Oklahoma State Department of Health Grants by State Match

Source	CFDA	Grant Name		
OASH	93.217	Family Planning Grant		
Principal Investigator		Jill Nobles-Botkin		
Budget Year Federal Award		$5,000,000.00	**Budget Year Non-Fed Award**	$4,577,970.00
Budget Year Begin Date		04/01/2019	**Grant Period Begin Date**	04/01/2019
Budget Year End Date		03/31/2020	**Grant Period End Date**	03/31/2022

Summary: The Title X Family Planning Program is the only federal program dedicated solely to the provision of family planning and related preventive health services. The goal is to assist individuals in determining the number and spacing of their children through the provision of affordable, voluntary family planning services, with priority given to persons from low-income families. All Title X-funded projects are required to offer a broad range of acceptable and effective medically approved contraceptive methods and related services on a voluntary and confidential basis. Title services include the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, testing, and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning. The Title X Family Planning Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS).

- Family planning services are provided in all 82 county health department sites. Two sub-recipients (Oklahoma City-County Health Department and Tulsa Health Department) also provide family planning services with Title X Funds in 8 additional sites. Public health goals include reductions in teen pregnancy, unintended pregnancy, infant mortality, maternal mortality and morbidity with an increase in the number of women reporting an annual health care visit and preconception healthcare and education.
- Currently, funds are awarded on a three year cycle through competitive applications. OSDH has received Title X funds since program inception in 1971. Requirements include annual monitoring of each site with a comprehensive onsite program review at least once in each grant cycle. Annual visits are also made to observe every advanced practice provider in the provision of services to ensure adherence to Title X guidelines. Reporting requirements include quarterly and final Federal Financial Reports, annual and final Program Progress Reports, the submission of data for the Family Planning Annual Report (FPAR - required reporting on clients served including demographics and services provided), and monthly calls with all Title X Directors and the Regional Program Consultant. Attendance at annual conferences for Title X Grantees is strongly recommended. Current requirements also include all options counseling for clients with a positive pregnancy test but abortion is not considered a method of family planning and Title X funds cannot be used for abortion.
- Federal program recommendations are for a minimum 10% match. Title X funds cannot be used to cover the entire cost of the program and federal program recommendations are for at least a 10% match.
- FPAR 2.0 will require encounter level data be submitted to the Office of Population Affairs in lieu of the current manual submission of data with a projected implementation date of January 1, 2021. Some form of electronic health record will most likely be needed to meet this requirement for continued funding.
- Abortion is not considered a method of family planning and Title X funds cannot be used for abortion. By law, Title X funds may not be used in programs where abortion is a method of family planning.

State Match or Leveraged Funds Requirement:
No requirement.

Source	CFDA	Grant Name		
HRSA	93.994	Title V Maternal and Child Health (MCH) Block Grant **Title V runs overlapping grant project periods*		
Principal Investigator		Joyce Marshall		
Budget Year Federal Award		$4,699,999 (OSDH portion)	**Budget Year Non-Fed Award**	$2,641,834 (OSDH portion)
		$4,990,772 (OSDH portion)		$3,743,079 (OSDH portion)
Budget Year Begin Date		10/01/2018	**Grant Period Begin Date**	10/01/2018
		10/01/2019		10/01/2019
Budget Year End Date		09/30/2020	**Grant Period End Date**	09/30/2020
		09/30/2021		09/30/2021

Summary: Title V funds are used to address the state's maternal and child health priorities, which include: reducing the number of babies who die before their first birthday; reducing the number of babies born too soon or too small; reducing injuries among children; reducing suicide among youth; reducing health differences related to factors such as race, gender, income or where people live; improving the transition to adulthood and adult health care for children with and without special healthcare needs; reducing teen pregnancies; reducing unplanned pregnancies; improving the mental and behavioral health of women and children; and reducing the number of chronic health conditions, such as diabetes and high blood pressure, among women of childbearing age. Title V MCH Block grantees are required to write annual reports and every five years complete a statewide needs assessment. For 2018, Oklahoma benefited approximately 1.3 million women, infants, and children with Title V programs. In Oklahoma, Title V is administered by the Oklahoma State Department of Health (OSDH) and the Department of Human Services (DHS), in close partnership with the Oklahoma Family Network (OFN).

- A $3 state match for every $4 in federal funding is required from each funded entity.
- MCH must participate in all required trainings, data collection activities, and submit all required paperwork as a condition of this grant. Must meet extensive registration, financial and programmatic reporting, and payment/funding requirements.
- Travel is required for the MCH and CSHCN Directors for the Block Grant Application/Annual Report Review and the MCH Federal State Technical Assistance Partners Meeting.
- Cannot fund more than 10% for administrative costs, cannot spend less than 30% of total grant for services/programs for children and adolescents; cannot spend less than 30% for services/programs for Children with Special Health Care Needs. One-third of funds received go to DHS for Children with Special Health Care Needs pursuant to grant agreement and current state law.

Source	CFDA	Grant Name		
HRSA	93.917	Ryan White Part B Grant		
Principal Investigator		Kristen Eberly		
Budget Year Federal Award		$14,697,784.00	**Budget Year Non-Fed Award**	$786,000.00
Budget Begin Date		04/01/2019	**Grant Period Begin Date**	04/01/1991
Budget End Date		03/31/2020	**Grant Period End Date**	03/31/2022

Summary: Funding for the Ryan White (RW) Part B grant is noncompetitive and formula based (calculated based on the number of individuals living with HIV in Oklahoma) funding received by the Oklahoma State Department of Health from the Health Resources and Services Administration. The grant funds HIV care services and provides HIV medications to low income HIV infected individuals residing in the state of Oklahoma. Services provided through the program include outpatient ambulatory HIV care including laboratory testing, medical and social services case management, oral health care, medical transportation, home health, emergency financial services, nutrition counselling, mental health, HIV drug assistance, health insurance assistance and copay assistance. The program has eligibility requirements and serves individuals at 400% FPL and below.

The expected outcomes of this grant include getting people with HIV into care and keeping them in care. Helping people with HIV get and stay virally suppressed. People with HIV who are virally suppressed are not able to transmit the virus to others, so care is prevention and is instrumental in ending the HIV epidemic.

To continue to receive funding for this grant, the Oklahoma State Department of Health must submit a yearly application and meet federal reporting requirements which include submitting multiple data, financial and narrative reports over the course of the funding year.

HRSA requires administrative costs be limited to 10%. There is a Maintenance of Effort (MOE) requirement the state is required to meet of $786,000. This requires that the state maintain the same level of funding for HIV care in the current year as was earmarked the previous year. MOE is accomplished utilizing available rebate funds or state appropriations.

Source	**CFDA**	**Grant Name**		
CDC	93.069	PHEP		
Principal Investigator		Scott Sproat		
Budget Year Federal Award		$7,693,590.00	**Budget Year Non-Fed Award**	$769,359.00
Budget Year Begin Date		07/01/2019	**Grant Period Begin Date**	07/01/2019
Budget Year End Date		06/30/2020	**Grant Period End Date**	06/30/2024

Summary: The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, and territorial public health departments. Since 2002, the PHEP cooperative agreement has provided assistance to public health departments across the nation. This helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement specifically targeted the development of emergency-ready public health departments that are flexible and adaptable.

State Match or Leveraged Funds Requirement:
PHEP requires a state match of 10% funded with state appropriations.

Outcomes:
- Communities capable of preparing for, withstanding, and recovering from public health incidents.
- Enhanced coordination with emergency management to direct and support an incident or event with public health or healthcare implications by establishing a standardized, scalable system of oversight, organization and supervision that is consistent with jurisdictional standards and the National Incident Management System (NIMS).
- Enhanced ability to develop, coordinate and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.
- Ability to coordinate with partner organizations and agencies to provide fatality management services.
- Enhanced ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector.
- Enhanced ability to coordinate with and support partner agencies to address, within a congregate location, the public health, mental health, human services and healthcare needs of those impacted by an incident.
- Enhanced ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines.

- Enhanced ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.
- Ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.
- Enhanced ability to implement and perform methods to detect, characterize, and confirm public health threats. This also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food, water, and other environmental samples.
- Enhanced ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. This also includes the ability to expand these systems and processes in response to incidents of public health significance.
- Ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.
- Enhanced ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.

Funding Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or $192,300 per year.
- Funds may not be used to purchase or support (feed) animals for labs, including mice.
- Funds may not be used to purchase a house or other living quarters for those under quarantine. Rental may be allowed with approval from the CDC OGS. • Recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award with prior approval from CDC OGS.
- Recipients may not use funds for construction or major renovations.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly justified in the budget.

- Funds cannot be used to purchase over-the road passenger vehicles.
- Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- Recipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas- driven motorized carts during times of need.
- Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment.
- Funds can (with prior approval) be used to procure leased or rental vehicles for movement of materials, supplies and equipment.
- Recipients can (with prior approval) use funds to purchase material-handling.
- Recipients may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.
- Funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of vests to be worn during exercises or responses may be allowed.
- Generally, funds may not be used to purchase food.
- PHEP recipients can, with prior CDC approval, use funds to purchase caches of antibiotics for use by public health responders and their households to ensure the health and safety of the public health workforce during an emergency response, or an exercise to test response plans. Funds may not be used to supplant other funding intended to achieve this objective.
- PHEP recipients can, with prior CDC approval, use funds to purchase caches of vaccines for public health responders and their households to ensure the health and safety of the public health workforce.
- PHEP recipients can, with prior CDC approval, use funds to purchase caches of vaccines for select critical workforce groups to ensure their health and safety during an exercise testing response plans.
- Recipients may not use PHEP funds to supplant other funding intended to achieve these objectives.
- PHEP funds may not be used to purchase vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by ACIP schedules.
- CDC has amended its PHEP funding restrictions regarding the purchase of vaccines for the general public. On a case-by-case basis and only with CDC prior approval, PHEP funds may be used to purchase limited supplies of vaccines for emergency response activities that help jurisdictions strengthen their public health preparedness and response capabilities. This purchase should only be used when necessary for the rapid distribution and administration of medical countermeasures such as during a supply disruption (Section 2802 of the PHS Act).
- Recipients may not use funds for clinical care except as allowed by law.
- Instruments, reagents and supplies for the following are not generally purchased with PHEP funding:
    - Instruments, reagents and supplies for testing seasonal influenza;
    - Instruments, reagents and supplies for testing rabies;
    - Instruments, reagents and supplies for routine food testing (surveillance);
    - Instruments, reagents and supplies for testing vaccine preventable diseases (e.g. measles, mumps, etc.)
    - Instruments, reagents and supplies for routine testing of vector-borne illnesses (both clinical and vector surveillance);
    - Routine drug screening of laboratory staff.

Source	**CFDA**	**Grant Name**		
CDC	93.898	1701-BCC Early Detection Program (Take Charge!)		
Principal Investigator		Stephanie U'ren		
Budget Year Federal Award		$2,074,347.00	**Budget Year Non-Fed Award**	$723,622.00
Budget Year Begin Date		06/30/2019	**Grant Period Begin Date**	06/30/2017

Budget Year End Date	06/29/2020	Grant Period End Date	06/29/2022

Summary: The Cancer Prevention and Control Grant (CDC-RFA-DP17-1701) supports implementation of a comprehensive and coordinated approach to inform policy, systems, and environmental change strategies to prevent and control cancer. It supports high quality breast and cervical cancer screening services, statewide cancer coalitions to plan and implement cancer control priorities, and surveillance programs to monitor and report cancer burden. These priorities are accomplished by funding three programs: Breast and Cervical Cancer Early Detection Program (known locally as the Take Charge! program), the Comprehensive Cancer Control Program and the Cancer Registry (known locally as the Oklahoma Central Cancer Registry). This grant supports strategies to increase and improve the quality of cancer screening, community-clinical linkages, and preventive services in the following national plans and guidelines: The Guide to Community Preventive Services, The National Partnership for Action to End Health Disparities, The National Prevention Strategy and The National Quality Strategy.

- The Take Charge! program must provide breast and cervical cancer screening services to uninsured and underinsured women and implement key evidence-based strategies to reduce structural barriers to screening within health systems. The grant requires matching funds from non-federal sources in an amount not less than one dollar for every three dollars of federal funds awarded under this program. The statutory authority is The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) authorized under sections 1501-1510 [42 U.S.C. 300k, 42 U.S.C. 300l, 42 U.S.C. 3001-1, 42 U.S.C. 300m, 42 U.S.C. 300n, 42 U.S.C. 300 n-1, 42 U.S.C. 300 n-2, 42 U.S.C. 300 n-3, 42 U.S.C. 300 n-4, 42.U.S.C. 300-4a, 42 U.S.C. 300 n-5] of the Public Health Service Act, as amended.

- The Comprehensive Cancer Control Program must implement a program to support cancer coalition efforts that leverage resources to plan and implement evidence-based strategies to promote the primary prevention of cancer; support cancer early detection efforts; address the needs of cancer survivors; and promote health equity. The grant has a 10% cost share. The statutory authority is 317(k) (2) and (e) of the Public Health Service Act, [42 U.S.C. section247b (e) and (k) (2)], as amended.

