OHIP Progress Quarterly Report
2nd Quarter (October - December); 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
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: Sheryll Brown	1. Legislation passed. Baseline FY 2010 = 0 Benchmark FY 2011 = 1 Actual FY 2011 = 0 Actual FY 2012 = NA	1. Legislation to prohibit the use of electronic devices while driving was introduced in 2013 and in previous years. OSDH has supported the legislation. In the 2014 IPS legislative request to leadership, a request was made to amend the "distracted driving law," (47 O.S. 2001, Section 11-309) adding explicit language on the use of electronic hand-held devices and to make it a primary offense for all drivers. The current bill states only that the driver must "devote full attention to their driving." A law enforcement officer cannot issue a citation unless the vehicle is in an accident or the operator of the vehicle is driving in a manner that poses danger to other persons on the roadway. The request to OSDH leadership also included making the law a primary enforcement law. In December, Mark Newman informed me that OSDH would not be pursuing this legislation but that the agency would support the bill if it was pursued by another agency.

2. By June 2012, require safety training for ATV drivers under age 16.	June 2012		Lead: Sheryll Brown	2. Safety training required. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = NA	2. As described in previous reports a bill to mandate ATV safety training will not pursued. IPS staff, Regina McCurdy, is a certified ATV Safety Institute (ASI) trainer. She continues to participate with OU Medical Center and OSU Extension personnel to provide ASI ATV Rider Safety Training. She attended the National 4H ATV Safety Conference during October 16-19. The IPS also supports the ATV Safety Training by preparing printed educational materials.
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		Lead: Sheryll Brown	3. Campaign implemented. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 =	3. The IPS conducts ongoing educational activities to support child passenger safety. In May 2013, a news release was issued on the correct use of child passenger safety seats. The IPS partners with the Oklahoma Highway Safety Office and Oklahoma Safe Kids to promote correct use of child safety seats. Car seat installations and checks were conducted ongoing at OSDH and at check events during this quarter.

4. By June 2013, require use of child safety seats, appropriate for the child's height and weight, up to age 8.	June 2013		Lead: Sheryll Brown	4. Child safety seats required up to age Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Actual CY 2011 = 0 Actual CY 2012 = NA	4. Inactive
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.	June 2013		Lead: Sheryll Brown	5. Legislation passed. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 0 Actual CY 2012 = NA	5. Inactive
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.	December 2014		Lead: Sheryll Brown	6. Motor vehicle deaths among children and youth. Baseline CY 2009 = 79 Benchmark CY 2014 = 67 Actual CY 2010 = 63 Actual CY 2011 = 65 Actual CY 2012 = 41	6. As mentioned above, the IPS conducted ongoing activities during the quarter to promote child passenger safety (CPS) through car seat installations and checks at the OSDH central office and through developing new activities to build capacity throughout the state. Education and training on CPS were provided to DHS day care workers and home visitation nurses.

					The IPS worked with the Oklahoma PTA, driving schools in the state, and tag agencies to promote understanding and education on Oklahoma's GDL law. A GDL brochure primarily for parents was developed earlier this year. Since July, nearly 6,000 brochures have been sent to PTA, driving schools, and tag agencies in the state. The brochure is also available on the IPS webpage. Presentations were also provided to groups by an IPS health educator.

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	December 2014		Lead: Sheryll Brown	7. Drowning deaths of children and youth. Baseline CY 2009 = 24 Benchmark CY 2014 = 22 Actual CY 2010=18 Actual CY 2011= 21 Actual CY 2012= 26	7. The IPS collects data and information on drowning deaths from medical examiner reports. There were no activities related to the life jacket loaner program, which is operated by Oklahoma Safe Kids, or parent/retailer education during this quarter.
8. By December 2014, increase to 50% the number of schools that implement evidence-based strategies addressing teen dating and/or sexual violence prevention.	December 2014		Lead: Sheryll Brown	8. Number of schools with evidence-based strategies addressing teen dating and/or sexual violence prevention. Baseline CY 2010 = Pending Benchmark CY 2014 = 50% Actual CY 2011 = 2011 data is not available yet	8. The IPS continued to fund four community-based sexual violence prevention programs in Oklahoma City, Stillwater, Tulsa and Tahlequah. These programs provide healthy relationship education in schools, youth serving organizations, and community groups. During this quarter, IPS staff, Andrea Hamor

					Edmondson worked with various groups to build capacity for healthy relationship education in schools. She met with MCH and the tribal teen pregnancy prevention programs on incorporating dating and sexual violence prevention in their programs. She met with the Turning Point community in Northeast Oklahoma and in Hugo Oklahoma to promote healthy relationship education for youth in schools and youth serving organizations. Andrea has worked closely with the Norman Police Department on their teen dating violence prevention program in Norman Schools. IPS personnel met monthly with Coalition Against Domestic Violence and Sexual Assault staff to develop strategies and activities to promote dating sexual violence prevention. If funding allows in 2014, the IPS will fund an additional (5th) community-based program to conduct dating and sexual violence prevention.

