Child Health Quarterly Progress Report -- Children (1-18 years)

10/4/2011

Period From 07/01/2011 To 09/30/2011

Access to Primary Care

Goal: **Assure all OK children have access to comprehensive primary care services (oral, physical and mental health services).**

Objective:	Baseline:	Benchmark:
By December 2014, 95% of children will have comprehensive health insurance coverage.	2009 = 87.4%	2014 = 95%

Trend Data :

CY2009 : **Target :87.4%** **Actual :87.4%**

Target Data: CY 2010 (87.4%), CY 2011 (87.4%), CY 2012 (87.4%), CY 2013 (88%), CY 2014 (90%), CY 2015 (95%)

Progress and Implementation Milestones:

Initial planning meeting with represenatatives from OHCA and OCCY on the OCCY Office of Planning and Coordination Advisory Committee regarding the potential for OCCY Partnership Boards to prioritize community level activities to address improving access to primary care, mental health and oral services for children and youth.

Objective:	Baseline:	Benchmark:
By December 2014, the percentage of children who have at least one primary care provider visit in a year will increase to 90%.	2007 = 83.5%	2014 = 90%

Trend Data :

CY2007 : **Target :83.5%** **Actual :83.5%**

Target Data: CY 2010 (83.5%), CY 2011 (84%), CY 2012 (86%), CY 2013 (88%), CY 2014 (90%), CY 2015 (90%)

Progress and Implementation Milestones:

Same as above

Objective:	Baseline:	Benchmark:
By December 2014, increase to 60% the percent of children provided care through a medical home.	2007 = 55.7%	2014 = 60%

Trend Data :

CY2007 : **Target :55.7%** **Actual :55.7%**

Target Data: CY 2009 (55.7%), CY 2010 (55.7%), CY 2011 (55.7%), CY 2012 (57%), CY 2013 (60%), CY 2014 (60%)

Progress and Implementation Milestones:

Same as above

TEAM INFORMATION:

Co-Lead Champion: Terrie Fritz, MSW

Co-Lead Champion: Stephen Crawford, MD

Injury Prevention

Goal: **Reduce preventable injuries in Oklahoma children.**

Objective:	Baseline:	Benchmark:
By June 2011, enact legislation to strengthen the graduated driver's license law to prohibit the use of a hand held electronic device while driving except for life threatening emergency purposes for all drivers under 18 years of age.	**2010 = 0**	**2011 = 1**

Trend Data :

FY2010 : **Target :0** **Actual :0**

Target Data: **FY 2011 (1), FY 2012 (1), FY 2013 (1), FY 2014 (1), FY 2015 (1), FY 2016 (1)**

Progress and Implementation Milestones:

HB 1316 was introduced by Rep. Morgan in the 2011 session as an amendment to the graduated licensing law (O.S. 47, 2001, Section 6-105). The bill would have made it unlawful for any person under the age of 18 to use a cellular telephone or electronic communication device while operating a motor vehicle while in motion. The measure failed. It is unknown if similar measures are planned for this legislative session.

Objective:	Baseline:	Benchmark:
By June 2012, require safety training for ATV drivers under age 16.	**2010 = 0**	**2012 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (0), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

The Injury Prevention Service (IPS) submitted a request to the OSDH Legislative Liaison to amend the current ATV law (Title 47 Section 11-1117) in the upcoming (2011-2012) legislative session. The amendment includes mandatory all-terrain vehicle (ATV) safety training for ATV operators less than 16 years of age. ATV operators less than 16 years of age will be required to possess a safety training certificate. The training should be certified by the ATV Safety Institute (ASI) and taught by ASI certified instructors. Rider training safety courses are currently offered through the ATV Safety Institute (ASI) and local dealers. Through an ASI grant, 17 instructors throughout the state have been certified to provide the training free of charge. Regina McCurdy with IPS is in the process of completing ASI instructor certification and will be available to teach ATV safety trainings. Information about the locations and dates of trainings, and enrollment are made available through the ASI website (www.atvsafety.org). ATV dealers support the ATV rider safety training.