- The Cancer Registry is responsible for implementing a population-based core Cancer Registry program. The grant requires matching funds in the amount of one dollar for every three dollars of Federal funds. A Maintenance of Effort is required for this program. The statutory authority is authorized under the Public Health Service Act, (42 USC 280e-280e-4; Public Law 102-515), as amended.

Outcomes:
- Reduced cancer risk (i.e. tobacco use, excessive alcohol use, UV exposure)
- Increase in health seeking and lifestyle behaviors (HPV vaccination, improved physical activity, improved diet, decreased tobacco use and appropriate use of genetic services for hereditary cancers)
- Increased quality of life among cancer survivors
- Reduced cancer morbidity and mortality
- Reduced cancer disparities

Funding Restrictions:
- May not be used for research
- May not may not use funds for clinical care except as allowed by law
- May not use funds to purchase furniture or equipment.
- May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

Component specific restrictions:
Take Charge! Program
- As specified in PL 101-354, use of federal funds for treatment is prohibited.

- As specified by PL 101-354, not more than 10 percent of cooperative funds awarded may be spent annually for administrative expenses.

Comprehensive Cancer Control Program

- No more than 40% of the requested budget is allocated for program staffing.
- In addition, applicant must ensure that at least 60% of the requested budget is allocated to program implementation at state and local levels.

Cancer Registry

- As specified in the Public Health Service Act, (42 USC 280e-280e-4), as amended, cooperative agreement funds must not be used for purposes other than those outlined in this announcement.
- May not purchase licensing, or development of central cancer registry applications or database systems that perform the same functions as tools provided by CDC/NPCR (see CDC/NPCR Registry Plus module description).
- May not design and development of new software and/or enhancement of an existing central cancer registry database management system where publicly available products exist.
- May not have funding for activities associated with the maintenance and support of a central registry database system that exceeds 20 percent of the total direct budget request per year.
- May not direct data collection in reporting facilities unless justified.
- May not abstract from hard-copy medical records at the central cancer registry unless justified.
- May not purchase promotional items.
- May not travel international (exception Canada for NAACCR conference).
- May not travel to meetings not directly related to cancer registries.
- May not use funds for cell phones, blackberries, palm pilots, or any other personal electronic device.
- May not use funds for automobiles or construction.
- Funds must be used to supplement not to supplant existing State and/or other Federal resources.

To continue funding awardees must:

- Report performance measures
- Submit evaluation reports
- Submit six month reporting requirements including budget, work plan, and additional reports
- Must attend required CDC Meetings and Trainings throughout the grant cycle

State Match or Leveraged Funds Requirement:

Take Charge! Program

- $3:$1 Non-Federal Match – Matching funds in the amount of no less than $377,731 for SFY-2020.
- Funding sources are Breast Cancer Revolving Fund and State Funds.

Comprehensive Cancer Control Program

- Cost sharing funds in an amount not less than 10% of Federal funds awarded under this program. Leveraged funds for SFY-2020 are $46,435.
- Funding source is State Funds.

Cancer Registry

- $3:$1 Non-Federal Match – Matching funds in the amount of no less than $236,667 for SFY-2020.
- Funding source is State Funds.
- Maintenance of Effort (MOE) Requirement – MOE funds in the amount of no less than $62,788 annually.
- Funding source is State Funds.

Source	CFDA	Grant Name
ASPR	93.889	HPP

Principal Investigator	Scott Sproat		
Budget Year Federal Award	$2,510,199.00	**Budget Year Non-Fed Award**	$251,020.00
Budget Year Begin Date	07/01/2019	**Grant Period Begin Date**	07/01/2019
Budget Year End Date	06/30/2020	**Grant Period End Date**	06/30/2024

Summary: The Hospital Preparedness Program (HPP) cooperative agreement enables the healthcare delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems. HPP is the only source of federal funding for healthcare delivery system readiness, intended to improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery. HPP prepares the healthcare delivery system to save lives through the development of healthcare coalitions (HCCs) that incentivize diverse and often competitive healthcare organizations with differing priorities and objectives to work together.

State Match or Leveraged Funds Requirement:
HPP requires a state match of 10% funded with state appropriations.

Outcomes:
- Improve patient care during emergencies
- Decrease deaths, injuries and illnesses resulting from emergencies
- Promote healthcare delivery system resilience in the aftermath of emergencies

Funding Restrictions:
- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Recipients may not use funds for lobbying activities
- Salaries may not exceed the rate of $189,600 USD per year
- Funding under these awards may only be used for minor alteration and renovation (A&R) activities.
- HPP funds may not be used to purchase clothing for promotional purposes. Clothing that can be used for personal protective equipment (PPE) and/or response purposes, and can be re-issued, may be purchased.
- Recipients may not use funds to purchase a house or other living quarters for those under quarantine.
- HPP recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award.
- HPP recipients cannot use funds to support standalone, single-facility exercises.
- HPP recipients cannot spend HPP funds on training courses, exercises, and planning resources when similar offerings are available at no cost.
- HPP grant funds can (with prior approval) be used to purchase HCC material-handling.
- HPP grant funds cannot be used to purchase over-the-road passenger vehicles.
- HPP grant funds can (with prior approval) be used to procure leased or rental vehicles as means of transportation for carrying people (e.g., passenger cars or trucks) during times of need.
- HPP grant funds can (with prior approval) be used to procure leased or rental vehicles for movement of materials, supplies and equipment by HCC members.
- Additionally, HPP grant funds can (with prior approval) be used for HCCs to make transportation agreements with commercial carriers for movement of HCC materials, supplies and equipment.

Source	CFDA	Grant Name		
OASH	93.500	Oklahoma Pregnancy Assistance Fund (PAF)		
Principal Investigator		Joyce Marshall		
Budget Year Federal Award		$851,320.00	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date		07/01/2019	**Grant Period Begin Date**	07/01/2018
Budget Year End Date		06/30/2020	**Grant Period End Date**	06/30/2020

Summary: Supporting teen parents and improving parenting skills benefits the youth and their families, as well as the State. Teen childbearing costs Oklahoma taxpayers approximately $169 million in 2010. Although rates have fallen over the last 25 years, they have not decreased as rapidly or steeply as other states, leaving Oklahoma at the top of the rankings for teen birth rates, particularly among youth 18-19 years of age. Traumatic experiences that occur prior to the age of eighteen often result in toxic stress to the developing brain and body; this can have serious effects on one's health and well-being. With an adverse childhood experiences (ACEs) score of four or higher, adults are also more likely to transfer ACEs on to their children. Proven curricula and programming in healthy relationship skills, parenting and intensive case management are being implemented in multiple settings: Office of Juvenile Affairs (OJA) incarceration facility, clinics, high schools, community service centers, and Institutions of Higher Education (IHE).

- MCH must participate in all required trainings and data collection activities, along with submission of all required paperwork as a condition of this grant.
- Materials that have not been reviewed for medical accuracy cannot be used. Cannot provide contraceptives with this funding nor can PAF projects refer any participant for pregnancy termination services.

State Match or Leveraged Funds Requirement:
No requirement.

Source	CFDA	Grant Name		
CDC	93.991	Preventive Health and Health Services Block Grant		
Principal Investigator		Amanda James		
Federal Award		$1,459,798.00	**Non-Fed Award**	$0.00
Budget Begin Date		10/01/2018	**Grant Period Begin Date**	10/01/2017
Budget End Date		09/30/2020	**Grant Period End Date**	09/30/2019

Summary: The Centers for Disease Control and Prevention (CDC), Preventive Health and Health Services (PHHS) Block Grant allows the 50 states, the District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states to address their own unique public health needs and challenges with innovative and community-driven methods.

The Block Grant is the primary source of non-categorical funding that provides grantees the latitude to fund any of 1,200+ national health objectives available in the nation's Healthy People 2020 health improvement plan. States invest their PHHS Block Grant dollars in a variety of public health areas. PHHS Block Grant dollars are used to support existing programs, implement new programs, and respond to unexpected emergencies.

The Oklahoma State Health Department (OSDH) has been a recipient of Prevent Block funding since 1986. OSDH is designated as the principal state agency for the allocation and administration of the PHHSBG within the state of Oklahoma. The Department anticipates receiving approximately 1.5 million dollars for Federal Fiscal year 2019 and the award is anticipated by July 1, 2019.

The PHHS Block Grant is governed by an Advisory Committee. The Advisory Committee was established per federal eligibility requirements to receive funding from the Centers for Disease Control and Prevention's (CDC) PHHSBG. The Advisory Committee provides valuable input and recommendations, and advises on public health priorities. Through a competitive process the Committee has selected the following projects to be funded through FFY 2021:

-Diabetes Self-Management	-Human Resources Training
-Child Passenger Safety Program	-Health-e Oklahoma Provider Registry
-Certified Healthy Community Technical Assistance	-Older Adult Fall Prevention and Healthy Aging
-Combating Heavy Advertisement of Tobacco (CHAT)	-Prescription Monitoring Program Training and Education
-Tobacco Cessation Program	-Sexual Violence Prevention
-Comprehensive Quality Improvement Initiative	-Unintentional Poisoning and Prescription Drug Overdose Prevention
-Cleveland County Community Birth Partners	-Health Communications in Oklahoma
-Statewide Condom Distribution	-Advancing Health Equity and Strengthening Minority Health

Work Plan is due annually by July 1 outlining what activities will be taking place.
An annual report is due annually on Feb 1st reporting on if objectives were met.
A success Story is due annually by Feb 1st
Funds must be used for activities directed toward the achievement of the National Health Promotion and disease Prevention Objectives in Health People 2020.

Portion allocated must be used for rape prevention and education programs
Annual Basic administration cannot exceed 10% of the Annual Basic amount
Allocation for FFY19 is below.

FFY19	Annual Basic	Sex Offense	Total Award
Oklahoma	$1,375,921	$83,877	$1,459,798

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**		
CDC	93.305	Tobacco Control Program		
Principal Investigator		Stephanie U'ren		
Budget Year Federal Award		$1,135,708.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		03/29/2019	**Grant Period Begin Date**	03/29/2015
Budget End Date		04/28/2020	**Grant Period End Date**	04/28/2020

Summary: The Centers for Disease Control and Prevention Tobacco Control Core Grant is specifically aimed at ensuring the state has a comprehensive state-based tobacco control program. The approach must include state and community interventions, state and local level policy changes, mass reach health communication interventions, cessation interventions, surveillance and evaluation and must address infrastructure, administration and management. All interventions/strategies must focus on evidence-based practices as outlined in the Tobacco Control Best Practices Guidebook and the Clinical Best Practices Guide for Treating Tobacco Dependence to address protection from secondhand smoke, tobacco prevention and tobacco cessation.

Outcomes:

- Increased cessation attempts and increased quit rates
- Decrease in adult smoking prevalence
- Decrease in youth smoking prevalence and e-cigarette prevalence
- Decrease proportion of Oklahomans exposed to secondhand smoke in the workplace
- State level policy changes that will impact use rates among all Oklahomans

Funding Restrictions:

- May not be used for research
- May not be used for clinical care
- May not be used for purchasing furniture or equipment
- Funds must be used for evidence-based tobacco control interventions, strategies, and activities
- May not use funds to provide direct cessation services or any other direct services other than services provided through Quitline services
- May not be used for purchasing NRT
- May not be used for K-12 curriculum

To continue funding awardees must:

- Report performance measures
- Evaluation reports
- Submit six month reporting requirements including budget, work plan, and additional reports
- Must attend annual National Conference on Tobacco or Health

State Match or Leveraged Funds Requirement:

- 4:1 State Match - Matching funds in the amount of no less than $199,880 (20% of Direct Costs).
- Funding source is State Tobacco Tax.

Source	**CFDA**	**Grant Name**		
CDC	93.314	Early Hearing Detection and Intervention Information System (EHDI-IS)		
Principal Investigator		Patricia Burk		
Budget Year Federal Award		$150,000.00	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date		07/01/2019	**Grant Period Begin Date**	07/01/2017
Budget Year End Date		06/30/2020	**Grant Period End Date**	06/30/2020

Summary: The purpose of the Oklahoma Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS) Cooperative Agreement is to address surveillance efforts to implement a complete Early Hearing Detection and Intervention Information System (EHDI-IS) including the enhancement of electronic data linkage with birthing hospitals and other state programs such as Vital Records. The enhanced electronic system capacity will assist in collecting hospital hearing screening data to ensure children receive recommended follow-up services by exchanging data accurately, effectively, securely, consistently, and within a timely manner with a specific focus on reducing loss to follow-up of diagnostic and Early Intervention (EI) services.

The NHSP also seeks to enhance partnerships with audiology and Early Intervention Programs (Part C and Non-Part C) via phone calls and face-to-face meetings to address the needs of accurate and complete reporting of all diagnostic and EI services. Finally, the NHSP is working with the Neometrics vendor to expand tracking opportunities, abstraction capabilities, and report development needed to monitor, analyze, and evaluate data quality and guide programmatic improvement. The project also plans to sustain the NHSP Quality Assurance/Data Coordinator needed to assist the Oklahoma NHSP in meeting all outcomes set forth in this proposal.