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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. In response to the 12.6% drop in rates, Immunization Service has implemented 3 separate strategies aimed at improving immunization rates: increase child care audits to improve child care center compliance by 20%; identify and minimize barriers to the use of the Recall feature in OSIIS by Oklahoma VFC providers; continue the Missed Opportunities campaign that began in June 2012 to educate providers on how to reduce missed opportunities to vaccinate during QA/AFIX visits to providers.
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. Development on the new OSIIS system continues despite the loss of key IT staff; most recently the loss of the IT Project Manager. The current system continues to receive data using HL7 standard version 2.5.1. with full implementation still 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. Immunization Service Staff underwent strategic planning training in August 2013. Staff has identified service area goals and objectives. In order to determine action steps, the service area conducted a "mini" strategic planning session during a recent 2-day IFC training to illicit feedback around action and implementation steps. The same process was used during the December Advisory Committee meeting and feedback was provided by advisory members (who represent a broad range of state partners) and community partners who were in attendance as guests. This feedback will be used to develop action steps for plan year 2014.

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 OSIIS.	June 2013		Lead: Lori Linstead	4. Legislation for mandatory reporting of childhood immunizations in OSIIS enacted. Baseline FY 2010 = 0 Benchmark FY 2013 = 1 Actual FY 2011 = 0 Actual FY 2012 = 0 Actual FY 2013 = 0	4. On-going. Legislation will be pursued when OSIIS is capable of two-way messaging between providers and health information exchanges using HL7 2.5.1 standards. This is not expected until 2016.
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. Explore opportunities to partner with WIC services to evaluate data obtained from those WIC clients with children under the age of 1 who are overdue for vaccines and referred to the immunization clinic.
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 continues to work closely with the three state Coalitions to increase community based intervention activities. Director and other Immunization Service staff recently attended a multi-coalition group meeting in which 2014 strategic goals were shared and Director encouraged the coalitions to share the "state" plan with their local coalitions in an effort to find commonality moving forward into 2014. Immunization Service is in the process of finalizing three contracts with CBOs 2014 and a new Immunization Service contract monitor has been assigned 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. In September 2013, NIS –Teen released data for 2012 and Oklahoma Tdap rates were found to be at 77.1% which exceeds the goal of 60% as outlined under *Result Objective*. Immunization Service will continue to work with local school districts to enforce the state 7th grade Tdap requirement with anticipation of seeing the rates continue 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. In September 2013, NIS –Teen released data for 2012 and Oklahoma MCV rates were found to be at 63.8% which exceeds the goal of 55% as outlined under *Result Objective*. Immunization Service plans to continue working on this objective with a slight modification: Increase the proportion who have completed one dose of MCV to 70% by 2018.
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. In September 2013, NIS –Teen released data for 2012 and Oklahoma HPV rates were found to be at 38.4% which exceeds the goal of 35% as outlined under *Result Objective*. Immunization Service plans to continue working on this objective with a slight modification: Increase the proportion of females who have completed the 3 dose series to 50% by 2018; increase the proportion of males who have completed the 3 dose series to 25% by 2018.

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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	June 2012	Lead: Jana Winfree, DDS	State fluoridation plan established. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 0 Actual CY 2012 = 1	1. Completed
2. Increase the proportion of Oklahoma population on Public Water Systems (PWS) receiving fluoridated water.	December 2014		Lead: Jana Winfree, DDS	Percentage of Oklahoma population on PWS receiving fluoridated water Baseline CY 2012 = 70.09% Benchmark CY 2014 = 75.0% Actual CY 2013 = pending	2. Regular communication with the WTPs and DEQ. Site visits to Tulsa and Shawnee. Assistance from the Pew Center for the States. Participated in a CDC-sponsored fluoridation webinar.
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.	June 2013	June 2012	Lead: Jana Winfree, DDS	Legislation and rules modified to expand the types of providers who can deliver preventive dental services. Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Actual CY 2011 = 0 Actual CY 2012 = 1	3. Completed

