across the state. The TPP projects worked with adolescents using research-based curricula shown to be effective in reducing teen birth rates. Parent education sessions were provided to assist parents in how to talk about sexuality issues with their children. The Southwest Educational Development Laboratory trained the projects' staff on community mobilization, partnership development, and coalition strategic planning. Several TPP projects linked with local Turning Point partnerships to enhance their prevention efforts. The University of Oklahoma (OU) College of Public Health continued to provide evaluation of the TPP projects. Statistically significant improvements were documented in three core areas: knowledge of human growth and development, attitudes and beliefs regarding early sexual involvement and its consequences, and behavioral intention regarding abstinence. There were projects that also demonstrated statistically significant improvements in as many as 12 of 14 measurement categories. Measurements of program fidelity increased, as had occurred in previous years.

MCH Child and Adolescent Health Division provided contract monitoring and technical assistance to the Emerson Teen Parenting Program in Oklahoma City and the Margaret Hudson Teen Parenting Program in Tulsa. These programs provided education/support on preventing subsequent unintended pregnancies and assured completion of high school. Services provided included prenatal/postpartum care, immunizations, laboratory tests, general adolescent care, parent education, group mentoring for male and female youth, home visitation, and peer education.

Comprehensive family planning services were provided upon request by an adolescent through county health departments and contract providers. Services included a comprehensive physical exam, education of contraceptive methods to include abstinence, contraceptive method, information on STDs and Human Immunodeficiency Virus (HIV) prevention, and encouragement of parental involvement.

## b. Current Activities

The ICC for the Prevention of Adolescent Pregnancy and STDs is currently being restructured. MCH will have three staff participating on the restructured ICC: one staff from the Adolescent Health Program, one staff from the Women's Health Division, and the Chief of MCH who is the designee for the Oklahoma State Department of Health (OSDH) Commissioner of Health.

CDC YRBS state data has recently been received by MCH. MCH is working closely with the CDC and the Oklahoma State Department of Education (OSDE) on strategies to utilize the data to educate state and community leaders and policymakers on risk taking behaviors of youth and preventive measures. A key strategy will be to use the YRBS data as the focus of an interim "State of the State's Health" report to be released in the fall through a collaborative

effort of MCH, OSDE, and the OSDH Board of Health. This report will highlight areas of risk taking behavior of youth including sexual behaviors, and challenge all Oklahomans to focus on prevention efforts to improve the health status of Oklahoma's youth, and thus, positively impact future morbidity and mortality to improve the long-term health status of Oklahomans.

The MCH Adolescent Health Program is currently working with other OSDH program areas to develop an Adolescent Health Strategic Plan in an effort to increase the coverage of the Program by better linking with other agency services and initiatives.

The University of Texas, Southwestern Medical Center in Dallas is again providing the opportunity for clinical skills update to advanced practice nurses providing reproductive health services through county health departments and contract providers. The two day onsite update, completed in April, is followed with up to 48 hours of online courses with continuing education approved for each course. This training is possible through a Title X training grant.

### c. Plan for the Coming Year

MCH will provide leadership for administration of the second Oklahoma statewide-randomized CDC YRBS in 2005.

The Teen Pregnancy Prevention Fact Pack will continue to be updated and used to inform community leaders and policymakers about the current trends and prevention needs in regard to teen pregnancy.

MCH will actively participate in the activities of the ICC for the Prevention of Adolescent Pregnancy and STDs.

The MCH Adolescent Health Program will continue to provide technical assistance and support to the 10 community-based TPP projects located across the state. Research-based curricula shown to be effective in reducing teen pregnancy rates and/or having an effect on delaying sexual activity and promoting abstinence will be used by these projects. Services to parents will emphasize the education of parents to be the primary sexuality educators of their children and provide parents with the skills to do this effectively. These projects are in the final year of a five-year contract. MCH will release a request for proposals (RFP) in early 2005 that will provide the opportunity for existing or proposed new projects to request funding for a five-year period.

The OU College of Public Health will continue to provide evaluation of the TPP projects through a contractual agreement. Specific measurements will include increased knowledge of human growth and development, attitudes and beliefs regarding early sexual involvement and its consequences, and behavioral intention regarding abstinence. Process evaluation will include measurements of program completeness and fidelity in the replication of research-based curricula, the evaluation of community coalition progress, and the provision of training in regard to evaluation concepts and the implementation of evaluation protocol.

Collaboration will continue with local Turning Point partnerships to address teen pregnancy and related youth risk behaviors. The 2003 YRBS data will be used to increase community awareness of adolescent health issues and the ability of community partnerships to create the necessary capacity to implement prevention programs.

MCH Child and Adolescent Health Division will continue to provide support to the Emerson Teen Parenting Program in Oklahoma City and the Margaret Hudson Teen Parenting Program in Tulsa. Services will include prenatal/postpartum care, immunizations, laboratory tests, general adolescent care, parent education, group mentoring for male and female youth, home visitation, and peer education.

Comprehensive family planning services will continue to be provided upon request by an adolescent through county health departments and contract providers. Services will include a comprehensive physical exam, education of contraceptive methods to include abstinence, provision of a contraceptive method, information on STDs and HIV prevention, and encouragement of parental involvement.

*Performance Measure 09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

#### a. Last Year's Accomplishments

MCH provided technical assistance and funding for the first statewide dental health needs assessment of third grade children. The Oklahoma State Department of Health (OSDH) Dental Service contracted with the University of Oklahoma (OU) Colleges of Dentistry and Public Health to conduct the needs assessment. A random sample of public and private schools with one or more third grade classrooms resulted in 36 schools being selected from across the state with data gathered through direct observation of dental caries and sealants by licensed Oklahoma dentists. Data indicated: 37.2% of third grade children had protective sealants on at least one permanent molar tooth; 69.4% of third grade children had dental caries experience; and, the mean decayed, missing or filled permanent teeth (DMFT)/decayed, missing or filled primary teeth (dmft) score was 2.8 teeth, meaning that on an average, each third grade child had approximately 2.8 teeth that were decayed or had been decayed.

MCH participated in a "Children's Oral Health Forum" in Oklahoma City during February 2003. Strategies were identified for improving access to oral health services for uninsured and underinsured children with an Oral Health Planning Committee identified to facilitate implementation of these strategies. One outcome included legislation signed by the Governor in May 2003 that provides special license for retired physicians and dentists to practice and permits dental hygienists to perform oral examinations under general supervision of a dentist in a greatly expanded list of treatment facilities.

MCH continued to work collaboratively with OSDH Dental Service to educate children, their parents/guardians, and health care providers on oral health to include the importance of protective sealants. The MCH School Health Program distributed dental and oral health education material via schools, newsletters, and conferences. Child health providers obtained dental histories and assessed teeth during well child exams and referred as indicated. The MCH Healthy Child Care Oklahoma Project assured that child care providers received information on oral health issues. Dental health education services were provided in 33 counties to 36,694 children, child care through high school, with emphasis on kindergarten through sixth grades. Topics included appropriate dental hygiene and care of one's teeth, playground safety, the use of mouth guards, dental disease prevention (sealants, fluoridation, regular dental care), effects of tobacco use, and proper nutrition with healthy snacks.

Dental clinical services were provided through seven county health department sites with MCH funding. Two dental clinics were added during 2003. Procedures and services included dental sealants, fillings, cleanings, topical fluoride applications, x-rays, extractions, crowns, oral hygiene instruction, and prescriptions for infections.

#### b. Current Activities

A written report of the 2003 statewide oral health needs assessment has been completed. On February 27, 2004, during National Children's Dental Health Month, a press conference was held at the OSDH to release the information. All three major Oklahoma City television stations, print media, radio, as well as a legislative information service attended. After the press

conference, a press release was sent to all news media throughout the state.

Based on the information obtained from the oral health needs assessment, recommendations were made to improve the oral health of Oklahoma's children: 1) increase efforts to educate the public about the importance of oral health as part of total health; 2) increase access to dental care for children eligible for Medicaid; 3) emphasize the importance of dental sealants for children to both the public and dental professionals to increase their usage; 4) increase the number of fluoridated public water systems in Oklahoma; and, 5) decrease the incidence of tobacco use to reduce oral lesions and oral disease.

The 2004 statewide oral health needs assessment of third grade children is currently being conducted. With continued funding from MCH, OSDH Dental Service continues to work with the OU Colleges of Dentistry and Public Health to complete this needs assessment. In addition, a dental manpower study is currently being conducted. OSDH Dental Service, the OU Colleges of Dentistry and Public Health, and the Oklahoma Dental Licensing Board are working cooperatively on this project.

MCH and OSDH Dental Service continue to participate as part of the Oral Health Planning Committee along with Head Start, the Oklahoma Primary Care Association, Turning Point, and 11 other state and community-based partners.

The February MCH School Health Resource Packet included information on dental awareness for children. The packet was distributed to county health department professionals working with schools, contacts within tribal, private, parochial, public schools, and agencies working with school-age children. The MCH School Health Newsletter for winter 2004 included an article on oral health.

Oklahoma has moved back to a fee for service reimbursement system for Medicaid with the reduction of health maintenance organizations (HMOs) willing to provide health care services in the state. State law requires as least a minimum of three HMOs be available for the state to take advantage of the HMO option. It is anticipated that this change will increase the number of dentists who are willing to serve clients covered by Medicaid.

### c. Plan for the Coming Year

Funding will continue to be provided by MCH to OSDH Dental Service to continue to contract with the OU Colleges of Dentistry and Public Health to conduct the oral health needs assessment of third grade children. The needs assessment will continue to be accomplished using licensed Oklahoma dentists to screen children. Information obtained from this needs assessment will include both dental caries and dental sealant data.

MCH will continue to work with partners of the Oral Health Planning Committee to address oral health needs of the MCH population. Dental health will also be addressed through activities of the Early Childhood Comprehensive Systems Planning Grant.

Dental health education and clinical services will continue. Education topics will include appropriate dental hygiene and care of one's teeth, playground safety, the use of mouth guards, dental disease prevention (sealants, fluoridation, regular dental care), effects of tobacco use, and proper nutrition with healthy snacks. It is expected that a health department dental clinic will be reopened in 2005 to help provide access to dental clinical services for children in need. Dental clinical services include dental sealants, fillings, cleanings, topical fluoride applications, x-rays, extractions, crowns, oral hygiene instruction, and prescriptions for infections. Staff in county health departments and contract clinics will continue to obtain dental histories and assess oral health during well child exams and refer as indicated. The MCH School Health Program will continue to distribute dental and oral health education material at

schools, through newsletters, and at conferences. The MCH Child and Adolescent Health Division will continue to assure that child care providers receive information on oral health to include information on sealants.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

#### a. Last Year's Accomplishments

MCH maintained a close working relationship with the Oklahoma State Department of Health (OSDH) Injury Prevention Service. Staff collaborated on strategic planning and training to impact prevention of unintentional injuries. OSDH Injury Prevention Service was also a partner in assisting MCH to accomplish the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS).

The MCH Healthy Child Care Oklahoma Project and SAFE KIDS Program partnered with the Child Care Licensing Division, Oklahoma Department of Human Services (OKDHS) in developing more stringent rules for transporting children while in child care. A revised policy went into effect August 1, 2003 requiring all children to be transported in child safety seats/booster seats until they enter kindergarten.

MCH continued to provide state level leadership and administrative support for the Oklahoma SAFE KIDS Coalition (SAFE KIDS). SAFE KIDS continued as a collaborative partnership with the University of Oklahoma (OU) Children's Physicians, OU Medical Center, Oklahoma Highway Safety Office, and Oklahoma SAFE KIDS, Inc., the private non-profit fund raising arm of the coalition founded in this year.

SAFE KIDS conducted three types of child passenger safety trainings throughout the year: the one-day introductory class, the four-day certification class, and the three-hour technical update class. SAFE KIDS trained a total of 213 child passenger safety advocates this year, bringing the total to 1,923. In addition, SAFE KIDS provided technical assistance over the phone to an average of four parents/caregivers per day. A total of 93 presentations in child passenger safety, as well as other areas of injury prevention, were provided to the public, while printed materials, videos, and other resources were available for loan. SAFE KIDS subsidized the cost of 782 car seats for low-income families. The family paid half of the wholesale price of the seat, while SAFE KIDS covered the remaining half. Seats distributed at child safety seat checks were provided at no cost to families. The loaner car seat program for children with special health care needs helped 22 children with a car seat to meet their needs. As part of the National SAFE KIDS Campaign's "SAFE KIDS Buckle Up" Program, 39 car seat checks were conducted throughout the state. MCH programs, contractors, and partners used injury prevention information from MCH and SAFE KIDS as opportunities arose through trainings and conferences.

Please Be Seated, an initiative of SAFE KIDS accomplished through a partnership with the Oklahoma Highway Safety Office, continued to notify individuals carrying unrestrained children in their vehicles with a letter and information on how to obtain a free or discounted car seat.

#### b. Current Activities

SAFE KIDS was heavily involved in the education of policy makers to facilitate an amendment to Oklahoma's child passenger safety law during this legislative session. The measure was signed into law March 31, 2004. The law requires all children under age six to be restrained in a child safety seat or booster seat. The previous law only covered children under four and under 60 pounds. Efforts to educate the public about the new law are already underway.

The MCH Child and Adolescent Health Director and the MCH School Health Educator served on the SAFE KIDS Summit planning committee. The SAFE KIDS Summit, held in May 2004, included sessions on child passenger safety, all-terrain vehicles, and drivers education.

Oklahoma learned in June that it is one of three states nationally to be selected to participate in a pilot project being conducted by the National SAFE KIDS Campaign. The goal of this pilot project is to improve SAFE KIDS' ability to support, build, and sustain local coalitions.

MCH is working with OSDH Community Health Services and OSDH Injury Prevention Service to explore strategies for increasing the infrastructure across the state in communities to provide car restraint safety education and car seat safety checks. A proposed plan with recommendations on how to phase in coverage of the state is being drafted for further discussion. Community-based partners to be involved include local Turning Point partnerships, hospitals, schools, child care, fire fighters, emergency medical technicians, county health departments, and local law enforcement.

### c. Plan for the Coming Year

Information from Oklahoma's first statewide-randomized CDC YRBS accomplished in 2003 will be shared with state and community-based policy makers as well as interested individuals and organizations to enhance prevention activities. MCH will facilitate administration of Oklahoma's second statewide-randomized CDC YRBS in the spring of 2005.