The outcome of this project is to improve timely follow-up and documentation of the provision of diagnostic testing and EI services. By assisting with continuity of care, the NHSP anticipates a reduction in the number of Deaf/Hard of Hearing infants who are not identified early and thus are at risk for developmental delays. To achieve this outcome, education and technical support will be given to audiology and EI providers to enhance the reporting process. Modifications will also be made to the Neometrics data tracking system to collect complete, accurate, and valid data in a timely manner in accordance with EHDI Functional Standards.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**		
CDC	93.136	National Violent Death Reporting System		
Principal Investigator		Brandi Woods-Littlejohn		
Budget Year Federal Award		$300,737.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		09/01/2019	**Grant Period Begin Date**	09/01/2019
Budget End Date		08/31/2020	**Grant Period End Date**	08/31/2022

Summary: The Oklahoma Violent Death Reporting System (OKVDRS) has been maintained in the Injury Prevention Service of the Oklahoma State Department of Health (OSDH) since 2004. Data are collected from death certificates from the OSDH Center for Health Statistics (CHS), medical examiner reports from the Office of the Chief Medical Examiner (OCME), and law enforcement records provided by the Oklahoma State Bureau of Investigation (OSBI) into a comprehensive surveillance system with over 600 variables.

The purpose of the project is to: 1) maintain a continually improving OKVDRS surveillance system that collects timely, high quality, comprehensive violent death data from the required and optional sources and complies with Centers for Disease Control and Prevention (CDC) guidelines; and 2) disseminate OKVDRS data to partners, stakeholders, and the public to raise awareness and inform violence prevention programs.

Outcomes include: 1.1) maintain strong working relationships with the data contributors (OSDH CHS, OCME, and OSBI); 1.2) collect and enter data on all violent deaths in Oklahoma using CDC guidelines and web-based system; 1.3) maintain/improve data quality and evaluate OKVDRS using CDC guidelines for evaluating a public health surveillance system; 2.1) maintain the OKVDRS Advisory Committee to promote violence prevention efforts in Oklahoma; 2.2) provide data to partners working in violence prevention to inform and/or evaluate prevention strategies; and 2.3) disseminate OKVDRS data in reports, presentations, and special data requests to various groups and the public. Information about the OKVDRS, including related reports and publications, is available at http://okvdrs.health.ok.gov.

States are required to abstract de-identified data into the online National Violent Death Reporting System portal using CDC guidelines; collect data from the three required sources: death certificate, medical examiner/coroner reports, and law enforcement reports; and report progress annually to CDC. Applicants may not use funds for research, prevention activities or clinical care; and, other than for normal and recognized executive-legislative relationships, no funds may be use for: a) publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; or b) the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administration action, or Executive order proposed or pending before any legislative body.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**		
ACF	93.590	Community-based Child Abuse Prevention (CBCAP)		
Principal Investigator		Sherie Trice		
Budget Year Federal Award		$509,759.00	**Budget Year Non-Fed Award**	$0.00
		$620,556.00		$0.00
Budget Year Begin Date		10/01/2019	**Grant Period Begin Date**	10/01/2019
		10/01/2018		10/01/2018
Budget Year End Date		09/30/2021	**Grant Period End Date**	09/30/2021
		09/30/2020		09/30/2020

Summary: The Community-Based Child Abuse Prevention (CBCAP) grant is managed at the federal level by the Office on Child Abuse and Neglect (OCAN) at the Children's Bureau, Administration for Children and Families, Health and Human Services. Each state's Governor designates a lead entity to administer the funds, which is OSDH in Oklahoma.

CBCAP Programs were created for these purposes:

1. to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and
2. to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

CBCAP programs should have some activities available to the general population such as public awareness and education about preventing child abuse and neglect. In addition, programs should also target services to vulnerable families that are at risk of abuse or neglect.

Oklahoma's CBCAP funding supports a wide variety of programs, activities and training. Many of Oklahoma's child abuse prevention programs are enhanced by CBCAP. Through OSDH, CBCAP funds support: Oklahoma's Nurse-Family Partnership (known as Children First in Oklahoma); the Incredible Years and Parent-Child Interaction Therapy programs; co-sponsorship for the Oklahoma Child Abuse and Neglect Conference; the Oklahoma University of Health Sciences Parent Partnership Board; promotion and coordination of national child abuse prevention month and crafting the Oklahoma State Plan for the Prevention of Child Abuse and Neglect, (2019 – 2023).

In order to continue receiving CBCAP, the following is required:

- Provide a financial report and annual program report by the designated deadline (fiscal reports are due at the end of the FY and grant year runs 12 months from the date of issuance of the award).
- At least one representative will attend an annual 2-5 day federally initiated CBCAP grantees conference.
- Limit funding for administrative purposed to no more than 20 percent.

Federal funds must be obligated no later than three years after the end of the federal fiscal year in which the funds are allocated.

State Match or Leveraged Funds Requirement:

See attached documentation

Source	CFDA	Grant Name		
CDC	93.116	OK - TB Elimination And Laboratory Cooperative Agreement		
Principal Investigator		Anthony Lee		
Budget Year Federal Award		$658,694.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		01/01/2020	**Grant Period Begin Date**	01/01/2020
Budget End Date		12/31/2020	**Grant Period End Date**	12/31/2024

Summary: Tuberculosis (TB) is an airborne disease and globally, a leading cause of death. One fourth of the world's population is infected with TB. While the United States continues to make slow progress, current strategies will not, alone, lead to TB elimination in this century. Meeting the U.S. TB elimination goal will require an added focus on testing and treating high-risk persons with latent TB infection (LTBI) to prevent them from developing active. With emphasis given to directing the majority of funds to core TB control front-line activities, such as TB case management, targeted testing and treatment of LTBI, completion of treatment, contact investigation, and outreach activities such as directly observed therapy.

The Centers for Disease Control and Prevention (CDC) provides funds to the Oklahoma State Department of Health (OSDH) for TB prevention and control and laboratory services and activities to reduce TB disease and deaths. In order to obtain funds through the TB cooperative agreement, Oklahoma must treat all TB cases, conduct contact investigations, and report on National TB Program Objectives milestones to the CDC. This program is authorized under Section 317E(a) of the Public Health Service Act, [42 U.S.C. Section 247b-69(a)], as amended.

Outcomes:

- Increase in cases with HIV and drug susceptibility testing results
- Increase in patients on/responding to appropriate treatment
- Increase in contacts elicited/examined
- Increase in treatment initiation for patients with LTBI who are recommended for treatment
- Increase in treatment initiation for patients with LTBI/prior pulmonary TB who are recommended for treatment
- Increase in identification/dissemination of best practices within and between state/local programs
- Increase in national accuracy and completeness of surveillance, genotyping, and whole-genome sequencing data
- Increase in cases genotyped and linked to surveillance data
- Decrease in turnaround times for specimen receipt, acid-fast bacillus smear, nucleic acid amplification, identification of MTBC, and growth-based or molecular drug susceptibility testing
- Decrease in overall TB incidence
- Increase in programs implementing TB Elimination Plans

Funding Restrictions:

- May not use funds for research
- May not use funds for clinical care except as allowed by law
- Generally, may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget
- May not use funds for in-patient clinical care; out-patient services are allowed (e.g., tuberculin skin testing, chest radiography, medical evaluation, treatment)
- May not use funds to supplant state or local health department funds

- May not use funds to purchase drugs for treatment

To continue funding awardees must:

- Submit Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP), 6 months into award
- Submit Annual Performance Report (APR) no later than 120 days before end of budget period
- Submit Federal Financial Reporting Forms 90 days after the end of the budget period
- Submit Final Performance and Financial Report 90 days after end of period of performance
- Submit Payment Management System (PMS) Reports quarterly by January 30; April 30; July 30; and October 30

State Match or Leveraged Funds Requirement:
No requirement

Source	**CFDA**	**Grant Name**	
CDC	93.136	Core State Violence and Injury Prevention Program	
Principal Investigator		Tracy Wendling	
Budget Year Federal Award		$250,000.00	**Budget Year Non-Fed Award** $0.00
Budget Year Begin Date		08/01/2019	**Grant Period Begin Date** 08/01/2016
Budget Year End Date		07/31/2020	**Grant Period End Date** 07/31/2021

Summary: Funded by the Centers for Disease Control and Prevention, the Core State Violence and Injury Prevention Program (Core SVIPP) has two overall goals: (1) decrease injury- and violence-related morbidity and mortality and (2) increase sustainability of injury prevention programs and practices. Oklahoma's Core SVIPP is administered by the Injury Prevention Service and builds on infrastructure established in previous iterations of Core injury funding. Core SVIPP-funded states are required to implement, evaluate, and disseminate strategies that address leading causes of injury morbidity and mortality, including traumatic brain injury, motor vehicle crash injury, child abuse and neglect, and intimate partner/sexual violence. Seven overarching strategies guide activities of the Oklahoma Core SVIPP and incorporate all components of a comprehensive injury prevention program (i.e., collaborating with partners; promoting prevention policy strategies; implementing evidence-based prevention strategies; collecting and analyzing data to inform practice; disseminating information; evaluating processes and outcomes; and sustaining effective practices).

Key activities of the Oklahoma Core SVIPP include maintaining the Oklahoma Injury Prevention Advisory Committee; conducting statewide surveillance on all injury-related fatalities among children 0-19 years; supporting community-based sexual violence prevention programming; administering a statewide child safety seat installation and education program; enhancing statewide efforts to increase knowledge on the prevention, recognition, and treatment of traumatic brain injuries (with a special focus on sports-related concussions); and providing education, technical assistance, and evidence-based information on a variety of injury topics. Information about the Oklahoma Core SVIPP, including related reports and publications, is available at http://ips.health.ok.gov.

Funding for this cooperative agreement is based on states using evidence-informed strategies to address the four required focus areas (traumatic brain injury, motor vehicle crash injury, child abuse and neglect, and intimate partner/sexual violence), making satisfactory programmatic progress, and meeting all reporting requirements. Core SVIPP funding may only be used for reasonable program purposes, including personnel, travel, supplies, and

services. Specifically, funds may not be used for research; clinical care except as allowed by law; purchasing furniture or equipment; publicity or propaganda purposes; the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation; lobbying or any activities designed to influence the enactment of legislation; incentives; or pre-award costs.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**	
HRSA	93.130	State Primary Care Offices	
Principal Investigator		Adrienne Rollins	
Budget Year Federal Award		$178,319.00	**Budget Year Non-Fed Award** $0.00
Budget Year Begin Date		04/01/2019	**Grant Period Begin Date** 04/01/2009
Budget Year End Date		03/31/2020	**Grant Period End Date** 03/31/2024

Summary: The HRSA Cooperative Agreement provides funding to support the operations of the Oklahoma State Office of Primary Care (OKPCO). The primary responsibilities of the OKPCO include assessment of the health workforce data, identification of barriers to primary care in Oklahoma and facilitation of efforts to increase access to primary care. This work includes securing federal designations for Medically Underserved Areas and Populations (MUA/Ps) and Health Professional Shortage Areas (HPSAs) for primary, dental, and mental health care. The OKPCO serves as the primary state contact for the National Health Service Corps, J-1 Visa Waiver Program, and National Interest Waiver Program. The OKPCO works with a broad range of local, state, and federal partners to increase access to care and promote health workforce initiatives through data-driven planning and the provision of technical assistance to entities wishing to expand access to care.

OKPCO's goals are to 1) Identify unmet health care needs and barriers to care and, 2) Improve access to comprehensive primary health care services in Oklahoma. OKPCO's major activities are statewide health workforce data collection and analysis, production of a state primary care needs assessment, development of a statewide health care rational service area plan, and creation of a strategic long-range plan to reduce health professional shortages in Oklahoma. In order to continue the cooperative agreement, the OSDH must submit an annual report detailing progress on program objectives and an annual report of federal performance measures. Funds cannot be used to support lobbying activities or direct clinical services.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**	
HRSA	93.110	Newborn Screening State Evaluation Program	
Principal Investigator		Jennifer Baysinger	
Budget Year Federal Award		$150,000.00	**Budget Year Non-Fed Award** $0.00
Budget Begin Date		09/01/2019	**Grant Period Begin Date** 09/01/2019
Budget End Date		8/31/2020	**Grant Period End Date** 08/31/2021

The purpose of the Newborn Screening (NBS) State Evaluation Program is to collect data in order to improve evaluation of the Oklahoma NBS program and to build state-level capacity to assess and report on the effectiveness of NBS, including but not limited to timeliness, follow up, genetic counseling, and health care

services in reducing the morbidity and mortality caused by heritable disorders in newborns and children. This program will evaluate the effectiveness of the Oklahoma NBS system by collecting and reporting aggregate data on NBS quality indicator information to the Newborn Screening Technical Assistance and Evaluation Program (NewSTEPs), allowing longitudinal comparisons with national data. The data collected and analyzed will inform the Oklahoma NBS program on the validity of NBS results, if timely diagnosis and treatment are occurring, and if proper follow up counseling and healthcare services are being provided. This will ultimately, improve health outcomes for children with heritable disorders.

