

**OHIP Progress Quarterly Report  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name:** Children’s Health – Access to Primary Care

**Workgroup Goal:** Assure all Oklahoma children have access to comprehensive primary care services that include oral, physical and mental health services incorporating components of a patient-centered medical home, consistent with the joint principles endorsed by the Joint Principles for the Patient-Centered Medical Home.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress
1. By December 2014, 95% of children will have comprehensive health insurance coverage.	December 2014		Lead: Ed Long	1. Percent of children with comprehensive health insurance coverage. (Source: 2009 US Census)  Baseline CY 2009 = 87.4% Benchmark CY 2014 = 95% Trend CY 2011 =	Progress related to all three objectives: <ul style="list-style-type: none"> <li>• Workgroup convened with representation from OHCA, OSDH, OKPCA, OCCY, NW AHEC, Smart Start OK and OKPCA.</li> <li>• A private sector representative (Blue Cross Blue Shield) has since agreed to participate as a member of this workgroup.</li> <li>• We expect to have OK AAP representation for the next meeting.</li> <li>• Group will begin by assessing existing efforts underway in Oklahoma to identify gaps and build on and coordinate with current efforts that have proven effective.</li> <li>• A survey was distributed broadly to stakeholders in an effort to identify existing state and community-level efforts. To date, 135 completed surveys have been received. The survey period closes October 5. Once the results have been analyzed the group will reconvene and develop strategies based on this assessment.</li> </ul>

<p>2. By December 2014, the percentage of children who have at least one primary care provider visit in a year will increase to 90%.</p>	<p>December 2014</p>			<p>2. Percent of children with at least one primary care visit per in a year. (Source: 2007 NCHS)</p> <p>Baseline = 83.5%  Benchmark 2014 = 90%  Trend CY 2011 =</p>	<ul style="list-style-type: none"> <li>• A partnership between OHCA, OETA and Smart Start OK has resulted in the broadcast of videos promoting the importance and life-saving impact of preventive visits on a child/family. Video spots are being aired 2-3 times per day for one year. These videos promote both the importance of having health insurance for children as well as routine preventive visits to a primary care provider.</li> <li>• OHCA has launched a Tell Us Your Story Campaign that focused the importance of health insurance for children and the impact of routine preventive visits. For more information, please visit <a href="http://www.okhca.org/tellus">www.okhca.org/tellus</a></li> </ul>
<p>3. By December 2014, increase to 60% the percent of children provided care through a medical home as defined by the American Academy of Pediatrics.</p>	<p>December 2014</p>			<p>3. Percent of children with a medical home as defined by AAP. (Source: 2007 NCHS)</p> <p>Baseline = 55.7%  Benchmark 2014 = 60%  Trend CY 2011 =</p>	

**OHIP Progress Quarterly Report  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name:** Children’s Health – Injury Prevention

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress
<p>1. 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.</p>	<p>June 2011</p>		<p>Lead: Sheryll Brown</p>	<p>Measures: 1. Legislation passed.</p> <p>Baseline FY 2010 = 0 Benchmark FY 2011 = 1 Trend FY 2011 = 0 Trend FY 2012 = NA</p>	<p>As reported in the last quarter SB 182 died in committee. The Safety Council and AAA formed a task force to look at policy and education to address the problem. IPS staff has attended the meetings. The task force, called Drive Aware Oklahoma, has met 4 times thus far. They have accomplished getting messaging on mutable signs. They are using the Ad Council campaign on texting “Stop the Text, Stop the Wrecks.” There will be a governor’s proclamation in October the week before Halloween, and will be holding a press conference during that week. A legislator, law enforcement officer, and teens will be invited to speak at the press conference. They are developing a Facebook page and a website. A group of teens in Tulsa (Gen Text) are getting a petition together to pass a law. Sen. Bryan Crain will write the bill. Two commercials have been developed and will be available on an FTP site for anyone to use.</p>