SAFE KIDS will continue to be a collaborative partnership between MCH, the OU Children's Physicians, the OU Medical Center, and the SAFE KIDS Coalition Inc. SAFE KIDS will offer training statewide in child passenger safety specifically targeting health professionals, law enforcement, and fire fighters. SAFE KIDS will continue their statewide referral service. Parents and caregivers will be able to receive information on where they can have child safety seats checked by certified technicians around the state with at least two child safety seat checks per month provided in local communities by SAFE KIDS. SAFE KIDS will also continue to maintain the state's only database of certified technicians and share that information with groups/individuals for education purposes. Child safety seats will be available on a subsidized basis at a cost of \$6 to \$27.50 depending on the type of seat with approximately 30 subsidized car seats per month to be provided to low-income families along with instruction in proper use. Technical assistance with child safety seats, to include safety seats for children with special health care needs, will be offered both via phone and one-on-one appointments. A loaner program for special needs children requiring special seats will continue. The Please Be Seated Project, accomplished in partnership with the Oklahoma Highway Safety Office, will continue to allow concerned citizens to report, via postcard, vehicles carrying unrestrained children. The motorist will be contacted by mail and provided helpful information regarding acquisition of free or reduced price car seats for their children. Collaborative activities with car dealerships, television stations, insurance companies, and other agencies will also continue statewide.

MCH, OSDH Community Health Services, and OSDH Injury Prevention Service will work collaboratively to facilitate increasing the infrastructure across the state in communities to provide car restraint safety education and car seat safety checks. Community-based partners to be involved include local Turning Point partnerships, hospitals, schools, child care, fire fighters, emergency medical technicians, county health departments, and local law enforcement.

MCH programs will continue to provide information on the importance of routine safety restraint use utilizing monthly resource packets, quarterly school health newsletters, the Good Health Gets an A Calendar, and information booths at conferences. Technical assistance and trainings will continue to be provided to child care facilities.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

MCH monitored breastfeeding through data received from the Pregnancy Risk Assessment Monitoring System (PRAMS), Women, Infants and Children (WIC) supplemental nutrition program, and Children First. The PRAMS, a Centers for Disease Control and Prevention (CDC) population-based surveillance system, provided data on the percentage of mothers who breastfed their infants at hospital discharge. The WIC information system provided data on the duration of breastfeeding for clients served by this supplemental nutrition program. Children First data provided breastfeeding information for first time mothers and their infants served through this statewide voluntary nurse home visitation program.

The Central Oklahoma Breastfeeding Advocates (COBA) continued to meet on a routine basis and began implementation of a statewide breastfeeding plan modeled after the Department of Health and Human Services' national plan. COBA focused on three areas of emphasis to increase the rate of breastfeeding in Oklahoma: increasing employer support for breastfeeding; developing a legislative agenda targeted at improving support for breastfeeding; and, increasing education of health care providers on effective strategies to promote breastfeeding. Legislation was drafted for the state fiscal year (SFY) 2004 legislative session focused on preventing harassment and discrimination of women who breastfed in public.

The MCH Public Health Social Work Coordinator facilitated Oklahoma State Department of Health (OSDH) Administration to identify a room for use by female employees that breastfeed. Remodeling of the room began as well as purchasing of furniture and equipment.

The Margaret Hudson Program for Pregnant and Parenting Teens in Tulsa continued an intensive program to encourage teen mothers to breastfeed their infants. Data indicated an increase in teen mothers breastfeeding at the time of hospital discharge from 76% in the 2001-2002 school year to 82% in the 2002-2003 school year.

Advanced practice nurses and nurses in county health departments and contract sites continued to provide education and support to breastfeeding mothers receiving MCH services.

The Perinatal Continuing Education Program (PCEP), a statewide continuing education program for hospital based medical and nursing staff funded by state monies through MCH, continued to make their breastfeeding education curriculum available to all physicians and nurses to improve their knowledge and expertise in encouraging pregnant women to breastfeed.

b. Current Activities

Legislation was passed that exempts mothers that breastfeed from public indecency statutes. This is allowing mothers to breastfeed their babies in public without the concern of being harassed or asked to leave. It also allows these mothers to opt out of jury duty if time spent serving on the jury will interfere with their ability to successfully breastfeed.

MCH continues to participate with COBA. The MCH Family Advocate is providing leadership for activities of this group. This group includes community members, La Leche League, hospitals, WIC, lactation consultants, physicians, nurses, nutritionists, Central Oklahoma Perinatal Coalition, and professionals who are interested in promoting breastfeeding in central Oklahoma.

The OSDH breastfeeding room is near completion. Discussions are occurring related to a statewide press release and recommendations to be made to other state agencies as well as public and private businesses to provide facilities on site for breastfeeding employees and visitors.

MCH is working with the OSDH Communications to finalize the format and printing of a PRAMS Gram on breastfeeding. The PRAMS Gram provides demographic and source of prenatal care information on women in Oklahoma who breastfeed.

A two-hour training via videoconference for county health department and contract agency service providers titled "Counseling on Breastfeeding Success" was provided on March 15, 2004.

### c. Plan for the Coming Year

MCH will continue to monitor breastfeeding through data received from the PRAMS, WIC, and Children First. This information will be used by MCH, COBA, the State Perinatal Coalition, and the three major community-based perinatal coalitions in Oklahoma (Central Oklahoma Perinatal Coalition, South Central Perinatal Coalition, and Family Health Coalition) to work with women, families, health care providers, and community groups to promote and foster the success of breastfeeding.

MCH will continue to actively participate with COBA. Activities will continue in the next legislative session to further educate legislators on the positive impact breastfeeding has on the long-term health of Oklahomans.

A press release is planned upon completion of the OSDH breastfeeding room. The Commissioner of Health will encourage other state agencies and public and private businesses to adopt policies and practices to support breastfeeding in the work place.

MCH will provide training to nurses, social workers, health educators, and nutritionists in county health departments and contract clinics on identification of barriers to breastfeeding and strategies clinic staff can use to assist clients in overcoming these barriers. The PCEP will continue to provide training to hospital based medical and nursing staff.

A nutritionist will be hired as part of the state office staff to work closely with MCH programs in development of program services. This position will also provide technical assistance, consultation, education, and support to county health departments and contract providers regarding nutrition services to include breastfeeding.

*Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.*

### a. Last Year's Accomplishments

MCH continued to provide funding to support the Newborn Hearing Screening Program (NHSP). In calendar year (CY) 2002, newborn hearing screening records were entered into one of two databases; the Oklahoma State Department of Health (OSDH) NHSP mainframe database or the newly created combined newborn hearing/newborn metabolic disorder database. Of the 48,764 CY 2002 Oklahoma births, 45,174 (93%) had hearing screened prior to hospital discharge. Approximately 1,400 (3%) were referred for diagnostic assessment secondary to not passing the hospital screening. Of those referred, 54 infants had significant hearing loss. Because of the presence of "risk indicators for hearing loss," approximately 3,500 who passed screening at birth were referred for additional hearing screening at six months of

age. As of September 30, 2003, at least 38 infants born in 2002 and ten infants born in 2003 received early intervention services for infants with hearing loss.

On October 1, 2002, seventy-five (75) birthing facilities were providing physiologic hearing screening. With the re-opened birthing facility in Stroud, seventy-six (76) sites were providing screening on September 30, 2003. All birthing facilities with a census of fifteen or more births per year provided physiologic hearing screening.

The NHSP task forces (Screening, Audiology, and Early Intervention) continued to meet. Screening worked to assure that every infant had hearing screened prior to discharge and that infants who referred were linked to a medical home and seen by an audiologist for a diagnostic assessment. Audiology continued to investigate funding for infant amplification (e.g. private foundation funds to assist families in purchasing hearing aids). Early Intervention continued to assure that all infants/toddlers identified with hearing loss received appropriate services in a timely manner. The Oklahoma School for the Deaf videotape that explained communication options for families of infants diagnosed with hearing loss was made available at SoonerStart sites.

The Oklahoma Universal Newborn Hearing Screening and Intervention Project, a Maternal and Child Health Bureau (MCHB) funded initiative, moved into its third year. All birthing facilities were required to use the single form developed through this Project that collected demographics, blood spot samples, and hearing screening results for each newborn beginning January 1, 2003. Approximately 500 hospital staff were trained in completing the new form through September 2003.

Twelve (12) additional physiologic hearing screeners were purchased for urban and rural service sites. Thirty (30) clinicians (speech-language pathologists, nurses, and child development specialists) were provided training in using them. Three additional ASSR/ABR diagnostic audiometers were purchased. All health department audiologists participated in a two-day didactic workshop using the new physiologic testing equipment.

## b. Current Activities

The issue of how to screen infants born at home or born in a hospital with a birth census of less than 15 continues to be addressed in part through collaboration with the Oklahoma Chapter of the American Academy of Pediatrics (OKAAP). The OKAAP's hearing screening "Chapter Champion" keeps fellow physicians fully informed about the necessity of such screening for infants not screened at birth and the availability of physiologic screening at most county health departments. Additional hearing screening equipment has been placed at a midwifery practice and also provided to the neonatal intensive care unit (NICU) of one of the larger hospitals to make it easier for the NICU to accomplish hearing screening without having to borrow a screener from the regular nursery.

Education continues for hospital staff in correctly completing the combined newborn hearing/newborn metabolic disorder screening form. An additional page included with this collection instrument provides the hospital with a copy of the demographics and hearing results for the infant's medical record.

Using funds obtained through the MCHB funded Oklahoma Universal Newborn Hearing Screening and Intervention Project, 15 additional physiologic screening devices have been placed this year in county health departments and SoonerStart sites with training for the local clinicians provide by OSDH audiologists. MCHB funds have also been used to award a contract to Neometrics to integrate the NHSP database (combined hearing and metabolic data) with OSDH vital records.

The NHSP task forces continue to meet regularly to address issues of hospital screening, intervention issues, and audiology issues. Screening continues to distribute brochures describing newborn hearing screening to mothers who have delivered at the birthing facilities. These brochures are available in both English and Spanish. Audiology is working closely with the Oklahoma Health Care Authority (OHCA) to assure Medicaid eligible infants are fit with appropriate amplification in a timely manner. Early Intervention is taking steps to assure that various methodologies of intervention are available to deaf and hard of hearing infants at no cost to the family even if such services are only available in the private sector.

### c. Plan for the Coming Year

MCH will continue to provide funding to support ongoing statewide newborn hearing screening activities. Both MCH and the CSHCN Program will provide technical assistance as needed.

The NHSP will continue to work closely with the Oklahoma Hospital Association to ascertain that physiologic hearing screening equipment is in place at all state birthing facilities requesting it and that staff at these sites are appropriately trained to screen the hearing of all newborns.

The NHSP task forces will continue to meet regularly. Screening will take steps to assure that hospital hearing screening refer rates continue to stay at less than 3%. Both private and public insurance reimbursement to hospitals for infant hearing screening continues to be an issue. The task force will work closely with the Oklahoma Hospital Association in an effort to ascertain that hospitals are appropriately reimbursed for the screening they perform. Audiology will continue development of a "Hearing" resource manual to be given to all Oklahoma audiologists. The resource manual will include information about hearing loss, intervention strategies, and services for deaf and hard of hearing children that can be easily duplicated and given to parents of newly diagnosed deaf infants and children. Early Intervention will continue to assure that parents are presented with unbiased information about the various communication options for their deaf infants. The task force will focus on how to assist families with the transition from SoonerStart into an appropriate program for older deaf and hard of hearing children.

The MCHB grant funds for the Oklahoma Universal Newborn Hearing Screening and Intervention Project that began March 31, 2001 extend through March 30, 2005. Refinements to the redesigned combined newborn hearing /newborn metabolic disorder screening database continue. This database will be linked with the immunization database this year. This will enhance tracking capabilities of infants with possible hearing loss. With enhanced tracking, the number of infants lost to follow-up will be reduced significantly. Statistical reports indicating the number of infants who had hearing screened, the number who referred on the hospital screening, and the number of infants who were diagnosed with hearing loss will be available in a more timely and efficient manner.

Additional hearing screening devices will be made available to both urban and rural health departments and early intervention sites.

Training in using hearing screening/diagnostic equipment as well as updates on screening and assessment techniques will continue to be offered to health department clinicians and other interested health care professionals.

Both the English and Spanish versions of the parent brochure explaining newborn hearing screening will continue to be distributed to birthing facilities, to county health departments, and to public and private clinics.

Performance Measure 13: *Percent of children without health insurance.*

a. Last Year's Accomplishments

MCH completed a revision of The Oklahoma Toddlers Survey (TOTS). TOTS was implemented in 1994 to provide follow-up health information (e.g., health insurance status) on two-year-olds whose mothers participated in the Pregnancy Risk Assessment Monitoring System (PRAMS), a Centers for Disease Control and Prevention (CDC) population-based surveillance system focused on the health status and access to care of Oklahoma women who delivered a live birth.

MCH received notification of funding for the Maternal and Child Health Bureau (MCHB) Early Childhood Comprehensive Systems Planning Grant on September 24, 2003. This planning grant focuses on bringing together existing state efforts to develop a state plan for early childhood. One of the five critical components that must be addressed in this planning grant is access to health insurance and medical homes.

MCH continued to work on strategies with the Oklahoma Institute for Child Advocacy (OICA), Oklahoma Primary Care Association, Oklahoma Health Care Authority, and other partners to reduce the number of children without health insurance. MCH participated in the Fall Forum facilitated by the OICA at which insurance coverage and access to health care remained priorities.

The Oklahoma Areawide Services Information System (OASIS) continued to serve as the Title V statewide 1-800 central toll-free telephone information and referral service. The Joint Oklahoma Information Network (JOIN), a partnership of Oklahoma state agencies with a shared vision of providing improved, personalized access to government assistance programs, began plans to integrate the OASIS into the network as a centralized resource and referral service.

MCH continued to provide technical assistance and funding for a Fetal and Infant Mortality Review (FIMR) Project in Tulsa County. The FIMR Project brought community partners together to address insurance coverage as one of the gaps in the health care system for infants and children in Tulsa County.

MCH staff continued to participate on the Child Death Review Board. This Board looked at multiple variables that lead to child death to include access to health services.