There are 2 major activities for the Oklahoma NBS State Evaluation Program. The first activity is to develop a NBS data analysis plan that supports continuous quality improvement. This will include hiring a NBS data scientist, identifying program data evaluation needs, performing data evaluation, and reporting all data quality indicators to NewSTEPs. The second activity is to collaborate with other NBS stakeholders to assess the Oklahoma NBS system for continuous quality improvement. This will include creating a secure database for NBS long-term follow-up data analysis and providing feedback to stakeholders. There are two requirements to sustaining funding for this 2 year project period. 1. By 2021, all available data on NewSTEPs quality indicators for all newborns screened in 2019-2020 will be collected and submitted to a national newborn screening data repository. 2. By 2021, Oklahoma will have an established sustainability plan to support data collection activities beyond the performance period. There are no prohibited actions that will prevent future funding.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**	
CMS	93.777	Clinical Laboratory Improvement Amendments Program (CLIA) 2020	
Principal Investigator		LaTrina Frazier, Ph.D., MHA, RN	
Budget Year Federal Award		$452,471.00	**Budget Year Non-Fed Award** $0.00
Budget Year Begin Date		**10/01/2019**	**Grant Period Begin Date** 10/01/2019
Budget Year End Date		**09/30/2020**	**Grant Period End Date** 09/30/2020

Summary: The Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations include federal standards applicable to all U.S. facilities or sites that test human specimens for health assessment or to diagnose, prevent, or treat disease. The Amendments established quality standards for all laboratories testing to ensure the accuracy, reliability, and timeliness of patient test results, regardless of where the test was performed. The CLIA regulations are based on the complexity of the test method; thus, the more complicated the test, the more stringent the requirements.

State Survey Agencies, under agreements between the State and the Secretary of the Department of Health and Human Services, carry out the Medicare certification process. The State Survey Agency is also authorized to set and enforce standards for CLIA and Medicaid. This contract is funded through an annually renewing grant to the Department. For more detail, see Clinical Laboratory Improvement Amendments.

Funding Restrictions: Funds are restricted to the performance of inspections, training, program management and travel.

Outcomes: The CMS monitors state performance to ensure the timeliness of investigations, appropriate program management and expenditure of funds.

State Match or Leveraged Funds Requirement: No match or requirement.

Source	CFDA	Grant Name		
CDC	93.136	Oklahoma Rape Prevention And Education Program (2019-2024)		
Principal Investigator		Brandi Woods-Littlejohn		
Budget Year Federal Award		$502,159.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		02/01/2019	**Grant Period Begin Date**	02/01/2019
Budget End Date		01/31/2020	**Grant Period End Date**	01/31/2024

Summary: The Oklahoma Rape Prevention and Education Program (RPE) provides state-level guidance and coordination of activities to prevent first-time perpetration and victimization of sexual assault. The RPE Program is administered by the Oklahoma State Department of Health (OSDH) Injury Prevention Service. Program components include the state-level RPE team and local community-based programs. The RPE funding supports a full-time Prevention Educator in each of the local programs to conduct sexual violence (SV) prevention programs in their communities using evidence-informed strategies at multiple levels of the social ecology. The state-level RPE team provides training and technical assistance to the local SV prevention programs and other organizations.

Among the activities of the RPE Program is the development and implementation of a State Action Plan to refine the direction, target population, and prevention strategies utilized in Oklahoma. The Oklahoma Prevention Leadership Committee, a multi-disciplinary committee created as part of the RPE Program, is maintained to assist and guide program activities. Additionally, the state-level RPE team collaborates with the Centers for Disease Control and Prevention, local Prevention Educators, an external evaluator, and other stakeholders to develop and implement evaluation and performance measurement plans. Programmatic goals include: 1) increased use of partnerships to implement relationship/community-level strategies and improved coordination of state SV prevention efforts; 2) increased use of data-driven decision making for program delivery; 3) increased use of indicator data to track implementation and outcomes; 4) environmental and community changes that result from selected community-level strategies; and 5) changes in selected risk and protective factors. Information about the Oklahoma RPE Program, including related reports and publications, is available at http://svp.health.ok.gov.

States are required to have at least 50% of the funded SV prevention strategies at the community level (or above) of the socio-ecological model, focus on the primary prevention of SV, and report progress annually to CDC. Applicants may not use more than five percent of the amount received for each fiscal year for administrative expenses. Recipients may not use more than two percent of the total RPE award for each budget year for surveillance studies or prevalence studies in accordance with the RPE regulations.

State Match or Leveraged Funds Requirement:
No requirement.

Source	CFDA	Grant Name
CDC	93.735	Enhancing Quitline Reach In Oklahoma
Principal Investigator		Christin Kirchenbauer

Budget Year Federal Award	$646,044.00	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date	08/01/2017	**Grant Period Begin Date**	08/01/2014
Budget Year End Date	04/28/2020	**Grant Period End Date**	04/28/2020

Summary: The Center for Disease Control and Prevention Quitline Grant is specifically aimed at enhancing the statewide Quitline services. The funding will be utilized to focus on populations that are disproportionately affected by tobacco dependence. Key strategies include enhanced services for priority populations, health systems change and increased media efforts. The funding is also utilized to address tobacco cessation infrastructure, capacity and the services that are being provided.

The Quitline Grant allows state health departments to enhance tobacco cessation services by meeting the evidence based recommendations for treatment including multiple quit attempts per year, combination nicotine replacement therapy (NRT), counseling services, web-based treatment options and texting services. Oklahoma utilizes the funds to provide counselling services for all Oklahomans 13 years and older. Additionally, the funds are utilized to enhance capacity and infrastructure. The Oklahoma State Department of Health has utilized these funds to build electronic health record (EHR) direct referral options to the Oklahoma Tobacco Helpline (OTH). This allows health systems to directly refer tobacco and/or e-cigarette users to services and receive outcome reports back into the EHR patient file. Key strategies have been focused on tribal health systems and the county health department systems to encourage referrals, treatment and billing for the tobacco cessation services provided.

Outcomes:

- Increased cessation attempts and increased quit rates
- Decrease in adult smoking prevalence
- Decrease in youth smoking prevalence and e-cigarette prevalence
- Decrease proportion of Oklahomans exposed to secondhand smoke in the workplace
- State level policy changes that will impact use rates among all Oklahomans

Funding Restrictions:

- No more than 10% of funds may be used for NRT
- May not be used for research
- May not be used for clinical care
- May not be used for purchasing furniture or equipment

To continue funding awardees must:

- Report performance measures
- Submit evaluation reports
- Submit six month reporting requirements including budget, work plan, and additional reports
- Must submit quarterly Oklahoma Tobacco Helpline data to the NQWD

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**	
CDC	93.323	To Build And Strengthen Epidemiology, Laboratory, And Health Information Systems Capacity- ELC NON-PPHF	
Principal Investigator		Laurence Burnsed	
Budget Year Federal Award		$2,041,260.00	**Budget Year Non-Fed Award** $0.00

Budget Year Begin Date	08/01/2019	**Grant Period Begin Date**	08/01/2019
Budget Year End Date	07/31/2020	**Grant Period End Date**	07/31/2024

Summary: The Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement awards annual funding to eligible state and local public health agencies to reduce illness and related deaths caused by a wide range of infectious diseases. ELC funds support the epidemiological and laboratory operations of the Oklahoma State Department of Health (OSDH) Acute Disease Service (ADS) and Public Health Laboratory (PHL), with funds awarded that support fourteen projects that address core epidemiology and laboratory activities, healthcare-associated infections, health information systems, enteric disease outbreak investigation and response, vaccine preventable diseases, influenza surveillance, and vectorborne disease surveillance. The purpose of the activities supported by ELC funds is to protect the public health and safety of the Oklahoma residents through effective detection, response, and prevention and control of known and emerging (or re-emerging) infectious diseases.

- Infectious disease surveillance and investigation responsibilities are centralized within the OSDH ADS. Pursuant to notifiable disease rules, reports are submitted to the OSDH for review and assignment to an ADS epidemiologist, local county health department, public health nurse, or city-county health department epidemiologist for investigation. All completed investigations are reviewed and classified by an ADS surveillance epidemiologist. The ADS is responsible for maintaining the 24/7/365 epidemiologist-on-call system to provide consultation regarding the incidence, spread, treatment, and control measures to healthcare providers, organizations, and the general public. Emerging disease events, such as response to the Zika virus, Ebola virus traveler monitoring, and novel influenza events are coordinated by the OSDH ADS. Furthermore, response to outbreaks of apparent infectious diseases are led by ADS epidemiologists with a team approach involving the PHL, Protective Health Services for environmental expertise, and other internal and external partners as indicated by the etiologic agent.
- The PHL is responsible for providing analytical services for the State Department of Health, local county health departments including both city-county jurisdictions, tribal health partners, healthcare practitioners, and private citizens, including specialized laboratory procedures and reference testing for pathogens of public health importance. The PHL also provides technical assistance and consultation for private clinical laboratories of Oklahoma; guidance and training for detection and identification of a terrorist event; applied research and university instruction related to the public health protection mission of the laboratory; and pharmacy services to county health departments.

Outcomes:

- Effective public health workforce prepared to address infectious disease threats, including improved workforce knowledge and skills regarding next-generation sequencing (NGS), bioinformatics, and other advanced molecular diagnostic technologies.
- Timelier disease reporting, investigation and initiation of control measures of clusters and outbreaks of infectious diseases.
- More effective and targeted interventions to protect the public from infectious diseases through implementation of control and prevention measures.
- Improved use of data to inform public health response and practice, including program and policy development.
- Improved use of data to inform public health response and control, inform program and policy development, and develop and implement public health best practices and or guidelines.
- Improved detection and characterization of novel or high-concern resistance organisms.
- Timely and effective response to healthcare associated infections and antimicrobial resistant outbreaks.
- Reduction in healthcare associated infections in all healthcare settings.

- Improved infection control capacity and practices in all healthcare settings.
- Improved completeness and timeliness of reporting of vector-borne disease surveillance data to monitor the epidemiology, incidence, and geographic spread of vector-borne diseases.
- Improved ecologic surveillance to detect and monitor vector species distribution, abundance, infection, and insecticide resistance to inform vector control and public health response.
- Increased availability of timely and accurate information on vector-borne disease risk and prevention to public health partners, healthcare providers, vector control agencies, decision makers, and the public.
- More rapid and complete identification of vector-borne disease outbreaks to facilitate timely and effective control measures.
- Better prepared workforce to identify, diagnose, report, prevent, and respond to vector-borne disease cases and outbreaks.

A description of any action required to be taken by the state government entity as a condition for the receipt or continued receipt of federal funds.

The Centers for Disease Control and Prevention is responsible for the monitoring the progress of awarded agencies in achieving desired outcomes of grant-supported activities. Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting through periodic progress reports, annual reports illustrating progress toward performance measures, and financial reporting.

A description of any action prohibited to be taken by the state government entity as a condition for the receipt or continued receipt of federal funds;

State public health agencies are restricted from using ELC funds for the following activities:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient. These requests are reviewed by the Grants Specialist on a case-by-case basis.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

State Match or Leveraged Funds Requirement:

There is no state match or leveraged funds requirement for ELC grant awardees.

Source	**CFDA**	**Grant Name**
CDC	93.270	Strengthening Surveillance In Jurisdictions With High Incidence Of Hepatitis C Virus (HCV) And Hepatitis B Virus (HBV) Infections.
Principal Investigator		Kristen Eberly

Budget Year Federal Award	$292,984.00	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date	05/01/2019	**Grant Period Begin Date**	05/01/2017
Budget Year End Date	04/30/2020	**Grant Period End Date**	04/30/2021

Summary: The OSDH HIV/STD Service (Service) is primarily responsible for HIV/STD surveillance, treatment, and prevention activities for the entire state of Oklahoma. Another important role and responsibility for the Service is the performance of surveillance and analysis for HBV and HCV infections. Viral hepatitis prevention activities, including public and provider education, vaccination outreach, and perinatal hepatitis B interventions are also conducted by the Service.

Hepatitis B and hepatitis C are leading infectious disease causes of morbidity and mortality in Oklahoma and the United States. In addition, these viruses disproportionately affect foreign-born, racial/ethnic minorities born during 1945-1965 (Birth Cohort), and medically underserved/underinsured populations.

Over the past six years, the number of acute HBV cases reported to the OSDH ranged from 40 to 115 per year. The annual incidence rates of acute HBV infections in Oklahoma (range of 0.8 to 3.1/100,000 population during the recent 6-year period) have become higher than the average U.S. rates during the same time period (0.9 to 1.1/100,000). In 2017, there were 53 newly reported acute HBV cases among Oklahomans, a rate of 1.3 per 100,000 population.

