

**OHIP Progress Quarterly Report
2nd Quarter (Oct-Dec); SFY Ending June 30, 2012**

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: Vacant/ Stephen Crawford, MD	1. Percent of children with comprehensive health insurance coverage. (Source: 2009 US Census) Baseline 2009 = 87.4% Benchmark 2014 = 95%	1. Effective January 2012, Ed Long, Community Relations Manager, Communications, Outreach and Reporting Division, OHCA and Project Director, SoonerEnroll, replaces Terrie Fritz as a Co-Lead for this Workgroup representing OHCA. On November 21, 2011, the Centers for Medicare & Medicaid Services (CMS) recognized the OHCA as one of ten organizations and individuals nationally for their outstanding efforts to identify and enroll eligible children in Medicaid and the Children’s Health Insurance Program (CHIP) with the ECHOE (Excellence in Children’s Health Outreach and Enrollment) honor.

<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%</p>	<p>2. Work plan development and activities ongoing</p>
<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%</p>	<p>3. Work plan development and activities ongoing</p>

OHIP Progress Quarterly Report
2nd Quarter (Oct-Dec); SFY Ending June 30, 2012

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
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.	June 2011		Lead: Pam Archer/Sheryll Brown	Measures: 1. Legislation passed. Baseline 2010 = 0 Benchmark 2011 = 1	1. Several measures were introduced in the 2011 session and failed. For the 2012 session, OSDH will be requesting legislation to strengthen the graduated licensing law with language to prohibit texting while operating a motor vehicle for all persons less than 18 years of age. A bill number or author is not known at this time.
2. By June 2012, require safety training for ATV drivers under age 16.	June 2012			2. Safety training required. Baseline 2010 = 0 Benchmark 2012 = 1	2. The Injury Prevention Service (IPS) has requested an amendment to the current ATV bill that will require persons younger than 16 years of age to possess a certificate showing that they have successfully completed an ATV Safety Institute certified ATV safety training course. The law would apply to public lands only.
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.	December 2012			3. Campaign implemented. Baseline 2010 = 0 Benchmark 2012 = 1	3. Ongoing

<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. Baseline 2010 = 0 Benchmark 2013 = 1</p>	<p>4. The IPS met with the Director of the Oklahoma Highway Safety Office (OHSO) to discuss strengthening Oklahoma's Child Passenger Safety Laws. As a result of the meeting OHSO agreed to promote the legislation to the Department of Public Safety legislative liaison and asked for OSDH support if the legislation moves forward. Pam Archer met with Mark Newman to determine if OSDH would support. The status of this legislation is unknown at this time.</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. Baseline 2010 = 0 Benchmark 2012 = 1</p>	<p>5. Ongoing</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. Baseline 2009 = 75 Benchmark 2014 = 67</p>	<p>6. IPS staff met with the Oklahoma SafeKids Director, OHSO Project Manager for the Child Occupant Protection program, Annette Jacobi, Mildred Ramsey, and Kathy Burnett regarding child passenger safety (CPS) technician training for the nurse and early home visitation programs. The feasibility of providing CPS certification training for home visitation staff was discussed. It was decided that CPS certification training for all home visitation personnel is not feasible. Instead a special training will be developed for home visitation personnel to improve their skills regarding CPS technology and equip them to provide information on check and installation sites to clients. Regina McCurdy</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 2009 = 24 Benchmark 2014 = 22</p>	<p>(IPS) and Lauren Farrah (SafeKids) will develop the training and will work through Mildred Ramsey to schedule and conduct the trainings beginning in the summer of 2012.</p> <p>7. 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>8. Number of schools with evidence-based strategies addressing teen dating and/or sexual violence prevention.</p> <p>Baseline 2010 = Pending Benchmark 2014 = Pending</p>	<p>8. Ongoing</p>

OHIP Progress Quarterly Report 2nd Quarter (Oct-Dec); SFY Ending June 30, 2012

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 85%.	Dec 2014		Lead: Ken Cadaret/Don Wilber, MD	Measures: 1. Immunization coverage rate for 4:3:1:3:3:1 (National Immunization Survey) Baseline 2009 = 70.2% Benchmark 2014 = 85% Actual 2010 = 70.3%	1. Ongoing
2. By December 2012, develop a new immunization information system (OSIIS) that has full capacity for electronic data exchange.	Dec 2012			2. New immunization information system with capacity for electronic data exchange developed. Baseline 2010 = 0 Benchmark 2012 = 1	2. The Oklahoma Immunization Information System (OSIIS) re-write in dotNET will be completed by fall of 2012. This will facilitate electronic data exchange.
3. By January 2013, implement strategies identified by community and state partners that optimize vaccinations by providers in both private and public settings.	Jan 2013			3. Strategies to optimize vaccinations in private and public settings implemented. Baseline 2010 = 1 Benchmark 2013 = 1	3. Community and private providers were contacted in 2011 and asked to participate in the OSIIS rewrite to improve accurate documentation and forecasting of needed vaccines for children.