County health departments and contract providers worked with families to provide them with information on Medicaid, complete Medicaid applications, and connect them to providers who accepted Medicaid. Clinical services were provided as a safety net service through county health departments and contract providers with 19,311 children receiving services. Oklahoma City and Tulsa, the state's two largest urban areas, continued to see increasing numbers of undocumented Hispanic children. Services were provided in accordance with the American Academy of Pediatrics and Bright Futures guidelines and included comprehensive histories and physical exams, developmental and nutritional screenings, immunizations, injury prevention education, lead screening, treatment of minor acute illnesses, and anticipatory guidance.

b. Current Activities

In an effort to increase access to health care, legislation was passed in 2004 entitled "Health Employee and Economy Improvement Act Revolving Fund". This legislation will allow small employers and employees to purchase employer-sponsored, state-approved private insurance or to buy into state-sponsored health insurance through a state premium assistance payment. Once this new legislation has been implemented it is expected that more children will have health insurance coverage to pay for the services they need.

The MCH Coordinator of the MCHB funded ECCS Planning Grant is assuring that health insurance status and medical home are being addressed as planning activities occur in developing the state plan for early childhood. The Coordinator is working with the new legislatively created Oklahoma Partnership for School Readiness (OPSR) Board. The ECCS Planning Grant is being used to facilitate a comprehensive early childhood strength and needs assessment and to support OPSR planning activities.

MCH is becoming more involved in looking at the health needs of the homeless. The Director of MCH Child and Adolescent Health Division is part of a state level work group who is exploring the needs of homeless families with children. Issues being explored include access to health care.

Oklahoma state agencies are in the process of updating for signature the third multi-year agreement acknowledging their commitment to continued support of JOIN. JOIN continues to develop its data repository that contains information on who is currently receiving services and what those services are from the participating state agencies, refine its eligibility wizard that provides individuals and families seeking services with a brief description of the service and any eligibility requirements, and integrate the OASIS as part of JOIN's resource and referral system. One purpose of JOIN is to assist families to connect with health services.

MCH continues to support the Oklahoma Primary Care Association and the Oklahoma State Department of Health (OSDH) Office of Primary Care in their efforts to expand the network of federally qualified community health centers (FQHCs) in Oklahoma.

MCH is in active discussions with the Oklahoma City County Health Department to initiate a FIMR Project for Oklahoma County.

The Child Death Review Board is being restructured as a result of state statute passed this legislative session. The Chief of MCH has been added to this Board.

MCH is looking at opportunities to redirect funds to assist the providers in Oklahoma City and Tulsa to meet the health care needs of the increasing undocumented Hispanic population. These providers are finding that to assist in meeting their fiscal needs to continue to provide these services, they need to develop sliding fee schedules for clinical services. These fee schedules are being developed with technical assistance from MCH and will be reviewed and approved by MCH before implementation.

### c. Plan for the Coming Year

MCH Assessment will continue to facilitate analysis and interpretation of data from TOTS and other MCH population-based surveys to include the Oklahoma First Grade Health Survey, Oklahoma Fifth Grade Health Survey, and dental health needs assessment for use in education and support for needed systems changes to enhance access to insurance coverage for health care including dental care services for children.

The MCHB ECCS Planning Grant will continue to provide infrastructure for planning activities to result in a final comprehensive state plan for early childhood. MCH will continue to support the Coordinator of the ECCS Grant and the MCH Family Advocate in their activities to enhance the planning process and insure that family input is secured and incorporated throughout the planning process.

MCH will look at how resources can be used to meet the needs of the maternal and child health population that are homeless. This is an area that MCH plans to continue to become more actively involved in looking at the issues and what resources exist to meet the needs. The

Director of the MCH Child and Adolescent Division will continue to serve on the state level work group as well as serve on the Governor's Interagency Council on Homelessness.

MCH will work with the OICA and other partners to educate families regarding the legislation passed this year that will facilitate their being able to obtain coverage. MCH will continue to participate in the OICA's Fall Forum and will work with the OICA to facilitate child advocates from state, regional, county, and community levels attending the Forum to participate in developing a legislative agenda focused on children's issues.

MCH will continue to work closely with the Oklahoma Primary Care Association and the OSDH Office of Primary Care as they continue to provide technical assistance and support to communities developing strategic plans and applications for approval and funding for FQHCs.

As JOIN moves forward in integrating the OASIS into the network, MCH will provide support and technical assistance as needed.

MCH will continue to provide technical assistance to the FIMR Project in Tulsa County and will move forward with plans to replicate this project in Oklahoma County through a contractual agreement with the Oklahoma City County Health Department.

The Chief of MCH will participate on the Child Death Review Board. MCH will serve as resource to the Board as requested.

MCH will continue to fund child and adolescent health clinical services as a safety net service through county health departments and contract providers. Services will be provided in accordance with the American Academy of Pediatrics and Bright Futures guidelines.

*Performance Measure 14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

#### a. Last Year's Accomplishments

Discussions with the Oklahoma Health Care Authority (OHCA) and Oklahoma Department of Human Services (OKDHS) confirmed a common goal and priority of all children having an identified medical home to provide a comprehensive continuum of care. Collaboration continued to assure eligible children were provided with health services through Medicaid or the State Children's Health Insurance Program (SCHIP), accomplished in Oklahoma through expansion of Medicaid. Staff in county health departments actively assisted families in completion of the Medicaid application and connection to their local OKDHS office.

The Chief of MCH continued to participate on the Oklahoma Institute for Child Advocacy (OICA) Health Advisory Board. A major focus continued on outreach and enrollment of children in the State Children's Health Insurance Program (SCHIP).

The Chief Administrators of the OHCA and OKDHS were appointed to the legislatively created Oklahoma Partnership for School Readiness (OPSR) Board. This Board was tasked with improving the early childhood system in Oklahoma to assure children are healthy and ready to learn at school entry. In September of 2003, MCH received notification of funding from the Maternal and Child Health Bureau (MCHB) of the Early Childhood Comprehensive Systems (ECCS) Planning Grant. This planning grant is focused on providing infrastructure support to the planning activities of the state to include OPSR. One critical component to be addressed in development of the state plan is access to health insurance and medical homes.

Contract language in MCH clinical fixed rate service contracts and CSHCN Program service

provision contracts required contract providers to assist families in the Medicaid process in order to enhance the success of families in applying for and accessing Medicaid.

MCH programs continued to work with schools and child care facilities to share information on Medicaid and how to connect children and their families with this coverage for health care services.

#### b. Current Activities

MCH closely monitored legislative activities regarding the OHCA's budget this year and coverage of children with Medicaid. Coverage remains at 185% of federal poverty level and below. Medicaid did move from a managed care model to fee for service this year due to requirements in state statute that a minimum of three health maintenance organizations (HMO) must participate in the state plan to use the HMO option. Since the inception of the HMO option, physicians have requested a return to a fee for service structure. It is anticipated that this change may result in more physicians providing services to children who are covered by Medicaid.

Activities of the MCHB ECCS Planning Grant have been initiated. The Coordinator of the ECCS Grant and MCH Family Advocate are actively engaged in state planning activities and serving as a resource to the OPSR Board.

The Director of Child and Adolescent Health Division and the MCH Family Advocate will be attending the American Academy of Pediatrics CATCH Conference in July 2004. Information on how to promote the medical home concept and how physicians across the nation are responding to this initiative will be obtained and used to enhance connecting children in Oklahoma with a medical home.

#### c. Plan for the Coming Year

State planning will continue toward the development of a comprehensive system for early childhood. A report is due to the Governor and legislature no later than November 1, 2004. The MCHB ECCS Planning Grant will continue to provide infrastructure for these planning activities. MCH will continue to support the Coordinator of the ECCS Grant and the MCH Family Advocate in their activities to enhance the planning process.

MCH and the CSHCN Program will meet with the President of the Oklahoma Chapter of the American Academy of Pediatrics (AAP) to discuss support of and strategies for expanding medical home in Oklahoma. MCH and the CSHCN Program need to strengthen their relationship with the Oklahoma Chapter of AAP and work more closely and collaboratively with the organization to improve the system of health services for children.

The Chief of MCH will continue to participate on the OICA Health Advisory Board. MCH staff will serve as a resource to the Board as it examines Medicaid utilization and access to this source of health care coverage for children.

Collaboration will continue with the OHCA and OKDHS to provide technical assistance and support to county health departments and contract providers on outreach and Medicaid enrollment.

MCH will continue to provide information and resources on Medicaid and the SCHIP to schools and child care facilities. Guidance will be provided as to how to connect families with Medicaid.

MCH will continue to include in its clinical fixed rate service contracts, and the CSHCN Program in its service provision contracts, the requirement for contract providers to assist families in the

Medicaid process in order to enhance the success of families in applying for and accessing Medicaid. MCH and the CSHCN Program will provide technical assistance to contractors to increase opportunities for families to be enrolled.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

#### a. Last Year's Accomplishments

The Pregnancy Risk Assessment Monitoring System (PRAMS) continued to be the primary source of data used in policy development and program planning. This population-based surveillance system that provides data on the health status of Oklahoma women who delivered a live birth, access to care, and attitudes or behaviors that may impact health outcomes continued to be funded by the Centers for Disease Control and Prevention (CDC) and MCH.

MCH continued to monitor the impact of the growing indigent Hispanic population. Technical assistance was provided to community-based organizations on health care systems issues. Collaboration continued with the Oklahoma State Department of Health (OSDH) Office of Minority Health and community-based resources to identify appropriate prenatal education materials.

The Healthy Start projects in Oklahoma and Tulsa counties as well as the state and local perinatal coalitions continued to use MCH as a resource. The Healthy Mothers/Healthy Babies Coalition was supported through Title V funding. Routine collaboration occurred on service and training issues.

The Fetal and Infant Mortality Review (FIMR) Project in Tulsa County focused on strengthening the role of its Community Action Team (CAT). This team took information from the Case Review Team (CRT) and explored strategies to impact identified systems issues. The Tulsa City County Health Department provided the staff and administrative support of this Project with funding from MCH.

MCH continued to work closely with the Oklahoma Health Care Authority (OHCA) to assure that presumptive eligibility for Medicaid coverage of pregnant women served through county health departments and contract clinics remained intact. MCH also continued to provide funding for comprehensive prenatal and postpartum services to uninsured and underinsured women. Six thousand eight hundred seventy four (6,874) pregnant women received maternity services during state fiscal year 2003. The scope of maternity services varied from site to site ranging from one visit for risk assessment to full service clinics providing services through 40 weeks of gestation. The scope of services reflected the demographic make-up of the county and availability of providers.

Health care providers continued to educate women seen through county health departments and contract clinics on the impact of smoking on the health of the mother and unborn child. Women were supported in their efforts to discontinue smoking with referral made to the Oklahoma Tobacco Helpline 1-866-PITCH-EM beginning August 2003.

#### b. Current Activities

MCH co-sponsored a conference with the Healthy Start projects and the Oklahoma Chapter of March of Dimes focused on prematurity in April 2004. This conference brought together state and community leaders to discuss current strategies in preventing premature birth, decreasing very low and low birth weight infants, improving community support for families, and improving overall health of pregnant women and their children.

The OHCA is exploring the possibility of using the State Children's Health Insurance Program (SCHIP) to expand the availability of maternity services. MCH is working with the Oklahoma State Department of Health (OSDH) Federal Funds Development and OSDH Financial Management regarding options for state match.

Discussions continue between MCH and the OSDH Tobacco Use Prevention Service regarding innovative strategies that may be piloted in county health departments or with contract providers. These have been delayed as OSDH Tobacco Use Prevention Service has needed to focus on legislative activities related to the tobacco dollars being received by the state.

Funds have been identified and paperwork is being completed to hire a nutritionist to be part of the MCH state office staff. This position will assist in setting state and program policy and developing services to improve the health status of the MCH population.

### c. Plan for the Coming Year

MCH will continue to support the PRAMS in collaboration with the CDC. Information derived from the PRAMS will continue to be shared with policymakers and program developers to promote needed systems changes.

Changes in Oklahoma's racial and ethnic populations will continue to be monitored. Collaborative work will continue with the Office of Minority Health and state and community-based partners to address the needs of Oklahoma's diverse populations.

MCH will continue to serve as a resource to the Healthy Mothers/Healthy Babies Coalition, Healthy Start projects, Central Oklahoma Perinatal Coalition, Family Health Coalition, South-Central Oklahoma Perinatal Coalition, and State Perinatal Coalition. MCH staff will continue to actively participate in meetings of these groups.

Funding will continue to support the Central Oklahoma Integrated Network (COINS) for infrastructure and enabling activities to include support of the State Perinatal Coalition. The Chief of MCH and the MCH Family Advocate will continue to participate in quarterly meetings of the Coalition.

MCH will continue to work closely with and provide support to the Oklahoma Primary Care Association, OSDH Office of Primary Care, OSDH Turning Point, and communities in developing plans and grants for expansion of federally qualified health centers (FQHCs) to meet primary health care needs in rural and medically underserved areas of the state.

MCH will continue to work closely with the OHCA to assure that presumptive eligibility for Medicaid coverage of pregnant women served through public health maternity clinics remains intact. In communities where systems have been developed to facilitate a seamless transfer of clients to private providers once Medicaid eligibility is established, county health departments will continue to take on stronger leadership roles in community education and outreach, and to serve as the entry point to assure low-income women receive early and appropriate prenatal care. In areas of need, MCH will continue to provide funding for county health departments and contract providers to provide comprehensive prenatal and postpartum care.

Training for providers on the harms on smoking and strategies for intervening will be provided to include referral to the Oklahoma Tobacco Helpline 1-866-PITCH-EM. MCH will continue to explore with OSDH Community Health Services and OSDH Tobacco Use Prevention Service the implementation of pilot projects in county health departments targeted toward new strategies to promote smoking cessation.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

**a. Last Year's Accomplishments**

MCH conducted Oklahoma's first statewide-randomized Youth Risk Behavior Survey (YRBS). This survey, developed by the Centers for Disease Control and Prevention (CDC), provides information on youth risk taking behaviors to include specific suicide ideation and behaviors as well as related risk factors such as depression and substance abuse.

The MCH Adolescent Health Program compiled a facts and statistics packet that contained data on youth suicide in Oklahoma, along with research findings compiled by the CDC and the Suicide Prevention Advocacy Network, warning signs, and risk/protective factors. This information was made available on the MCH Adolescent Health Program web page and presented at conferences, workshops, and task force meetings.

The Oklahoma County Youth Suicide Prevention Coalition held the 2nd Annual Youth Listening Conference with Oklahoma City Public Schools and numerous community partners. This annual session provided the youth of Oklahoma City an opportunity to present issues and proposed solutions to the leadership of the community (school board members, city council members, state legislators, business leaders, and others). In addition, the Coalition began training other communities in how to implement the listening conference model.