<p>2. By June 2012, require safety training for ATV drivers under age 16.</p>	<p>June 2012</p>			<p>2. Safety training required.</p> <p>Baseline CY 2010 = 0  Benchmark CY 2012 = 1  Trend CY 2011 = NA</p>	<p>One has a Glee actress. AAA will be having a teen driver summit Oct. 6 at OCU "Hot Cars Hot Topics." The event will be for teens who are already driving and those who are about to  <a href="http://www.aaaoklahoma.com/news/summit.htm?zip=73105&amp;devicecd=PC">http://www.aaaoklahoma.com/news/summit.htm?zip=73105&amp;devicecd=PC</a></p> <p>The legislation is not being pursued; however, IPS staff has participated in events to promote ATV safety including a safety training at the September Fest at the Governor's mansion on September 8. Another ATV safety event is planned at the Wildlife Expo at the Lazy E Arena (Sept 28-30).</p>
<p>3. 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.</p>	<p>December 2012</p>			<p>3. Campaign implemented.</p> <p>Baseline CY 2010 = 0  Benchmark CY 2012 = 1  Trend CY 2011 =</p>	<p>The IPS purchase 1,000 child safety seats to distribute to families in need. A health educator position was approved and we are in the process of hiring someone. The health educator will be involved in the educational campaign for traffic safety including child safety seat program, policy education on texting, seat belts, and GDL.</p>

<p>4. By June 2013, require use of child safety seats, appropriate for the child's height and weight, up to age 8.</p>	<p>June 2013</p>			<p>4. Child safety seats required up to age 8.</p> <p>Baseline CY 2010 = 0  Benchmark CY 2013 = 1  Trend CY 2011 = 0  Trend CY 2012 = NA</p>	<p>At the Oklahoma Injury Prevention Council Meeting in June, the Highway Safety Office indicated that they would be pursuing legislation to increase the age children are required to be in a child safety seat to 8. Since that time, they have indicated they will focus only on revamping the impaired driver laws.</p>
<p>5. 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.</p>	<p>June 2013</p>			<p>5. Legislation passed.</p> <p>Baseline CY 2010 = 0  Benchmark CY 2012 = 1  Trend CY 2011 = 0  Trend CY 2012 = NA</p>	<p>Nothing to report.</p>
<p>6. By December 2014, reduce from 75 to 67 motor vehicle deaths in the state among children and youth using multiple strategies involving child safety seat distribution, education, and technical assistance.</p>	<p>December 2014</p>			<p>6. Motor vehicle deaths among children and youth.</p> <p>Baseline CY 2009 = 79  Benchmark CY 2014 = 67  Trend CY 2010 = 63  Trend CY 2011 = 2011 data is not available yet</p>	<p>The Child Safety Seat program at OSDH installed 77 safety seats and conducted 30 checks since July. Additionally, Safe Kids and OSDH sponsored 6 classes/ presentations on the proper use of child safety seats for child care providers in Tulsa, Oklahoma City, Clinton, McAlester, and Battiest.</p>

<p>7. By December 2014, reduce from 24 to 22 drowning deaths of children and youth in the state through life jacket loaner programs and parent/retailer education strategies</p>	<p>December 2014</p>			<p>7. Drowning deaths of children and youth.</p> <p>Baseline CY 2009 = 24  Benchmark CY 2014 = 22  Trend CY 2011 = 2011 data is not available yet</p>	<p>Data is not available yet.</p>
<p>8. By December 2014, increase to 50% the number of schools that implement evidence-based strategies addressing teen dating and/or sexual violence prevention.</p>	<p>December 2014</p>			<p>8. Number of schools with evidence-based strategies addressing teen dating and/or sexual violence prevention.</p> <p>Baseline CY 2010 = Pending  Benchmark CY 2014 = 50%  Trend CY 2011 = 2011 data is not available yet</p>	<p>Nothing to report.</p>

**OHIP Progress Quarterly Report**  
**1<sup>st</sup> Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name: Children's Health - Immunization**

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By December 2014, increase the 4:3:1:3:3:1 immunization coverage rates of children 19-35 months to 77.5%.</p> <p>2. By April 2013, develop a new immunization information system (OSIIS) that has full capacity for electronic data exchange.</p> <p>3. By January 2013, implement strategies identified by community and state partners that optimize vaccinations by providers in both private and public settings.</p>	<p>December 2014</p> <p>April 2013</p> <p>December 2013</p>		<p>Lead: Bobbie Nubine</p>	<p>Measures:</p> <p>1. Immunization coverage rate for 4:3:1:3:3:1</p> <p>Baseline CY 2009 = 70.2%            Benchmark CY 2014 = 85%            Trend CY 2010 = 70.3%            Trend CY 2011 = 77%</p> <p>2. New immunization information system with capacity for electronic data exchange developed.</p> <p>Baseline CY 2010 = 0            Benchmark CY 2012 = 1            Trend CY 2011 = 1</p> <p>3. Strategies to optimize vaccinations in private and public settings implemented.</p> <p>Baseline CY 2010 = 1            Benchmark CY 2013 = 1            Trend CY 2011 = 1</p>	<p>Latest NIS results reported that the 4:3:1:3:3:1 immunization coverage rates of children 19-35 months increased in OK from 72.7% in 2010 to 77.3% in 2011.</p> <p>Weekly OSIIS Rollout and Weekly Development Team meetings are held to continue target implementation to a .net platform by June 30, 2013.</p> <p>Interoperability Strategic Plan development continues through bi-weekly meetings to develop capacity for full data exchange to HL7 2.5.1 standard.</p> <p>Missed Opportunities Campaign began June 1, 2012 and is in full swing to educate providers on how to reduce missed opportunities to vaccinate during QA/AFIX visits to VFC providers statewide.</p>