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.	Jun 2013			4. Legislation for mandatory reporting of childhood immunizations in OSIS enacted. Baseline 2010 = 0 Benchmark 2013 = 1	4. Will not pursue legislation until OSIS is capable of two-way messaging between providers and Health information exchanges.
5. By June 2013, improve state policies related to childhood immunization for children served in the major child serving state agencies in Oklahoma.	Jun 2013			5. Policies for immunization of children served by major state agencies improved. Baseline 2010 = 0 Benchmark 2013 = 1	5. Current efforts are focused on identification of children in need of immunizations and arrangements made at the local level to provide vaccinations.
6. By July 2013, identify and implement community-based intervention strategies to increase immunization coverage.	Jul 2013			6. Community-based intervention strategies to increase immunization coverage implemented. Baseline 2009 = 0 Benchmark 2013 = 1	6. Current planning is focused on use of phone messaging and texting with development of the new OSIS to remind parents to get their kids vaccinated.

Workgroup Goal: Increase immunization coverage rates of adolescents.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. By December 2013, increase the proportion of adolescents aged 13-17 years that have completed 1 dose of TDAP to 60%.	Dec 2013		Lead: Ken Cadaret/ Don Wilber, MD	1. Percent adolescents 13-17 years completing 1 dose of TDAP Baseline 2009 = 35.1% Benchmark 2013 = 60% Actual 2010 = 54.8%	1. Ongoing
2. By December 2013, increase the proportion of Oklahoma adolescents aged 13-17 years that have completed one dose of meningococcal vaccine to 55%.	Dec 2013			2. Percent of adolescents 13-17 years completing 1 dose of meningococcal vaccine. Baseline 2009 = 29.5% Benchmark 2013 = 55% Actual 2010 = 42.6%	2. Ongoing
3. By December 2013, increase the proportion of Oklahoma adolescent females aged 13-17 years that have completed three doses of HPV vaccine to 35%.	Dec 2013			3. Percent of adolescent females 13-17 years completing 3 doses of HPV vaccine. Baseline 2009 = 16.2% Benchmark 2013 = 35% Actual 2010 = 31.3%	3. Ongoing

**OHIP Progress Quarterly Report
2nd Quarter (Oct-Dec); SFY Ending June 30, 2012**

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
<p>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.</p>	<p style="text-align: center;">Jun 2012</p>		<p>Lead: Jana Winfree, DDS/Sally Selvidge/Kay Floyd</p>	<p>1. State fluoridation plan established.</p> <p style="text-align: center;">Baseline 2010 = 0 Benchmark 2012 = 1</p>	<p>1. An Epidemiologist has been hired who will provide part time support to the OSDH Dental Health Service to assist with planning, tracking and analysis of program efforts, including Community Water Fluoridation (CWF).</p> <p>OHIP partners’ reports and discussion during Children’s Oral Health Coalition (COHC) and Governor’s Task Force on Children and Oral Health (GTF) Focus Group are ongoing.</p> <p>After Pinellas County, Florida voted to stop adding fluoride to their water supply, OSDH staff appeared on a local television station to support CWF, October 6th.</p> <p>Met with Department of Environmental Quality (DEQ) to discuss OSDH’s effort to enhance CWF efforts statewide, October 12th.</p> <p>OSDH staff participated in PEW Institute webinar to launch “Campaign for Dental Health,” an effort to provide scientific data</p>

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>2. By June 2012, reimburse primary care providers for delivery of preventive dental services such as fluoride varnishes.</p>	<p>Jun 2012</p>			<p>2. Primary care providers reimbursed for preventive dental services.</p> <p>Baseline 2010 = 0 Benchmark 2012 = 1</p>	<p>to the public and pro-CWF officials, November 15th.</p> <p>College of Public Health (COPH) intern has been approved to do a practicum on CWF at OSDH, beginning January 2012.</p> <p>OSDH is conducting research and will develop a State Fluoridation Plan to be presented to GTF Focus Group, by June 2012.</p> <p>OSDH is analyzing population data received from DEQ to determine the ratio of population receiving fluoridated water compared to the total state population.</p> <p>2. The Oklahoma Health Care Authority (OHCA) is providing certification for Primary Care Providers (PCPs) to apply fluoride varnish (FV) and be reimbursed for the services.</p> <p>A Dental Hygienist has been contracted through the COHC Head Start Dental Home Initiative grant to provide on-site training to PCPs on FV application and oral health anticipatory guidance.</p> <p>Outreach to physicians is being conducted by the COHC and the OHCA to promote</p>