The Oklahoma County Coalition began a series of community-based advocacy and strategic planning training sessions as a follow-up to the Youth Listening Conference. These trainings brought together adults and youth to discuss data trends, risk and protective factors for suicide as well as basic listening skills. This culminated into a strategy session in which participants identified and prioritized a list of first steps to be taken to create community buy-in for the implementation of suicide prevention programs with the assistance of the Oklahoma Youth Suicide Prevention Council.

The Oklahoma Youth Suicide Prevention Council, created by House Bill 1241, held a series of interviews with Juvenile Court and County Court Judges to discuss issues related to youth in the juvenile justice system and their relative suicide risk. The purpose was to identify windows of opportunity for youth in the system that are at statistically higher risk of suicide. Issues of community support for youth surfaced and links to local Turning Point partnerships were made as a first step. Additional recommendations to the Council were to be compiled into a summary report.

Members of the Oklahoma Youth Suicide Prevention Council continued participation in a web-based training through the National Center for Suicide Prevention Training that covers suicide data, program planning and evaluation, and community development. This training continued to be useful in the training of council members.

**b. Current Activities**

Oklahoma has just received its 2003 YRBS data from the CDC. It is anticipated the YRBS data will provide additional information to use in developing strategies to reduce suicide deaths among youth.

The MCH Adolescent Health Coordinator continues to provide leadership within the state and region related to youth suicide prevention activities. The Coordinator continues to chair the Oklahoma Youth Suicide Prevention Council. During the most current legislative session, HB 2314 extended the termination date for the Oklahoma Youth Suicide Prevention Council.

The Oklahoma Youth Suicide Prevention Council is in discussions with the University of

Oklahoma College of Medicine regarding incorporation of training on suicide (screening tools, decision tree, and resources) with residents and continuing education for licensed physicians.

A ten-member team from Oklahoma attended an Association of State and Territorial Health Officers (ASTHO) meeting for Regions IV and VI focused on suicide. The team was representative of legislators, state agency staff, and individuals who had been impacted by suicide by a family member or self attempt. This team also participated in a follow-up meeting at the end of the ASTHO meeting with the Suicide Prevention Resource Center (SPRC). The team accomplished strategic planning pulling in the information received during the ASTHO meeting. Part of this strategic planning is the current development of the first suicide prevention conference to occur in November 2004. Another key component is linking activities with the Systems of Care initiative at the Oklahoma Department of Mental Health and Substance Abuse Services. The Systems of Care initiative is focused on improving children's access to mental health services.

MCH has submitted a grant application in response to the CDC Announcement: Enhancing State Capacity To Address Child and Adolescent Health through Violence Prevention due June 23, 2004. This cooperative agreement is to be awarded through a phased-in process of planning and implementation. Oklahoma is applying for planning funds to develop a comprehensive state plan.

### c. Plan for the Coming Year

The MCH Adolescent Health Program will continue to provide leadership for the Oklahoma Youth Suicide Prevention Council. The Council will continue to submit annual reports to the state legislature on December 15 and June 30. The Council will monitor progress and establish priorities using YRBS data on suicide ideation, attempts, and associated risk factors such as drug and alcohol use and data from the Oklahoma State Department of Health (OSDH) Injury Prevention Service that provides information on suicide attempts, a reportable condition in Oklahoma as of July 2001. Data from the Oklahoma Poison Control Center on suicide attempts will also be incorporated in information used by the Council.

The Oklahoma County Youth Suicide Prevention Coalition will hold the 4th Annual Youth Listening Conference with Oklahoma City Public Schools in November 2005. This annual session will provide the youth of Oklahoma City the opportunity to present issues and proposed solutions to the leadership of the community (school board members, city council members, legislators, business leaders, and others). The Coalition will staff the Implementation Subcommittee that oversees the implementation of processes developed at the Listening Conference in conjunction with students and conference participants. The Coalition will also continue to conduct community trainings across the state on how to conduct listening conferences using the Oklahoma City process as a model.

The Oklahoma State Team on Suicide Prevention, created as a result of the 2003 ASTHO/SPRC Region VI meeting, will conduct the first annual Suicide Prevention Conference at the University of Central Oklahoma in November 2004. The primary goal of the conference is to establish state level networks analogous to the regional networks established by SPRC and provide training in needs assessment, policy development, and assurance of mental health services.

The Oklahoma Youth Suicide Prevention Council will continue to provide regional train-the-trainer sessions across the state. The purpose of these will be to provide participants with the skills and tools necessary to provide local trainings on warning signs, active listening skills, resource building, and local policy development. The Council will continue to partner with state healthcare providers in the development of best practices for youth suicide prevention that includes the incorporation of suicide prevention education in medical and nursing schools as

well as in continuing education formats for existing providers. This training network is also expected to expand to social workers, substance abuse counselors, licensed professional counselors, and psychologists.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

#### a. Last Year's Accomplishments

The Perinatal Continuing Education Program (PCEP), located on the University of Oklahoma Health Science Center (OUHSC) campus, continued to receive state funding through MCH to provide education and training to medical and nursing staff in rural hospitals. The PCEP provided rural hospital staff with knowledge and tools to better recognize and manage obstetrical and newborn emergencies that could impact maternal and infant morbidity and mortality. The PCEP was active at 27 sites in state fiscal year 2003. Seven hundred seventy-five (775) prenatal health care providers participated in the PCEP, including 73 medical staff members (physicians, certified nurse midwives, physician assistants, and emergency medical personnel) and 702 nursing staff (registered nurses, licensed practical nurses, and respiratory therapists).

Three regional hospitals provided the PCEP under a subcontract with OUHSC: St. Mary's Regional Medical Center in Enid; Comanche County Memorial Hospital in Lawton; and, Norman Regional Hospital. Workshops were provided by each of these hospitals to hospitals in their region. Topics included electronic fetal monitoring, gestational diabetes, ultrasonography, neonatal resuscitation, and neonatal resuscitation instructor training. In addition to formal workshops, the PCEP provided videotapes and teaching materials to perinatal staff that were unable to attend regional workshops and provided professional consultation to medical personnel across the state. The PCEP also published and distributed four editions of "Outreach", a newsletter that provided updates on current practice and information on changes in perinatal care.

MCH served as a resource to the Healthy Start projects in Oklahoma and Tulsa counties, Children First, and local family resource and support programs. These projects and programs provided in-home support and made referrals to assure that pregnant women and their families were aware of signs and symptoms of perinatal complications and were able to seek prompt medical attention.

MCH continued to provide support for the Oklahoma State Medical Association (OSMA) Maternal Mortality Review Committee. MCH Women's Health Division prepared cases for review and assisted with other committee activities as indicated. The OSMA Maternal Mortality Review Committee continued to review maternal deaths with the intent to identify gaps and concerns in health care systems.

MCH continued to fund a Fetal and Infant Mortality Review (FIMR) Project for Tulsa County through the Tulsa City-County Health Department. The FIMR Project worked through its Case Review Team (CAT) and Community Action Team (CAT) to identify and impact systems issues to improve the health outcomes of pregnant women and infants.

#### b. Current Activities

MCH is developing a closer relationship with the PCEP. The PCEP staff are attending MCH staff meetings as perinatal topics are identified by either MCH or the PCEP that impact policy and/or services. Both programs are finding the closer relationship mutually beneficial.

MCH is identifying strategies to work with leadership of the Oklahoma State Department of Health (OSDH) and the OSMA to restructure Oklahoma's process for Maternal Mortality Review. MCH is seeking to move the process from the OSMA to MCH with support of the OSMA in order to better facilitate the state level process.

Funding for the FIMR Project in Tulsa County has been prioritized with funds being redirected to increase funding of the Project for the remainder of 2004. MCH is in discussions with Oklahoma City County Health Department to implement a FIMR Project in 2005.

### c. Plan for the Coming Year

MCH will continue to build on its relationship with the PCEP. State funds will continue for funding of the PCEP and MCH will continue to be responsible for monitoring the PCEP's activities. The PCEP will continue to target training to medical and nursing staff in rural hospitals across the state and provide participants with knowledge and tools to better recognize and manage obstetrical and newborn emergencies that could impact maternal and infant morbidity and mortality.

MCH will continue to serve as a resource to the Healthy Start projects, Children First, and local family resource and support programs. These projects and programs will continue to provide in-home support and make referrals to assure that pregnant women and their families are aware of signs and symptoms of perinatal complications and are able to seek prompt medical attention.

MCH will continue meetings with OSDH leadership and initiate meetings with the OSMA to begin moving forward with plans to restructure the process for Maternal Mortality Review.

MCH will continue the increased funding to the FIMR Project in Tulsa County. MCH will also be prioritizing and redirecting funds to enter into a contractual agreement with Oklahoma City County Health Department to initiate a FIMR Project for Oklahoma County in 2005.

*Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

### a. Last Year's Accomplishments

The Pregnancy Risk Assessment Monitoring System (PRAMS), a Centers for Disease Control and Prevention (CDC) surveillance system, continued to provide the MCH with population-based statewide data on entry into prenatal care and systems issues.

Maternity services continued to be provided through county health departments and contract providers as needed in communities. These services ranged from providing the initial risk assessment, history and physical and transitioning care to a local private physician early in the pregnancy to providing care throughout the pregnancy to time of delivery. Oklahoma County, Tulsa County, and counties in northeastern Oklahoma continued to experience difficulties in arranging for first trimester care due to limited capacity. The limited capacity was due to the continued increase in non-Medicaid eligible maternity clients and physicians who are unwilling to take Medicaid reimbursement.

MCH continued to support the Oklahoma Areawide Services Information System (OASIS) as the Title V statewide 1-800 central toll-free telephone information and referral line with access to information also available through the OASIS website (<http://oasis.oushc.edu>). MCH also provided funding to support centralized appointment lines in Oklahoma and Tulsa counties. The Babyline in Tulsa County and the Care Access and Referral Line (CARL) in Oklahoma County

reported delays in placing women for prenatal care, particularly the Hispanic population.

MCH contracted with Variety Health Center and Oklahoma City County Health Department in Oklahoma County and Tulsa City County Health Department in Tulsa County to provide outreach services. Support was also provided to the Healthy Start projects in Oklahoma County and Tulsa County in their outreach efforts. Outreach workers, the majority bilingual, canvassed identified neighborhoods, conducted follow-up activities by phone, mail, and/or in person, and facilitated enrollment in Medicaid.

MCH continued to contract with the Oklahoma Institute for Child Advocacy to provide the foundation for the state's Healthy Mothers/Healthy Babies Coalition. The Advisory Council of the Coalition met quarterly to strategize on interventions to impact state systems issues. The annual Healthy Beginnings Conference was held in the spring of 2004.

The Chief of MCH continued to participate in the subcommittee of the Oklahoma County Medical Society's Community Health Committee and facilitated other MCH staff involvement in presenting data, identifying gaps, and recommending interventions to improve perinatal services.

MCH continued to provide support for the Oklahoma State Medical Association (OSMA) Maternal Mortality Review Committee and for a Fetal and Infant Mortality Review (FIMR) Project in Tulsa County in continuing efforts to identify system issues impacting the health outcomes of pregnant women and their infants.

#### b. Current Activities

The trend toward the decreasing need for full service maternity clinics is continuing to level off due to decreasing availability of providers. Providers are increasingly unwilling to provide services to women with and without insurance due to liability issues and the rising cost of individual physician malpractice insurance. MCH is working with the state Turning Point Initiative and providing support to local Turning Point partnerships as communities develop strategies to address provider and systems issues.

The Oklahoma Health Care Authority (OHCA), the state Medicaid agency, is reviewing its policies on presumptive eligibility for maternity and is indicating there may be changes. The OHCA is also exploring the potential for coverage of the unborn infant under the State Children's Health Insurance Program (SCHIP). In addition, on January 1 of this year, the OHCA implemented a new electronic billing system that unbundled maternity services for the health department and community clinic providers. This appears to be impacting the ability of several community clinic providers to maintain services as they are indicating the new unbundled fee schedules provide reimbursement at below their costs. MCH is offering to work with those who are also Title V providers to negotiate reimbursement for actual costs from the OHCA.

The Central Oklahoma Integrated Network System (COINS) has received a grant from the Oklahoma Chapter of the March of Dimes. This grant is for the Centering Pregnancy Program Model Pilot Project, an alternative to traditional prenatal care with care provided in a group setting. MCH has been supportive of the COINS as it has made application for this funding and is working with Oklahoma State Department of Health (OSDH) Community Health Services to identify a county health department to be one of the pilot sites. MCH Women's Health Division will also provide training and technical support to the chosen pilot sites.

The subcommittee of the Oklahoma County Medical Society's Community Health Committee completed its work and forwarded its recommendations back to the Community Health Committee on May 11, 2004.

MCH is working with Oklahoma City County Health Department to begin implementation of a FIMR Project for Oklahoma County in 2005. MCH is also in the planning phase of restructuring the process for Maternal Mortality Review.

### c. Plan for the Coming Year

The PRAMS will continue to be the primary source of population-based statewide information on when MCH will provide technical assistance to county health departments and contract providers as they continue to educate communities on issues that impact entry into first trimester prenatal care such as pregnancy planning, preconception care, and the importance of early and routine prenatal care.

The OASIS will continue as the Title V statewide 1-800 central toll-free telephone information and referral service. It will continue to link women from across the state to their nearest prenatal care provider. Babyline in Tulsa County and CARL in Oklahoma County will continue to be funded by MCH. These centralized appointment and referral systems for pregnant women will continue to link pregnant women with health care providers and provide critical data for these communities as efforts continue to address early entry into prenatal care and the growing concerns related to issues of access.

MCH will continue to contract with Variety Health Center, Oklahoma City-County Health Department, and Tulsa City-County Health Department to provide outreach services. MCH will also continue to support the Healthy Start projects in Oklahoma County and Tulsa County in their outreach efforts.

A contractual agreement will remain in place with the OICA for the Healthy Mothers/Healthy Babies Coalition. MCH will work closely with the Coalition on strategies to strengthen advocacy efforts for mothers and infants with state policy leaders.

Support will continue for the COINS as the pilot project, Centering Pregnancy Program Model Pilot Project, is initiated. MCH Women's Health Division will provide training and technical assistance for the chosen pilot sites.

MCH will continue to be a resource to the Oklahoma County Medical Society as it considers the recommendations for perinatal health services forwarded from the subcommittee of the Community Health Committee.

MCH will continue its efforts to expand FIMR in Oklahoma as well as restructure the process for Maternal Mortality Review.

women enter prenatal care. The overall goal of the PRAMS is to provide information to be used in reducing infant morbidity and mortality by identifying maternal behaviors (e.g. entry into prenatal care) during pregnancy and early infancy that are opportunities for change.