Objective:	Baseline:	Benchmark:
By June 2013, enact legislation to strengthen the graduated driver's license law to increase the ages for a learner's permit to 16 and an unrestricted license to 18.	**2010 = 0**	**2013 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (0), CY 2012 (0), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

Nothing to report at this time

Objective:	Baseline:	Benchmark:
By December 2014, reduce from 75 to 67 motor vehicle deaths per year in the state among children and youth using multiple strategies involving child safety seat distribution, education, and technical assistance.	**2009 = 75**	**2014 = 67**

Trend Data :

CY2009 : **Target :75** **Actual :75**

Target Data: **CY 2010 (74), CY 2011 (73), CY 2012 (72), CY 2013 (71), CY 2014 (69), CY 2015 (67)**

Progress and Implementation Milestones:

The IPS is addressing the prevention of injuries and deaths among children in motor vehicle crashes through car seat distribution programs, education, and working to change policy and legislation. The IPS collaborates with Safe Kids Oklahoma to conduct the Child Occupant Protection Program. Car and booster seats are distributed to families eligible for the Women, Infant, and Children Supplemental Feeding Program (WIC) through local county health departments. Since October 2009, Safe Kids is responsible for the management of the Child Occupant Protection Program statewide, receiving funding through the Oklahoma Highway Safety Office (OHSO) to purchase and distribute car and booster seats. The IPS continues to support the program by providing technical assistance, instructing classes to certify child passenger safety technicians, and conducting installations and checks. The OSDH central office is a distributing site as well.

In October 2011, Safe Kids Oklahoma received a 70% reduction in OHSO funds to purchase car seats for the fiscal year beginning October 1, 2011. This equates to significant reductions of car seats available to county health departments. Currently a requirement for receiving the free car seats, county health departments must have a certified technician available in their district to install the seats. However, effective January 2012, Safe Kids will only be providing seats to county health departments with an employee who is a certified Child Passenger Safety Technician, i.e., a person who completed the Safe Kids Worldwide National Certification Course. Thirty-three county health departments will be receiving the car seats.

The most recent complete year of data on motor vehicle deaths among children and youth is 2009.

Objective:	**Baseline:**	**Benchmark:**
By December 2014, reduce from 24 to 22 drowning deaths per year of children and youth in the state through life jacket loaner programs and parent/retailer education strategies.	**2009 = 24**	**2014 = 22**

Trend Data :

CY2009 : **Target :24** **Actual :24**

Target Data: **CY 2010 (24), CY 2011 (24), CY 2012 (23), CY 2013 (23), CY 2014 (23), CY 2015 (22)**

Progress and Implementation Milestones:

The IPS posted drowning factsheets and tip sheets on the OSDH website and collects surveillance data on fatal and nonfatal drowning. The most recent year of drowning data available is 2009. IPS staff met with Safe Kids Oklahoma in September to discuss collaborating on the Safe Kids life jacket loaner program to prevent childhood drowning.

Objective:	**Baseline:**	**Benchmark:**
By December 2012, implement a campaign that promotes best practices related to child safety seat usage including information on correct installation of child safety seats in public service spots.	**2010 = 0**	**2012 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (0), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

The IPS participated in Child Passenger Safety Week September 19-24. Car seat checks were held at the OSDH central office for clients in Vital Records. Information and educational materials including a poster and brochure,*Car Seat Recommendations for Children,* targeting parents of children from birth to age 12 were disseminated.

Objective: **By June 2013, require use of child safety seats, appropriate for the child's height and weight, up to age 8.**	**Baseline:** **2010 = 0**	**Benchmark:** **2013 = 1**
Trend Data : **CY2010 :** **Target :0** **Actual :0** **Target Data:** **CY 2011 (0), CY 2012 (0), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**		
Progress and Implementation Milestones: Current Oklahoma law on child passenger safety does not have specific height and weight requirements, only age requirements. The law requires that children under 6 years of age must be protected in proper child passenger restraint system. The law states that children 6-12 must be protected by use of child passenger restraint system or seat belt. IPS personnel are planning to meet with the Office of Highway Safety during October to discuss child passenger safety issues and this topic will be addressed at that time.		
Objective: **By December 2014, increase to 50% the number of schools that implement evidence-based strategies addressing teen dating and/or sexual violence prevention.**	**Baseline:** **2010 = (pending)**	**Benchmark:** **2014 = 50%**
Trend Data : **Target Data:** **CY 2011 (10%), CY 2012 (15%), CY 2013 (35%), CY 2014 (50%), CY 2015 (50%), CY 2016 (50%)**		
Progress and Implementation Milestones: The IPS is still working to define an appropriate baseline for this performance measure. For several years, the IPS has contracted with four local domestic violence and sexual assault programs to conduct comprehensive sexual **a**ssault prevention programs through the Rape Prevention and Education (RPE) grant. The programs are located in Miami, Tahlequah, Stillwater, and Oklahoma City. In August 2011, a fifth contract was awarded to a program in Tulsa. A prevention educator in each of the programs works with middle schools and high schools to implement teen dating/sexual assault prevention curricula. Programs are encouraged to use evidence-based, evidence-informed, or promising practices. The IPS RPE Coordinator conducts trainings and workshops and provides technical assistance to a variety of organizations on implementing teen dating/sexual assault prevention curricula.		