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
4. By June 2013, enact legislation for statewide mandatory reporting of all childhood vaccinations to OSIS.	June 2013		Lead: Bobbie Nubine	4. Legislation for mandatory reporting of childhood immunizations in OSIS enacted.  Baseline FY 2010 = 0 Benchmark FY 2013 = 1 Trend FY 2011 = 0	Legislation will not be pursued until OSIS is capable of two-way messaging between providers and Health information exchanges using HL7 2.5.1 standards.
5. By June 2013, improve state policies related to childhood immunization for children served in the major child serving state agencies in Oklahoma.	June 2013			5. Policies for immunization of children served by major state agencies improved.  Baseline FY 2010 = 0 Benchmark FY 2013 = 1 Trend FY 2011 =	Work continues with Oklahoma Temporary Assistance for Needy Families (TANF) Administration regarding enforcement of statute for up to date immunization requirement of TANF children and in the process of printing flyers for distribution to TANF parents.  Ongoing efforts continue in conducting in-services to school administration staff about school requirements and day care staff about licensed child care vaccine requirements.
6. By July 2013, identify and implement community-based intervention strategies to increase immunization coverage.	July 2013			6. Community-based intervention strategies to increase immunization coverage implemented.  Baseline FY 2009 = 0 Benchmark FY2013 = 1 Trend FY 2010 = 1 Trend FY 2011 = 1	OSDH, Immunization Service is now placing greater accountability on the monthly performance reports in current contractual arrangements with five CBOs to ensure that these providers are fulfilling their commitments to the service delivery terms of their contracts.

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
7. By December 2013, increase the proportion of adolescents aged 13-17 years that have completed 1 dose of TDAP to 60%.	December 2013		Lead: Bobbie Nubine	7. Percent adolescents 13-17 years completing 1 dose of TDAP  Baseline CY 2009 = 35.1% Benchmark CY 2013 = 60% Trend CY 2010 = 54.8% Trend CY 2011 =66%	Oklahoma 7 <sup>th</sup> Grade Annual Assessment Survey Reported 65.3% complete with 1 dose of Tdap.  Latest NIS (2011) reported that 66% of OK teens age 13-17 years have 1 booster dose of Tdap compared to the national average of 78%.
8. By December 2013, increase the proportion of Oklahoma adolescents aged 13-17 years that have completed one dose of meningococcal vaccine to 55%.	December 2013			8. Percent of adolescents 13-17 years completing 1 dose of meningococcal vaccine.  Baseline CY 2009 = 29.5% Benchmark CY 2013 = 55% Trend CY 2010 = 42.6% Trend CY 2011 =55%	2011 NIS reports that OK teens ages 13-17 years with at least 1 dose of meningococcal vaccine is 55.3% compared to the national average at 70%.
9. By December 2013, increase the proportion of Oklahoma adolescent females aged 13-17 years that have completed three doses of HPV vaccine to 35%.	December 2013			9. Percent of adolescent females 13-17 years completing 3 doses of HPV vaccine.  Baseline CY 2009 = 16.2% Benchmark CY 2013 = 35% Trend CY 2010 = 31.3% Trend CY 2011 = 27%	2011 NIS reports that OK teen females ages 13-17 years that have three doses of HPV is 27.7% compared to the national average at 34%.

