

OHIP Progress Quarterly Report
1st Quarter (July - September); SFY Ending June 30, 2014



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 2010 = 90% Trend CY 2011 =	<u>Objective #1: Health Coverage</u> <ul style="list-style-type: none"> • OHCA works with more than 750 public, private and nonprofit community partners to increase awareness of SoonerCare programs and services, including the importance of preventive care and early intervention. The OHCA Community Relations team has four regional coordinators that work closely with community partners for effective awareness and education efforts. The Western Oklahoma coordinator also works closely with a SoonerCare outreach coordinator hired by the Oklahoma Commission on Children and Youth. These efforts are ongoing. • OHCA hosted two community forums— Sallisaw in July and Guymon in September. Among the topics discussed were ways in which community partners could assist families with SoonerCare enrollment and recertification.

<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>Lead: Ed Long</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>	<p><u>Objective #2: Primary Care Visits:</u></p> <ul style="list-style-type: none"> In collaboration with Oklahoma State University, OHCA has produced a number of video spots focused on the importance of preventive care, OHCA's Durable Medical Equipment Re-Use Program and the TEFRA program. OHCA partnered with Smart Start Oklahoma and OETA to air 15-second videos as underwriting segments. Furthermore, Pioneer Communications, a large telecommunications company serving Western Oklahoma, has agreed to air 30 second video spots on major networks provided through their digital television service. OHCA has entered an agreement with the OK Commission on Children and Youth to work together on access to health care issues in the panhandle. A part-time position has been filled. This position will serve Texas, Cimarron and Beaver counties. Primary responsibilities include outreach and facilitation of communication between community partners and OHCA regarding health access issues. This initiative is ongoing.
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<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>Lead: Ed Long</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>	<p><u>Objective #3: Medical Home</u></p> <ul style="list-style-type: none"> • OHCA community and provider outreach efforts include a focus on the importance of a medical home. As of August 2013, there were 438,573 children (0-18) enrolled in SoonerCare Choice, OHCA's patient-centered medical home model. Almost 89% of SoonerCare children are enrolled in SoonerCare Choice. • OHCA provider recruitment efforts include strategies for increasing the number of medical home providers. • OHCA has entered an agreement with the OK Commission on Children and Youth to work together on access to health care issues in the panhandle. A part-time position has been filled. This position will serve Texas, Cimarron and Beaver counties. Primary responsibilities include outreach and facilitation of communication between community partners and OHCA regarding health access issues. This initiative is ongoing.
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OHIP Progress Quarterly Report
1st Quarter (July - September); SFY Ending June 30, 2014

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>1. Legislation passed.</p> <p>Baseline FY 2010 = 0 Benchmark FY 2011 = 1 Actual FY 2011 = 0 Actual FY 2012 = NA</p>	<p>Many pieces of legislation were introduced in the past session and failed. IPS did not request legislation specifically this year on texting or use of electronic devices while driving. We did, however, request legislation to modify language in the “distracted driving law” so that it would include specific language related to the use of electronic hand-held devices and also allow officers to enforce as a primary offense. Currently the law says that a driver must devote full attention to driving and an officer cannot issue a citation unless the driver poses a danger to others or is in an accident.</p>

<p>2. By June 2012, require safety training for ATV drivers under age 16.</p>	<p>June 2012</p>		<p>Lead: Sheryll Brown</p>	<p>2. Safety training required.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = NA</p>	<p>Inactive</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>Lead: Sheryll Brown</p>	<p>3. Campaign implemented.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 =</p>	<p>IPS has had news releases on correct usage and installation of car safety seats and to advertise checks and installation events.</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>Lead: Sheryll Brown</p>	<p>4. Child safety seats required up to age 8.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Actual CY 2011 = 0 Actual CY 2012 = NA</p>	<p>Inactive</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>Lead: Sheryll Brown</p>	<p>5. Legislation passed.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 0 Actual CY 2012 = NA</p>	<p>Inactive</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>Lead: Sheryll Brown</p>	<p>6. Motor vehicle deaths among children and youth.</p> <p>Baseline CY 2009 = 79 Benchmark CY 2014 = 67 Actual CY 2010 = 63 Actual CY 2011 = 65 Actual CY 2012 = 41</p>	<p>Ongoing</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>Lead: Sheryll Brown</p>	<p>7. Drowning deaths of children and youth.</p> <p>Baseline CY 2009 = 24 Benchmark CY 2014 = 22 Actual CY 2010=18 Actual CY 2011= 21 Actual CY 2012= 26</p>	<p>Ongoing</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>Lead: Sheryll Brown</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% Actual CY 2011 = 2011 data is not available yet</p>	<p>Ongoing. IPS funds 4 community-based programs to provide comprehensive sexual violence prevention and teen dating violence prevention education for middle and high schools in their communities.</p>