4. By June 2012, reimburse primary care providers for delivery of preventive dental services such as fluoride varnishes.	June 2012	June 2012	Lead: 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	4. Completed
5. 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.	December 2012	June 2013	Lead: Jana Winfree, DDS	Strategies to provide technical assistance and training on implementation of evidence-based or promising programs addressing oral health and prevention of dental diseases developed. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 0 Actual CY 2012 = 1	5. Completed
6. Increase the number of fluoride varnish applications by primary care providers during well-baby checkups by 5% annually.	December 2014		Lead: Jana Winfree, DDS	Number of fluoride varnish applications by primary care providers during well-baby checkups annually. Baseline CY2012 = 1552 Benchmark CY2014 = 1710 Actual CY2012 = 1552 Actual CY 2013 = pending	6. Improved communication with Okla. Health Care Authority regarding this objective.

7. Reduce the amount of dental caries experience in 3rd grade school children, trending toward the HP2020 target of 49%.	July 2014		Lead: Jana Winfree, DDS	Total dental caries experience (active and restored) in 3rd grade school children. Oral health needs assessment conducted at least every 5 years. Baseline FY2003 = 69.3% Benchmark FY2014 = 58.51% Actual FY2004 = 73.6% Actual FY2005 = 59.7% Actual FY2006 = 66.3% Actual FY2007 = 67.5% Actual FY2008 = 71.5% Actual FY2010 = 58.0% Actual FY2013 = 59.7%	7. Oral health needs assessment of 3rd grade children was conducted during 2012-2013 school year. Report prepared and made available on Dental Health Service webpage. Preliminary discussions ongoing for 2016 survey.

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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
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. Completed
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	June 2013	Lead: Ann Benson	2. Coordinated state-level approach to administration of state youth behavior surveys established. Baseline CY 2010 = 85% Benchmark CY 2013 = 80% Actual CY 2011 = 72%	2. Completed

2. 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.	December 2014		Lead: Ann Benson	3. Resources to provide technical assistance on evidenced-based models on positive youth development and holistic adolescent health needs to all OK counties established. Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Actual CY 2011 = 0	3. The Search Institute and the National Resource Center for Youth Development were contacted for positive youth development (PYD) training price quotes. MCH would host the training. 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 16 counties on various adolescent health needs
3. 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%.	December 2014		Lead: Ann Benson	4. Percent of adolescents 12-17 with at least 1 primary care provider visit. Baseline CY 2007/08 = 77.9% Benchmark CY 2014 = 80% Actual CY 2011/12 = 74.3.9%	4. According to the 2011/12 National Survey of Children's Health 50.8% of adolescents (12-17 yrs old) receive coordinated, ongoing, comprehensive care within a medical home.

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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.
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. Collaborative efforts continue.

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 Lilly	Annual percent of unduplicated enrollees 0 through 5 yrs in Medicaid with paid screens from one year to the next (Revised 12/31/12) 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%)	3. Currently awaiting end of year data from OHCA.
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 Lilly	Percent of women screened for postpartum depression. Baseline CY 2010 = 12.7% (TOTS) Target CY 2014 = 41.0% Actual CY 2011 = 35.4% Actual CY 2012 = 40.6%	4. PPD Screening in CHDs is ongoing; PSA for Postpartum Depression will begin air sometime during the months of November through February. The Workgroup is actively pursuing dissemination of consistent messaging in venues accessible for professionals as well as women and their families. Active expansion of partners is an ongoing effort with a goal of increasing collaborative training opportunities, increase awareness of the impact of PPD and to enhance referrals resources for Postpartum women in need of Mental Health support.

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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
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 =	1. Due to difficult state budget years, strategies have focused on grants to get additional resources. The ODMHSAS just gained an OJJDP grant for $550,000 over three years to enhance the treatment for the Oklahoma Family Drug Court. We are about to submit for a $220,000 grant application for family recovery and prevention activities in Tulsa.
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 =	2. ODMHSAS Systems funded Creoks to do wraparound specifically for youth with substance abuse issues in Tulsa, in partnership with Phoenix Rising School.