TEAM INFORMATION:
Lead Champion: Pam Archer

Immunization
Goal: **Increase immunization coverage rates of adolescents.**

Objective: **By December 2013, increase the proportion of adolescents aged 13-17 years that have completed 1 dose of TDAP to 60%.**	**Baseline:** **2009 = 35.1%**	**Benchmark:** **60%**
Trend Data : **CY2009 :** **Target :35.1%** **Actual :35.1%** **Target Data:** **CY 2010 (40%), CY 2011 (45%), CY 2012 (60%), CY 2013 (70%), CY 2014 (80%), CY 2015 (90%)**		
Progress and Implementation Milestones: ***The 7th grade TDAP requirement has been put in place for the 2011-2012 school year.*** ***TDAP vaccine has been made available to CHDs statewide to assure availability of vaccine for this new requirement.***		
Objective: **By December 2013, increase the proportion of Oklahoma adolescents aged 13-17 years that have completed one dose of meningococcal vaccine to 55%.**	**Baseline:** **2009 = 29.5%**	**Benchmark:** **2013 = 55%**

Trend Data :

CY2009 : **Target :29.5%** **Actual :29.5%**

Target Data: **CY 2010 (35%), CY 2011 (40%), CY 2012 (45%), CY 2013 (55%), CY 2014 (55%), CY 2015 (55%)**

Progress and Implementation Milestones:

It is anticipated that the TDAP requirement will facilitate an increase in adolescents being vaccinated with meningococcal while visiting their healthcare provider.

On 9/29/2011 the Immunization Advisory Committee has requested a feasibility study to be prepared and presented at the March 2012 meeting, to the committee to consider making meningococcal a 7th grade requirement.

Objective:	Baseline:	Benchmark:
By December 2013, increase the proportion of Oklahoma adolescent females aged 13-17 years that have completed three doses of HPV vaccine to 35%.	2009 = 16.2%	2013 = 35%

Trend Data :

CY2009 : **Target :16.2%** **Actual :16.2%**

Target Data: **CY 2010 (20%), CY 2011 (25%), CY 2012 (30%), CY 2013 (35%), CY 2014 (35%), CY 2015 (35%)**

Progress and Implementation Milestones:

It is anticipated that the TDAP requirement will facilitate an increase in adolescents being vaccinated with HPV vaccine while visiting their healthcare provider.

Immunization

Goal: **Increase the 4:3:1:3:3:1 immunization coverage rates of of children 19-35 months.**

Objective:	Baseline:	Benchmark:
By December 2014, increase the 4:3:1:3:3:1 immunization coverage rates of children 19-35 months to 85%.	2009 = 70.2%	2014 = 85%

Trend Data :

CY2009 : **Target :70.2%** **Actual :70.2%**

Target Data: **CY 2010 (72%), CY 2011 (74%), CY 2012 (76%), CY 2013 (78%), CY 2014 (80%), CY 2015 (82%)**

Progress and Implementation Milestones:

The Buzzer Beater project is continuing to contact parents who's children are one or two doses less than complete.

This project will be evaluated by December 2011 to determine it's effectiveness.

Objective:	Baseline:	Benchmark:
By December 2012, develop a new immunization information system (OSIIS) that has full capacity for electronic data exchange.	2010 = 0	2012 = 1

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (0), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

OSIIS continues to be rewritten and is planned to be completed in 2012.

Data exchange will occur after complete testing of OSIIS and the development of the MPI.

Objective:	Baseline:	Benchmark:
By January 2013, implement strategies identified by community and state partners that optimize vaccinations by providers in both private and public settings.	2010 = 1	2013 = 1

Trend Data :

CY2010 : **Target :1** **Actual :1**

Target Data: **CY 2011 (1), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

The Immunization STAT team has decided that the use of an automated phone based reminder system will be investigated and initiated.
The new OSIIS is being developed to collect information and permission to text message reminders to parents.

Objective:	Baseline:	Benchmark:
By June 2013, enact legislation for statewide mandatory reporting of all childhood vaccinations to OSIIS.	**2010 = 0**	**2013 = 1**

Trend Data :

FY2010 : **Target :0** **Actual :0**

Target Data: **FY 2011 (0), FY 2012 (0), FY 2013 (1), FY 2014 (1), FY 2015 (1), FY 2016 (1)**

Progress and Implementation Milestones:

Legislation cannot be approached until OSIIS is capable for full data exchange with electronic medical records of the majority of the healthcare providers in the state.