In addition to hepatitis B cases, Oklahoma also has a higher incidence rate of acute hepatitis C, compared with the national rate. Nationally, the overall incidence rate for 2016 was 1.0 case per 100,000 population, an increase from 2015 (0.8 cases per 100,000 population). In 2017, there were 81 cases of confirmed, acute HCV infection identified in the state of Oklahoma. The rate of acute HCV in Oklahoma was 2.1 per 100,000 population. In addition to the acute HBV and acute HCV cases, there were 335 chronic HBV cases and 2,078 chronic HCV cases reported in Oklahoma during 2017.

In 2015, the Centers for Disease Control and Prevention (CDC) identified two counties in Oklahoma which ranked in the top five percent of counties nationwide as most vulnerable for an HCV and HIV outbreak. These counties were Jefferson County and Cimarron County[2]. CDC strongly encouraged states to conduct their own study to judge the risk of an outbreak using data available within the state. Oklahoma built a model which used indicators linked with HIV, HCV, injection drug use (IDU), and prescription opioid abuse to predict county counts of newly diagnosed cases of HIV caused by IDU and acute HCV in Oklahoma from 2010 – 2014. The top ten counties found in Oklahoma highest risk scores were (in the 90th risk percentile or higher): Creek, Stephens, Muskogee, Tulsa, Carter, Oklahoma, Pottawatomie, Wagoner, McClain, and Pittsburg.

Purpose

PS17-1703 supports surveillance activities in the state of Oklahoma for HBV and HCV infections, including expansion to active surveillance projects. In addition, this funding supports and increases capacity for implementation of testing, treatment and prevention services and activities based on surveillance data. Some of the activities this NOFO facilitates include establishing partnerships with healthcare, laboratories, and community-based organizations; and educating providers, facilities, and laboratories on the potential or proven impacts of timely and complete reporting of hepatitis B and C; updating existing state reporting rules and reporting mechanisms; and updating the existing disease reporting system. This, in turn, will provide a better picture of the disease burden of persons living with HBV and/or HCV infection in Oklahoma and facilitate linkages to recommended care and treatment services.

Outcomes

Oklahoma expected outcomes of the project are:

- Improve and increase completeness and timeliness of laboratory and case information reported for HBV and HCV cases through NNDSS by the year 2020.

- Increased knowledge of the "true" burden of HBV and HCV by supplementing case surveillance data with data from other sources such as Medicaid and Medicare, hospital discharge database, and data from the Behavioral Risk Factor Surveillance System.
- Reduce cases of HBV and HCV due to interrupted transmission in identified outbreaks by using surveillance data to identify outbreaks of HCV, HBV, emerging trends in case reports in communities, and/or increases in opioid utilization and overdose deaths indicative of increased HBV and HCV incidence.

Only state government is eligible in Oklahoma to apply for this funding. There is no cost sharing or maintenance of effort required. Progress and performance reports are required to continue to receive funding.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**		
CDC	93.426	1815- Diabetes, Heart Disease and Stroke		
Principal Investigator		Stephanie U'ren		
Budget Year Federal Award		$2,194,573.00	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date		06/30/2019	**Grant Period Begin**	09/30/2018
Budget Year End Date		06/29/2020	**Grant Period End**	6/29/2020

Summary: The focus of the CDC 1815 grant is to implement and evaluate evidence-based strategies to prevent and manage cardiovascular disease and diabetes in high-burden populations or communities within the state. High burden populations are those disproportionally affected by high blood pressure, high blood cholesterol, diabetes, or prediabetes due to socioeconomic factors such as inadequate access to care, poor quality of care, or low income. The funding is divided equally between Category A strategies (diabetes management and prevention of type 2 diabetes) and Category B strategies (prevention and management of cardiovascular disease risk factors). The CDC recommends strategies be complementary, addressing both Category A and Category B in ways benefitting people with or at risk for developing prediabetes, type 2 diabetes, high blood pressure and high blood cholesterol. This funding opportunity builds on accomplishments under the previous CDC-1305 (statewide) and CDC-1422 (prioritized counties) grants that Oklahoma received.

Category A Strategies: Diabetes Prevention and Management
The required strategies in this category include improving the care and management of people with diabetes; improving access to, participation in, and coverage for the National Diabetes Prevention Program (DPP) – a lifestyle change program; and increasing community links supporting enrollment and retention of participants in DPP lifestyle change programs.

Category B Strategies: Cardiovascular Disease Prevention and Management
The strategies required in this category include tracking and monitoring clinical measures shown to improve healthcare quality and identify patients with hypertension; implementing team-based care2 for patients with high blood pressure and high blood cholesterol; and linking community resources and clinical services to support referrals, self-management and lifestyle change for patients with high blood pressure and high blood cholesterol.

Target Population and Health Disparities
The Center developed an algorithm for determining counties to prioritize for activities. Factors considered in the selection process included: 1) mortality and morbidity – high percentages of cardiovascular disease and diabetes prevalence and deaths; 2) racial, ethnic and socioeconomic disparities – higher prevalence among Native Americans, African Americans, and SoonerCare members; and 3) local infrastructure – what services are available

in the local community (i.e., Diabetes Self-Management Education, DPPs, Healthy Hearts for Oklahoma, etc.). Counties selected include: Caddo, Delaware, Hughes, Lincoln, McIntosh, Muskogee, Pittsburg, and Seminole.

Outcomes:

- Improve access to and participation in ADA-recognized/AADE-accredited DSMES programs in underserved areas
- Expand or strengthen DSMES coverage policy among public or private insurers or employers, with emphasis on one of the following: Medicaid and employers
- Increase engagement of pharmacists in the provision of medication management or DSMES for people with diabetes
- Assist health care organizations in implementing systems to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs for type 2 diabetes prevention
- Implement Strategies to increase enrollment in CDC-recognized lifestyle change programs
- Develop a statewide infrastructure to promote long-term sustainability/reimbursement for Community Health Workers (CHWs) as a means to establish or expand their use in CDC-recognized lifestyle change programs
- Promote the adoption and use of electronic health records (EHR) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension
- Promote the adoption of evidence-based quality measurement at the provider level (e.g., use dashboard measures to monitor healthcare disparities and implement activities to eliminate healthcare disparities)
- Support engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings
- Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification
- Develop a statewide infrastructure to promote sustainability for CHWs to promote management of hypertension and high blood cholesterol

Funding Restrictions:

- Recipient may not use funds for research
- Recipient may not use funds for clinical care except as allowed by law
- Recipient may use funds only for reasonable program purposes, including personnel, travel, supplies and services
- Generally, recipient may not use funds to purchase furniture or equipment.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - The salary or expenses of any grant or contract recipient or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action or Executive order proposed or pending before any legislative body.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or sub recipient, are strictly prohibited regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a

method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities.

To continue funding awardees must:
- Submit an Evaluation and Performance Measurement Plan
- Report performance measures
- Submit evaluation reports
- Submit reporting requirements including budget, work plan, and additional reports
- Must attend CDC 1815 National Grantee Meeting

State Match or Leveraged Funds Requirement:
- No requirement.

Source	**CFDA**	**Grant Name**	
CDC	93.270	Improving Oklahoma Hepatitis B and C Care Cascades	
Principal Investigator		Kristen Eberly	
Budget Year Federal Award		$57,207.00	**Budget Year Non-Fed Award** $0.00
Budget Year Begin Date		11/01/2019	**Grant Period Begin Date** 11/01/2016
Budget Year End Date		10/31/2020	**Grant Period End Date** 10/31/2020

Summary: The Oklahoma State Department of Health (OSDH) utilizes this funding to support a full time employee to serve as the Viral Hepatitis Prevention Coordinator (VHPC). The VHPC facilitates activities described for this cooperative agreement including establishing partnerships with healthcare and community-based organizations, and educating the public, providers, and key stakeholders on the potential or proven impacts of policies aimed at increasing the number of persons living with hepatitis B (HBV) and/or hepatitis C (HCV) infection that are tested for these infections and made aware of their infection status so as to facilitate linkage to recommended care and treatment services.

The expected outcomes of the project are:
- Increased HBV and/or HCV testing and detection of current infection at selected partner
- setting(s) or organization(s);
- Increased number of sites, organizations, or settings that participate in the implementation of intervention (s) to increase HBV and/or HCV testing and detection;
- Increased ability to link newly diagnosed patients with HBV and/or HCV infections to appropriate medical care, including counseling services; and
- Increased monitoring of evidence-based policies implemented to maximize HBV and/or HCV testing and care in the jurisdiction.

Only state government is eligible in Oklahoma to apply for this funding. There is no cost sharing or maintenance of effort required. Progress and performance reports are required to continue to receive funding.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**
HRSA	93.110	State Maternal Health Innovation Program
Principal Investigator		Joyce Marshall

Budget Year Federal Award	$2,134,389.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date	09/30/2019	**Grant Period Begin Date**	09/30/2019
Budget End Date	09/29/2020	**Grant Period End Date**	09/29/2024

State Maternal Health Innovation Program Grant

Summary: The overall goals of the grant are to optimize resources to implement state-specific actions that address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and severe maternal morbidity (SMM). Items to be specifically addressed are: 1) Establish a state-focused Maternal Health Task Force to create and implement a strategic plan that incorporates activities outlined in the most recent State Title V Needs Assessment; 2) Improve the collection, analysis, and application of state-level data on maternal mortality and SMM; and, 3) Promote and execute innovation in maternal health service delivery, such as improving access to maternal care services, identifying and addressing workforce needs, and supporting postpartum and inter-conception care services.

1. A description of any action required to be taken by the state government entity as a condition for the receipt or continued receipt of federal funds:
   - Required participation in trainings, meetings, data collection and documentation activities as conditions of grant cooperative agreement.
   - Must meet extensive financial and programmatic reporting and payment/funding requirements as specified in cooperative agreement and grantee documentation.
   - Must utilize funds for approved programs and activities only.
2. A description of any action prohibited to be taken by the state government entity as a condition for the receipt or continued receipt of federal funds:
   - Initiation or implementation of activities and/or utilization of funding for items that are not approved or outside the scope of the State Maternal Health Innovation Program grant are prohibited.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**	
HRSA	93.110	State Systems Development Initiative (SSDI)	
Principal Investigator		Paul Patrick	
Budget Year Federal Award		$100,000.00	**Budget Year Non-Fed Award** $0.00
Budget Begin Date		12/01/2019	**Grant Period Begin Date** 10/01/1993
Budget End Date		11/30/2020	**Grant Period End Date** 11/30/2022

Summary: The purpose of the SSDI Project is to develop and expand the data capacity of the Maternal and Child Health (MCH) Service. To accomplish this, the SSDI Project has set three primary goals: 1) to build and expand data capacity by supporting the Title V MCH Block Grant and the 5-Year Needs Assessment, 2) to advance the development and utilization of linked information systems among key MCH-related datasets, and 3) provide data and analytic support for MCH quality improvement efforts. Under Goal 1, the SSDI Project is currently leading the planning and staging of the Oklahoma Title V MCH 5-Year Needs Assessment which is due in July 2020. This is a multi-year, multiple partner effort to assess the needs of the maternal, infant, and child populations of the state of Oklahoma. With Goal 2, the SSDI Project is partnering with internal OSDH departments and external state agencies to link and use linked datasets (e.g., infant deaths/births, newborn screening records/births, Medicaid records/births) for the purpose of more comprehensively assessing MCH populations. This body of work will be

incorporated into the 5-Year Needs Assessment as it becomes available. Lastly, under Goal 3, the SSDI Project has continued to support the national and state Collaborative Improvement & Innovation Network (CoIIN) efforts to reduce infant mortality and to improve newborn outcomes in the state. This work includes timely submission, analysis, and reporting of vital statistics data.

- MCH must participate in all trainings and data collection activities as required, along with submission of all required paperwork as a condition of this grant.
- Registration, financial and programmatic reporting, and prior approvals must be completed as required and according to schedule as a condition of this grant.
- The SSDI Program Director is required to attend the Annual SSDI Grantee Meeting.
- Utilizing funds outside grant purpose is prohibited.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**	
CMS	93.777	Hospice Impact 2020	
Principal Investigator		LaTrina Frazier, Ph.D., MHA, RN	
Budget Year Federal Award		$126,000	**Budget Year Non-Fed Award** $0.00
Budget Year Begin Date		**10/01/2019**	**Grant Period Begin Date** 10/01/2019
Budget Year End Date		**09/30/2020**	**Grant Period End Date** 09/30/2020

Summary: Under the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, each Medicare certified hospice must be surveyed no less frequently than every 36 months. States conduct validation surveys of deemed hospices, specified by CMS. Funding provided through the IMPACT Act as well as the Quality, Safety & Oversight Group (QSOG) S&C Medicare program management budget will assist States to comply with this requirement.

The Centers for Medicare and Medicaid Services (CMS) contracts with the Department to perform certification and complaint inspections of Hospices that provide services reimbursed through Medicare. This contract is funded through an annually renewing grant to the Department. For more detail, see the annual *Mission and Priority Document* issued by CMS and linked here.

Funding Restrictions: Funds are restricted to the performance of inspections, training, program management and travel.