**OHIP Progress Quarterly Report  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name: Children's Health – Oral Health**

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. 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.	June 2012		Jana Winfree, DDS	State fluoridation plan established.  Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 = 0 Trend CY 2012 = 1	Completed
2. By June 2012, reimburse primary care providers for delivery of preventive dental services such as fluoride varnishes.	June 2012			Primary care providers reimbursed for preventive dental services. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 = 0 Trend CY 2012 = 1	Completed

<p>3. 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.</p>	<p>December 2012</p>			<p>Legislation and rules modified to expand the types of providers who can deliver preventive dental services.</p> <p>Baseline CY 2010 = 0  Benchmark CY 2013 = 1  Trend CY 2011 = 0</p>	<ul style="list-style-type: none"> <li>• The Oklahoma Sealant Initiative Committee continues to seek funding to implement a statewide dental sealant program.</li> <li>• The University of Oklahoma College of Dentistry (OUCOD) continues to pilot the American Dental Association's Community Dental Health Coordinator Workforce Model, and is exploring methods for evaluation of the program.</li> <li>• OSDH manages the Oklahoma Dental Loan Repayment Program (ODLRP). Applicant interviews were held in early September to fill vacant SFY13 funded positions.</li> <li>• Discussions among dental partners with the Oklahoma Dental Association (ODA) and councils Children's Oral Health Coalition (COHC), Governor's Task Force (GTF) Focus Group, and others, ongoing.</li> </ul>
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<p>4. 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.</p>	<p>December 2012</p>			<p>Strategies to provide technical assistance and training on implementation of evidence-based or promising programs addressing oral health and prevention of dental diseases developed.</p> <p>Baseline CY 2010 = 0  Benchmark CY 2012 = 1  Trend CY 2011 = 0</p>	<ul style="list-style-type: none"> <li>• OSDH dental director presented community water fluoridation (CWF) strategies to the county health department administrators, September 5, and to the University of Oklahoma Dental Hygiene School students, September 14.</li> <li>• Midwest City received a 50 year award for contributions made on behalf of CWF. The OSDH dental director and the fluoride consultant presented this award to the city on behalf of the Association of State and Territorial Dental Directors, the Centers for Disease Control and Prevention, and the American Dental Association, August 13.</li> <li>• ODLRP dentists practicing in shortage areas continue to treat a minimum of 30% Medicaid patients, ongoing.</li> </ul>
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**OHIP Progress Quarterly Report  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name: Children's Health - Adolescent Health**

**Workgroup Goal: Improve adolescent health outcomes.**

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By June 2012, initiate evidence-based medically accurate, age appropriate teen pregnancy prevention curriculum, including evaluation in middle and high schools.</p> <p>2. By December 2013, increase school participation in state youth behavior survey data collection through a coordinated state-level approach that reduces burden on schools.</p>	<p>June 2012</p> <p>December 2013</p>		<p>Lead: Ann Benson</p>	<p>1. Evidence-based teen pregnancy prevention curriculum initiated in middle and high schools.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 = 1</p> <p>2. Coordinated state-level approach to administration of state youth behavior surveys established.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Trend CY 2011 = 0 Trend CY 2012 =</p>	<p>1. Evidence-based curriculum currently established in the following counties: Oklahoma, Tulsa, Seminole, Hughes, McCurtain, Ottawa, Choctaw, Pittsburg and Lincoln. Curriculum presented in middle, high, and alternative schools.</p> <p>2. Reports developed from 2011 YRBS data. Fifty schools have been randomly selected to participate in 2013 YRBS. Stipend established to use as incentive to increase participation.</p>

<p>3. 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.</p>	<p>December 2014</p>			<p>3. Resources to provide technical assistance on evidenced-based models on positive youth development and holistic adolescent health needs to all OK counties established.</p> <p>Baseline CY 2010 = 0  Benchmark CY 2014 = 1  Trend CY 2011 = 0  Trend CY 2012 =</p>	<p>3. Ongoing. Teen Pregnancy Prevention Specialists, now known as Adolescent Health Specialist, are based in Oklahoma, Tulsa, Ottawa, Hughes, Marshall, Jackson, &amp; Lincoln counties. There is also an opening for another position in Pittsburg County. They are available for teen pregnancy prevention programs, as well as any other adolescent health need.</p>
<p>4. 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%.</p>	<p>December 2014</p>			<p>4. Percent of adolescents 12-17 with at least 1 primary care provider visit.</p> <p>Baseline CY 2007 = 77.9%  Benchmark CY 2014 = 80%  Trend CY 2011 = 77.9%  Trend CY 2012 =</p>	<p>4. Ongoing</p>