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<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>Dec 2012</p>			<p>3. Legislation and rules modified to expand the types of providers who can deliver preventive dental services.</p> <p>Baseline 2010 = 0 Benchmark 2013 = 1</p>	<p>certification for applying FV and advise of the opportunity for on-site training through the Hygienist.</p> <p>OHCA reports 37 PCPs have completed the American Academy of Pediatrics (Smiles for Life/Fluoride Varnish module) online training for certification to apply and bill Medicaid for FV application.</p> <p>Discussions among dental partners with the Oklahoma Dental Association and councils, COHC, GTF Focus Group, and others are ongoing.</p> <p>3. The Oklahoma Sealant Initiative Committee developed a statewide dental sealant program manual which was previewed at the GTF Focus group meeting, December 16th.</p> <p>The Sealant Initiative has the support of State School Superintendant Dr. Janet Barresi, who met with the Committee on December 14th. The Committee will be seeking funds to implement the program.</p> <p>The OU College of Dentistry continues to pilot the American Dental Association's Community Dental Health Coordinator Program.</p>

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<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>Dec 2012</p>			<p>4. 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 2010 = 0 Benchmark 2012 = 1</p>	<p>Discussions among dental partners with the Oklahoma Dental Association and councils, COHC, GTF Focus Group, and others are ongoing.</p> <p>4. Training for the Dental Hygienist contracted by the COHC was created and continues to be developed collaboratively by OHCA, OSDH, and Head Start personnel.</p> <p>Dental Public Health education was provided by OSDH staff to Tulsa Community College dental hygiene students on oral health, nutrition, tobacco use prevention, and CWF, October 25th.</p> <p>The Tobacco Cessation Counseling – 5As form and rules, as provided by the OHCA, will be distributed to the Oklahoma Dental Loan Repayment Program (ODLRP) participants. The ODLRP dentists practicing in shortage areas are required to treat a minimum of 30% Medicaid patients.</p>

OHIP Progress Quarterly Report
2nd Quarter (Oct-Dec); SFY Ending June 30, 2012

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

Workgroup Goal: Improve adolescent health outcomes.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. By June 2012, initiate evidence-based medically accurate, age appropriate teen pregnancy prevention curriculum, including evaluation in middle and high schools.	Jun 2012		Lead: Ann Benson	1. Evidence-based teen pregnancy prevention curriculum initiated in middle and high schools. Baseline 2010 = 0 Benchmark 2012 = 1	1. PREP Sub-recipients OCCHD/TCCHD received training in "Making Proud Choices" and "Making a Difference" and identified schools for the evidence-based curriculum to be implemented beginning January 1, 2012. TPP - Established in counties - Hughes/Seminole, Pittsburg, Ottawa, McCurtain. Counties in the process of identifying schools for the evidence-based curriculum "Making Proud Choices" and "Making a Difference" to be implemented beginning January 1, 2012.
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.	Dec 2013			2. Coordinated state-level approach to administration of state youth behavior surveys established. Baseline 2010 = 0 Benchmark 2013 = 1	2. Worked on developing reports from the data received from the 2011 YRBS.

<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>Dec 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 2010 = 0 Benchmark 2014 = 1</p>	<p>3. Adolescent Health Coordinator and MCH Consultant for adolescent health positions filled 12/5/11.</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>Dec 2014</p>			<p>4. Percent of adolescents 12-17 with at least 1 primary care provider visit. (Nation Survey of Children's Health)</p> <p>Baseline 2007 = 77.9% Benchmark 2014 = 80%</p>	<p>4. Ongoing</p>