Outcomes: The requirements in the grant specify that inspections and program administration are performed as outlined in the Centers for Medicare and Medicaid Services' *Mission and Priority Document*. Each state agency is evaluated annually for compliance under the CMS State Performance Standards System. In federal fiscal year 2018, Oklahoma met 24 of 25 performance standards scored. More information on the SPSS program can be found at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/AdminInfo18-22-ALL.pdf.

State Match or Leveraged Funds Requirement: No match or requirement.

Source	CFDA	Grant Name		
CDC	93.079	Oklahoma School-Based Surveillance Project		
Principal Investigator		Joyce Marshall		
Budget Year Federal Award		$100,000.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		08/01/2019	**Grant Period Begin Date**	08/01/2018
Budget End Date		07/31/2020	**Grant Period End Date**	07/31/2020

Summary: MCH: YRBS portion as referenced below):

- Youth Risk Behavior Survey (YRBS): The YRBS is a statewide, randomized survey of Oklahoma public school students and is conducted biennially in odd-numbered years. The sample is selected in a two-stage process – schools are first selected based on a probability proportional to enrollment, followed by a random equal probability selection of classes within each school. The sample is weighted to be representative of Oklahoma public high school students in grades 9 through 12 based on the demographic distribution of the enrolled student population as provided by the Oklahoma State Department of Education. The YRBS questionnaire includes six categories of health-risk behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors contributing to unintended pregnancy and sexually transmitted diseases, unhealthy dietary behaviors, and physical inactivity. With each cycle of the YRBS, 50 schools are randomly selected for participation. This survey is utilized as a major source of information for state-wide youth health improvement efforts.
- Federal financial, performance progress and monitoring, and payment management system reporting as required must be completed as a condition of this grant.
- To obtain weighted data for analysis, a response rate of 60% must be achieved.
- Utilizing funds outside grant purpose would be prohibited.

State Match or Leveraged Funds Requirement:
No requirement.

Source	CFDA	Grant Name		
CDC	93.336	Oklahoma Behavioral Risk Factor Surveillance System (BRFSS)		
Principal Investigator		Derek Pate		
Budget Year Federal Award		$425,816.00	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date		03/29/2019	**Grant Period Begin Date**	03/29/2015
Budget Year End Date		07/31/2020	**Grant Period End Date**	07/31/2020

Summary: The Behavioral Risk Factor Surveillance System (BRFSS) is the largest ongoing telephone survey of our nation's health. Established by the Centers for Disease Control and Prevention (CDC), it is implemented via the state health departments every year (OK since 1988). The BRFSS is administered using computer-assisted telephone interviewing software to a stratified random sample of non-institutionalized residents aged 18 years and older. The survey consists of questions regarding health status, access to healthcare, chronic disease prevalence, and health behaviors.

The "Core" questions are administered each year so that comparisons of the most critical health information can be made. Some items in the core rotate and are asked every other year rather than every year. There are standardized optional modules and state-added questions that a state may choose to add to the questionnaire (and fund). State health departments gather data, send the data to the CDC for processing, weighting, and use the processed data to assess the health status of the population. Data from the BRFSS are used in national reports such as America's Health Rankings, County Health Rankings, and Commonwealth Fund Scorecard on State Health System Performance.

The CDC provides federal funding for Oklahoma BRFSS survey operations and data collection, supporting "Core" questions of the survey that is administered in all 50 states, the District of Columbia and three U.S. territories. The survey is also supported by a variety of partners that sponsor the optional modules and state-added questions. Partners include OSDH programs (Chronic, Injury, Child Guidance), other state agencies (ODMHSAS, OHCA, TSET), researchers (e.g. Oklahoma Health Science Center - College of Public Health), stakeholder organizations (Alzheimer's Association), and tribal partners (e.g. Cherokee Nation Public Health) fostering state collaborative partnerships working towards improving Oklahoma health status.

State Match or Leveraged Funds Requirement:

- No requirement.

Source	**CFDA**	**Grant Name**		
HRSA	93.251	Oklahoma Universal Newborn Hearing Screening & Intervention		
Principal Investigator		Patricia Burk		
Budget Year Federal Award		$250,000.00	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date		04/01/2019	**Grant Period Begin Date**	04/01/2001
Budget Year End Date		03/31/2020	**Grant Period End Date**	03/31/2020

Summary: The purpose of the Universal Newborn Hearing Screening and Intervention Program project is to develop a comprehensive and coordinated statewide Early Hearing Detection and Intervention (EHDI) system of care in Oklahoma ensuring that newborns and infants are receiving appropriate and timely services, including screening, evaluation, diagnosis, and early intervention (EI). This purpose will be achieved by focusing efforts on: 1) increasing health professionals' engagement within and knowledge of the EHDI system, 2) improving access to EI services and language acquisition, and 3) improving family engagement, partnership, and leadership within the EHDI programs and systems. The project requests funds to continue support of the Oklahoma State Department of Health (OSDH) Newborn Hearing Screening Program (NHSP) Follow-up/Audiology Coordinator (FU/AC). Funding is also requested to purchase additional hearing screening equipment and screening supplies for health departments. The target population for newborn hearing screening is all children born in Oklahoma. The annual number of births is between 52,000 and 55,000 per year.

The current proposed project is designed to further focus efforts to increase health professionals' engagement within and knowledge of the EHDI system; improve access to EI services and language acquisition; and improve family engagement, partnership, and leadership within EHDI. The program will collaborate with numerous partners in order to conduct the project requirements set for this grant to continue developing and expanding the comprehensive and coordinated Oklahoma EHDI system. Collaborative partners include SoonerStart (Oklahoma's Part C Early Intervention program), Oklahoma Audiology Task force (OKAT), Maternal Child Health/Title V, county health departments, audiology programs, birthing hospitals, midwives, medical home providers, home visitation programs, early intervention providers, and parent organizations. Nationally, additional collaboration is needed with the National Center for Hearing Assessment and Intervention (NCHAM), the Center for Disease Control and Prevention (CDC), and the Directors of Speech and Hearing Programs of State Health and Welfare Agencies (DSHPSHWA).

State Match or Leveraged Funds Requirement:

No requirement.

Source	CFDA	Grant Name		
CDC	93.946	Pregnancy Risk Assessment Monitoring System (PRAMS)		
Principal Investigator		Joyce Marshall		
Budget Year Federal Award		$157,500.00	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date		05/01/2019	**Grant Period Begin Date**	05/01/2016
Budget Year End Date		04/30/2020	**Grant Period End Date**	04/30/2021

Summary: PRAMS is an ongoing, population-based study designed to collect information about maternal behaviors and experiences before, during, and after pregnancy. Monthly, PRAMS samples between 200 and 250 recent mothers from the Oklahoma live birth registry. Mothers are mailed up to three questionnaires with follow-up phone interviews for non-responders. The PRAMS sample results from a systematic sampling design used to produce sample sizes large enough to generate population estimates for groups considered at risk for adverse pregnancy outcomes. The PRAMS questionnaire includes items focusing of attitudes and feelings about the most recent pregnancy, preconception care, prenatal care, Medicaid and WIC participation, breastfeeding, cigarette and alcohol use, health insurance coverage, and infant health care. The Oklahoma PRAMS is the primary source of information on mothers and infants in the state and data gathered by the PRAMS project are used to direct maternal and child health programs in the state. Oklahoma has been conducting the PRAMS project since 1988.

- To obtain weighted data for analysis, a response rate of 55% must be achieved.
- MCH must participate in all required trainings and data collection activities, along with submission of all required paperwork as a condition of this grant.
- All written and audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula, and other relevant program materials must be reviewed and approved by established program review panel. A list of reviewed materials and approval dates must be submitted to grantor. Items outside of this approval mechanism cannot be utilized.
- Utilizing funds outside specific grant purpose would be prohibited.

State Match or Leveraged Funds Requirement:
No requirement.

Source	CFDA	Grant Name		
ACF	93.092	Personal Responsibility Education Program (PREP) *Prep runs overlapping grant project periods		
Principal Investigator		Joyce Marshall		
Budget Year Federal Award		$653,167.00	**Budget Year Non-Fed Award**	$0.00
		$655,696.00		$0.00
Budget Year Begin Date		10/01/2017	**Grant Period Begin Date**	10/01/2017
		10/01/2018		10/01/2018
Budget Year End Date		09/30/2020	**Grant Period End Date**	09/30/2020
		09/30/2021		09/30/2021

Summary: The Maternal and Child Health Service (MCH), Oklahoma State Department of Health (OSDH), administers and monitors the Personal Responsibility Education Program (PREP) grant. The evidence-based teen pregnancy prevention programs are implemented in the metropolitan statistical areas (MSAs) through contractual agreements with the Oklahoma City County Health Department (OCCHD) and the Tulsa Health Department (THD). Target populations include youth who are at highest risk for pregnancies and sexually transmitted infections (STIs) to include African American, Native American and Hispanic youth 10-19 years of age in high risk zip codes of the MSAs. The programs use medically accurate information to educate adolescents on both abstinence and contraception to prevent pregnancy and STIs, including HIV/AIDS. The overarching program goal is to reduce teen

birth rates and STIs in Oklahoma and Tulsa MSAs by empowering adolescents to make responsible, healthy decisions to enable them to better transition into adulthood.

- MCH must participate in all required trainings and data collection activities, along with submission of all required paperwork as a condition of this grant.
- Programs cannot use any curricula that are not approved by the funder prior to implementation. Fidelity to the model is critical and adaptations cannot be made without federal authorization.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**	
CDC	93.268	Immunization	
Principal Investigator		Fauzia Khan	
Budget Year Federal Award		$4,803,488.00	**Budget Year Non-Fed Award** $0.00
Budget Year Begin Date		07/01/2019	**Grant Period Begin Date** 07/01/2019
Budget Year End Date		06/30/2020	**Grant Period End Date** 06/30/2024

Summary: The OSDH receives federal funding from the Centers for Disease Control and Prevention (CDC) to support efforts to plan, develop, and maintain a public health infrastructure that helps assure high immunization coverage levels and low incidence of vaccine-preventable diseases throughout the State of Oklahoma. As a part of this effort, the purpose of the Vaccines For Children (VFC) program is to increase access to vaccines for eligible children by supplying federal government-purchased pediatric vaccines to public and private health care providers enrolled in the state's VFC program.

Federal funds for this program cannot be used to pay for direct clinical services but do support a wide range of activities. The Immunization Service recruits and maintains a network of VFC providers to ensure access points throughout the state; conducts oversight activities on all providers to ensure that vaccine is stored and handled property to ensure viability; and coordinates the ordering, processing and reconciliation of more than 1 million doses of VFC vaccine each year. Federal funds also support efforts to improve school immunization rates, conduct seasonal flu vaccination and adult immunization activities, and decrease perinatal hepatitis B transmission.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**	
CDC	93.977	Strengthening STD Prevention and Control for Health Departments (STD PCHD)	
Principal Investigator		Kristen Eberly	
Budget Year Federal Award		$277,671.00	**Budget Year Non-Fed Award** $0.00
Budget Begin Date		01/01/2020	**Grant Period Begin Date** 01/01/2019
Budget End Date		12/31/2020	**Grant Period End Date** 12/31/2023

Summary: The Oklahoma State Department of Health (OSDH), HIV/STD Service (Service), works throughout the state to address STD prevention and control. Through this project, Oklahoma will work to improve the quality,

completeness, and use of STD surveillance and prevention program data to monitor epidemiological trends, and develop new or enhance existing strategies for prevention programs that aim to achieve national prevention goals, as well as utilize a high impact prevention approach. The Service is fully integrated with HIV, STD, and viral hepatitis prevention and surveillance activities as well as directing and executing the Ryan White Care programs.

Our surveillance and prevention programs operate in coordination with each other. Service personnel work with community partners in affected communities across Oklahoma in an effort to prevent new infections of CT, GC, Syphilis and HIV by reducing undiagnosed infections and ensuring proper treatment is provided. The Service is currently staffed with personnel that have the necessary competencies and technical expertise required to provide the operational and foundational activities for STD prevention and surveillance programs and services along with the capacity to respond to emerging threats, such as antimicrobial resistance and disease outbreaks.

STD PCHD priorities are to:

- Eliminate congenital syphilis
- Prevent antibiotic-resistant gonorrhea
- Reduce primary and secondary syphilis
- Prevent infertility and other negative reproductive health outcomes
- Address STD-related outbreaks
- Reduce STD-related health disparities
- Support STD-related HIV prevention

Only state government is eligible in Oklahoma to apply for this funding. There is no cost sharing or maintenance of effort required. Progress and performance reports are required to continue to receive funding.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**		
CMS	93.777	Medicare Survey and Cert		
Principal Investigators		Mike Cook and LaTrina Frazier, Ph. D., MHA, RN		
Budget Year Federal Award		$ 7,139,975	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date		**10/01/2019**	**Grant Period Begin Date**	10/01/2019
Budget Year End Date		**09/30/2020**	**Grant Period End Date**	09/30/2020

Summary: The Centers for Medicare and Medicaid Services (CMS) contracts with the Department to perform certification and complaint inspections of health care providers that provide patient services reimbursed through Medicare or Medicaid. This contract is funded through an annually renewing grant to the Department. In addition to the inspections, the grant funds training and certification of nurse aides, resident assessment data collection for nursing home and home health providers, and the assessment and development of emergency preparedness plans among certified health care providers.