Objective:	Baseline:	Benchmark:
By June 2013, improve state policies related to childhood immunization for children served in the major child serving state agencies in Oklahoma.	**2010 = 0**	**2013 = 1**

Trend Data :

FY2009 : **Target :0** **Actual :0**

Target Data: **FY 2010 (0), FY 2011 (0), FY 2012 (1), FY 2013 (1), FY 2014 (1), FY 2015 (1)**

Progress and Implementation Milestones:

The Immunization STAT team has decided to seek an OSDH policy requiring that all children presenting for WIC services must have their immunization record reviewed and referrals made to update the child's status as needed.

Objective:	Baseline:	Benchmark:
By July 2013, identify and implement community-based intervention strategies to increase immunization coverage.	**2009 = 0**	**2013 = 1**

Trend Data :

FY2009 : **Target :0** **Actual :0**

Target Data: **FY 2010 (0), FY 2011 (0), FY 2012 (0), FY 2013 (1), FY 2014 (1), FY 2015 (1)**

Progress and Implementation Milestones:

Approval has been given to hire a Data Analyst by the Immunization Service that will assist in the identification of five communities with the lowest immunization coverage rates.

TEAM INFORMATION:

Co-Lead Champion: Ken Cadaret
Co-Lead Champion Don Wilber, MD

Oral Health

Goal: **Improve the health status of Oklahoma children by reducing the amount of dental caries.**

Objective:	Baseline:	Benchmark:
By June 2012, establish a state fluoridation plan that identifies strategies trending toward the HP2020 target of 79.6% of the population on public water systems receiving optimally fluoridated water.	**2010 = 0**	**2012 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (0), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

OSDH Dental Health Service hired part-time fluoridation consultant. Consultant participated in national training on "Water Fluoridation: Principles and Practices" provided by the CDC.
Grassroots efforts to increase public and professional awareness have been implemented and groundwork initiated for development of a state fluoridation plan.
OSDH Dental Health Service and state dental association partnered to publish a press release supporting community water fluoridation in five major Oklahoma newspapers, mail
OSDH Dental Health Service provided direct community water fluoridation education to all county health department administrators.
OSDH staff published a community water fluoridation article in the Journal of the Oklahoma State Medical Association to increase non-dental professional awareness.
OHIP partners' reports and discussion are ongoing during Children's Oral Health Coalition and Governor's Task Force on Children and Oral Health Focus Implementation Group meetings.

Objective:	Baseline:	Benchmark:
By June 2012, reimburse primary care providers for delivery of preventive dental services such as fluoride varnishes.	**2010 = 0**	**2012 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (0), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

Effective July 1, 2011, Oklahoma Health Care Authority (OHCA) will reimburse Primary Care Providers (PCP) for the application of fluoride varnish to the teeth of children 12-42 months
Effective July 1, 2011, training and certification for PCPs is made available by the OHCA on the American Association of Pediatric/Oral Health website. The Smiles for Life National
As of the end of September 2011, 27 submissions for fluoride certification have been received by the OHCA.
The Children's Oral Health Coalition has been awarded $5,000 through the Head Start Dental Home Initiative. The funds will be used, in part, to contract with a Dental Hygienist to provide on-site training to PCPs on fluoride varnish application during well-child visits of children 12-42 months.

Objective:	Baseline:	Benchmark:
By June 2013, modify laws and rules to expand the types of providers who can deliver preventive dental services such as sealants and fluoride varnishes in public settings.	**2010 = 0**	**2013 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (0), CY 2012 (0), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

Through the Children's Oral Health Coalition, a statewide dental sealant manual is being developed to operate within the confines of current rules.
The OU College of Dentistry continues to pilot the American Dental Association's Community Dental Health Coordinator Program.
Discussions are ongoing among dental partners with the Oklahoma Dental Association and councils, Children's Oral Health Coalition, Governor's Task Force on Children and Oral Health Focus Groups, and others.

Objective:	Baseline:	Benchmark:
By December 2012, develop strategies to provide technical assistance, consulting, and training in integration, coordination, and implementation of evidence-based or promising programs addressing oral health and the prevention of dental diseases.	**2010 = 0**	**2012 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (0), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

OSDH Dental Health Service staff provided training to ~200 Schools for Healthy Lifestyles teachers on oral health, nutrition, and tobacco use prevention.

OSDH staff provided training to county health department administrators encouraging support for community water fluoridation and oral health programs in their counties.

