

**OHIP Progress Quarterly Report  
2nd Quarter (Oct - Dec); 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>• OHCA and OCCY entered an agreement to work toward improving access to health care in the three panhandle counties of Cimarron, Beaver and Texas. A part-time employee will work with local stakeholders, OCCY, OHCA and other agencies on issues related to enrolling qualified individuals in SoonerCare and access to services.</li> <li>• Workgroup participants (including OSDH, OHCA, OKPCA and NWAHEC) agreed that current efforts by participating agencies/organizations (e.g., community outreach infrastructure, marketing materials, collaborative activities, etc.) can be effective means of addressing the objectives of the workgroup. An action plan is being developed to guide sharing of resources and cross-pollination of efforts to ensure maximum impact and track key performance measures.</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>• OHCA is working with a CareerTech class to develop outreach materials focused specifically on teen and adolescent health.</li> <li>• OHCA staff worked with OKCEOs, a group focused on communicating the importance of early intervention and early childhood programs to business leaders. The intent is to provide members of the OKCEO speaker's bureau with talking points that include information related to child health, especially preventive care and early intervention.</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>	<ul style="list-style-type: none"> <li>• OHCA Provider Services and OHCA Community Relations will be working with community partners on provider recruitment strategies.</li> <li>• OHCA community relations staff partnered with Smart Start Oklahoma to write blog postings related to the importance of</li> </ul>

**OHIP Progress Quarterly Report**  
**2<sup>nd</sup> Quarter (Oct-Dec); 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            Actual FY 2011 = 0            Actual FY 2012 = NA</p>	<p>Legislation was not passed.</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>Legislation to require safety training for ATV drivers under 16 years of age will not be pursued. A staff person in IPS, Regina McCurdy, is a certified ATV Ride Safe trainer and assisted with conducting ATV trainings.</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>A Health Educator, Alisha Hemani, was hired in December 2012 to work in IPS and promote best practices related to child safety seat use. She will create and implement the campaign.</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>Discussions were held regarding strengthening child safety seat legislation. The OSDH will support efforts by other organizations to strengthen the legislation. Safe Kids Oklahoma is considering sponsoring this legislation.</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>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>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</p>	<p>The number of traffic deaths among children &lt;18 years of age was 65 in 2011. (Data source: Oklahoma Crash Facts, 2011)</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 2011 = 2011 data is not available yet</p>	<p>Nothing to report.</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>The Rape Prevention Education program continues to both promote and fund local programs to address teen dating and sexual assault prevention in schools and among youth serving organizations to the extent possible. A 2010 survey conducted by the OU POLL indicated that 27% of school personnel reported that their district provided education on healthy relationships. We have not determined how many schools this represents.</p>

**OHIP Progress Quarterly Report**  
**2<sup>nd</sup> Quarter (Oct-Dec); 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
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: Bobbie Nubine	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%	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. Continued collaboration with community partners and community outreach towards promoting increased rates is ongoing.
2. By July 2013, develop a new immunization information system (OSIIS) that has full capacity for electronic data exchange.	July 2013		Lead: Bobbie Nubine	2. New immunization information system with capacity for electronic data exchange developed.  Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 1	Weekly OSIIS Rollout and Weekly Development Team meetings are held to continue target implementation to a .net platform by September 30, 2013. Interoperability Strategic Plan development continues through bi-weekly meetings to develop capacity for full data exchange to HL7 2.5.1 standard.
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: Bobbie Nubine	3. Strategies to optimize vaccinations in private and public settings implemented.  Baseline CY 2010 = 1 Benchmark CY 2013 = 1 Actual CY 2011 = 1	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.