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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
1. By December 2014, increase the 4:3:1:3:3:1 immunization coverage rates of children 19-35 months to 77.5%.	December 2014		Lead: Lori Linstead	Measures: 1. Immunization coverage rate for 4:3:1:3:3:1 Baseline CY 2009 = 70.2% Benchmark CY 2014 = 85% Actual CY 2010 = 70.3% Actual CY 2011 = 77.3% Actual CY 2012 = 64.7%	1. There was a surprising 12.6% drop from the previous year according to NIS. Immunization will partner with all OSDH stakeholders to identify the reason(s) for the drop and promptly address these reason(s).
2. By July 2013, develop a new immunization information system (OSIIS) that has full capacity for electronic data exchange.	July 2013		Lead: Lori Linstead	2. New immunization information system with capacity for electronic data exchange developed. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 0 Actual CY 2012 = 0	2. Despite several setbacks, work continues with IT and contractors on development of a new immunization registry with full capacity for electronic data exchange. The system currently in development is receiving data using HL7 standard version 2.5.1. Full implementation is expected in 2016.
3. By January 2013, implement strategies identified by community and state partners that optimize vaccinations by providers in both private and public settings.	December 2013		Lead: Lori Linstead	3. Strategies to optimize vaccinations in private and public settings implemented. Baseline CY 2010 = 1 Benchmark CY 2013 = 1 Actual CY 2011 = 0 Actual CY 2012 = 1	3. A Missed Opportunities Campaign that began June 1, 2012 is being continued to educate providers on how to reduce missed opportunities to vaccinate during QA/AFIX visits to VFC providers statewide. Statewide results to determine if missed opportunities in provider's offices decreased were analyzed in August, 2013 and there was reduction in missed opportunity to vaccinate.

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: Lori Linstead	4. Legislation for mandatory reporting of childhood immunizations in OSIS enacted. Baseline FY 2010 = 0 Benchmark FY 2013 = 1 Actual FY 2011 = 0 Actual FY 2012 = 0 Actual FY 2013 = 0	4. Legislation will be pursued when OSIS is capable of two-way messaging between providers and health information exchanges using HL7 2.5.1 standards. This is not expected until 2016, however.
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	June 2013	Lead: Lori Linstead	5. Policies for immunization of children served by major state agencies improved. Baseline FY 2010 = 0 Benchmark FY 2013 = 1 Actual FY 2011 = 1 Actual FY 2012 = 1 Actual FY 2013 = 1	5. <i>Immunize on Time Every Time</i> stickers were developed in English and Spanish and placed on all WIC folders for parents' reference. Educational materials for TANF clerks have been developed and distributed for their clients. Tulsa City- County Health Dept. has instituted a procedure for identifying WIC clients <1 yr. of age who are overdue for vaccines and are referred to immunization clinic. Efforts to evaluate the impact these activities will begin in 2014.
6. By July 2013, identify and implement community-based intervention strategies to increase immunization coverage.	July 2013		Lead: Lori Linstead	6. Community-based intervention strategies to increase immunization coverage implemented. Baseline FY 2009 = 0 Benchmark FY2013 = 1 Actual FY 2010 = 0 Actual FY 2011 = 1 Actual FY 2012 = 1 Actual FY 2013 = 1	6. OSDH is working closely with the three state Coalitions to increase community based intervention activities. OSDH, Immunization Service is 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	May 2013	Lead: Lori Linstead	7. Percent adolescents 13-17 years completing 1 dose of TDAP Baseline CY 2009 = 28.6% Benchmark CY 2013 = 60% Actual CY 2010 = 35.1% Actual CY 2011 = 66.0% Actual CY 2012 =77.1%	7. According to the NIS-Teen, there is 11.1% increase the Tdap coverage rate from the previous year. Given the state 7 th grade Tdap requirement, this level is expected to increase.
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	April 2013	Lead: Lori Linstead	8. Percent of adolescents 13-17 years completing 1 dose of meningococcal vaccine. Baseline CY 2009 = 29.5% Benchmark CY 2013 = 55% Actual CY 2010 = 42.6% Actual CY 2011 = 55.3% Actual CY 2012 = 63.8%	8. According to the NIS-Teen, there is 8.5% increase the meningococcal vaccine coverage rate from the previous year. The Immunization Service made a special purchase of MCV in late 2012 which local health departments are offering now to all adolescents.
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		Lead: Lori Linstead	9. Percent of adolescent females 13-17 years completing 3 doses of HPV vaccine. Baseline CY 2009 = 16.6% Benchmark CY 2013 = 35% Actual CY 2010 = 16.2% Actual CY 2010 = 31.1% Actual CY 2011 = 27.7% Actual CY 2012 =38.4%	9. There is 10.7% increase in HPV vaccine coverage of Oklahoma female adolescents 13-17 years of age have completed the 3 dose series to the latest National Immunization Survey – Teen (NIS-Teen). This level is expected to further increase as more female adolescents are seen in clinics to receive the Tdap vaccine.