3. By June 2013, collect Oklahoma-specific data on the prevalence and unmet needs of children with mental health and substance abuse problems.	June 2013		Lead: Jackie Shipp	Oklahoma-specific data on prevalence and unmet needs of children with mental health and substance abuse problems collected. Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Actual CY 2011 =	3. OPNA 2012: 4% of 8th graders, and 9.2% of 12th grades who responded to the survey need alcohol and/or drug treatment (they have used on 10 or more occasions and meet 3 or more of the criteria for likely dependence).

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
1. By December 2014, expand by 10% the number of children and youth in the state receiving out-patient substance abuse treatment services.	December 2014		Lead: Jackie Shipp	Measures: Percent increase in number children/youth receiving outpatient substance abuse services funded by Medicaid and ODMHSAS. Baseline CY 2010 = 3638 Benchmark CY 2014 = 4002 Actual CY 2011 = 4213 Actual CY 2012 = 3,791 Actual CY 2013 = 3,495	Actual CY 2013 = 3,495
2. By December 2014, expand by 10% the number of children and youth receiving residential and inpatient substance abuse treatment services in the state.	December 2014		Lead: Jackie Shipp	Percent increase in number of children/youth receiving residential and inpatient substance abuse services funded by ODMHSAS. Baseline FY 2010 = 363 Benchmark FY 2014 = 399 Actual FY 2011 = 408 Actual FY 2012 = 406 Actual FY 2013 = 410	Actual FY 2013 = 410

3. By December 2014, provide resources to expand the systems of care network statewide.	December 2014		Lead: Jackie Shipp	Resources for expansion of systems of care network provided. Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Actual CY 2011 = 0 Actual CY 2012 = 0	3. 64 counties

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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
1. By June 2014, reduce suicide deaths among youth ages 13-18 by 5%.	June 2014		Lead: Jessica Hawkins	Measures: Suicide Deaths Ages 13-18 yrs/100,000 Baseline CY 2008 = 8.3/100,000 Benchmark CY 2014 = 7.5/100,000 Trend CY 2011 =	1. Two agencies completed Applied Suicide Intervention Skills Training (ASIST) instructor course. 2. ASIST Training held for Heartline Call Specialist and other mental health professionals. 3. Question, Persuade, Refer (QPR) TOT completed. 4. OCU nursing students trained in room safety best practices for primary care settings. 5. Wellness Now workgroup members (OCCHD) provided training on safe reporting standards to UCO journalism students. 6. OCCHD Wellness Now hosted QPR trainings. 7. Plans developed for launch of Working Minds program for Oklahoma employers. 8. OU School of Social Work completed two QPR trainings 9. National Suicide Prevention Lifeline (NSPL) listed on major local news outlets' websites. 10. NSPL available via wallet cards at UCO/Edmond National Survivors of Suicide gathering.
2. By June 2014, reduce the percentage of youth who report at least one suicide attempt by 5%.	June 2014		Lead: Jessica Hawkins	Percent of youth reporting at least one suicide attempt (YRBS) Baseline CY 2009 = 7% Benchmark CY 2014 = 6.65% Trend CY 2011 = 6%	

3. By June 2014, decrease the percent of youth who report current use of alcohol (in the last 30 days) by 3%.	December 2014		Lead: Jessica Hawkins	Percent of youth who report current use of alcohol in the past 30 days (YRBS) Baseline CY 2009 = 39% Benchmark CY 2014 = 37.83% Trend CY 2011 = 38% Trend CY 2013 = 33.4%	1. PACT360 initiative - trainings state wide to youth on the Wrecked presentation. Parents and Care Givers were trained on Parent's You Matter/Underage Alcohol PACT360 in groups from Lion's Clubs, to churches, assisted living centers, several parent groups, coalitions etc. 2. Pact360 Numbers: TOT; 82 trainers trained; total people trained 1, 476 all through teacher conferences, school class trainings, police staff's etc. 3. AlcoholEdu – Everfi representatives in combined efforts with ODMHSAS have focused efforts on 14 top school districts. 10 school's either active or trained throughout the state totaling 1,022 students. 4. 2 Reality Party's held by the Oklahoma County Sheriff's Department task force and 1 Reality Party held by ABLE task force 5. 2M2L re-launch and updated materials for the 2 state funded classes set for Nov. 12-13, 2013, April 16-17, 2014 6. 1 of 2 state 2M2L funded events held on Nov. 12 – 13 completed with 32 participants. 7. RBSS training: 2013 Trained trainers have presented at 22 events to 1,905 people 8. Media Events: 12 total media events all on Underage alcohol; 7 media events through ABLE Agents/5 media events through OCSD 9. Youth Council: 3 conference calls with the eight State Youth Council throughout the state leaders to discuss the state kickoff event 10. 2M2L Youth 2013-2014 school year kickoff event with OKC Barons Nov. 5th. - 123 in attendance

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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 = 4,352	3. Decrease due to five fewer OCAP contracts in SFY 2013 than SFY 2012.