**OHIP Progress Quarterly Report  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name: Children's Health – Infant & Early Childhood Mental Health**

**Workgroup Goal: Develop/expand programs for early identification/treatment of children under age 6 exhibiting mental health concerns.**

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. By December 2014, increase by 10% annually the number of health care providers that are provided with effective interventions on infant and early childhood mental health development to assist them in identifying infant and early childhood concerns.	December 2014		Alesha Lily/ Amy Chlouber	Number of health care providers provided training on infant and early childhood mental health development.  Baseline CY 2009 = 10 Benchmark CY 2014 = 15 Trend CY 2011 =	Approximately 200 professionals received training on IECMH between July 1 and now.
2. By December 2014, identify and implement strategies to increase by 25% the number of mental health providers serving infant, young children, their families and caregivers who achieve the Oklahoma Association for Infant Mental Health endorsement.	December 2014			Number of mental health providers achieving Oklahoma Association for Infant Mental Health endorsement.  Baseline CY 2010 = 11 Target CY 2014 = 14 Trend CY 2011 = 16	There are no new endorsements to report this quarter.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
3. By December 2014, increase the number of developmental/behavioral screenings in primary care practices by 10%.	December 2014			<p>Percent change in number of unduplicated enrollees unduplicated 0-5 yrs in Medicaid with paid screens from one year to the next. (Revised 6/30/12)</p> <p>Baseline FY 2010 = 14,460  Target FY 2014 = 15,906  Trend FY 2011 = 14,506 (0.3%)  Trend FY 2012 =</p>	There is no report for this quarter since OHCA is pulling this information based on their information on an annual basis.
4. By December 2014, increase the percent of women screened for postpartum depression up to one year after the end of pregnancy by 25%.	December 2014		Julie Dillard/Alesha Lily	<p>Percent of women screened for postpartum depression.</p> <p>Baseline CY 2010 = 33.3% (TOTS)  Target CY 2014 = 41%  Trend CY 2011 = 35.4%</p>	<p>Chosen (Oklahoma) as 1 of 6 states to attend the Policy Academy related to statewide strategic plan for preventing mental health problems.</p> <p>Completed "Quicksand" PSA (public service announcement) with VI Marketing and Branding</p> <p>Met with Home Visitation Leadership Advisory Council about integration of PPD screening in home visiting programs.</p>



<p>3. By June 2013, collect Oklahoma-specific data on the prevalence and unmet needs of children with mental health and substance abuse problems.</p>	<p>June 2013</p>		<p>Lead: Shipp</p>	<p>Oklahoma-specific data on prevalence and unmet needs of children with mental health and substance abuse problems collected.</p> <p>Baseline CY 2010 = 0  Benchmark CY 2013 = 1  Trend CY 2011 =</p>	<p>ODMHSAS Prevention Division has been able to pay for some questions to the BRFSS which will help establish Oklahoma specific data source.</p>
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**Workgroup Goal:** Expand evidence-based community mental health and substance abuse services statewide

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By December 2014, expand by 10% the number of children and youth in the state receiving outpatient substance abuse treatment services.</p> <p>2. By December 2014, expand by 10% the number of children and youth receiving residential and inpatient substance abuse treatment services in the state.</p>	<p>December 2014</p> <p>December 2014</p>		<p>Lead: Shipp</p> <p>Lead: Shipp</p>	<p>Measures:</p> <p>Percent increase in number children/youth receiving outpatient substance abuse services funded by Medicaid and ODMHSAS.</p> <p>Baseline CY 2010 = 3638 Benchmark CY 2014 = 4002 Actual CY 2011 = 4213</p> <p>Percent increase in number of children/youth receiving residential and inpatient substance abuse services funded by ODMHSAS.</p> <p>Baseline FY 2010 = 363 Benchmark FY 2014 = 399 Actual FY 2011 =</p>	<p>Ongoing – 4,213 children received outpatient substance abuse treatment services in CY 2011.</p> <p>Ongoing</p>

<p>3. By December 2014, provide resources to expand the systems of care network statewide.</p>	<p>December 2014</p>		<p>Lead: Shipp</p>	<p>Resources for expansion of systems of care network provided.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Trend CY 2011 =</p>	<p>ODMHSAS just received a new SAMHSA grant for \$1 million per year for the next four years which will greatly assist in this process.</p>
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**Workgroup Goal:** Develop and expand community-based programs for prevention of injuries among children and youth