OHIP Progress Quarterly Report
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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.	Dec 2014		Lead: Jane Humphries/ Laura McGuinn, MD	1. Number of health care providers provided training on infant and early childhood mental health development. Baseline 2009 = 10 Benchmark 2014 = 15	1. Continued planning and development is in process to support the 5 training events for implementation during FY 12.
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.	Dec 2014			2. Number of mental health providers achieving Oklahoma Association for Infant Mental Health endorsement. Baseline 2010 = 11 Benchmark 2014 = 14	2. Three individuals received endorsement in quarter 2 of fiscal year 2012. This increased the total from 14 to 17.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>3. By December 2014, increase the number of developmental/behavioral screenings in primary care practices by 10%.</p> <p>4. By December 2014, increase the percent of women screened for postpartum depression up to one year after the end of pregnancy by 25%.</p>	<p>Dec 2014</p> <p>Dec 2014</p>		<p>Lead: Julie Dillard/ Alesha Lily</p>	<p>3. Number of developmental/behavioral health screenings in primary care practices.</p> <p>Baseline 2012 = Pending Benchmark 2014 = Pending</p> <p>4. Percent of women screened for postpartum depression.</p> <p>Baseline 2010 = 33% Benchmark 2014 = 41%</p>	<p>3. Ongoing</p> <p>4. Presented at Oklahoma Institute of Child Advocacy (OICA) Fall Forum on postpartum depression (PPD) and the need for universal screening. Provided video conference training opportunity for OSDH county health department, tribal, and Federally Qualified Health Center staff.</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>3. Oklahoma-specific data on prevalence and unmet needs of children with mental health and substance abuse problems collected.</p> <p>Baseline 2010 = 0 Benchmark 2013 = 1</p>	<p>3. The ODMHSAS is working with partners to develop the first-ever Prevention Plan for Mental Illness in Oklahoma. In this effort, we are joining forces with the Prevention Division to compile baseline data on prevalence in both substance abuse and mental illness.</p>
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Workgroup Name: Children’s Health – Mental Health & Substance Abuse – 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
1. By December 2014, expand by 10% the number of children and youth in the state receiving outpatient substance abuse treatment services.	Dec 2014		Lead: Jackie Shipp	Measures: 1. Percent increase in number children/youth receiving outpatient substance abuse services funded by Medicaid and ODMHSAS. Baseline: CY 2010 = 3638 Benchmark CY 2014 = 4002	1. Ongoing
2. By December 2014, expand by 10% the number of children and youth receiving residential and inpatient substance abuse treatment services in the state.	Dec 2014			2. Percent increase in number of children/youth receiving residential and inpatient substance abuse services funded by ODMHSAS. Baseline: CY 2010 = 363 Benchmark CY 2014 = 399	2. Ongoing

<p>3. By December 2014, provide resources to expand the systems of care network statewide.</p>	<p>Dec 2014</p>			<p>3. Resources for expansion of systems of care network provided.</p> <p>Baseline 2010 = 0 Benchmark 2014 = 1</p>	<p>3. The ODMHSAS acquired a grant from SAMHSA for planning expansion of SOC, to make it trauma-informed and work closely with OKDHS to include children in foster care. This will give us an impetus to complete statewide expansion.</p>
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Workgroup Name: Children’s Health – Mental Health & Substance Abuse – 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
1. By June 2014, reduce suicide deaths among youth ages 13-18 by 5%.	June 2014		Lead: Jessica Hawkins	Measures: 1. Suicide Deaths Ages 13-18 yrs/100,000 Baseline CY 2008 = 8.3/100,000 Benchmark CY 2014 = 7.5/100,000	1. On 10/1/11, the new state youth suicide prevention and early intervention grant commenced. Funding is for three years to prevent youth suicide among Oklahomans age 10-24.
2. By June 2014, reduce the percentage of youth who report at least one suicide attempt by 5%.	June 2014			2. Percent of youth reporting at least one suicide attempt (YRBS) Baseline CY 2009 = 7% Benchmark CY 2014 = 6.65%	2. On 10/1/11, the new state youth suicide prevention and early intervention grant commenced. Funding is for three years to prevent youth suicide among Oklahomans age 10-24.