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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>June 2012</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 Actual CY 2011 = 1</p>	<p>1. Completed</p>
<p>2. By December 2013, increase school participation in state youth behavior survey (YRBS) data collection through a coordinated state-level approach that reduces burden on schools.</p>	<p>December 2013</p>	<p>June 2013</p>	<p>Lead: Ann Benson</p>	<p>2. Coordinated state-level approach to administration of state youth behavior surveys established.</p> <p>Baseline CY 2010 = 85% Benchmark CY 2013 = 80% Actual CY 2011 = 72%</p>	<p>2. Completed. The Maternal and Child Health Service of the Oklahoma State Department of Health completed the 2013 YRBS in June 2013. Of the 50 schools randomly selected, 40 (80%) participated in the survey. This was an increase from 72% of schools (36/50) for the 2011 YRBS.</p>

<p>3. By December 2014, establish resources for all 77 Oklahoma counties to provide expertise and technical assistance (TA) to communities in evidenced-based models on positive youth development and holistic adolescent health needs.</p>	<p>December 2014</p>		<p>Lead: Ann Benson</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 Actual CY 2011 = 0</p>	<p>3. Price quotes were obtained regarding MCH hosting an evidenced-based positive youth development (PYD) training conducted by Search Institute. Adolescent Health Specialists already trained in PYD made themselves available to local communities for presentations and trainings. All current Adolescent Health Specialists offer training across 21 counties on various adolescent health needs. Training was held on July 18 and 19, 2013, to increase the Adolescent Health Specialists' skills and knowledge in addressing youth suicide, distracted driving, teen pregnancy, and HIV/STD infections.</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>Lead: Ann Benson</p>	<p>4. Percent of adolescents 12-17 with at least 1 primary care provider visit.</p> <p>Baseline CY 2007/08 = 77.9% Benchmark CY 2014 = 80% Actual CY 2011/12 = 74.3.9%</p>	<p>4. From the 2011/2012 National Survey of Children's Health indicates that in children 12-17 years old 89.7% have health care coverage. The survey also indicates that 74.3% of children 12-17 years old had one or more preventive medical care visits during the past 12 months.</p>

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Workgroup Name: Children's Health – Mental Health & Substance Abuse: 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		Lead: Alesha Lilly	Number of health care providers provided training on infant and early childhood mental health development. Baseline CY 2009 = 10 Benchmark CY 2014 = 15 Actual CY 2011 = NA Actual CY 2012 = 640	1. 133 health care professionals received training this quarter
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		Lead: Alesha Lilly	Number of mental health providers achieving Oklahoma Association for Infant Mental Health endorsement. Baseline CY 2010 = 11 Target CY 2014 = 14 Actual CY 2011 = 17 Actual CY 2012 = 19	2. 1 mental health provider achieved endorsement this quarter (that number will likely be increasing over the next quarter)

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
3. By December 2014, increase the annual percent of developmental/behavioral screenings in primary care practices to 10%.	December 2014		Lead: Alesha Lily	<p>Annual percent of unduplicated enrollees 0 through 5 yrs in Medicaid with paid screens from one year to the next (Revised 12/31/12)</p> <p>Baseline CY 2010 = 14,460 (6.8%) Target CY 2014 = (10%) Actual CY 2011 = 14,506 (6.3%) Actual CY 2012 = 16,536 (7.2%)</p>	3. There is no change for this quarter as OHCA pulls this information based on their data 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		Lead: Alesha Lily	<p>Percent of women screened for postpartum depression.</p> <p>Baseline CY 2010 = 12.7% (TOTS) Target CY 2014 = 41.0% Actual CY 2011 = 35.4% Actual CY 2012 = 40.6%</p>	4. Began on-site implementation of PPD Screening in CHDs; Increase in % of women screened for PPD (PRAMS); PSA complete & on website. <u>Future Priorities:</u> Dissemination of consistent messaging; increase in training opportunities and awareness PPD for professionals to enhance referrals resources; Prepare for implementation of PPD screening in next HD program area.