Funding Restrictions: Funds are restricted to the performance of inspections, training, program management and travel.

Outcomes: The requirements in the grant specify that inspections and program administration are performed as outlined in the Centers for Medicare and Medicaid Services' *Mission and Priority Document*. Each state agency is evaluated annually for compliance under the CMS State Performance Standards System. In federal fiscal year 2018, Oklahoma met 24 of 25 performance standards scored. More information on the SPSS program can be found at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/AdminInfo18-22-ALL.pdf.

Providers covered under the grant include the following:

- Ambulatory Surgical Centers (ASCs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Community Mental Health Centers (CMHCs)
- End Stage Renal Dialysis (ESRD) Facilities
- Federally Qualified Health Centers (FQHCs)
- Home Health Agencies (HHAs)
- Hospitals: Acute, Critical Access Hospitals (CAHs), Rehabilitation, Long-term Care, Psychiatric and Organ Transplant Programs
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IIDs)
- Portable X-Ray Suppliers
- Psychiatric Residential Treatment Facilities (PRTF)
- Rural Health Clinics (RHCs)
- Skilled Nursing Facilities (SNFs)
- Organ Procurement Organizations
- Outpatient Physical Therapy and Speech-Language Pathology Services

State Match or Leveraged Funds Requirement: No match required.

Source	**CFDA**	**Grant Name**	
ASPR	93.817	HPP Ebola	
Principal Investigator		Scott Sproat	
Budget Year Federal Award		$1,170,175.00	**Budget Year Non-Fed Award** $0.00
Budget Year Begin Date		05/18/2015	**Grant Period Begin Date** 05/18/2015
Budget Year End Date		05/17/2020	**Grant Period End Date** 05/17/2020

Summary: The Hospital Preparedness Program (HPP) Ebola Preparedness and Response grant is intended to ensure the nation's healthcare system is ready to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. While the focus will be on preparedness for Ebola, it is likely that preparedness for other novel, highly pathogenic diseases will also be enhanced through these activities. Important lessons learned in the U.S. response to Ebola include that the safety of healthcare workers – from clinicians and laboratorians to ancillary staff – must be foremost in healthcare system preparedness and response activities; that the care of Ebola patients is clinically complex and demanding; and that early case recognition is critical for preventing spread and improving outcomes. Healthcare worker safety is best achieved through a deep understanding and correct implementation of infection control, appropriate use of personal protective equipment (PPE), continuous training, demonstration of competencies, and participation in frequent exercises. Assuring that Ebola patients are safely and well cared for in the U.S. healthcare system and that frontline providers are trained to recognize and isolate a person with suspected Ebola are the cornerstones of this HPP funding opportunity.

State Match or Leveraged Funds Requirement:
No requirement.

Outcomes:

- Enhanced medical system infectious disease readiness across the State of Oklahoma.

Funding Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/ASPR/HPP funding for the purchase of furniture. Any such proposed spending must be identified in the budget.
- Recipients may not use funds to carry out any program of distributing sterile needles or syringes for hypodermic injections of any illegal drug.
- Recipients may not use funds to advocate or promote gun control.
- Salaries may not exceed the rate of $181,500 USD per year.
- Recipients may not use funds for lobbying activities.
- Recipients may not use funds for fund raising.
- Recipients may not use funds for the cost of money even if part of the negotiated indirect cost rate agreement.
- Recipients may not use funds for vehicles.
- Recipients may not use funds for salaries for back filling of personnel.
- Recipients may not use funds for antibiotics for treatment of secondary infections.
- Funding under these awards may only be used for minor alteration and renovation (A&R) activities.

Source	**CFDA**	**Grant Name**		
CDC	93.354	Public Health Crisis Response Cooperative Agreement		
Principal Investigator		Scott Sproat		
Budget Year Federal Award		$2,395,009.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		09/01/2018	**Grant Period Begin Date**	09/01/2018
Budget End Date		03/30/2020	**Grant Period End Date**	03/30/2020

Summary: The Public Health Crisis Response grant enables the Centers for Disease Control and Prevention (CDC) to more quickly award funds to state, local, tribal, and territorial public health agencies in the event of a public health emergency. Previous emergency experience has demonstrated the impact that initial funding and immediate response can have in mitigating negative health outcomes. CDC's new funding approach allows the agency to expedite funding through the establishment of a corresponding "approved but unfunded" (ABU) list. This ABU list is established from the eligible health departments with pre-existing emergency management programs that submit timely and responsive applications. CDC will activate this funding mechanism when it makes a determination that a public health emergency has occurred or is imminent and funding is available. CDC will determine which health departments on the ABU list need to be funded, which could include all of them or only a subset. CDC will consider factors such as the nature of the specific emergency, disease burden (if appropriate), geographic location, health impact, and national priorities, among other factors.

State Match or Leveraged Funds Requirement:

No requirement

Source	CFDA	Grant Name		
CDC	93.073	Population-Based Surveillance of Birth Defects and Data Utilization for Public Health Action		
Principal Investigator		Lindsay Denson		
Budget Year Federal Award		$210,000.00	**Budget Year Non-Fed Award**	$0.00
Budget Year Begin Date		02/01/2020	**Grant Period Begin Date**	02/01/2016
Budget Year End Date		01/31/2021	**Grant Period End Date**	01/31/2021

Summary:

Population-Based Surveillance of Birth Defects and Data Utilization for Public Health Action

The Centers for Disease Control and Prevention (CDC) provides competitive funds to enhance population-based birth defects surveillance and utilization of surveillance data for birth defects prevention and intervention. The funds are intended to support and improve population-based surveillance of birth defects and use the surveillance data for public health action. Broadly, the funded activities target enhancing birth defects surveillance, utilizing birth defects surveillance data to understand the impact on communities, develop prevention strategies, establish referral and intervention strategies to help affected families, and understand healthcare utilization and outcomes of affected individuals and families. Quality surveillance data are required to monitor trends in birth defects and explore potential associations between modifiable risk factors. Improving birth defects surveillance systems results in improved data quality, which support efforts to explore epidemiologic studies of birth defects and guide the development and evaluation of primary and secondary prevention efforts.

As tasked by the CDC, during the most recent grant cycle, the Oklahoma Birth Defects Registry (OBDR) has worked to enhance birth defects surveillance through improvements in surveillance methodologies including the expanding of data sources, increasing remote access to electronic medical records, and other methods to improve data quality. After initial award, the OBDR must complete the approved activities and submit written assessment of accomplishments, challenges and opportunities encounter to the CDC annually. The OBDR must also submit an application for annual renewal with an updated work plan outlining new activities that will result accomplish of the broad goals listed above.

Outcomes:

- Improved birth defects surveillance methodology
    - Indicator for success: evidence of improved surveillance methodology, e.g. products/activities completed showing improvements in completeness, timeliness or accuracy of case ascertainment
- Improved dissemination of accurate & timely information to organizations, agencies & individuals
    - Indicator for success: number of publications disseminated and journal impact/reach; percent of users/target audiences indicating usefulness of the materials disseminated
- Increased knowledge about birth defects prevention
    - Indicator for success: number of education materials disseminated; percent of targeted audiences with increased knowledge about healthy behaviors to help reduce birth defects and improve birth outcomes
- Increased early identification and linkage to health and other services for affected families
    - Indicator for success: percent of affected individuals and/or families who are identified and linked to health and other services
- Enhanced partnership collaborations to broaden program reach
    - Indicator for success: number of completed projects or joint activities showing partnership collaborations
- Increased utilization of health and other services for affected individuals and families
    - Indicator for success: percent of affected individuals and families with utilization of health and other services as a result of a birth defects program's referral to services activities

Funding Restrictions:

- Awardees may not use funds for research
- Awardees may not use funds for clinical care
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies,
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget
- Reimbursement of pre-award costs is not allowed
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible

To continue funding awardees must:

- Submit written assessment of the accomplishments, challenges and opportunities including a description of the problems encountered, lessons learned, potential improvements every six months
- Submit annual reporting requirements including a budget narrative and work plan
- Must attend required CDC Meetings and Trainings

State Match or Leveraged Funds Requirement:

- No requirement

Source	**CFDA**	**Grant Name**	
CDC	93.940	Integrated HIV Surveillance and Prevention Programs for Health Departments	
Principal Investigator		Kristen Eberly	
Budget Year Federal Award		$563,579.00	**Budget Year Non-Fed Award** $0.00
Budget Year Begin Date		01/01/2020	**Grant Period Begin Date** 01/01/2018
Budget Year End Date		12/31/2020	**Grant Period End Date** 12/31/2022

Summary: Oklahoma's Integrated HIV Surveillance and Prevention Programs for the Health Department focuses on measurable goals and objectives designed to implement a comprehensive HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression among persons living with HIV in Oklahoma. Core strategies and activities include: systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response; identify persons with HIV infection and uninfected persons at risk for HIV infection; develop, maintain, and implement plans to respond to HIV transmission clusters and outbreaks; provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH); provide comprehensive HIV prevention services to reduce risk for acquiring HIV infection; conduct perinatal HIV prevention and surveillance; conduct community-level HIV prevention activities; develop partnerships to conduct integrated HIV prevention and care planning; implement structural strategies to support and facilitate HIV surveillance and prevention; conduct data-driven planning, monitoring, and evaluation to continuously improve

HIV programs; and build capacity for conducting effective HIV program activities, epidemiological science, and geocoding. It is estimated that 5,954 people in Oklahoma are living with HIV or Acquired Immune Deficiency Syndrome (AIDS) as of the end of 2016 with 295 new HIV infections diagnosed in 2016. We have designated the following outcomes as priorities: to increase individual knowledge of HIV status, prevent new infections among HIV-negative persons, reduce transmission from persons living with HIV, and strengthen interventional surveillance to enhance response capacity and intensive data-to-care activities to support sustained viral suppression. To continue to receive this funding we must

Only state government is eligible in Oklahoma to apply for this funding. There is no cost sharing or maintenance of effort required. Progress and performance reports are required to continue to receive funding.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**		
CDC	93.197	Childhood Lead Poisoning Prevention Projects State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children		
Principal Investigator		Susan Quigley		
Budget Year Federal Award		$415,080.00	**Budget Year Non-Fed Award**	$0
Budget Year Begin Date		09/30/2019	**Grant Period Begin Date**	09/30/2018
Budget Year End Date		09/29/2020	**Grant Period End Date**	09/29/2020

Summary: An estimated 535,000 children in the United States have blood lead levels at or above the reference range for blood lead as established by the Centers for Disease Control and Prevention (CDC) in 2012. Public health action is needed to support activities to reduce lead exposures, childhood lead poisoning, and to better understand the impact of blood lead levels in children. The Oklahoma Childhood Lead Poisoning Prevention Program (OCLPPP) receives funding from the CDC to support activities to reduce lead exposures and lead poisoning. These activities will include screening, reporting of blood lead data to the CDC, data management and surveillance, and targeted population-based interventions.

A total of $415,080 was awarded in federal fiscal year 2018 (FFY18) through a cooperative agreement with that amount available annually for a three year period. In fiscal year 2018, an additional $145,278 was awarded for a total of $560,358 for the period from September 2018 to September 2019, returning to $415,080 annually, thereafter.

As a recipient of the grant, the Oklahoma Childhood Lead Poisoning Prevention Program will:

- Strengthen blood lead testing in Oklahoma by promoting Universal blood lead testing of all Oklahoma children at 12 months of age and again at 24 months or age regardless of Medicaid status or age of housing.
- Strengthen surveillance by ensuring compliance in reporting ALL blood lead level results for Oklahoma residents, regardless of the result, by working with laboratories and providers who use in-office lead testing devices to ensure compliance with reporting requirements.
- Strengthen population-based interventions by developing and conducting trainings for partners and stakeholders and maintaining collaborative relationships with community, local, and state partners to address priority challenges and opportunities.

- Strengthen processes to identify lead-exposed children and provide linkage to services by providing technical support and subject matter expertise to identify, refer, and provide services and follow-up for children identified with elevated blood lead levels, and to providers, clinics, and others who work with children to ensure that education and outreach regarding lead exposure and prevention is targeted and meaningful.

Outcomes:
- Increase the number of children less than 6 years (72 months) of age tested for blood lead.
- Improve date usage that leads to a greater identification of geographic areas and populations at high-risk for lead exposure.
- Increase the ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.
- Increase knowledge and awareness among public health professionals, lead prevention workforce, partners, and other stakeholders about lead prevention and interventions through lead prevention training programs.
- Increase the identification of children exposed to lead and link them to recommended services.

Funding Restrictions:
- May not be used for research.
- May not may not use funds for clinical care except as allowed by law.
- May not use funds to purchase furniture or equipment.
- May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

To continue funding awardees must:
- Provide written success stories.
- Provide surveillance data quarterly.
- Submit annual reporting requirements including budget, work plan, data management plan, performance measurements, and additional reports, as requested.
- Must attend required CDC Meetings and Trainings throughout the grant cycle.