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.	January 2012		Lead: Lisa Rhoades	4. Baseline CY 2010 = 1 Benchmark CY 2012 = 20 Actual CY 2011 = 25 Actual CY 2012 = 32	4. Ongoing

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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	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	2. Completed

3. By December 2011, implement procedures for a single statewide screening and intake process for behavioral health services for children in foster care.	December 2011		Lead: Not Assigned	3. Procedures for a single statewide screening and intake process for behavioral health services implemented. Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 = NA	3. No report
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.	December 2011		Lead: Deborah Shropshire, MD	4. Number of targeted interventions offered annually to: 1) health care professionals and 2) case workers, foster parents, teachers, judges on health care for children in foster care. Baseline CY 2010 = 0 Benchmark CY 2011 = 500 Actual CY 2011 & 2012 = 2260	4. Completed

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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	
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	

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.	December 2014		Lead: Karen Hylton & Joni Bruce	3. Increase in percent of youth with special health care needs who received the services necessary to transition to adult life. Baseline: CY 2006: 43.7% Benchmark CY 2014 = 51% Actual CY 2010 = 40.5% Actual CY 2011 = 40.5% Actual CY 2012 = pending	Family members and representatives with state agencies participated in the "14th Chronic Illness and Disability conference: Transitioning from Pediatric to Adult Care" conference webinar on October 17 and 18, sponsored by the Baylor College of Medicine. The 7th annual Oklahoma Transition Institute was held on November 4 and 5, sponsored by the Dept. of Rehabilitation Services. On November 20 the 3rd Native American Disability Conference focused on transition. Ongoing
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%.	December 2014		Lead: Karen Hylton & Joni Bruce	4. Increase in percent of children with special health care needs receiving coordinated, comprehensive care within a medical home. Baseline CY 2006 = 49.7% Benchmark CY 2014 = 60.2% Actual CY 2010 = 46.1% Actual CY 2011 = 46.1% Actual CY 2012 = pending	

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

5. By December 2013, expand the number of counties that provide comprehensive coordinated services for CSHCN including dental, behavioral health and medical services.	December 2013		Lead: Karen Hylton & Joni Bruce	5. Increase in the number of counties that provide comprehensive, coordinated services for children with special health care needs. Baseline CY 2010 = 10 Benchmark CY 2014 = 14 Actual CY 2011 = 11 Actual CY 2012 = 12 Actual CY 2013 = 13	SoonerSUCCESS is 1) approaching the legislature to address health issues with children needing intensive care navigation and 2) developing geo-spatial analyses that will assess available resources for families and chart community disease behavior.
6. By December 2014, provide services that support families caring for children on the DDSD waiting list.	December 2014		Lead: Karen Hylton & Joni Bruce	6. Increase in percent of children on DDSD waiting list receiving other services. Baseline: CY 2010 = 80% Benchmark CY 2014 = 84% Actual CY 2011 = 84.7% Actual CY 2012 = 88.3%	Ongoing

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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.*

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 Actual CY 2012 = 0	1. November 2013, 591 schools submitted applications for Certified Healthy Schools. The application is a self-report which includes a category for health education. 523 of those applicants obtained Certified Healthy Schools status for 2013. 2. November 2013, 591 schools submitted applications for Certified Healthy Schools. The application is a self-report on activities within the CDC Coordinated School Health Program model. 523 of the schools obtained Certified Healthy Schools status for 2013. CDC provided School Health Index training to 33 persons in the state to assist schools throughout the state with administering the site based School Health Index based on the CDC Coordinated School Health model.
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 Actual CY 2012 = 0	

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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
1. By June 2011, assure child health-related communication campaigns incorporate information about statewide community resource systems available through 211, JOIN and OASIS as part of health-related public awareness and communication campaigns.	June 2011		Edd Rhoades	Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 = 0	1. Inactive - 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.
2. By December 2014, establish an early childhood data system which includes data from the major child serving state and federal programs in Oklahoma.	December 2014		Edd Rhoades	Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Actual CY 2011 = 0 Actual CY 2012 = 0	2. Ongoing - submitted to OSDH for feasibility study.