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Workgroup Name: Children's Health - Children/Youth Mental Health and Substance Abuse

Workgroup Goal: Develop and expand programs for early identification and treatment of mental health and substance abuse problems

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By December 2011, identify strategies to increase the number of community-based services for detection and counseling for children/youth with substance abuse problems.</p>	<p>December 2011</p>		<p>Lead: Jackie Shipp</p>	<p>Measures:</p> <p>Strategies to increase number of community-based services for detection and counseling for children/youth with substance abuse problems identified.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 =</p>	<p>1. Once again, the ODMHSAS has prioritized SA services in their annual budget request. However, this has not resulted in additional funding in the past several years, so hopes are not high for that this year.</p> <p>As an alternate funding plan, we continue to write grant applications. Just received word we have gotten another Family Drug Court treatment grant – this one for Oklahoma County for \$550,000 over three years for two family group treatment models – strengthening families program and celebrating families.</p>
<p>2. By December 2012, develop school and other community-based early intervention programs for detection and counseling for children/youth with substance abuse problems.</p>	<p>December 2012</p>		<p>Lead: Jackie Shipp</p>	<p>School and other community-based early intervention programs for detection and counseling for children/youth with substance abuse problems developed.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 =</p>	<p>2. We are also working on a budget request for a specialized Medicaid billing code that would allow Strengthening Families Program and Celebrating Families to have their own billing code at an enhanced rate (due to be EBPs), and would encourage providers to do these services. These groups can be run for early intervention.</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: Jackie 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 Actual CY 2011 =</p>	<p>3. We now have one year of data from the BRFSS (by adding the ACEs module). However, we were not able to do that for this year. We will plan to try it again the following year.</p> <p>The CSAW is working on a Prevention Logic Model which includes a plan for collecting baseline data through various sources. By next quarterly report, I will probably have a list of those to submit.</p>
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Workgroup Name: Children's Health - Children/Youth Mental Health and Substance Abuse

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: Jackie Shipp</p> <p>Lead: Jackie 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 Actual CY 2012 = 3,791</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 = 408 Actual FY 2012 = 406</p>	<p>No new numbers to report at this time.</p>

<p>3. By December 2014, provide resources to expand the systems of care network statewide.</p>	<p>December 2014</p>		<p>Lead: Jackie Shipp</p>	<p>Resources for expansion of systems of care network provided.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Actual CY 2011 = 0 Actual CY 2012 = 0</p>	<p>3. Projected to have all counties covered by October, 2014. Now have 65 counties.</p>
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Workgroup Name: Children's Health - Children/Youth Mental Health and Substance Abuse

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: Jessica Hawkins</p> <p>Lead: Jessica 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"> ○ Capacity Building: Nine additional school sites completed agreements to implement the Lifelines program. Schools participating in the Lifelines curriculum developed third party statement templates to give to parents who are taking their child to a mental health agency for assessment. ○ Training: 46 gatekeeper trainings for 1210 participants were completed during the reporting period. Attendees included mental health providers, primary care providers, law enforcement, and substance abuse providers; Trained 775 school age youth in Lifeline's prevention curriculum for youth; Trained 175 school staff in Lifeline's prevention program

<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: Jessica 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% Trend CY 2013 = 33.4%</p>	<ul style="list-style-type: none"> • Retailer training: 1,385 were trained statewide in Responsible Beverage Sales and Services Training. Highlight: All Tulsa Fair vendors received RBSS training for safe underage drinking protocol • Media outputs: 15 unduplicated earned media output on underage drinking prevention • Adult Citations: 20 Total: 17 low point beer to minor, 1 sell alcohol to minor, 1 public intoxication, 2 warrants, 0 assault and battery • Community education: PACT360 45 trainers trained and 545 trained; 2Much2Lose community/law enforcement training 10 trained as state trainers
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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 = 1 Actual CY 2011 = 1 Actual CY 2012 = 1	1. Completed.
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 = 10 Actual CY 2011 = 2 Actual CY 2012 = 44	2. Completed.
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 = 5,452 Benchmark FY 2012 = 5,975 Actual FY 2011 = 4,458 Actual FY 2012 = 4,774 Actual FY 2013 =	3. Numbers for SFY 2013 are not available at this time.