<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>Dec 2014</p>			<p>3. 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%</p>	<p>3. The ODMHSAS, State Dept of Education, and the Office of the Governor launched Alcohol Education for High Schools. All Oklahoma high schools are eligible to implement this evidence-based program designed to prevent underage drinking.</p>
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OHIP Progress Quarterly Report
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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.	Jun 2012		Lead: Annette Jacobi	Measures: 1. Statewide multi-media campaign implemented. Baseline 2010 = 0 Benchmark 2012 = 1 Actual SYF 2011 = 1	1. Accomplished. The “Keep Your Cool” campaign focusing on the prevention of abusive head trauma by men utilized television and radio commercials in English and Spanish. The commercials ran during April, May and June. The campaign was purchased from the West Virginia Children’s Trust Fund.
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.	Dec 2012			2. Number of community trainings provided. Baseline 2010 = 0 Benchmark 2012 = 10 Actual SFY 2011 = 2	2. Many of the Front Porch Trainers were Child Guidance Staff. Many of these staff no longer work in Child Guidance. For those that remain, they do not have time to conduct the trainings.
2. 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.	Dec 2012			3. Number of families served. Baseline FY 2010 = 5452 Benchmark FY 2012 = 5975 Actual FY 2011 = 4853	3. While the OCAP Contracts served approximately the same number of families in 2011, Children First served almost 12% fewer families. The decline in C1 families may be due to fewer nurses working in C1 and lower recruitment rates.

<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>Jan 2012</p>			<p>4. Number of hospitals participating in an abusive head trauma education program.</p> <p>Baseline 2010 = 1 Benchmark 2012 = 20 Actual 2011= 25</p>	<p>4. Added another 14 hospitals as having completed their online training and DVDs delivered. Phase II Home Visitation Module created and initiated in four sites; Phase II includes Period of Purple education outside the hospital setting (e.g., Children First). Initiated collaboration with St. Anthony for hospital auxiliary association to begin distributing purple knitted caps to all newborns in efforts to have a visual reminder regarding period of purple crying. Continued explore evaluation methods of program.</p>
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**OHIP Progress Quarterly Report (DRAFT)
2nd Quarter (Oct-Dec); SFY Ending June 30, 2012**

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

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 2010 = 0 Benchmark 2011 = 1	1. OKDHS completed implementation of the Health Passport for all foster parents statewide. The next step is for agency staff, such as group homes to have access to the information. OKDHS has continued working with the State Dept of Education in incorporating educational records into the passport and looks forward to this phase being 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 2010 = 0 Benchmark 2011 = 1	2. OKDHS has completed a strategic plan for becoming a "trauma-informed" child welfare system. The plan is scheduled to begin this month (January 2012) and will require several years for full implementation.

<p>3. By December 2011, implement procedures for a single statewide screening and intake process for behavioral health services.</p>	<p>December 2011</p>		<p>Lead: Deborah Smith</p>	<p>3. Procedures for a single statewide screening and intake process for behavioral health services implemented.</p> <p>Baseline 2010 = 0 Benchmark 2011 = 1</p>	<p>3. DHS is working on a consistent screening process for children entering OKDHS custody including the CBCL and a trauma screening.</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: To Be Determined</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 2010 = 0 Benchmark 2011 = 500</p>	<p>4. Identification of leadership for this objective is in process.</p>

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

Workgroup Goal: Increase access to health care 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
<p>1. By June 2011, enact legislation to amend the Oklahoma Early Intervention Act to allow family cost participation.</p>	<p>June 2011</p>		<p>Lead: Mark Sharp/ John Corpolongo</p>	<p>Measures: 1. Legislation enacted.</p> <p>Baseline 2010 = 0 Benchmark 2011 = 1</p>	<p>1. 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.</p> <p>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.</p> <p>Interagency Coordinating Council Family Cost Participation Committee will assist in developing a new survey for families regarding cost participation as needed.</p> <p>Agency Coordinators will review the revised IDEA regulations to determine if any changes need to be made.</p>
<p>2. By January 2012, evaluate the feasibility of integrating the SoonerStart data systems.</p>	<p>January 2012</p>		<p>Lead: Mark Sharp/ John Corpolongo</p>	<p>2. Feasibility of integrating the SoonerStart data evaluated.</p> <p>Baseline 2010 = 0 Benchmark 2012 = 1</p>	<p>2. Explore integrating the OSDH PHOCIS system with the OSDE SoonerStart data system. PHOCIS system is used to bill Medicaid and the OSDE system reports mandated data to OSEP.</p>