OSDH staff provided training to Dental Health Educators to enhance knowledge and skills in oral health, nutrition, and tobacco use prevention; and to empower participants to promote community water fluoridation.

Dental Public Health education was provided to University of Oklahoma Dental Hygiene students on oral health, nutrition, tobacco use prevention, and community water fluoridation.

OSDH Dental Health Service staff provided training and overview of the OSDH developed oral health curriculum to dentists who volunteer in the Schools for Healthy Lifestyles Adopt-a-Dentist Program.

TEAM INFORMATION:

Co-Lead Champion: Jana Winfree, DDS
Co-Lead Champion Sally Selvidge, MA
Co-Lead Champion Kay Floyd

Adolescent Health

Goal: **Improve adolescent health outcomes.**

Objective:	Baseline:	Benchmark:
By June 2012, initiate evidence-based medically accurate, age appropriate teen pregnancy prevention curriculum, including evaluation in middle and high schools.	**2010 = 0**	**2012 = 10**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (5), CY 2012 (10), CY 2013 (10), CY 2014 (10), CY 2015 (10), CY 2016 (10)**

Progress and Implementation Milestones:

Foundational framework training for PREP/TPP, Building Developmental Assets in School Communities, held August 2011

Three evidence-based curriculums for PREP/TPP have been ordered which include, Making Proud Choices, Making a Difference and Reducing the Risk

Training for PREP/TPP curriculum, Making Proud Choices, has been scheduled for November 2-4, 2011 and Making a Difference on Nov. 16-17, 2011

Objective:	Baseline:	Benchmark:
By December 2013, increase school participation in state youth behavior survey data collection through a coordinated state-level approach that reduces burden on schools.	**2010 = 0**	**2013 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (0), CY 2012 (0), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:
YRBS 2011 weighted data has been received and is currently being compiled.

Objective:	Baseline:	Benchmark:
By December 2014, establish resources for all 77 Oklahoma counties to provide expertise and technical assistance to communities in evidenced-based models on positive youth development and holistic adolescent health needs.	2010 = 0	2014

Trend Data :
CY2010 : **Target :0** **Actual :0**
Target Data: **CY 2011 (0), CY 2012 (0), CY 2013 (0), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:
Technical assistance is continually provided to county health departments in regards to school health and adolescent health issues
Information on the program to become a certified healthy schools in accordance with Priority Academic Student Skills (PASS) was sent to all schools the end of August, 2011

Objective:	Baseline:	Benchmark:
By December 2014, the percentage of adolescents aged 12-17 who have at least one primary care provider visit in a year will increase to 80%.	2007 = 77.9%	2014 = 80%

Trend Data :
CY2007 : **Target :77.9%** **Actual :77.9%**
Target Data: **CY 2010 (77.9%), CY 2011 (79%), CY 2012 (79%), CY 2013 (79%), CY 2014 (79%), CY 2015 (80%)**

Progress and Implementation Milestones:
Ongoing

TEAM INFORMATION:
Lead Champion: Ann Benson, MS, ARNP
Team Members: Barbara Smith, Tyler Whitehead, Janette Cline

Mental Health & Substance Abuse - Infant & Early Childhood Mental Health
Goal: **Develop/expand programs for early identification/treatment of children under age 6 exhibiting mental health concerns.**

Objective:	Baseline:	Benchmark:
provided with effective interventions on infant and early childhood mental health development to assist them in identifying infant and early childhood concerns.	2009 = 10	2014 = 15

Trend Data :
CY2009 : **Target :10** **Actual :10**
Target Data: **CY 2010 (11), CY 2011 (12), CY 2012 (13), CY 2013 (14), CY 2014 (15), CY 2015 (16)**

Progress and Implementation Milestones:
A total of 5 training events have been planned for implementation during FY 12. A total of 6 training events occurred during state fiscal year 2011 which increased the 2009 baseline data number from 10 to 16.

Objective:	Baseline:	Benchmark:
By December 2014, identify and implement strategies to increase by 25% the number of mental health providers serving infant, young chiildren, their families and caregivers who achieve the Oklahoma Association for Infant Mental Health endorsement.	2010 = 11	2014 = 14

Trend Data :

CY2010 : **Target :11** **Actual :11**

Target Data: CY 2011 (14), CY 2012 (18), CY 2013 (23), CY 2014 (29), CY 2015 (36), CY 2016 (48)

Progress and Implementation Milestones:

One individual received endorsement in quarter 1 of fiscal year 2012. Two individuals received endorsement in state fiscal year 2011 which increased the baseline of 11 to 14.