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By June 2014, reduce suicide deaths among youth ages 13-18 by 5%.</p> <p>2. By June 2014, reduce the percentage of youth who report at least one suicide attempt by 5%.</p>	<p>June 2014</p> <p>June 2014</p>		<p>Lead: Hawkins</p> <p>Lead: Hawkins</p>	<p>Measures: Suicide Deaths Ages 13-18 yrs/100,000</p> <p>Baseline CY 2008 = 8.3/100,000 Benchmark CY 2014 = 7.5/100,000 Trend CY 2011 =</p> <p>Percent of youth reporting at least one suicide attempt (YRBS)</p> <p>Baseline CY 2009 = 7% Benchmark CY 2014 = 6.65% Trend CY 2011 = 6%</p>	<ul style="list-style-type: none"> <li>• In July, 250 people attended the annual Suicide Prevention Conference in Norman, Oklahoma. The conference was put together by The Oklahoma Suicide Prevention Council in conjunction with the Central Oklahoma Mental Health Association, VA, Cherokee and Muscogee-Creek nations and the ODMHSAS Office of Suicide Prevention</li> <li>• During the reporting period, the ODMHSAS Office of Suicide Prevention:             <ul style="list-style-type: none"> <li>○ Provided on-site suicide postvention consultation to several schools in Oklahoma City metro community following youth suicides.</li> <li>○ Held Training of Trainers for Tulsa County and 2 Tribes to train people to implement Suicide Prevention Curriculum in several school districts.</li> <li>○ Conducted 30 suicide prevention trainings.</li> <li>○ Released RFP for two counties for bidders to provide Suicide Prevention Services in Tulsa and Pittsburg counties.</li> <li>○ Provided suicide prevention training over 100 Physicians and Nurses in Tulsa and for over 150 care coordinators for the Oklahoma Systems of Care project for at risk youth.</li> </ul> </li> </ul>

<p>3. By June 2014, decrease the percent of youth who report current use of alcohol (in the last 30 days) by 3%.</p>	<p>December 2014</p>		<p>Lead: Hawkins</p>	<p>Percent of youth who report current use of alcohol in the past 30 days (YRBS)</p> <p>Baseline CY 2009 = 39%  Benchmark CY 2014 = 37.83%  Trend CY 2011 = 38%</p>	<ul style="list-style-type: none"> <li>• The 17 community agencies (Regional Prevention Coordinators (RPCs), contracted by the ODMHSAS to organize local-level alcohol and other drug prevention services, completed local needs assessments and developed strategic plans with partner coalitions. Each plan includes, at minimum, completion of compliance checks to reduce youth retail access to alcohol and Responsible Beverage Sales and Service training provision. Most agencies have developed comprehensive plans with evidence-based strategies to address community-level contributing factors for underage drinking. Project implementation will commence the second quarter of SFY2013.</li> <li>• The 17 RPCs continue to coordinate Regional Epidemiological Outcome Workgroups to collect and analyze local-level data related to alcohol and other drugs. Most have prioritized underage drinking and identified strategies to address related data gaps.</li> <li>• The ODMHSAS 2Much2Lose (2M2L) initiative continues its a statewide Social Host messaging campaign to increase public awareness and support for Oklahoma's new state Social Host law. Campaign materials are available to community-level agencies and coalitions to place locally as appropriate. Oklahomasocialhost.com</li> <li>• 2M2L conducted 4 law enforcement/community trainings in Tahlequah, Woodward, UCO campus, and Cameron campus. Several media</li> </ul>
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					<p>outputs resulted from these trainings and compliance check operations.</p> <ul style="list-style-type: none"><li>• The ODMHSAS was awarded continued Justice Assistance Grant funding to resource, in part, the state's underage drinking prevention law enforcement task forces.</li><li>• The Oklahoma Underage Drinking Prevention Committee continues to meet and monitor several state-level underage drinking related bills/measures.</li><li>• The ODMHSAS provided letters of support for OSU and Langston University applying for federal grants to research underage drinking efforts.</li><li>• Federal Drug Free Communities (DFC) grants were awarded to 13 community coalitions across the state; the Rogers County coalition was also awarded a STOP Act grant.</li></ul>
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**OHIP Progress Quarterly Report  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name: Children's Health – Child Abuse & Neglect**