<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>Lead: Lisa Rhoades</p>	<p>4. Baseline CY 2010 = 1 Benchmark CY 2012 = 20 Actual CY 2011 = 25 Actual CY 2012 = 32</p>	<p>4. Secured agreement with Dose 2 provider of abusive head trauma (AHT) prevention education. Recruited four additional hospitals to provide AHT prevention education. Consulted with the Home Visitation Leadership Advisory Coalition on its AHT prevention education modules for home visitors.</p>
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Workgroup Name: Children’s Health – Child Abuse and Neglect: Improve the Physical & Mental Status of Children in State Custody for Child Abuse and Neglect

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress (key accomplishments/major barriers)
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: 1. 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: Not Assigned</p>	<p>3. Procedures for a single statewide screening and intake process for behavioral health services implemented.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 = NA</p>	<p>No report.</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: Deborah Shropshire, MD</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.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2011 = 500 Actual CY 2011 & 2012 = 2260</p>	<p>Completed</p>

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Workgroup Name: Children’s Health – Special Health Care Needs

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. By June 2011, enact legislation to amend the Oklahoma Early Intervention Act to allow family cost participation.	June 2011		Lead: Mark Sharp	Measures: 1. Legislation enacted. Baseline FY 2010 = 0 Benchmark FY 2011 = 1 Actual FY 2011 = 0 Actual FY 2012 = 0 Actual FY 2013 = 0	Related to this objective for diversifying funding sources, SoonerStart is exploring options with the OHCA on increasing Medicaid reimbursement for early intervention services and for establishing an administrative claiming process.
2. By January 2012, evaluate the feasibility of integrating the SoonerStart data systems.	January 2012		Lead: Mark Sharp	2. Feasibility of integrating the SoonerStart data evaluated. Baseline FY 2010 = 0 Benchmark FY 2012 = 1 Actual FY 2011 = 0 Actual FY 2012 = 0 Actual FY 2013 = 0	A proposal has been submitted to OMES for review in October, 2013 regarding integration of the OSDH and OSDE databases.

<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>Lead: Karen Hylton & Joni Bruce</p>	<p>3. Increase in percent of youth with special health care needs who received the services necessary to transition to adult life.</p> <p>Baseline: CY 2006: 43.7% Benchmark CY 2014 = 51% Actual CY 2010 = 40.5% Actual CY 2011 = 40.5% Actual CY 2012 = pending</p>	<p>Ongoing</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>Lead: Karen Hylton & Joni Bruce</p>	<p>4. Increase in percent of children with special health care needs receiving coordinated, comprehensive care within a medical home.</p> <p>Baseline CY 2006 = 49.7% Benchmark CY 2014 = 60.2% Actual CY 2010 = 46.1% Actual CY 2011 = 46.1% Actual CY 2012 = pending</p>	<p>Ongoing</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>Lead: Karen Hylton & Joni Bruce</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 Actual CY 2011 = 11 Actual CY 2012 = pending</p>	<p>Ongoing</p>
<p>6. By December 2014, provide services that support families caring for children on the DDSD waiting list.</p>	<p>December 2014</p>		<p>Lead: Karen Hylton & Joni Bruce</p>	<p>6. Increase in percent of children on DDSD waiting list receiving other services.</p> <p>Baseline: CY 2010 = 80% Benchmark CY 2014 = 84% Actual CY 2011 = 84.7% Actual CY 2012 = pending</p>	<p>Ongoing</p>

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

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

<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 Actual CY 2011 = 0 Actual CY 2012 = 0</p>	<p>1. The TSET program is in the process of developing requirement criteria for School Policy Implementation Grants for schools across the state. The criteria will follow guidelines established in the Certified Healthy Schools Program which includes comprehensive health education in grades K-12.</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>Lead: Ann Benson</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 Actual CY 2011 = 0 Actual CY 2012 = 0</p>	<p>2. The TSET program is in the process of developing requirement criteria for School Policy Implementation Grants for schools across the state. The criteria will follow the guidelines established by the Certified Healthy Schools program which uses the CDC's Coordinated School Health Model.</p>

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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
<p>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.</p>	<p>June 2011</p>		<p>Edd Rhoades</p>	<p>Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 = 0</p>	<p>1. No longer being pursued - JOIN as an OCCY function has been eliminated subsequent to legislation passed the 2012 legislative session. OASIS was reorganized to be part of Child Study Center at the Department of Pediatrics, OUHSC. After meeting with 211, capacity has been identified as a barrier to pursuit of this objective.</p>
<p>2. By December 2014, establish an early childhood data system which includes data from the major child serving state and federal programs in Oklahoma.</p>	<p>December 2014</p>		<p>Edd Rhoades</p>	<p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Actual CY 2011 = 0 Actual CY 2012 = 0</p>	<p>2. 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 and integration of the OSDH and OSDE SoonerStart Early Intervention Program databases.</p>