Maternity services will continue to be provided through county health departments and contract clinics based on community need. MCH will continue to monitor the impact of legislation and actions of the OHCA on the system of health care for pregnant women.

## **FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

### **General Instructions/Notes:**

List major activities for your performance measures and identify the level of service

for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. Provide newborn metabolic screening for 100% of the newborns born in Oklahoma.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provide short-term follow-up to assure health care linkage for all infants with abnormal lab.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide long-term follow-up of affected infants to include care coordination and support services in collaboration with the medical home.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Expand newborn metabolic services to include a courier system to expedite testing and hiring of a metabolic dietician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide education for women with PKU wishing to have a child and coordinate with metabolic specialist to assure these women receive medical and nutrition services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Purchase PKU formula, amino acid bars and other specialized metabolic formula for pregnant women and infants/children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Provide genetic education programs to hospital staff and medical providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Develop infrastructure - "Healthy and Ready to Work" Program to assist with adolescent transition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Develop quality assurance program for Newborn Metabolic Screening Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Provide administrative support for the Oklahoma Genetics Advisory Council (OGAC).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Fund parent advocate positions as part of contractual agreement with providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Develop individual plans of service coordination through local Oklahoma Department of Human Services (OKDHS) offices with families.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Host community forums to gain input from families regarding current health system and needed changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Provide technical assistance for continued development of Sooner SUCCESS (pilot care coordination project).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Require contract providers through contracts to assist families to apply for Medicaid.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide technical assistance to contractors providing medical home model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Provide case management to individuals identified as disabled/income below Supplement Security Income(SSA) standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Provide medical, psychological, and psychiatric care for the CSHCN population in custody of the Oklahoma Department of Human Services (OKDHS).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Collaborate with the Oklahoma Chapter of the American Academy of Pediatrics (AAP) to support the medical home concept among physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)				
1. Provide technical assistance to contractors to assure families are appropriately assisted to apply for Medicaid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Develop plans to expand Sooner SUCCESS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Host community forums to gain input from families regarding need(s) for/gaps in health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pyramid Level of Service

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1. Support continuation of Sooner SUCCESS as pilot activities continue and plans are made to expand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Provide information, referral, and care coordination services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Initiate activities outlined in Champions for Progress Grant: parent/caretaker/provider survey; child care stipends and mileage reimbursement to attend meetings; expand number of and duration of community forums to gain input from families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Participate in ongoing collaborative meetings with Developmental Disabilities Services Division (DDSD) and Oklahoma State Department Of Education (OSDE) focused on transition issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. Collaborate with Immunization Service on implementation and				

evaluation of the OK by One Project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collaborate with Immunization Service to expand private sector partnerships with business and medical communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaborate with Immunization Service and the Oklahoma Health Care Authority, the state Medicaid agency, to assure immunization of children covered by Medicaid through outreach/education.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide education on immunizations through trainings of school and child care personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Participate on the state Immunization Advisory Committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Share 2003 Youth Risk Behavior Survey (YRBS) data to promote development of prevention activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Facilitate administration of 2005 statewide randomized YRBS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Update Teen Pregnancy Fact Pack and use to inform local communities and state and local policy makers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Participate in Interagency Coordinating Council (ICC) for Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases (STDs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide technical assistance to teen pregnancy prevention projects (TPPs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Provide technical assistance to teen parenting programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Collaborate with community Turning Point partnerships on teen pregnancy prevention activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Provide comprehensive family planning services through county health departments and contract clinics.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. Collaborate with Dental Service on annual accomplishment of the dental health needs assessment and on use of data to impact policy and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Participate in activities of the state level Oral Health Planning Committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Provide dental health education through schools to children and teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Provide dental health education and screenings during well child visits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide clinical dental health services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Share 2003 Youth Risk Behavior (YRBS) data to enhance development of prevention activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Facilitate administration of 2005 statewide randomized YRBS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Provide technical assistance and training to county health department and contract providers to expand infrastructure for accomplishing car seat checks and local education on importance of safety restraints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Provide education in appropriate use of car safety restraints to families, health care providers, child care providers, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Provide child safety seats to low income families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provide special child safety seats to children with special needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Monitor breastfeeding through data from the Pregnancy Risk Assessment Monitoring System (PRAMS), Women, Infants and Children (WIC) supplemental nutrition program, and Children First.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Use data to promote state policy that will foster success of breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Support activities of Central Oklahoma Breastfeeding Advocates (COBA).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Collaborate with partners on planning/initiation of activities to promote breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Train health care providers at county health departments and contract sites on identification of barriers to breastfeeding and strategies clinic staff can use to assist clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Use the Perinatal Continuing Education Program (PCEP) to train hospital medical and nursing staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Collaborate with OSDH Office of Communications on press release by Commissioner of Health announcing OSDH breastfeeding room and encouraging support of breastfeeding in the work place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Hire MCH nutritionist as part of state office staff to assist with policy and program development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Provide hearing screening to all newborns born in Oklahoma birthing facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Place and maintain physiologic hearing screening equipment in all state birthing facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Address ongoing issues of access and reimbursement through NHSP Task Forces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Complete refinements to redesigned combined newborn hearing/metabolic screening database.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Purchase additional diagnostic audiometers for county health departments and early intervention sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Train clinicians on use of diagnostic equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Distribute english and spanish versions of parent brochure explaining newborn hearing screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. Use data from MCH population-based surveys to educate and provide support for changes to enhance access to insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Utilize the Maternal and Child Health Bureau (MCHB) Early Childhood Comprehensive Systems (ECCS) Planning Grant to build infrastructure that will impact access to health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Participate in the Governor's Interagency Council on Homelessness. Explore how to become more actively involved with this MCH population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Collaborate with partners to educate families about the Health Employee and Economy Improvement Act Revolving Fund.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Participate in the Oklahoma Institute for Child Advocacy (OICA) Fall Forum to set children's legislative agenda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Collaborate with the Oklahoma Primary Care Association and the OSDH Office of Primary Care to increase Federally Qualified Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Centers (FQHCs)in the state.				
7. Participate in the development of the Joint Oklahoma Information Network (JOIN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Provide technical assistance to Child Death Review and Fetal and Infant Mortality Review Project related to issues of uninsured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Provide clinical child health services as a safety net provider.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. Utilize the Maternal and Child Health Bureau (MCHB) Early Childhood Comprehensive Systems (ECCS) Planning Grant to plan infrastructure to enhance linking children with services paid by the Medicaid Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collaborate with the Oklahoma Chapter of the American Academy of Pediatrics (AAP) to facilitate medical home concept/system of health services for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Participate in the Oklahoma Institute for Child Advocacy (OICA) Health Advisory Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Provide technical assistance to county staff, contractors, and schools on outreach and Medicaid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Assist individuals and families with enrollment with Medicaid at the community level.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Maintain clause in MCH and CSHCN contracts requiring assistance with Medicaid enrollment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. Collaborate with the Centers for Disease Control and Prevention (CDC) in continued support of the Pregnancy Risk Assessment Monitoring System (PRAMS).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Share the PRAMS data with policy makers and program developers to promote needed policy and systems changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Serve as a resource to state and community partners providing services to impact low birth weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Participate in State Perinatal Coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide support and technical assistance to state partners working to expand Federally Qualified Health Centers (FQHCs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Work closely with Medicaid to assure continuance of policy for presumptive eligibility for pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. Provide training for health care providers on the harms of smoking and strategies for intervening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Provide comprehensive prenatal and postpartum care as a safety net provider.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. Share 2003 Youth Risk Behavior Survey (YRBS) data to promote development of prevention activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Facilitate administration of 2005 statewide randomized YRBS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Provide support and technical assistance for the Oklahoma Youth Suicide Prevention Council.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Co-sponsor the 1st annual state Suicide Prevention Conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide regional train-the-trainer sessions to increase infrastructure to implement prevention activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1. Train hospital medical and nursing staff using the Perinatal Continuing Education Program (PCEP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Serve as a resource to state partners providing services to pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Provide support to the Oklahoma State Medical Association (OSMA) Maternal Mortality Committee. Continue to explore how to restructure the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Provide technical assistance to the Fetal and Infant Mortality Review (FIMR) Project in Tulsa County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Initiate a FIMR Project in Oklahoma County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.				
1. Share Pregnancy Risk Assessment Monitoring System (PRAMS) data to educate partners and policy makers on systems issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Monitor the impact of legislative and Medicaid actions on the system of health care for pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Provide prenatal services as a safety net provider.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide technical assistance to county and contract staff as community education is accomplished on the importance of early and routine prenatal care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide centralized telephone, referral and information services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provide outreach services to facilitate women entering care in the first trimester.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Provide technical assistance to support the state Healthy Mothers/Healthy Babies Coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Participate in Oklahoma County Medical Society's Community Health Committee subcommittee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Provide technical assistance/consultation for Fetal and Infant Mortality Review (FIMR) Project(s) and Maternal Mortality Review process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of women who have an unintended pregnancy (mistimed or unwanted) resulting in a live birth.*

a. Last Year's Accomplishments

MCH continued to monitor unintended pregnancy through data from the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based surveillance system that provides health information on women who delivered a live birth. Information was incorporated into education for clients and staff development trainings.

Funding issues with state budget cuts and the increased costs of contraceptive medications and supplies presented issues with the amount of services the Oklahoma State Department of Health (OSDH) could support through its Family Planning Program. Sterilizations services were discontinued to meet mandated budget reductions. Ongoing conversations occurred with the Region VI Title X Program Office to keep the regional office aware of the issues and the impact on the number of women and men that could be served with available resources.

Collaborative work continued with the Oklahoma Health Care Authority (OHCA) and Oklahoma Department of Human Services (OKDHS) on a Medicaid waiver for expansion of family planning services up to 185% of federal poverty level for women and men 19 years of age and older. Questions on budget neutrality and scope of services continued to be received from the Centers for Medicare and Medicaid Services (CMS). The state agencies continued to respond promptly with answers.

Numerous staff development opportunities were provided on cultural respect, contraceptive updates, services for males, and Human Immunodeficiency Virus (HIV) risk assessment. The

University of Texas, Southwestern Medical Center at Dallas provided a two-day onsite update and online courses as a clinical skills update for advanced practice nurses providing reproductive health services through county health departments and contract providers. This training was made possible through a Title X training grant.

The Oklahoma Areawide Services Information System (OASIS) continued as the statewide 1-800 toll-free telephone information and referral service. MCH also funded and provided technical assistance to Plan Line, a central appointment line for scheduling family planning and maternity appointments with community providers in Tulsa, and the Care Access and Referral Line (CARL), a central appointment line for scheduling family planning and maternity appointments with community providers in Oklahoma City.

Comprehensive family planning services were provided through county health departments and contract clinics. Services included comprehensive histories and physical exams, laboratory services, methods education and counseling, provision of contraceptive methods, sexually transmitted disease (STD)/Human Immunodeficiency Virus (HIV) screening and prevention education, pregnancy testing, immunizations, smoking cessation, education on nutrition and exercise, and stress management. Services were provided to 75,597 clients in calendar year 2003.

#### b. Current Activities

Funding of family planning services continues to be an issue. Contraceptive methods and supply costs continue to increase. Sterilization services were not budgeted this year due to lack of funds. Increased salaries for advanced nurse practitioners have been approved by the Agency in order to retain and hire needed staff. The Region VI Title X Office continues to be kept abreast of the funding issues and increasing costs of contraceptive medications and supplies. Other state agencies and state and national legislators have also been made aware of this critical issue.

The CMS has shared a draft letter of approval for the family planning waiver. A final letter is expected soon. Implementation work groups have been established to facilitate preparedness to implement the family planning waiver January 1, 2005. These work groups involve staff from the Oklahoma State Department of Health (OSDH), OHCA, and OKDHS. MCH continues to provide leadership for this waiver and is actively participating in the four work groups: Eligibility, Systems, Outreach, and Policy.

Education of county health department and contract service providers has continued around the availability and use of emergency contraception. During the revision to the PRAMS questionnaire that is being implemented this year, a knowledge question on emergency contraception was added to obtain information on women's basic understanding of emergency contraception and how to access if needed.

Staff development training is provided several times a month. An annual training calendar is developed in the spring of each year for the coming state fiscal year. Topics being presented include resources for the client with an unplanned or unintended pregnancy, preconceptual counseling, cultural awareness, sexual coercion, and intimate partner violence.

#### c. Plan for the Coming Year

MCH will continue to monitor unintended pregnancy through the PRAMS. Information from the PRAMS will be used to educate providers, policy makers, perinatal coalitions, and communities on women's health, as well as monitor health outcomes, and provide support for policy and health care services changes.

MCH will continue to monitor fiscal concerns related to providing family planning services and will keep other federal and state partners informed about issues that arise. Implementation planning activities will continue with the OHCA and the OKDHS to address systems issues that may impact implementation of the family planning waiver.

Staff development activities will be offered through conferences, trainings, and team station broadcasts. Training will focus on topics such as customer service, quality of care, scheduling of appointments, access to services, and increased cultural awareness.

The OASIS will provide consumers with information and referral services. Plan Line and the CARL line will be supported by MCH. MCH will continue to work with the Office of Minority Health to identify resources for translation and appropriate educational material in languages other than English.

Comprehensive family planning services will be provided through county health departments and contract clinics. Services will include comprehensive histories and physical exams, laboratory services, methods education and counseling, provision of contraceptive methods, STD/ HIV screening and prevention education, pregnancy testing, immunizations, smoking cessation, education on nutrition and exercise, and stress management.

*State Performance Measure 2: The number of families with a child with special health care needs receiving respite care provided through the CSHCN Program.*

**a. Last Year's Accomplishments**

The CSHCN Program continued to work with the Oklahoma Respite Resource Network (ORRN) to expand respite care services. The Oklahoma Areawide Services Information System (OASIS) continued to serve as the toll-free resource for families to gain information and referral for services.

The CSHCN Program continued to fund the J.D. McCarty Center in Norman for respite care for medically fragile children. The CSHCN Program also continued to fund emergency respite care through the Supplemental Security Income-Disabled Children's Program (SSI-DCP).

During 2003, the number of families accessing respite care increased from 67 to 127. Unfortunately, due to the diversity of the funding streams for respite care, some of the data relating specifically to the CSHCN population was not traceable.