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 Actual FY 2011 = 0 Actual FY 2012 =	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		Lead: Bobbie Nubine	5. Policies for immunization of children served by major state agencies improved.  Baseline FY 2010 = 0 Benchmark FY 2013 = 1 Actual FY 2011 = Actual FY 2012 =	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		Lead: Bobbie Nubine	6. Community-based intervention strategies to increase immunization coverage implemented.  Baseline FY 2009 = 0 Benchmark FY2013 = 1 Actual FY 2010 = 1 Actual FY 2011 = 1 Actual FY 2012 =	OSDH is working closely with Coalitions to increase community based intervention. 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		Lead: Bobbie Nubine	7. Percent adolescents 13-17 years completing 1 dose of TDAP  Baseline CY 2009 = 35.1% Benchmark CY 2013 = 60% Actual CY 2010 = 54.8% Actual CY 2011 =66%	Target Completed.  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% Actual CY 2010 = 42.6% Actual CY 2011 =55%	Target Completed.  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% Actual CY 2010 = 31.3% Actual CY 2011 = 27%	Nationally the percent of adolescent females 13-17 years completing 3 doses of HPV vaccine has declined. Community outreach and collaboration with coalitions has increase to target populations not completing the series. 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**  
**2<sup>nd</sup> Quarter (Oct-Dec); 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 Actual CY 2011 = 0 Actual CY 2012 = 1	Completed
2. By June 2012, reimburse primary care providers for delivery of preventive dental services such as fluoride varnishes.	June 2012		Jana Winfree, DDS	Primary care providers reimbursed for preventive dental services.  Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 0 Actual 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>Jana Winfree, DDS</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  Actual CY 2011 = 0  Actual CY 2012 = 1</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). Four new participating dentists were selected for SFY13.</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>Jana Winfree, DDS</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  Actual CY 2011 = 0  Actual CY 2012 = 10</p>	<ul style="list-style-type: none"> <li>• OSDH dental director and fluoride consultant presented community water fluoridation (CWF) strategies to the Regional Turning Point Consultants, November 28.</li> <li>• County health department administrators were provided regional CWF data relating to systems that adjust the fluoride level, are naturally fluoridated, or purchase fluoridated water. Also included data relevant to non-fluoridated systems serving a population greater than 5,000.</li> <li>• The Oklahoma Dental Association mailed letters to city officials promoting CWF.</li> <li>• Twenty-four water systems received a Community Water Fluoridation Quality Award for consistently maintaining optimally fluoridated water throughout 2011 on behalf of the Association of State and Territorial Dental Directors, the Centers for Disease Control and Prevention, and the American Dental Association.</li> <li>• County health departments are responding to networking opportunities with the Oklahoma Dental Foundation Mobile Dental Program.</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**  
**2<sup>nd</sup> Quarter (Oct-Dec); 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
1. By June 2012, initiate evidence-based medically accurate, age appropriate teen pregnancy prevention curriculum, including evaluation in middle and high schools.	June 2012		Lead: Ann Benson	1. Evidence-based teen pregnancy prevention curriculum initiated in middle and high schools.  Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 1	1. Evidence-based curriculum has been established in the following 11 counties: Oklahoma, Tulsa, Seminole, Hughes, McCurtain, Ottawa, Choctaw, Pittsburg, Lincoln, Jackson and Beckham. Curriculum presented in middle, high, and alternative schools.
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.	December 2013		Lead: Ann Benson	2. Coordinated state-level approach to administration of state youth behavior surveys established.  Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Actual CY 2011 = 0	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. As of December 17, 2012, 29 schools have agreed to participate in the 2013 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>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  Actual CY 2011 = 0</p>	<p>3. In August 2011, Personal Responsibility Education Program (PREP), Teen Pregnancy Prevention (TPP), and Maternal and Child Health Staff were trained in the use of positive youth development using Developmental Assets Curriculum through the Search Institute. These individuals are available to provide TA to Oklahoma counties.</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%  Actual CY 2011 = 77.9%</p>	<p>4. 2007 National Survey of Children's Health has baseline data of 77.9%. Data from NSCH 2011 is not available until approximately January 2013. Baseline data refers to age specific group 0-17 years.</p>

**OHIP Progress Quarterly Report**  
**2<sup>nd</sup> Quarter (Oct - Dec); SFY Ending June 30, 2013**

**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		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 Actual CY 2011 =	155 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			Number of mental health providers achieving Oklahoma Association for Infant Mental Health endorsement.  Baseline CY 2010 = 11 Target CY 2014 = 14 Actual CY 2011 = 16	No MH providers achieved endorsement 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  Actual FY 2011 = 14,506 (0.3%)  Actual FY 2012 =</p>	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%  Actual CY 2011 = 35.4%</p>	Met with county health department administrators via video conference on October 8 to provide overview of postpartum depression screening and next steps for implementation of screening. Forwarded memo on December 3 to county health department administrators with further information on initiation of routine postpartum depression (PPD) screening. Met with district nurse managers about PPD screening on December 6. Training with county health department nurses to occur in next quarter with routine screening to be implemented immediately upon completion of training.

**OHIP Progress Quarterly Report**  
**2<sup>nd</sup> Quarter (Oct - Dec); SFY Ending June 30, 2013**

**Workgroup Name: Children's Health**

**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
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.	December 2011		Lead: Jackie Shipp	Measures:  Strategies to increase number of community-based services for detection and counseling for children/youth with substance abuse problems identified.  Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 =	
2. By December 2012, develop school and other community-based early intervention programs for detection and counseling for children/youth with substance abuse problems.	December 2012		Lead: Jackie Shipp	School and other community-based early intervention programs for detection and counseling for children/youth with substance abuse problems developed.  Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 =	We have engaged Dr. Dennis Embry in negotiations for bringing training in both the Triple P Parenting program and the Good Behavior Game to Oklahoma. The C-SAW has had a tele-conference with him and this is a part of our Plan for Prevention of MI and promotion of MH for children and adolescents.