**Workgroup Goal: Reduce child abuse and/or neglect.**

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. By June 2012, implement a statewide multi-media campaign focusing on primary prevention of child abuse and neglect.	June 2012		Lead: Annette Jacobi	Measures: 1. Baseline CY 2010 = 0 Benchmark CY 2012 = 2 Trend CY 2011 = 1	Two campaigns completed in the spring: 1) Keep Your Cool and 2) Prevention: It's Your Turn. Both commercials aired on television and radio.
2. By December 2012, provide 10 evidence-based community trainings (e.g., Strengthening Families and Front Porch) to engage nontraditional partners in creating a safe, stable and nurturing environment for children and families.	December 2012		Lead: Annette Jacobi	2. Baseline 2010 = 0 Benchmark CY 2012 = 4 Trend CY 2011 = 2	Jack Miller of the Massachusetts Children's Trust Fund presented two Protective Factors trainings in November 2011 to 20 individuals from varying Smart Start agencies. The intent was for those trainees then to go out and conduct Protect Factors trainings. At this time, I am aware of only two such trainings that were conducted at the local level.
3. By December 2012, increase the number of families served in evidence-based home visitation programs/teams across the state by 10%, e.g., Children First and Start Right.	December 2012		Lead: Annette Jacobi	3. Baseline FY 2010 = 5452 Benchmark FY 2012 = 5975 Trend FY 2012 = 4,701	These numbers are not finalized as of yet. Due to fewer Children First nurses in particular, the projected number will more than likely not be met.

<p>4. By January 2012, implement an abusive head trauma/shaken baby educational program, guided by parental involvement, for new parents through partnering with 20 hospitals.</p>	<p>January 2012</p>		<p>Lisa Rhoades</p>	<p>4. Baseline CY 2010 = 1  Benchmark CY 2012 = 20  Actual CY 2011 = 25</p>	<p>Completed public service announcement (PSA) for Infant Injury Prevention Owner's Manual" and September 2012 air buy.</p> <p>Added 2 additional hospitals during quarter for overall total of 27 now fully implementing Period of Purple. Recruitment of remaining birthing hospitals continued.</p> <p>Continued recruitment for knitting of caps for CLICK for Babies (a project within the national Period of Purple Crying Program). Oklahoma currently has 24 birthing hospitals signed up to participate in providing purple caps to newborns during November and December 2012.</p>
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**OHIP Progress Quarterly Report (DRAFT)  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name: Children's Health**

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

<b>Result Objective</b>	<b>Target Completion Date</b>	<b>Actual Completion Date</b>	<b>Accountability (Lead Person(s) Responsible)</b>	<b>Measure</b>	<b>Progress (key accomplishments/major barriers)</b>
1. By December 2011, implement a medical health passport that electronically provides a custody child's health and education related information to placement and medical providers and allows for portability between service providers.	December 2011		Lead: Deborah Smith	Measures: 2. Electronic medical passport implemented. Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 = 1	Completed
2. By December 2011, develop a strategic plan for a "trauma-informed" Child Welfare System.	December 2011		Lead: Deborah Smith	2. Strategic plan for a "trauma-informed" Child Welfare System developed. Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 = 1	Completed

<p>3. By December 2011, implement procedures for a single statewide screening and intake process for behavioral health services for children in foster care.</p>	<p>December 2011</p>		<p>Lead:</p>	<p>3. Procedures for a single statewide screening and intake process for behavioral health services implemented.          Baseline CY 2010 = 0          Benchmark CY 2011 = 1          Trend CY 2011 =</p>	<p>DHS indicates DMHSAS has the lead for addressing this objective.</p>
<p>4. By December 2011, offer targeted interventions to 200 health care professionals and 300 individuals (i.e., case workers, foster parents, teachers, judges, etc.) at the community level about health care for children in foster care.</p>	<p>December 2011</p>		<p>Lead:</p>	<p>4. Number of targeted interventions offered annually to: 1) health care professionals and 2) case workers/foster parents/teachers/judges on health care for children in foster care.          Baseline CY 2010 = 0          Benchmark CY 2011 = 500          Trend CY 2011 =</p>	

**OHIP Progress Quarterly Report  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name: Children's Health**

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

<b>Result Objective</b>	<b>Target Completion Date</b>	<b>Actual Completion Date</b>	<b>Accountability (Lead Person(s) Responsible)</b>	<b>Performance Measure</b>	<b>Progress</b>
1. By June 2011, enact legislation to amend the Oklahoma Early Intervention Act to allow family cost participation.	June 2011		Lead: Karen Hylton	Measures: 1. Legislation enacted. Baseline FY 2010 = 0 Benchmark FY 2011 = 1 Trend FY 2011 = 0	No longer being pursued
2. By January 2012, evaluate the feasibility of integrating the SoonerStart data systems.	January 2012			2. Feasibility of integrating the SoonerStart data evaluated. Baseline FY 2010 = 0 Benchmark FY 2012 = 1 Trend FY 2011 = 0	No longer being pursued