**b. Current Activities**

The CSHCN Program is active in the ORRN. Through collaborative activities with the Oklahoma Department of Human Services (OKDHS) Developmental Disability Services Division (DDSD), there has been success in getting private foundation money to increase the availability of respite care. The CSHCN Program is advocating for child care funds that are used for preventive services to be used for more than just the standard child care center and standard daytime hours care.

The CSHCN Program is working to make more funding available for respite care. The collection of data on respite care provided for the CSHCN population but paid through non-traditional sources is a work in progress.

**c. Plan for the Coming Year**

The CSHCN Program will continue its efforts to increase the funding levels from both the

public and private sector. The CSHCN Program will explore the use of alternative caregivers. For example, in such instances where short-term care could be provided by another parent with a child with special needs, by mother's day out programs or other like programs.

The CSHCN Program will continue to fund OASIS to provide information and linkage of families to respite care services. The J.D. McCarty Center will also continue to receive funding to provide needed respite services to medically fragile children.

Refinement of the application form and the tracking system on respite care is one of the major tasks for the CSHCN Program in 2005.

### State Performance Measure 3: *The rate of neural tube defects among live births in Oklahoma.*

#### a. Last Year's Accomplishments

MCH continued to fund the Oklahoma Birth Defects Registry (OBDR), a statewide active population-based surveillance system of children born with birth defects in Oklahoma. Provisional data from the OBDR indicate a decrease in the live birth rate of anencephaly and spina bifida from 4.8/10,000 in 2002 to 4.4/10,000 in 2003.

The Centers for Disease Control and Prevention (CDC) cooperative agreement, Oklahoma Birth Defects Registry Improvement Project, provided funding to conduct consumer input groups at Tulsa City County Health Department to develop a preconception/interconception care project. The project consisted of women's health appraisals to identify risk factors and accompanying educational pamphlets. Folic acid for the prevention of neural tube defects (NTDs) was a major component of the project with funds used to purchase multivitamins to provide to clients receiving preconception education. Women participating in the consumer input groups were enthusiastic about the educational information provided and felt others would benefit from the services.

The Oklahoma Coalition on Folic Acid distributed over 100,000 folic acid educational materials and specialty items to county health departments, pharmacies, and physician offices requesting materials. Separate materials were available for two distinct categories: women contemplating pregnancy and non-contemplators. Family Planning, Women, Infants and Children's (WIC) supplemental nutrition program, Children First, and local family resource and support programs used these materials as part of their services. In addition, the Healthy Start projects in Oklahoma and Tulsa counties utilized the materials.

Through a grant from the March of Dimes Birth Defects Foundation, tabletop display boards began to be purchased for placement in 23 county health departments with the highest rates of NTDs in an effort to educate women regarding the health benefits of folic acid. The educational component was being developed for use in 2004.

#### b. Current Activities

Purchasing of the display boards has been completed. The educational presentation for the display boards has been developed. Multivitamins have been purchased with funding from the CDC cooperative agreement. The multivitamins will be distributed to the 23 county health departments with higher rates of NTDs along with the display boards.

Early ascertainment of spina bifida and anencephaly continues through tertiary hospitals in Oklahoma City and Tulsa. The mothers of these babies are sent letters and educational information regarding their increased risk for NTDs in subsequent pregnancies; therefore, they

require 10 times the amount of folic acid (4 mg) above the normal population to be taken one month before conception and the first three months of pregnancy.

The OBDR provides data to the CDC each quarter as a part of the National Birth Defects Prevention Network (NBDPN) NTD Ascertainment Project. Oklahoma is one of 26 states participating in this quarterly NTD trend study. The NBDPN has provided trend data results through 2001 on their website [www.nbdpn.org](http://www.nbdpn.org).

Oklahoma is participating in a NBDPN national study, Neural Tube Defects and Infant Mortality and Survival, to determine if enrichment of grain products with folic acid has reduced infant mortality from NTDs and enhanced the survival rate of babies born with NTDs. The study period is 1995 through 2001.

This year the OBDR conducted a second Geographic Information System (GIS) analysis to determine if there is a spatial-temporal association between National Priorities List/Superfund sites and NTDs. No clustering of NTDs using a five-mile radius around the NPL/Superfund sites was found. A poster presentation of the findings from 1994 through 2000 was submitted to the NBDPN Annual Meeting, January 2004.

Funds from the CDC cooperative agreement are being used to initiate a preconception care project in Tulsa County to reduce risk factors for the prevention of birth defects. In January 2004, Family Planning and Healthy Start staff received training to begin implementation of the pilot project. Intake of folic acid is a major component of the nutrition history with provision of multi-vitamins with folic acid to women as a part of the services of the pilot project.

### c. Plan for the Coming Year

MCH will continue to provide funding for surveillance of birth defects in Oklahoma. The OBDR will continue to advocate for folic acid use in prevention efforts and spread the message statewide that synthetic folic acid is an inexpensive method to prevent 50% to 70% of NTDs. Folic acid educational efforts in 2005 will continue to focus on both occurrence and recurrence prevention of NTDs.

The National Council on Folic Acid (NCFA) is planning a National Folic Acid Week, the week of January 24, 2005. While the slogan has not been developed, the theme for the week will be general nutrition. Weight reduction diets are in the media constantly, including low carbohydrate diets eliminating enriched breads and cereals. Keeping with the nutrition theme, NCFA is planning to coordinate with retailers, focusing on store items containing folic acid. A press conference will be held during that week, highlighting emerging science on folic acid. An additional activity scheduled during the week will be a national teleconference. Educational materials and novelty items will be available to order or download off the NCFA website. Information will also be sent out with the National Birth Defects Prevention Month packet. Oklahoma will develop press releases using the yet-to-be-developed slogan and folic acid media packets will be sent to all county health departments. A statewide physician mail-out will occur to encourage participation in the weeklong activities. NCFA materials will be purchased for distribution in Oklahoma.

Folic acid education materials concerning the importance of synthetic folic acid in preventing NTDs will continue to be used in family planning clinics. This will assure childbearing women continually receive this important prevention message. Women receiving maternity services will continue to be educated regarding the importance of periconceptional folic acid for future pregnancies. Collaboration will continue with WIC, Children First, local family resource and support programs, and SoonerStart to assure use of the latest folic acid educational materials as they educate and counsel women on improving their health for future pregnancies.

The OBDR will evaluate the preconception care pilot project in Tulsa County. Modifications to

the project will be made, based on the results of the evaluation. An overview of the project evaluation will be shared with the MCH Women's Health Division and MCH Assessment. MCH staff will participate in discussions with the OBDR related to expansion of the project to other family planning clinics.

**State Performance Measure 4: *The proportion of women who achieve the recommended weight gain during pregnancy.***

**a. Last Year's Accomplishments**

Discussions on the logistics of linking data from the Pregnancy Risk Assessment Monitoring System (PRAMS), Women, Infants and Children (WIC) supplemental nutrition program, vital statistics, and Medicaid were initiated. These discussions continued throughout the year to work out specific details for sharing of data among the state agencies and programs as part of the State Systems Development Initiative (SSDI), a Maternal and Child Health Bureau (MCHB) funded project focused on the Title V Block Grant ongoing needs assessment, performance/outcome measures, and the Health System Capacity Indicators (HSCI), in particular HSCI #9(A).

MCH continued to promote healthy weight gain during pregnancy and healthy lifestyle choices during the preconception period. The importance of normal body mass index (BMI) at the time of conception was discussed with women seen in family planning clinics who were considering pregnancy. Pregnant women seen in maternity clinics received education on nutrition needs and appropriate weight gain during pregnancy and were linked to WIC, Children First, and/or local family resource and support programs for continued support. Adaptation of nutrition counseling to cultural needs was emphasized.

MCH worked collaboratively with WIC, Children First, local family resource and support programs, and the Healthy Start projects. Pregnant women served by these programs and projects had an initial nutrition and weight history obtained and a baseline weight recorded. Nutrition and weight were monitored throughout the pregnancy to assure weight gain was adequate with any concerns referred to the woman's primary health care provider.

MCH actively participated in the State Perinatal Coalition and served as a resource to community-based perinatal coalitions. Improving systems to assure access to prenatal services to include appropriate nutrition services were ongoing discussions during planning meetings.

The Fetal and Infant Mortality Review (FIMR) Project in Tulsa County, in collaboration with the Family Health Coalition in Tulsa, provided health care provider information, public service announcements, and promotions through retail outlets focused on increasing awareness of preconceptional health and weight.

**b. Current Activities**

SSDI is continuing to meet with key staff from the state agencies and programs discussing linkage of data systems and the use of the linked data to impact state and local policy and services to improve systems of care to include nutrition services.

MCH Women's Health Division is prioritizing nutrition as a topic for training with clinicians and health educators during 2005. The focus will be general nutrition education for all women as well as nutrition education specific to women contemplating pregnancy and pregnant who are receiving services through county health departments and contract clinics. MCH Women's Health Division is in the process of identifying appropriate materials that have already been

developed and identifying gaps where further educational materials will need to be developed.

Collaboration is occurring with the Oklahoma Birth Defects Registry (OBDR) on the preconception project in Tulsa County. Though a major focus of this project is folic acid use, women also receive information on their nutritional needs and the importance of adequate weight gain during pregnancy.

The FIMR Project in Tulsa County, in collaboration with the Family Health Coalition in Tulsa, continues to emphasize the importance of preconceptual health as a major factor in perinatal outcomes. Health care provider information, public service announcements, and promotions through retail outlets will continue with a focus on increasing awareness of preconceptual health and weight.

MCH has worked to realign funds in 2005 to target specific monies to initiate a FIMR Project in Oklahoma County in collaboration with the Oklahoma City County Health Department.

Funding has been identified to add a nutritionist to the MCH state office staff. This position will work with MCH programs to enhance nutrition services and will also provide technical consultation and serve as a resource to county health departments and contract providers.

### c. Plan for the Coming Year

MCH will identify further strategies to share the information obtained from linkage of PRAMS, WIC, vital statistics, and Medicaid data through SSDI. Information will be provided to state agencies and programs as well as local health care providers to use in development of policy and planning for services.

Women's Health will implement trainings for clinicians and health educators providing services through county health departments and contract providers to improve nutrition education services available to women and their families.

MCH staff will participate in discussions with the OBDR related to expansion of preconceptual activities as a means to educate women on the importance of their nutritional status for them and their children.

The importance of normal BMI at the time of conception will continue to be discussed with women seen in family planning clinics who are considering pregnancy. The importance of appropriate weight gain during pregnancy will be emphasized and referrals made to WIC for women seen in maternity clinics.

MCH will continue to work collaboratively with WIC, Children First, local family resource and support programs, and the Healthy Start projects to assure that pregnant women served by these programs and projects have an initial nutrition and weight history obtained, a baseline weight recorded, and ongoing monitoring of nutrition status and weight throughout the pregnancy to assure weight gain is adequate with any concerns referred to the woman's primary health care provider.

MCH will continue to collaborate with the perinatal coalitions as well as the Tulsa FIMR Project to increase community awareness of the impact of preconceptual health on weight gain in pregnancy and perinatal outcomes.

MCH will facilitate meetings with Oklahoma City County Health Department to enter into a contractual agreement and provide funding for initiation of a FIMR Project in Oklahoma County in 2005.

State Performance Measure 5: *The percent of adolescents grades 9-12 smoking tobacco products.*

a. Last Year's Accomplishments

MCH, in collaboration with the Oklahoma State Department of Education (OSDE) and the Centers for Disease Control and Prevention (CDC), completed the first statewide-randomized Youth Risk Behavior Survey (YRBS) for Oklahoma in the spring of 2003. Tobacco use was among the risk behaviors measured.

Collaboration continued with the Oklahoma State Department of Health (OSDH) Dental Service and the OSDH Tobacco Use Prevention Service on tobacco prevention activities. Strategies to reduce youth tobacco use included community-based initiatives, classroom programs, counter marketing campaigns, and cessations programs. In the school setting, prevention curricula and school policies were utilized. Tobacco prevention curricula focused on the middle school years and were reinforced during high school.

State tobacco settlement dollars continued to be used to fund 14 rural district school nurses. The nurses focused 50% on tobacco prevention activities using the Life Skills curriculum and 50% on school nursing responsibilities. The MCH School Health Program provided technical assistance to these nurses as well as other nurses across the state on tobacco use prevention. Information was shared via video conferencing, e-mail, resource packets, and the quarterly School Health Newsletter. All schools in the state received the quarterly School Health Newsletter.

The Maternal and Child Health Bureau (MCHB) Healthy Tomorrow Grant that supported the Oklahoma County Medical Society's Schools for Healthy Lifestyles Program ended in September 2003. The OSDH and the OSDE agreed prior to the end of the grant to find monies to continue to fund the Program. MCH Child and Adolescent Health Division continued to provide technical assistance to the Healthy Lifestyles Program. This Program focused on the importance of health and healthy behaviors, including tobacco use prevention, in school age children.

Health care providers in county health departments and contract clinics educated youth and families on tobacco prevention activities. Information and education was provided in communities through press releases, trainings, and educational presentations.

b. Current Activities

MCH Assessment and MCH Child and Adolescent Health Division are presently developing materials to be used for dissemination to the public on YRBS. Press releases and other materials will include statistics on tobacco use among adolescents.

MCH is currently coordinating with schools to administer self-selected YRBS at the local level. MCH Assessment is providing analysis of data and information back to the individual school. County health department staff, trained by MCH, work directly with the schools to administer the survey and develop strategies to impact risky behavior identified by the YRBS, including the use of tobacco products.

MCH is currently working to reassess the measurement tool for the Middle School Youth Risk Behavior Survey (MSYRBS). The MSYRBS will provide data for schools and communities leading to the development of prevention programs in collaboration with the local county health department.

MCH and OSDH Tobacco Use Prevention Service are developing a plan for coordination of

the administration of the YRBS and the CDC Youth Tobacco Survey. Both of these surveys are to be administered in 2005. MCH and OSDH Tobacco Use Prevention Service want to decrease the impact on schools and thereby enhance the continued successful administration of each survey.

### c. Plan for the Coming Year

Comprehensive data obtained from the 2003 statewide-randomized YRBS will be disseminated. A comprehensive document will be developed to highlight all YRBS data. In the spring of 2005, MCH will administer a second statewide-randomized YRBS. Administration of the YRBS will be accomplished in collaboration with the OSDH Tobacco Use Prevention Service, as it also will be administering the YTS at the same time. The MSYRBS will continue to be refined, with plans to administer it in the fall of 2006.