<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>Through funding available in the Prevention Division of ODMHSAS, added a MH module to the BRFSS and now will have a baseline for state level data. The C-SAW agreed to continue funding (by OSDH and/or ODMHSAS) for inclusion of MH section to BRFSS. Negotiation going on now to see if this can continue to be included.</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: 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</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 = Actual FY 2012 =</p>	<p>Will update these figures next quarter.</p> <p>Earned a new grant from SAMHSA which began October 1 for adolescent SA services. Will expand both Celebrating Families and Strengthening Families treatment programs in Oklahoma County, with lessons learned to hopefully expand these treatments across the state (already offered in Tulsa through an existing SAMHSA grant).</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 =</p>	<p>System of care has been expanded to 60 counties, with the remainder planned for CY 2013.</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: 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"> <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 entities (law enforcement, schools, churches, etc.) in two Oklahoma communities following a series of youth suicide deaths.</li> <li>○ Conducted approximately 61 suicide prevention trainings during the reporting period, including training for 122 new employees at the ODMHSAS.</li> <li>○ Completed review of applications for local-level funding for youth suicide prevention in Tulsa and Cleveland counties.</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: 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%</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 evaluation plans for their strategic plans.</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 continued roll-out of 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. <a href="http://Oklahomasocialhost.com">Oklahomasocialhost.com</a></li> <li>• RPCs funded by the ODMHSAS completed over 500 alcohol compliance checks during the reporting period with a compliance rate of approximately 78%.</li> </ul>
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**OHIP Progress Quarterly Report**  
**2<sup>nd</sup> Quarter (Oct - Dec); 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 = 1 Actual CY 2011 = 1 Actual CY 2012 = 1	Ongoing
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	Target 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 =	Ongoing

<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</p>	<p>Collected and distributed more than 3,000 knitted and crocheted purple newborn caps to 29 Oklahoma birthing hospitals participating in the "CLICK for Babies, Period of PURPLE® Crying Caps" project completed in December (Note: all Oklahoma birthing hospitals participating in Period of Purple participated in "CLICK for Babies"). Over 14,000 Period of PURPLE® DVD's were distributed to the participating hospitals in December.</p>
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**OHIP Progress Quarterly Report (DRAFT)**  
**2<sup>nd</sup> Quarter (Oct - Dec); SFY Ending June 30, 2013**

**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.*

<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: 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: Deborah Smith/ DMHSAS</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 =</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:</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 = Actual CY 2012 =</p>	<p>No report.</p>

**OHIP Progress Quarterly Report**  
**2<sup>nd</sup> Quarter (Oct-Dec); SFY Ending June 30, 2013**

**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/John Corpolongo	Measures: 1. Legislation enacted.  Baseline FY 2010 = 0 Benchmark FY 2011 = 1 Actual FY 2011 = 0 Actual FY 2012 = 0	No longer being pursued
2. By January 2012, evaluate the feasibility of integrating the SoonerStart data systems.	January 2012		Lead: Mark Sharp/John Corpolongo	2. Feasibility of integrating the SoonerStart data evaluated.  Baseline FY 2010 = 0 Benchmark FY 2012 = 1 Actual FY 2011 = 0 Actual FY 2012 =	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>Lead: Karen Hylton &amp; 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 =</p>	<p>The 7<sup>th</sup> Annual Transition Institute was held from November 7<sup>th</sup> through 9<sup>th</sup> with 330 registrants. The Transition Care notebook was completed and unveiled at the Institute.</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 &amp; 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 =</p>	<p>Ongoing</p>

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

<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>December 2013</p>		<p>Lead: Karen Hylton &amp; 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</p>	<p>Ongoing</p>
<p>2. 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 &amp; Joni Bruce</p>	<p>6. Increase in percent of children on DDSD waiting list receiving other services.</p> <p>Baseline: CY 2010 = 80% Target CY 2014 = 84% Actual CY 2011 = 84.7%</p>	<p>Ongoing</p>

**OHIP Progress Quarterly Report**  
**2<sup>nd</sup> Quarter (Oct - Dec); 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
<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            Trend CY 2011 = 0</p>	<p>Ongoing - JOIN as an OCCY function has been eliminated 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.</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            Trend CY 2011 = 0</p>	<p>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.</p>

**OHIP Progress Quarterly Report**  
**2<sup>nd</sup> Quarter (Oct-Dec); 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
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.	December 2014		Lead: Ann Benson	Measures:  1. Comprehensive health education in accordance with PASS utilizing state adopted curriculum K-12 promoted in public schools.  Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Actual CY 2011 = 0	1. Oklahoma C3 Priority Academic Student Skills have integrated Health, Safety and Physical Education Priority Academic Student Skills (PASS) in grades K-12 throughout the state.
2. By December 2014, promote the CDC's Coordinated School Health Program model for grades K-12 in Oklahoma public schools.	December 2014		Lead: Ann Benson	2. CDC Coordinated School Health Program model K-12 promoted in public schools.  Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Actual CY 2011 = 0	2. November 1 was the deadline for the 2 <sup>nd</sup> year of Certified Healthy Schools applications. There were 431 schools in Oklahoma who applied for certified status based on the CDC's 8 components of Coordinated School Health. That is an increase of 224 schools. 314 schools met the criteria for certification, with 141 of those schools reaching the excellence level of certification.