State Match or Leveraged Funds Requirement:
None

Source	**CFDA**	**Grant Name**		
ACF	93.235	Sexual Risk Avoidance Education (SRAE)		
Principal Investigator		Beth Martin		
Budget Year Federal Award		$925,065.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		10/01/2018	**Grant Period Begin Date**	10/01/2018
Budget End Date		09/30/2020	**Grant Period End Date**	09/30/2020

Summary: The Oklahoma Sexual Risk Avoidance Education Grant Program (SRAE) introduces programs into communities across the state to increase protective factors while mitigating risk factors in an effort to reduce the number of teen births and rates of sexually transmitted infections (STIs). Methods utilized to reach this goal include classroom based, evidence-based medically accurate curriculum with a focus on abstinence, mentoring, parent education, and an annual media outreach campaign championing parents as primary sexual educators.

The classroom based youth education curriculum utilized by SRAE sub-recipients is Promoting Health Among Teens – Abstinence Only version (PHAT-AO) and is delivered to Oklahoma youth through a partnership with Multi-County Youth Services (MCYS) in Clinton Oklahoma and Oklahoma City County Health Department in Oklahoma

City. PHAT-AO provides positive presentation of the benefits of sexual risk avoidance, encourages healthy decision making and long term outlooks, teaches the value of abstaining from sexual activity outside of marriage and includes modules on healthy relationships, refusal skills, and medically accurate anatomy information.

Mentoring itself is an intervention shown to reduce risky behavior including risky sexual behaviors among teens and is delivered to youth across the state by Big Brothers Big Sisters of Oklahoma. Mentorship is a flexible strategy for intervening in the lives of youth that can be applied in varying settings. Significant benefits of mentorship have been found in emotional/psychological health, problem/high risk behavior, and social, academic, and career competence. Results have been significant enough to conclude that mentoring programs can dramatically turn a young person's life around.

The parent education curriculum, Families Talking Together (FTT), is delivered by OCCHD, MCYS and BBBS to parents in Oklahoma. This curriculum increases parent-child bonding and equips parents with skills necessary to provide effective guidelines and boundaries to teach their children regarding peer pressure resistance, personal identity, and sexual risk avoidance.

SRAE programs are funded by the Family and Youth Services Bureau a federal program office under the Department of Health and Human Services. Awards issued under this announcement are subject to 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. Under this grant the OSDH must:

- Have the project fully functioning within 60 days following the notice of award for the grant.
- Have facilitators/educators formally trained in the program model or elements of the program by professionals who can provide follow-up technical assistance to facilitators.
- Send at least three key staff persons to the 3-day Adolescent Pregnancy Prevention (APP) Program Grantee Conference held in the Washington, DC, area and two staff persons to a minimum of two of three topical training sessions offered each year of the project in areas such as Washington DC, Portland, OR, and Boston, MA.
- Collect all of the federally developed SRAE performance measures (grantee, partners, and sub-awardees) upon approval from OMB.
- Participate in a grantee orientation webinar. The webinar will be held shortly after the official award date.
- Develop a sustainability plan with any proposed sub-awardees and collaborating partners to create self-sufficiency and continue program activities after federal funding ends.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**	
CDC	93.136	Overdose Data to Action	
Principal Investigator		Tracy Wendling	
Budget Year Federal Award		$4,191,979.00	**Budget Year Non-Fed Award** $0.00
Budget Begin Date		09/01/2019	**Grant Period Begin Date** 09/01/2019
Budget End Date		8/31/2020	**Grant Period End Date** 08/31/2022

Summary: The Oklahoma State Department of Health, Injury Prevention Service was awarded Overdose Data to Action funding from the Centers for Disease Control and Prevention (CDC) to support the collection of high quality, complete, and timely data on overdoses, and to use those data to inform prevention and response. There are two overall required components of the award – a surveillance component and a prevention component. Key activities include:

- Collect and analyze fatal and nonfatal data on drug overdoses
- Disseminate analysis findings and conclusions to inform prevention interventions
- Integrate state and local prevention and response efforts through partnerships with county health departments
- Support pilot projects to enhance linkages to care among patients discharged from emergency departments and to increase the use of alternatives to opioids where appropriate
- Support clinician training and education around substance use disorders, opioid prescribing guidelines, and pain management best practices
- Develop partnerships to address risk reduction through a trauma-informed framework and promote connecting vulnerable individuals with necessary prevention resources
- Address stigma associated with substance use disorders and addiction through public education and empowering individuals

Anticipated project outcomes of the Oklahoma Overdose Surveillance and Prevention Program include continued declines in opioid prescribing and prescription opioid overdose deaths; decreased rates of drug overdose deaths overall; increased provision of evidence-based treatment for substance use disorder through increased linkages to care; and increased application of data to drive prevention activities. Information about the drug overdoses in Oklahoma (data, prevention, resources) is available at http://poison.health.ok.gov.

Funding for this cooperative agreement requires meeting all reporting timelines for aggregate data submissions, dissemination activities, and required plans (e.g., data management, evaluation and performance measurement, work plans, progress reports) and addressing all required strategies using best practices, evidence-based approaches, and innovative ideas. Funding may only be used for reasonable program purposes, including personnel, travel, supplies, and services.

Funds may not be used for research; medical/clinical care; purchasing furniture or equipment; publicity or propaganda purposes; the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation; lobbying or any activities designed to influence the enactment of legislation; incentives; or pre-award costs. Prohibited purchases also include naloxone/Narcan, syringes, fentanyl test strips, harm reduction kits, and medication-assisted treatment waiver fees. Program funds cannot be used for implementing or expanding drug "take back" programs or other drug disposal programs (e.g., drop boxes or disposal bags); directly funding or expanding direct provision of substance abuse treatment programs; HIV/HCV/other STD/STI testing; wastewater analysis; development of educational materials on safe injection; the prevention of adverse childhood experiences (ACEs) as a stand-alone activity; public safety activities that do not include clear collaboration with public health partners; and the collection of neonatal abstinence syndrome surveillance data.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**		
HRSA	93.870	Maternal, Infant, and Early Childhood Home Visiting (MIECHV) **MIECHV runs overlapping grant project periods*		
Principal Investigator		Persephone Starks		
Budget Year Federal Award		$6,744,060.00	**Budget Year Non-Fed Award**	$0.00
		$7,001,342.00		$0.00
Budget Year Begin Date		09/30/2019	**Grant Period Begin Date**	09/30/2019
		09/30/2018		09/30/2018

Budget Year End Date	09/29/2021	**Grant Period End Date**	09/29/2021
	09/29/2020		09/29/2020

Summary: The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grants fund programs that provide evidence based home visiting services to pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

- From birth to kindergarten entry, The Maternal, Infant, and Early Childhood Home Visiting Grants provide funding, to develop and implement evidence-based, voluntary home visiting programs to pregnant women and families (particularly those considered at-risk) that best meet the needs. Goals for every program are to:
  - improve maternal and child health,
  - prevent child abuse and neglect,
  - encourage positive parenting, and
  - promote child development and school readiness.

- By electing to participate in local home visiting programs, families receive help from health, social service, and child development professionals. Through regular, planned home visits, parents learn how to improve their family's health and provide better opportunities for their children. Home visits may include:
  - supporting preventive health and prenatal practices
  - assisting mothers on how best to breastfeed and care for their babies
  - helping parents understand child development milestones and behaviors,
  - promoting parents' use of praise and other positive parenting techniques, and
  - working with mothers to set goals for the future, continue their education, and find employment and child care solutions.

- Set requirements for grant award and sustainability include:
  - Ongoing fiscal and program and evaluation reporting activities
  - Meeting set Benchmarks

- Grantees must give priority to families living in at-risk communities as identified by the statewide needs assessment. Additionally, the legislation that established the Maternal, Infant, and Early Childhood Home Visiting program requires that grantees demonstrate measurable improvement in at least four of the following six benchmark domains (Outcomes):
  - Improvement in maternal and newborn health
  - Reduction in child injuries, abuse, and neglect
  - Improved school readiness and achievement
  - Reduction in crime or domestic violence
  - Improved family economic self-sufficiency
  - Improved coordination and referral for other community resources and supports

- Fiscal thresholds include:
  - No more than 25% can be spent on Recipient Level Infrastructure Costs
  - No more than 10% can be spent on Administrative Expenditures
  - No more than 10% can be spent on State-Led Evaluation

State Match or Leveraged Funds Requirement:
No requirement.

Source	CFDA	Grant Name		
CDC	93.118	Planning to Support Ending the HIV Epidemic in OK		
Principal Investigator		Kristen Eberly		
Budget Year Federal Award		$375,000.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		09/30/2019	**Grant Period Begin Date**	09/30/2019
Budget End Date		09/29/2020	**Grant Period End Date**	09/29/2020

The OSDH will work in partnership with the Oklahoma HIV & Hepatitis Planning Council (OHHPC) as well as other community partners across Oklahoma to develop a statewide plan to end the HIV epidemic (EtHE) in Oklahoma. The EtHE plan will then be disseminated across Oklahoma to medical providers, impacted organizations, and any other identified group necessary to be engaged and committed to the implementation of the plan for it to succeed.

Expected short-term outcomes of the award include:

- Increased engagement of HIV service partners, including local care and prevention planning bodies, local providers, persons with HIV, and other community members impacted by HIV
- Increased understanding of epidemiological profile of the relevant jurisdictions
- Increased understanding of the HIV care and Prevention context/situational for the jurisdiction.

Expected Intermediate outcomes include:

- Improved ability to rapidly implement activities to meet the HIV care and prevention needs of the local jurisdictions consistent with the goals of the Ending the HIV Epidemic Initiative.

State Match or Leveraged Funds Requirement:
No requirement.

Source	CFDA	Grant Name		
USDA	10.557	Women Infants & Children (WIC) Admin		
Principal Investigator		Terry Bryce		
Budget Year Federal Award		$19,653,734.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		10/1/2019	**Grant Period Begin Date**	10/1/2019
Budget End Date		09/30/2020	**Grant Period End Date**	9/30/2020

Summary: The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a preventive public health nutrition program that provides nutrition and breastfeeding education, nutritious foods, and improved access to regular health care and social services women and young children with, or at risk of developing nutrition related health problems. It is a short term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high risk population. To be income eligible for WIC, participants must be at or below 185% of the poverty level or on Medicaid.

In Oklahoma, WIC is 100% federally funded through FNS USDA. States are required to submit a State Plan each year, including a signed Federal/State Agreement. Funding is provided by USDA through a calculated formula. Components of the formula include prior year grant level, economy to scale, salary differentials and caseload performance. It is required for WIC funds to be spent in support of the program.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**		
USDA	10.557	WIC Food		
Principal Investigator		Terry Bryce		
Budget Year Federal Award		$28,149,570.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		10/01/2019	**Grant Period Begin Date**	10/01/2019
Budget End Date		09/30/2020	**Grant Period End Date**	09/30/2020

Summary: Funds allocated to WIC by USDA using a calculation primarily based on the state's reported participation numbers. The formula ensures eligible participants can be served and encourages state agencies to reduce program costs in order to maximize the number of participants served. Food funds are specifically used to provide low-income pregnant, breastfeeding and postpartum women, infants, and children to age five at nutritional risk nutritious foods to supplement their diets. Such funding is only for the purpose of providing food benefits to participants with the exception of the purchase of breast pumps provided to mothers so infants can be breastfed for longer durations.

State Match or Leveraged Funds Requirement:
No requirement.

Source	**CFDA**	**Grant Name**		
USDA	10.557	WIC Breastfeeding Peer Counseling		
Principal Investigator		Terry Bryce		
Budget Year Federal Award		$688,213.00	**Budget Year Non-Fed Award**	$0.00
Budget Begin Date		10/01/2019	**Grant Period Begin Date**	10/01/2019
Budget End Date		09/30/2020	**Grant Period End Date**	09/30/2020

Summary: The WIC Breastfeeding Peer Counseling program has been funded since 2004 based on research showing that the unique mother-to-mother support component helps improve breastfeeding initiation and duration rates among low-income women. This funding is available to implement and sustain peer counseling programs that operate under research-based practices as outlined in the FNS *Loving Support*© Model. The Breastfeeding Peer Counseling program provides an important adjunct to the usual WIC clinic services. Peer counselors extend the care of WIC clinic staff in breastfeeding support. They supplement, but do not replace, the work of CPAs, Nutritionists, WIC Designated Breastfeeding Experts, and lactation professionals. Peer counselors play a vital role in WIC, serving as role models for breastfeeding, and providing mother-to-mother encouragement and support during pregnancy and at critical times during the postpartum period. This support is distinct from health professional-to-mother in that the source of support is a *peer,* someone who is similar in fundamental ways to the recipient of the support. A peer is in a position to offer support by virtue of relevant experience and can relate to others in a similar situation. Peer counselors may have the time to delve more deeply into the barriers and issues that might make it difficult for new mothers to breastfeed.

State Match or Leveraged Funds Requirement:
No requirement.