Collaborative activities will continue with OSDH Dental Service and OSDH Tobacco Use Prevention Service to plan and implement tobacco prevention activities within schools and communities. The focus will continue to be on elementary and middle school prevention activities and high school cessation programs.

State tobacco settlement dollars will continue funding school nurses in 14 rural communities. These school nurses will continue to provide tobacco prevention education within the school system as a major focus of their preventive health activities.

The MCH School Health Program will continue to provide technical assistance and resources to schools and school personnel. Ongoing information and resources will be provided to schools using the quarterly School Health Newsletter. The Program will also provide technical assistance and resources to the pilot comprehensive tobacco program in Tulsa County as it targets youth tobacco use prevention.

MCH will continue to provide technical assistance to the Oklahoma County Medical Society's Schools for Healthy Lifestyles Program in twenty elementary schools, located in three districts. The program will continue to teach the importance of health and healthy behaviors, including tobacco prevention, through classroom education, policy development, and physical activities.

## State Performance Measure 6: *Number of communities with a Turning Point initiative that addresses needs of their MCH populations.*

### a. Last Year's Accomplishments

MCH participated in meetings of the state Turning Point Advisory Council and its subcommittees as they focused on activities to improve the health care infrastructure in Oklahoma. MCH collaborated with Turning Point community partnerships to facilitate activities to improve systems of care for the MCH population. Technical assistance was provided in development of services.

Turning Point community partnerships focused on a diverse number of issues. With the focus on physical activity and nutrition in the state, many of the Turning Point community partnerships focused on local activities to impact these behaviors in the maternal and child health population. Another area of focus was related to prenatal care with the increasing undocumented Hispanic population. Communities came together to look at resources and how they could partner to provide needed services. Applications for federally qualified health centers resulted out of these discussions in the eastern part of the state.

MCH funds continued to support community-based staff that facilitated activities of the Turning

Point community partnerships. These staff served as resources during meetings gathering information, assuring information sharing among partners, and keeping planned activities on track.

#### b. Current Activities

There are 48 Turning Point community partnerships and 6 developing partnerships. MCH sees these partnerships as very valuable in impacting systems changes. MCH is providing technical assistance and consultation to community partnerships in areas such as access to care for children and pregnant women, injury prevention activities, youth tobacco, childhood obesity, increased physical activity, youth assets, immunizations, healthy lifestyles, school health, and provision and interpretation of MCH data.

The Oklahoma Turning Point Council announced a new website on May 14, 2004:  
[www.okturningpoint.org](http://www.okturningpoint.org).

#### c. Plan for the Coming Year

As additional Turning Point community partnerships are established, MCH will continue to be a resource and provide technical assistance as requested. As funding for direct health services continues to shift to other sources, MCH will look to further support these infrastructure systems building activities.

Priorities identified by Turning Point community partnerships in 2005 include issues from all levels of the MCH pyramid (infrastructure building, population-based services, enabling services, and direct health services). Turning Point will continue to focus on bringing community partners together to address how local systems can work together to meet identified needs. Technical assistance will be provided in doing needs assessments to identify services and gaps in services. Where gaps in services exist, technical assistance will be provided to assist partners working together to develop or identify the resources to fill the gaps.

MCH will continue to participate in the state level Turning Point Advisory Council, its subcommittees, and work groups. These meetings provide the opportunity for MCH to enhance the system of health care across the state through sharing of information and resources.

### State Performance Measure 7: *The prevalence of partner violence in adolescent relationships.*

#### a. Last Year's Accomplishments

MCH, in collaboration with the Oklahoma State Department of Education (OSDE), and the Centers for Disease Control and Prevention (CDC) completed the first statewide- randomized Youth Risk Behavior Survey (YRBS) for Oklahoma in the spring of 2003. Violence was among the risk behaviors measured.

Teen pregnancy prevention projects addressed dating violence through education on rights and responsibilities in dating relationships. Adolescents were taught how to set boundaries and how to say "no" assertively and effectively.

The Oklahoma Youth Suicide Prevention Council continued to focus on violence as a risk factor for suicidal behavior and worked to educate state and local policy makers on the connection. The Oklahoma County Youth Suicide Prevention Council held its annual youth listening conference. This event provided youth the opportunity to express concerns about

intimate partner violence to local policy makers and city/school officials.

MCH and the Oklahoma State Department of Health (OSDH) Chronic Disease Service continued to partner on bullying and violence prevention activities in school and in out of school settings.

#### b. Current Activities

Planning is occurring with the OSDH Office of Communications, the OSDE, and the Oklahoma Institute for Child Advocacy on how to share YRBS data to impact state policy and program services.

MCH is collaborating with the OSDH Chronic Disease Service to build awareness and prevention of partner violence through a variety of ongoing activities. These include disseminating information on prevention of bullying and train-the-trainer sessions on how to provide sexual assault prevention education for male high school and college age youth.

The MCH School Health Newsletter is used as a tool to build awareness with school personnel on issues related to health and safety topics. The newsletter is distributed quarterly to schools across the state. Ongoing articles on violence prevention and newly released resources are included in the newsletter. The MCH School Health Program has several listservs and databases in place to disseminate information quickly to schools, county health departments, and other child advocates in the state.

The MCH School Health Program facilitated the participation of state agencies in the Maternal and Child Health Bureau (MCHB) "Stop Bullying Now" national initiative town meeting in April 2004. MCH hosted a follow-up meeting in May of the group and additional partners to continue the dialogue related to violence prevention and resource sharing efforts. The MCH School Health Program continues to facilitate formulation of a state level dialogue to address bullying and to actively fulfill the intended goals of the MCHB initiative during 2004-2005.

MCH has submitted a grant application in response to the CDC Announcement: Enhancing State Capacity To Address Child and Adolescent Health through Violence Prevention due June 23, 2004. This cooperative agreement is to be awarded through a phased-in process of planning and implementation. Oklahoma is applying for planning funds to develop a comprehensive state plan.

#### c. Plan for the Coming Year

MCH will use information gained from the YRBS to begin to look at intervention needs. This information will also be shared with state and local policy makers so that existing services may be enhanced and service gaps identified.

Youth assets building will continue to be a major focus area of the MCH Child and Adolescent Health Division. Collaboration will occur with Turning Point community partnerships to assist with community and parent education. Training and education will also be provided to county health departments, contract providers, and school personnel on how to educate adolescents and their parents on healthy relationships, recognition of unhealthy relationships, dating violence, and prevention of sexual coercion.

The teen pregnancy prevention projects will continue to provide education to middle school aged adolescents on rights and responsibilities regarding dating and sexual activity. In addition, project coordinators will receive training during the year on how to address youth in their programs who personally disclose a violent dating relationship to them. An increasing emphasis on community coalition building and parent education by the projects will also

provide the necessary infrastructure to address intimate partner violence at the community and family levels.

The Oklahoma County Youth Suicide Prevention Coalition will conduct training for schoolteachers and frontline youth workers on the identification of youth at-risk for suicide and associated prevention/intervention strategies. Intimate partner violence will be addressed as one of the risk factors along with strategies for early identification.

**State Performance Measure 8: *The percent of mothers who smoke during the third trimester of pregnancy.***

**a. Last Year's Accomplishments**

This was a new state performance measure for 2004.

**b. Current Activities**

Tobacco prevention is identified as one of the Oklahoma State Department of Health (OSDH) priorities. MCH continues to examine data from the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS) and to identify the various strategies used by public health clinicians to educate women and their families regarding the harms of tobacco use and preventive strategies. Questions exist as to whether these interventions are effective. They do not always assess the readiness of the woman and/or her family to quit tobacco use and a stable system of support has not been available in the state.

With tobacco funds now being received by the state and funding also received from the CDC by OSDH Tobacco Use Prevention Service, MCH is looking to more adequately address prevention through research based interventions. MCH is continuing discussions with the OSDH Tobacco Use Prevention Service and OSDH Community Health Services related to implementation of a pilot program in a public health maternity clinic site. Initiation of this pilot was delayed this year with OSDH Tobacco Use Prevention Service focused on initiation of pilot projects in the private physician offices.

Health care providers are educating women seen through county health departments and contract clinics on the impact of smoking on the health of the pregnant woman. Women are being supported in their efforts to discontinue smoking with referral to the Oklahoma Tobacco Helpline 1-866-PITCH-EM that was implemented in the state in August 2003.

**c. Plan for the Coming Year**

MCH will be facilitating discussions with OSDH Tobacco Use Prevention Service and OSDH Community Health Services to implement a pilot program in a public health maternity clinic.

Training will be provided to service providers in county health departments and contract clinics on the effects of smoking and information reinforced on how to connect women with the Oklahoma Tobacco Helpline 1-866-PITCH-EM.

MCH will be examining this health concern further as the five-year needs assessment is continued this next year in preparation for the 2006 Title V Block Grant application.

# SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) Percent of women who have an unintended pregnancy (mistimed or unwanted) resulting in a live birth.				
1. Use Pregnancy Risk Assessment Monitoring System (PRAMS) data to educate and provide support for changes in policy and health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Facilitate activities to implement state family planning waiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Provide staff training on customer service, quality of care, access, and cultural awareness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Provide centralized telephone, referral and information services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide comprehensive family planning services through county health departments and contract clinics.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The number of families with a child with special health care needs receiving respite care provided through the CSHCN Program.				
1. Participate in the Oklahoma Respite Resource Network activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Explore alternatives for provision of respite care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide information and linkage of families to respite care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide respite care services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The rate of neural tube defects among live births in Oklahoma.				
1. Provide ongoing birth defects surveillance and use data to identify impact of interventions/areas for concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Collaborate with state partners to use folic acid prevention education materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Provide folic acid education in family planning and maternity clinics.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The proportion of women who achieve the recommended weight gain during pregnancy.				
1. Use linked data from the Pregnancy Risk Assessment Monitoring System (PRAMS), Women, Infants and Children (WIC) supplemental nutrition program, vital statistics, and Medicaid to improve services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collaborate and serve as a resource to state partners providing women's health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Train local health care providers on appropriate nutrition and weight gain during pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Provide nutrition education to family planning and maternity clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hire MCH nutritionist as part of state office staff to assist with policy and program development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) The percent of adolescents grades 9-12 smoking tobacco products.				
1. Share 2004 Youth Risk Behavior Survey (YRBS) data to promote development of preventive activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Facilitate administration of 2005 statewide randomized YRBS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaborate with OSDH Dental Service and Tobacco Use Prevention Service on prevention activities for schools and communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Work with schools on tobacco prevention activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Provide technical assistance to Oklahoma County Medical Society's Schools for Healthy Lifestyles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) Number of communities with a Turning Point initiative that addresses needs of their MCH populations.				
1. Provide technical assistance and education to community Turning Point partnerships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Participate in state level turning Point Advisory Council, subcommittees and work groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) The prevalence of partner violence in adolescent relationships.				
1. Share 2003 Youth Risk Behavior Survey (YRBS) data to promote development of prevention activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Faciliate administration of 2005 statewide randomized YRBS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaborate with Turning Point on community and parent education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Train local health care providers on how to educate adolescents and parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide education to youth and their parents on intimate partner violence through Teen Pregnancy Prevention Projects' activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Provide technical assistance and consultation to the Oklahoma City Youth Suicide Prevention Coalition in its training/education activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The percent of mothers who smoke during the third trimester of pregnancy.				
1. Explore with OSDH Community Health Services and Tobacco Use				

Prevention Service implementation of a pilot tobacco cessation program in maternity clinics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Provide training to service providers on the effects of smoking and interventions for cessation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Assist with getting information out about the statewide toll-free "Quit Line."	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide education about risks of smoking and connect women with cessation support services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. OTHER PROGRAM ACTIVITIES

The Oklahoma Areawide Services Information System (OASIS) continues as the statewide toll free information and referral line for MCH and the CSHCN Program (see Form 9). The telephone number for the Hotline is 1-800-OASIS. The OASIS is in operation Monday-Friday from 8:00 AM to 6:00 PM with an answering machine for after-hours calls. Individuals who leave a message after hours are contacted the following workday; resources are not currently available to expand this service to provide 24-hour coverage. TDD/TTY services for the deaf are available and bilingual staff are available to Spanish speaking callers. The OASIS also maintains a website (<http://oasis.oushc.edu>) for information and referral services.

MCH initiated MCH Comprehensive Site Visits to county health departments and contract providers in July 2003. Each health department site has been placed on a four- year rotating schedule to receive a comprehensive visit. Technical assistance visits and a self-assessment by each site will be completed in the interim years. Contract providers will receive a comprehensive site visit every four years with routine contract monitoring visits in each interim year. The MCH Comprehensive Site Visits involve a multidisciplinary team traveling to an Administrator's area or a contractor providers clinical site(s) and spending several days looking at infrastructure, population-based, enabling, and direct clinical services. A comprehensive report is prepared and forwarded back to local Administration outlining requirements and recommendations with specific timelines identified for addressing key issues. MCH provides ongoing technical assistance in addressing areas of concern.

MCH met with staff from the Oklahoma State Department of Education (OSDE) throughout the year to negotiate and finalize an interagency agreement between the Oklahoma State Department of Health (OSDH) and the OSDE. This agreement, which outlines a collaborative partnership, provides MCH with the ability to develop policies and procedures for school health and provide technical assistance and training to school health nurses. This document is currently at OSDE for signature by the State Superintendent of Public Instruction.

MCH continues to provide leadership on state policy and services to impact poor eating and physical activity patterns. The Director of MCH Child and Adolescent Health Division co-chairs the OSDH Energy Task Force. This group focuses on nutrition strategies to improve the nutrition status of OSDH employees. MCH also participates on the Task Force on the Promotion of Children's Health. This legislatively mandated task force was created to make recommendations on action steps that could be taken legislatively to reduce childhood obesity in the state. MCH participates in the OK Fit Kids Coalition. This Coalition was instrumental in legislation being signed into law this year, the Fit Kids Act

of 2004. This act requires each public school to establish a Fit & Healthy School Committee that will make recommendations to the school administration regarding health education, physical education and activity, and nutrition.

Action for Healthy Oklahoma Kids (AHOK), a state initiative developed to mirror the national Action for Healthy Kids initiative, continues to seek to improve the health of children by creating healthier school environments. The Director of MCH Child and Adolescent Health Division co-chairs this initiative. The state initiative received two mini grants this year from the national organization. One grant to fund activities to strengthen the relationships of the partners involved in the initiative and another to allow AHOK to partner with 15 elementary schools to address reducing childhood obesity through increased physical activity and nutrition education. MCH also provided education to the legislature regarding vending machines and nutritional options as well as the need for routine physical education classes in schools. Bills supporting changes in vending machines and physical education were not successful this year. Advocates for these bills plan to reintroduce these bills during next year's legislative session.