Objective:	Baseline:	Benchmark:
By December 2014, increase the number of developmental/behavioral screenings in primary care practices by 10%.	2012 = Pending	2014 = Pending

Trend Data :

CY2009 : **Target :0** **Actual :0**

Target Data: CY 2010 (0), CY 2011 (0), CY 2012 (0), CY 2013 (0), CY 2014 (0), CY 2015 (0)

Progress and Implementation Milestones:

Ongoing

Objective:	Baseline:	Benchmark:
By December 2014, increase the percent of women screened for postpartum depression up to one year after the end of pregnancy by 25%.	2010 = 33%	2014 = 41%

Trend Data :

CY2010 : **Target :33%** **Actual :33%**

Target Data: CY 2011 (34%), CY 2012 (34%), CY 2013 (35%), CY 2014 (41%), CY 2015 (41%), CY 2016 (41%)

Progress and Implementation Milestones:

Received (from MCH assessment) initial baseline data on postpartum depression (PPD) screening, symptoms, and diagnosis from the 9 month pilot of new questions on The Oklahoma Toddler Survey (TOTS) . Collaborated with MCH Assessment to write summary of results from the 5 month pilot of the Edinburgh Postnatal Depression Scale in county health departments and community health centers. Finalized screening protocol for use in MCH programs at the county health department level.

TEAM INFORMATION:

Co-Lead Champion: Jane Humphries, PhD

Co-Lead Champion Laura McGwen, MD

Mental Health & Substance Abuse - Children/Youth and Substance Abuse

Goal: **Develop and expand community-based programs for prevention of injuries among children and youth**

Objective:	Baseline:	Benchmark:
By June 2014, reduce suicide deaths among youth ages 13-18 by 5%.	**2008 = 8.3/100,000**	**2008 = 8.3**

Trend Data :

CY2008 : **Target :8.3** **Actual :8.3**

Target Data: **CY 2009 (8.2), CY 2010 (8.1), CY 2011 (8), CY 2012 (7.9), CY 2013 (7.7), CY 2014 (7.5)**

Progress and Implementation Milestones:

The ODMHSAS was awarded a new three-year contract from the Substance Abuse and Mental Health Services Administration (SAMHSA) for youth suicide prevention and early intervention among high risk populations age 10-24.

Objective:	Baseline:	Benchmark:
By June 2014, reduce the percentage of youth who report at least one suicide attempt by 5%	**7%**	**2014 = 6.65%**

Trend Data :

CY2009 : **Target :7%** **Actual :7%**

Target Data: **CY 2010 (6.93%), CY 2011 (6.86%), CY 2012 (6.79%), CY 2013 (6.72%), CY 2014 (6.65%), CY 2015 (6.58%)**

Progress and Implementation Milestones:

The ODMHSAS was awarded a new three-year contract from the Substance Abuse and Mental Health Services Administration (SAMHSA) for youth suicide prevention and early intervention among high risk populations age 10-24.

Objective:	Baseline:	Benchmark:
By June 2014, decrease the percent of youth who report current use of alcohol (in the last 30 days) by 3%.	**2009 = 39%**	**2014 = 37.83**

Trend Data :

CY2009 : **Target :39%** **Actual :39%**

Target Data: **CY 2010 (38.76%), CY 2011 (38.52%), CY 2012 (38.28%), CY 2013 (38.06%), CY 2014 (37.83%), CY 2015 (37.6%)**

Progress and Implementation Milestones:

The ODMHSAS awarded 16 community agencies (projects commencing August 1) to conduct local-level assessments and implement evidence-based alcohol and drug prevention strategies. The awards included underage drinking prevention as a top priority for funded projects.

TEAM INFORMATION:

Co-Lead Champion: Jackie Shipp

Co-Lead Champion: Jessica Hawkins

Child Abuse & Neglect

Goal: Reduce child abuse and/or neglect.

Objective: By June 2012, implement a statewide multi-media campaign focusing on primary

Baseline: 2010 = 0

Benchmark: 2012 = 1

Trend Data :

CY2010 : Target :0 Actual :0

Target Data: CY 2011 (1), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)

Progress and Implementation Milestones:

Keep Your Cool radio/TV commercials

Objective: By December 2012, provide 10 evidence-based community trainings (e.g., Strengthening

Baseline: 2010 = 0

Benchmark: 2012 = 10

Trend Data :

CY2010 : Target :0 Actual :0

Target Data: CY 2011 (2), CY 2012 (10), CY 2013 (10), CY 2014 (10), CY 2015 (10), CY 2016 (10)

Progress and Implementation Milestones:

Ongoing

Objective: By December 2012, increase the number of families served in evidence-based home

Baseline: FY 2010 = 5452

Benchmark: FY 2012 = 5975

Trend Data :

FY2009 : Target :5835 Actual :5835

FY2010 : Target :5439 Actual :5439

Target Data: FY 2011 (5711), FY 2012 (5983), FY 2013 (5983), FY 2014 (5983), FY 2015 (5983), FY 2016 (5983)

Progress and Implementation Milestones:

Awarded $11 million in federal funds to expand home visiting services.