<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%</p>	<p>OSDE has made request for updated computer system which can be compatible with OSDH.</p> <p>All IT requests must now go through the Office of State Finance, but there is a process for requesting an exception.</p> <p>3. OKDHS/Dept. of Rehabilitation Services (DRS) has resource guide which includes transition on their website: http://www.okrehab.org/guide/indexmanual.html</p> <p>SoonerSUCCESS Transition workshop – October 25, 2011</p> <p>Transition Institute – November 2-3, 2011 – 370 attendees</p> <p>OK Transition handbook for teachers, voc rehab specialists, and other professionals was unveiled in November 2011.</p> <p>OK Family Network/DRS will have a Transition Care notebook by Spring 2012</p> <p>OK Parent Center provides transition training to parents and teachers.</p> <p>OK Family Network/DRS will have a Transition Care notebook by Spring 2012.</p> <p>OK Parent Center provides transition training to parents and teachers.</p>
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<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%</p>	<p>Partnership between Central OK Juvenile Treatment Center (under Dept of Corrections) and DRS to transition youth with disabilities in custody of Office of Juvenile Affairs (OJA) when they leave custody.</p> <p>Youth and Family Services of Canadian county has transition grant for homeless youth 18 years and up.</p> <p>Youth and Family Services of Canadian county has transition grant for homeless youth 18 years and up.</p> <p>The Genetics and Newborn Screening program provides contracts for Long term follow up of various disorders identified through newborn screening. The Healthy and Ready to Work program supports a nurse that interacts and assists adolescents, identified with Sickle Cell disease, to transition to adult medical services and teaches them skills to ensure that they continue their education through high school, vocational school and college.</p> <p>4. Health Access Networks in Canadian and Tulsa counties. Participants must practice using medical home strategies.</p> <p>OHCA is working on allowing children in foster care to select a primary care provider.</p>
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Workgroup Name: Children’s Health – Special Health Care Needs

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By December 2013, expand the number of counties that provide comprehensive coordinated services for CSHCN including dental, behavioral health and medical services.</p> <p>2. By December 2014, provide services that support families caring for children on the DDSD waiting list.</p>	<p>December 2013</p> <p>December 2014</p>		<p>Lead: Karen Hylton/Joni Bruce</p>	<p>1. 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 2013 = 14</p> <p>2. Increase in percent of children on DDSD waiting list receiving other services.</p> <p>Baseline: CY 2010: 80% Target: CY 2014: 84%</p>	<p>1. Pottawatomie and Cleveland counties were added in 2011. Plan to add Delaware county in 2011.</p> <p>Systems of Care provides wraparound services to children and youth needing behavioral health services in 54 counties. Plan to expand to the rest of the state by 2012.</p> <p>Mission of Mercy will in McAlester on February 3-4, 2012.</p> <p>Mobile Dental van travels to rural counties providing routine dental services.</p> <p>OFN adding regional coordinator in southwest Oklahoma</p> <p>2. TEFRA workgroup developing strategies to get more children enrolled.</p> <p>Developing new respite program for Garfield county.</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>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 style="text-align: center;">Jun 2011</p> <p style="text-align: center;">Dec 2014</p>		<p>Lead: Edd Rhoades/ Leslea Bennet-Webb</p> <p>Lead: Edd Rhoades</p>	<p>Measure:</p> <p>1. Child health-related communication campaigns incorporate information about statewide community resource systems.</p> <p style="padding-left: 40px;">Baseline 2010 = 0 Benchmark 2011 = 1</p> <p>2. Early childhood data system established.</p> <p style="padding-left: 40px;">Baseline 2010 = 0 Benchmark 2014 = 1</p>	<p>1. OHIP Public Information Officers Work Group briefly informed about the Child Health Communications Goal and Objective in December 2011. Will plan more in depth discussion at upcoming meeting in 2012.</p> <p style="padding-left: 40px;">Informational letters sent to OASIS, JOIN and 211 in December 2011 about the Child Health Communications Goal and Objective and plans for an upcoming planning meeting.</p> <p>2. Early childhood data system proposal developed as part of federal Early Learning Challenge Grant submitted by OSDE but not funded.</p> <p style="padding-left: 40px;">Governance structure for the early childhood data system developed as part of the Early Learning Challenge Grant.</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.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
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.	Dec 2014		Lead: Ann Benson	Measures: 1. Comprehensive health education in accordance with PASS utilizing state adopted curriculum K-12 promoted in public schools. Baseline 2010 = 0 Benchmark 2014 = 1	1. State Department of Education is currently changing from the PASS Guidelines to the Core Curriculum Guidelines for Oklahoma Public Schools grades K-12. At this time Comprehensive Health Education is not a part of the Core Curriculum Guidelines.
2. By December 2014, promote the CDC's Coordinated School Health Program model for grades K-12 in Oklahoma public schools.	Dec 2014			2. CDC Coordinated School Health Program model K-12 promoted in public schools. Baseline 2010 = 0 Benchmark 2014 = 1	2. TCCHD "It's All About Kids" is the only full Coordinated School Health Program Model currently working with school age students. This program is in 18 schools throughout the Tulsa County area.