In addition to administering the statewide Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS) in odd numbered years, MCH continues to offer, in even numbered years, the YRBS to local schools who request the survey. This provides the local school with information to use in planning for activities and programs to impact youth risk taking behaviors.

Injury prevention activities continue to be a focus for MCH. MCH provides technical assistance and state funding for the Oklahoma Poison Control Center, support for annual water safety events for elementary aged children, and is involved in coordination efforts within the state utilizing the National Fire Protection Association (NFPA) Risk Watch comprehensive injury prevention curriculum.

Activities targeted toward prevention of Sudden Infant Death Syndrome (SIDS) continue to be a priority. To avoid any concerns with the Health Insurance Portability and Accountability Act (HIPPA), state statute was put in place this year requiring the Office of the State Medical Examiner to provide information to the OSDH SIDS Coordinator. Grief materials are being developed in collaboration with the Fetal and Infant Mortality Project for use with families experiencing a loss. These materials, to include resources for family counseling and support, will be available through local sources such as medical examiners, funeral homes, hospitals, and county health departments. An on-line training module has also been developed for use with nursing and social work staff in county health departments.

Collaboration continues with OSDH Immunization Service and OSDH Acute Disease Service to assure appropriate care/follow-up of pregnant women testing positive for Hepatitis B. MCH has facilitated discussions between Immunization and the Perinatal Continuing Education Program (PCEP) at the University of Oklahoma Health Science Center to identify ways the PCEP can assist in educating medical and nursing staff regarding the importance of the birth dose of Hepatitis B vaccine.

MCH continues to serve as a resource to facilitate blood lead screening for children birth to six years of age receiving services at county health departments and community clinics. Technical assistance is provided to county health departments and contract providers to assure appropriate follow-up services to include education/treatment.

## **F. TECHNICAL ASSISTANCE**

See Form 15.

MCH supports a Fetal and Infant Mortality Review (FIMR) Project in Tulsa County through a contractual agreement with the Tulsa City County Health Department. This FIMR Project has been successful in building relationships with local hospitals and health care providers. It has also been successful in acquiring community support to include active participation of the private business community in interventions to address systems issues that have been identified through the FIMR process. MCH is interested in acquiring technical assistance for the FIMR Project that would look at

the process of the Project and offer ideas for enhancement. In addition, MCH continues in discussions with Oklahoma City County Health Department related to replicating the Tulsa FIMR model in Oklahoma County. Oklahoma City County Health Department is expressing interest in initiating a project. MCH is planning to utilize staff from the Tulsa Project to provide technical assistance to Oklahoma City County Health Department but is also interested in identifying Maternal and Child Health Bureau (MCHB) sponsored technical assistance to assist in the initial planning phase.

MCH is beginning a process to restructure Maternal Mortality Review. The current process has not been successful in moving from the review stage to identification of systems issues and strategies for intervening. MCH is interested in receiving technical assistance from states that provide leadership for this process out of their MCH Program.

MCH continues to be interested in acquiring technical assistance to learn more about the Perinatal Periods Of Risk model. MCH is aware that this model addresses four strategic prevention areas: maternal health/prematurity, maternal care, newborn care, and infant health. MCH is interested in how this model might assist MCH to provide further information to and increased linkage between Maternal Mortality Review, FIMR, and Child Death Review.

MCH has two surveillance systems that have as a critical component telephone follow-up to administer the survey to individuals who may not have mailed in an initial survey. During the past year, MCH has identified a need for more comprehensive and consistent training in this area. MCH has spoken with other areas in the Oklahoma State Department of Health (OSDH) that do surveys by phone (Center for Health Care Information, Chronic Disease Service, and Injury Prevention Service) and there is interest in developing agency training with core competencies. MCH is requesting technical assistance to assist in developing this training for the OSDH.

MCH and the CSHCN Program have new staff in leadership positions. Both programs would find it beneficial if these staff could travel to states whose programs are administered similarly to Oklahoma to spend time with staff in those states that are in like positions. Assistance from the MCHB in identifying states that would be receptive to such mentoring is requested.

## **V. BUDGET NARRATIVE**

### **A. EXPENDITURES**

See Forms 2, 3, 4, and 5

If one looks at the overall trend from the beginning of ERP in 1996 to the projected period in 2005, there is not an overall significant change in dollars available to be expended until 2002. One significant difference prior to 2002 and continuing thereafter comes to note in changing focus of grant related dollars. The other and more significant change comes from shifting of other federal programs oversight within the agency.

Within the overall federal portion of Maternal and Child Health (MCH) Block dollars committed to Maternal and Infant Health, Preventative and Primary Care for Children, and Children with Special Health Care Needs (CSHCN), there continues to be a commitment in moving more funding towards core infrastructure, population-based and enabling services, with less being appropriated towards direct health care services. Movement of these monies was initially affected in 2002 by the development of the Community Health Services' function within the Oklahoma State Department of Health's (OSDH) reorganization. The Title V MCH Chief and MCH staff have an established working relationship with this group and will continue to work closely with Community Health Services Administration in order to facilitate, as appropriate, the redirection of direct health care service dollars towards infrastructure, population-based and enabling services (see Figure 2) as needed on a county-by-county basis.

Along with movement of these resources, the OSDH continues to fine-tune its abilities to verify and report how resources are actually budgeted and spent. Both the Oklahoma Department of Human Services (OKDHS) CSHCN Part C and OSDH Community Health Services have participated in designing and implementing better methods of defining resource allocation and expenditure. Prior to the 2002 report and 2004 application, all CSHCN resources were reported as direct services because no method had been devised to allocate these resources differently. This resource allocation was revised beginning with the 2002 annual report and 2004 application to more accurately reflect true occurrence. The same is true for parts A and B, but with a lesser impact. Because of this reporting realignment, amounts in each of the categories on Table 5 vary widely from past years. It should be noted that although some resources have been reallocated to areas other than direct, much of the change this reporting period is due to reallocation methodology to better reflect the trends that have been occurring over the past several years.

### **B. BUDGET**

Maintenance of effort from 1989:

For 1989, the OSDH administered 77.5% of the Block Grant funds, and the OKDHS administered 22.5% of the Block Grant funds. The amount of the Block Grant award for 1989 was \$5,980,100. The OSDH share was \$4,634,578 and the OKDHS received \$1,345,522.

The agency expenditure reports indicate that a total of \$4,634,578 of Block funds was expended during the grant period October 1, 1988 through September 30, 1989.

For that period, a total \$4,109,415 of the OSDH and county health department resources were expended for Block Grant activities. The amount of state/local expenditures exceeded the required Block Grant match of \$3,475,932 by an amount of \$633,483.

The OSDH Block Grant program value is determined through the agency time and effort reporting in which all state and local staff code their daily time to program activities. Non-personnel expenses are made as direct charges to the appropriate program budgets. State funds include state and county appropriations for local health departments. Other contributions include in-kind monies. Program income includes fee revenues from Title XIX and family planning patient fee revenues, as applicable

to the Title V Block. No other patient fee charges are made for Title V services at this time though MCH is in discussion with contract agencies that are requesting to implement fee schedules during FFY2005. The agency is audited each year by the state auditor's office following the federal guidelines applicable to the Title V Block Grant. All appropriate fiscal records are maintained to insure audit compliance.

#### Summary ? FY1989 Block Grant Expenditures

State Health Department of Total  
Department Human Services

Title V \$4,634,578 \$1,345,522 \$5,980,100

Match \$3,475,932 \$1,061,546 \$4,537,478

Overmatch \$146,839 0 \$146,839

Income \$250,000 0 \$250,000

Local/Other \$236,644 0 \$236,644

Total \$8,743,993 \$2,407,068 \$11,151,061

#### Special consideration for funding pre-1981 projects:

Prior to the Title V Block Grant, MCH funded a combined Maternal and Infant Care, Children & Youth and Dental Project in an urban area. Title V Block Grant funds continue to fund these programs although they have evolved from the "program of projects" scope. Additionally, an Adolescent Project in place prior to 1981 continues to receive a share of Block Grant funds (\$89,400) originally earmarked. MCH Block Grant funds allocated to family planning services have continued to support that program. This coming year's support is anticipated to be approximately \$300,000.

#### Special consolidated projects:

Block Grant funds will continue to be used to carry out Sudden Infant Death Syndrome (SIDS) activities and the CSHCN Supplemental Security Income-Disabled Children's Program (SSI-DCP). SIDS activities include support for SIDS education and follow-up services. The Public Health Social Work Coordinator in MCH is responsible for coordination of SIDS activities and works with county health department nursing and social work staff to provide follow-up and consultation. The CSHCN SSI-DCP uses funds to provide diapers, formula, durable medical equipment, supplies, and services that would otherwise not be available to children with special health care needs.

#### State provides a reasonable portion of funds to deliver services:

MCH funds will continue to be targeted towards those programs for which monies may be earmarked and/or are of priority for state/local needs. Assistance will continue to be provided to state and local agencies to: 1) identify specific MCH areas of need; 2) assist in planning action or programs to address their needs; and, 3) provide resources to assist in carrying out those programs. Allocation of resources to local communities will continue to be based on such factors as: the identified need and scope of the particular health problem; community interest in developing service to eliminate the problem, including the extent and ability to which local resources are made available; ability to recruit the specialized staff which are often needed to carry out the proposed service; the cost effectiveness of the service to be provided; coordination with existing resources to insure non-duplication of services; and, periodic evaluation to determine if resources have impacted the problem. MCH will also continue support of the Title V 1-800 toll-free information and referrals system.

The OKDHS administers the CSHCN Program through the Family Support Services Division (FSSD), Health Related and Medical Services Section. The FSSD is administratively responsible for the CSHCN Program and also administers the SSI-DCP, one of the components of the CSHCN Program,

for SSI recipients to age 18. Other components of the CSHCN Program include two projects that support neonates and their families; support of the Title V 1-800 toll-free information and referral system; sickle cell services; respite care services for medically fragile children; medical, psychological, and psychiatric services to the CSHCN population in the custody of the OKDHS; and, funding for travel, training, and child care for parents of children with special health care needs. Coordination will continue between the FSSD and the OHCA to ensure services are not duplicated and policies and procedures are in compliance with federal and state mandates. The FSSD will continue to utilize Title V funding to assure the development of community-based systems of services for children with special health care needs and their families.

Anticipated federal MCH dollars, state matching funds:

Based on a FFY2005 preliminary Title V Block Grant allocation of \$7,791,761, a minimum of 30% (\$2,337,529) must be designated for programs for prevention and primary care services for children and 30% for services for children with special health care needs. It is understood that the combined components must also meet the required match of three state dollars for each four federal dollars. These requirements will be met with estimated budgets reflecting the following as estimated validated program costs:

Budget Title V Cost Sharing Total

Prevention and  
Primary Care  
for Children \$3,047,153 \$2,118,129 \$5,165,282  
(39.11%)

Children with Special  
Health Care Needs \$2,337,529 \$1,753,147 \$4,090,676  
(30.0%)

Maternal & Infant Care \$1,627,903 \$2,647,171 \$4,275,074  
(20.89%)

Administration \$ 779,176 (10.0%) \$622,263 \$1,401,439

Total \$7,791,761 \$7,140,710 \$14,932,471

Other federal programs or state funds to meet needs and objectives:

The State Systems Development Initiative, a grant funded by the Maternal and Child Health Bureau (MCHB), will seek to expand its data capacity by applying for funding to continue activities to link WIC data with birth certificates and Medicaid eligibility and claims data. This is a continuation of Oklahoma's goal to link relevant program services to existing MCH databases including the Pregnancy Risk Assessment Monitoring System (PRAMS) and The Oklahoma Toddler Survey (TOTS) surveillance systems. These linkages will enable the state to generalize the results to Oklahoma's population of pregnant mothers and young children.

The Healthy Child Care Oklahoma Project, a grant funded by the MCHB, ends in FFY 2005. Activities from this grant will continue to be transitioned into a state plan for early childhood as part of the MCHB funded Early Comprehensive Childhood Systems Planning Grant.

The PRAMS, funded primarily by the Centers for Disease Control and Prevention (CDC) with additional support provided by Title V, will continue to provide population-based data on maternal and infant health issues. This information will be used to educate health care providers on maternal and infant health issues, recommend health care interventions, monitor health outcomes, and provide support for policy changes.

Title X federal funding will continue to provide family planning services through county health

departments and contract clinic sites. Title X funds will be used to provide a variety of education programs targeted at decreasing unintended pregnancies, postponing sexual activity in teens, prevention of sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV), and increasing knowledge of human sexuality. In addition, Region VI funds will be used for enhancement projects targeted at increasing male involvement in contraceptive decision-making and improving clinic efficiency.

The Oklahoma State Department of Education will continue to provide federal funds received from the CDC to the OSDH through a contractual agreement. MCH will use these funds to support ongoing administration of the Youth Risk Behavior Survey. This survey will provide Oklahoma with information on risk taking behaviors of youth.

State perinatal monies will continue to be utilized by MCH to provide services for pregnant women and infants.

#### Budget Documentation:

Overall budget preparation and monitoring will be provided through administrative support within the OSDH Administrative Services. Budget and contract staff will continue to meet regularly with program areas to assure program financial awareness. The MCH Service Chief will be responsible for budget oversight and the Chief along with each individual Division Director will be responsible for compliance with program standards and federal and state requirements.

The OSDH receives an annual independent audit of program and financial activities. The State's Office of the State Auditor and Inspector conducts this annual statewide single audit. Additionally, the agency maintains an internal audit staff that reviews county health departments and subcontractors for compliance with contract fiscal matters relating to OSDH support. This staff reports directly to the Commissioner of Health.

## **VI. REPORTING FORMS-GENERAL INFORMATION**

Please refer to Forms 2-21, completed by the state as part of its online application.

## **VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS**

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

## **VIII. GLOSSARY**

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

## **IX. TECHNICAL NOTE**

Please refer to Section IX of the Guidance.

## **X. APPENDICES AND STATE SUPPORTING DOCUMENTS**

### **A. NEEDS ASSESSMENT**

Please refer to Section II attachments, if provided.

### **B. ALL REPORTING FORMS**

Please refer to Forms 2-21 completed as part of the online application.

### **C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS**

Please refer to Section III, C "Organizational Structure".

### **D. ANNUAL REPORT DATA**

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.