Objective: By January 2012, implement an abusive head trauma/shaken baby educational program,

Baseline: 2010 = 1

Benchmark: 2012 = 20

Trend Data :

CY2010 : Target :0 Actual :0

Target Data: CY 2011 (10), CY 2012 (20), CY 2013 (20), CY 2014 (20), CY 2015 (20), CY 2016 (20)

Progress and Implementation Milestones:

Increased the number of hospitals participating in the Period of Purple Crying Project. Began work on evaluation of the project, including consultation with Dr. Ron Barr,

TEAM INFORMATION:

Co-Lead Champion: Annette Jacobi, JD

Co-Lead Champion Maggi Hutchason

Child Abuse & Neglect

Goal: **Improve the physical and mental health status of children in state custody for child abuse and/or neglect.**

Objective: **By December 2011, implement a medical health passport that electronically provides a**

Baseline: **2010 = 0**

Benchmark: **2011 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (1), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

OKDHS implemented a passport for children in out of home care. The passport is available through a web-based program to foster parents for any child in their home. The passport

Objective: **By December 2011, develop a strategic plan for a "trauma-informed" Child Welfare System.**

Baseline: **2010 = 0**

Benchmark: **2011 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (1), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

OKDHS is one of three sites in the nation working with Chadwick (Rady Children's Hospital, San Diego) to become a "trauma-informed child welfare system". In July 2011, an

Objective: **By December 2011, implement procedures for a single statewide screening and intake**

Baseline: **2010 = 0**

Benchmark: **2011 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (1), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

OKDHS is partnering with Casey Family Programs and other state agencies to implement a Comprehensive Assessment for children entering the child welfare system. This will

Objective: **By December 2011, offer targeted interventions to 200 health care professionals and 300**

Baseline: **2010 = 0**

Benchmark: **2011 = 500**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (500), CY 2012 (500), CY 2013 (500), CY 2014 (500), CY 2015 (500), CY 2016 (500)**

Progress and Implementation Milestones:

Identification of leadership and development of a work plan for this objective is in progress.

TEAM INFORMATION:

Lead Champion: Deborah Smith

Special Health Care Needs

Goal: Increase access to health care and community-based services for children and youth with special health care needs.

Objective: By June 2011, enact legislation to amend the Oklahoma Early Intervention Act to allow

Baseline: 2010 = 0

Benchmark: 2011 = 1

Trend Data :

FY2010 : Target :0 Actual :0

Target Data: FY 2011 (1), FY 2012 (1), FY 2013 (1), FY 2014 (1), FY 2015 (1), FY 2016 (1)

Progress and Implementation Milestones:

HB 1684 passed out of Committee but was not heard on the floor. OSDE will serve as the lead on this during the upcoming legislative session.
New rules may include that if child qualifies for SoonerCare, s/he must be receiving it or family will be required to pay full service fee.
Interagency Coordinating Council Family Cost Participation Committee will assist in developing a new survey for families regarding cost participation as needed.
Agency Coordinators will review the revised IDEA regulations to determine if any changes need to be made.

Objective: By January 2012, evaluate the feasibility of integrating the SoonerStart data systems.

Baseline: 2010 = 0

Benchmark: 2012 = 1

Trend Data :

FY2010 : Target :0 Actual :0

Target Data: FY 2011 (0), FY 2012 (1), FY 2013 (1), FY 2014 (1), FY 2015 (1), FY 2016 (1)

Progress and Implementation Milestones:

OSDE has made request for updated computer system which can be compatible with OSDH.

Objective: By December 2014, increase to 51% the percentage of youth with special health care

Baseline: 2006 = 43.7%

Benchmark: 2014 = 51%

Trend Data :

CY2006 : Target :43.7% Actual :43.7%

Target Data: CY 2010 (47.4%), CY 2011 (47.40%), CY 2012 (46.1%), CY 2013 (47.40%), CY 2014 (51%), CY 2015 (51%)

Progress and Implementation Milestones:

• OKDHS/Dept. of Rehabilitation Services (DRS) has transition guide on their website: http://www.okrehab.org/guide/indexmanual.html

Objective: By December 2014, increase the percentage of children with special health care needs

Baseline: 2006 = 49.7%

Benchmark: 2014 = 60.2%

Trend Data :

CY2006 : Target :49.7% Actual :49.7%

Target Data: CY 2010 (54.7%), CY 2011 (54.7%), CY 2012 (54.7%), CY 2013 (54.7%), CY 2014 (60.2%), CY 2015 (60.2%)

Progress and Implementation Milestones:

• Health Access Networks in Canadian and Tulsa counties. Participants must practice using medical home strategies.