<p>3. By December 2014, increase to 51% the percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.</p>	<p>December 2014</p>			<p>3. Increase in percent of youth with special health care needs who received the services necessary to transition to adult life.          Baseline: CY 2006: 43.7%          Benchmark CY 2014 = 51%          Trend CY 2010 = 40.5%          Trend CY 2011 =</p>	<p>AT Expo 9/21/12 highlighted the OK Transition Council, Tech-Now, the Transition Planning Folder, and Transition Care Notebook.</p> <p>9/28/12 Transition training through the OK Autism Network.</p>
<p>4. By December 2014, increase the percentage of children with special health care needs receiving coordinated, ongoing comprehensive care within a medical home by 20%.</p>	<p>December 2014</p>			<p>4. Increase in percent of children with special health care needs receiving coordinated, comprehensive care within a medical home.          Baseline CY 2006 = 49.7%          Benchmark CY 2014 = 60.2%          Trend CY 2010 = 46.1%          Trend CY 2011 =</p>	<p>Began expansion/spread of the ABCD project within the existing pilot counties. OUHSC Practice Facilitator is training new clinics on the use of the web portal.</p>

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

<p>5. By December 2013, expand the number of counties that provide comprehensive coordinated services for CSHCN including dental, behavioral health and medical services.</p>	<p>December 2013</p>			<p>5. Increase in the number of counties that provide comprehensive, coordinated services for children with special health care needs.</p> <p>Baseline CY 2010 = 10          Benchmark CY 2014 = 14          Trend CY 2011 = 11</p>	
<p>6. By December 2014, provide services that support families caring for children on the DDS waiting list.</p>	<p>December 2014</p>			<p>6. Increase in percent of children on DDS waiting list receiving other services.</p> <p>Baseline: CY 2010 = 80%          Target CY 2014 = 84%          Trend CY 2011 = 84.7%</p>	

**OHIP Progress Quarterly Report  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name: Children's Health – Cross-cutting Goal (Communication)**

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. By June 2011, assure child health-related communication campaigns incorporate information about statewide community resource systems available through 211, JOIN and OASIS as part of health-related public awareness and communication campaigns.	June 2011		Edd Rhoades	Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Trend CY 2011 = 0	Ongoing - JOIN as an OCCY function has been dropped subsequent to legislation passed this past legislative session. OASIS has been reorganized to be part of Child Study Center at the Department of Pediatrics, OUHSC.
2. By December 2014, establish an early childhood data system which includes data from the major child serving state and federal programs in Oklahoma.	December 2014		Edd Rhoades	Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Trend CY 2011 = 0	Ongoing - The OPSR Data System and Coordination Workgroup continues to meet monthly. Activities include exploration of the potential for incorporating components of an early childhood data system with other existing data system initiatives.

**OHIP Progress Quarterly Report  
1st Quarter (Jul-Sept); SFY Ending June 30, 2013**

**Workgroup Name:** Children's Health - Adolescent Health/Cross-cutting Policy (School Health)

**Workgroup Goal:** Adopt policies and legislation that can improve children's health.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By December 2014, promote comprehensive health education in accordance with Priority Academic Student Skills (PASS) guidelines utilizing state adopted health education curriculum for grades K-12 in Oklahoma public schools.</p>	<p>December 2014</p>		<p>Lead: Ann Benson</p>	<p>Measures:</p> <p>1. Comprehensive health education in accordance with PASS utilizing state adopted curriculum K-12 promoted in public schools.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Trend CY 2011 = 0</p>	<p>1. Ongoing. Applications for Certified Healthy Schools are due November, 2012 for review.</p>
<p>2. By December 2014, promote the CDC's Coordinated School Health Program model for grades K-12 in Oklahoma public schools.</p>	<p>December 2014</p>			<p>2. CDC Coordinated School Health Program model K-12 promoted in public schools.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Trend CY 2011 = 0</p>	<p>2. Ongoing. Applications for Certified Healthy Schools are due November, 2012 for review.</p>