Goal: Increase community-based services for special populations of children.

Objective: By December 2013, expand the number of counties that provide comprehensive

Baseline: 2010 = 10

Benchmark: 2014 = 14

Trend Data :

CY2010 : **Target :10** **Actual :10**

Target Data: **CY 2011 (11), CY 2012 (12), CY 2013 (13), CY 2014 (14), CY 2015 (15), CY 2016 (16)**

Progress and Implementation Milestones:

• Pottawatomie and Cleveland counties were added in 2011. Plan to add Delaware county in 2011.

Objective:	Baseline:	Benchmark:
By December 2014, provide services that support families caring for children on the DDSD	**CY 2010 = 80%**	**CY 2014 = 84%**

Trend Data :

CY2010 : **Target :80%** **Actual :80%**

Target Data: **CY 2011 (81%), CY 2012 (82%), CY 2013 (83%), CY 2014 (84%), CY 2015 (85%), CY 2016 (86%)**

Progress and Implementation Milestones:

• TEFRA workgroup developing strategies to get more children enrolled.

TEAM INFORMATION:

Co-Lead Champion: Karen Hylton, MSW - Oklahoma Department of Human Services

Co-Lead Champion: Joni Bruce - Oklahoma Family Network

Team Members: John Corpolongo – Oklahoma State Department of Health; Mark Sharp – Oklahoma State Department of Education; Kimberly Osmani – Oklahoma State Department of Rehabilitation Services; Wanda Felty –

Cross-cutting Goals

Goal: **Improve communication about services and use data to direct planning/implementation of effective child health programs.**

Objective:	Baseline:	Benchmark:
By June 2011, assure child health-related communication campaigns incorporate	**2010 = 0**	**2011 = 1**

Trend Data :

CY2010 : **Target :0** **Actual :0**

Target Data: **CY 2011 (1), CY 2012 (1), CY 2013 (1), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:

Ongoing

Objective:	Baseline:	Benchmark:
By December 2014, establish an early childhood data system which includes data from the	**2010 = 0**	**2014 = 1**

Trend Data :

Target Data: **CY 2011 (0), CY 2012 (0), CY 2013 (0), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Target Data: **CY 2011 (0%), CY 2012 (0%), CY 2013 (0%), CY 2014 (0%), CY 2015 (0%), CY 2016 (0%)**

Progress and Implementation Milestones:

OPSR Data Roundtable Key Questions for a coordinated early childhood data system to answer reframed into a one page flow chart.

Department of Human Services presented their early childhood data project "School Readiness Risk Index."

Site visit to Pennsylvania by Oklahoma early childhood team and presentation findings to OPSR data committee.

Approval from Governor to proceed with application for federal Early Childhood Challenge Grant which will potentially include addressing early childhood data.

TEAM INFORMATION:
Lead Champion: Edd Rhoades, MD

Cross-cutting Goals
Goal **Adopt policies and legislation that can improve children's health.**

Objective:
By December 2014, promote comprehensive health education in accordance with Priority

Baseline:
2010 = 0

Benchmark:
2014 = 1

Trend Data :
CY2010 : **Target :0** **Actual :0**
Target Data: **CY 2011 (0), CY 2012 (0), CY 2013 (0), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:
Information on the program to become a certified healthy schools in accordance with Priority Academic Student Skills (PASS) was sent to all schools the end of August,

Objective:
By December 2014, promote the CDC's Coordinated School Health Program model for

Baseline:
2010 = 0

Benchmark:
2014 = 1

Trend Data :
CY2010 : **Target :0** **Actual :0**
Target Data: **CY 2011 (0), CY 2012 (0), CY 2013 (0), CY 2014 (1), CY 2015 (1), CY 2016 (1)**

Progress and Implementation Milestones:
Work continues on work plan development for school health programs with emphasis on the PASS guidelines as well as the CDC’s Coordinated School Health Program

TEAM INFORMATION:
Lead Champion: Ann Benson, MS, ARNP
Team Members: Barbara Smith, Tyler Whitehead, Janette Cline