

OHIP Progress Quarterly Report
3rd Quarter (Jan-Mar); 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: Ed Long/ Dr. Crawford	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 =	<ul style="list-style-type: none"> • The Oklahoma Health Care Authority (OHCA) has worked collaboratively to leverage technology as a means of enhancing program enrollment processes (e.g., online enrollment, electronic newborn enrollment). • OHCA launched an outreach initiative in 2009 that has developed a sustainable, statewide network of more than 700 partners to serve as an outreach infrastructure. • OSDH county offices have dedicated staff to SoonerCare enrollment for qualified individuals.

<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 year. (Source: 2007 NCHS)</p> <p>Baseline = 83.5% Benchmark 2014 = 90% Trend CY 2011 =</p>	<ul style="list-style-type: none"> • For SoonerCare members, OHCA auto-generates reminder letters to parents/guardians regarding well child visits that are due. • OHCA Member Services promotes well-child visits for members. • OHCA is collaborating with Smart Start Oklahoma and the Oklahoma Educational Television Authority to develop a well-child visit promotion to be aired on OETA. • OHCA Communication Services staff have promoted preventive check-ups at recommended times through community outreach partners and media. • OHCA has implemented a telephonic re-enrollment initiative in which staff make outbound calls to parents/guardians of children whose coverage has expired but remain qualified for SoonerCare. Upon successful recertification, the parent/guardian is encouraged to schedule a well-child visit with their PCP. • OHCA makes efforts to align enrollees and newborns with a medical home.
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<p>3. By December 2014, increase to 60% the percent of children provided care through a medical home as defined by the American Academy of Pediatrics.</p>	<p>December 2014</p>			<p>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"> The majority of SoonerCare children are enrolled in SoonerCare Choice, OHCA's medical home model.
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Access to Primary Care Workgroup:

Goal-related progress not associated with specified objectives:

- Dr. Edd Rhoades (OSDH), Ed Long (OHCA) and Brandy Smith (OCCY) convened an initial meeting to discuss group objectives and fit with OCCY strategic plan.
- Ed Long is developing a list of potential group members, and will consult with Dr. Rhoades.
- OHCA Provider Services is working to increase the number of SoonerCare providers.
- OHCA has led collaborative efforts to develop Health Access Networks (HANs). One expected outcome of the HANs is to increase access to and availability of health care services for individuals served by the HAN.
- Rural health efforts are important to improved access. Example: Southeast Oklahoma Rural Health Network supported by a Rural Health Network Development Grant awarded by the Office of Rural Health Policy (HRSA, HHS) in 2008 works to increase access to and quality of rural health care.
- At the request of Ed Long, Smart Start Oklahoma surveyed Smart Start Communities around the state to begin identifying local level activities associated with the group's objectives. These activities will be reviewed along with statewide efforts to fully assess related progress and gaps.
- OHCA does outreach with high risk OB and FIMR moms; with both projects OHCA staff educates mother about baby's care.

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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: Archer/Brown	Measures: 1. Legislation passed. Baseline FY 2010 = 0 Benchmark FY 2011 = 1 Trend FY 2011 = NA	1. SB182 was introduced in the 2012 session and supported by OSDH. The bill died early in committee. The bill prohibited the use of hand held electronic devices while driving for persons less than 18 years of age.
2. By June 2012, require safety training for ATV drivers under age 16.	June 2012			2. Safety training required. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 = NA	2. An amendment to the current ATV law was submitted to require ATV operators less than 16 year of age to successfully complete ATV Safety Institute (ASI) safety training. The bill was not introduced because the ASI is a private entity.

<p>3. By December 2012, implement a campaign that promotes best practices related to child safety seat usage including information on correct installation of child safety seats in public service spots.</p>	<p>December 2012</p>			<p>3. Campaign implemented.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 =</p>	<p>3. Injury Prevention Service (IPS) staff work with Safe Kids to train child passenger safety technicians and child care providers on the proper installation of car and booster seats. Also, through a program funded by the Oklahoma Highway Safety Office (OHSO), state and local health departments work with Safe Kids to provide car and booster seats to families in need, install them properly and conduct car seat checks.</p>
<p>4. By June 2013, require use of child safety seats, appropriate for the child's height and weight, up to age 8.</p>	<p>June 2013</p>			<p>4. Child safety seats required up to age 8.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Trend CY 2011 = NA</p>	<p>4. IPS met with the OHSO in the fall about strengthening the child passenger safety law to require child passenger safety systems appropriate to height and weight up to age 8. OHSO agreed to propose this legislation to the Department of Public Safety (DPS) legislative liaison for consideration. If DPS had introduced a bill, OSDH had agreed to support it. However, legislation was not introduced this session.</p>
<p>5. By June 2013, enact legislation to strengthen the graduated driver's license law to increase the ages for a learner's permit to 16 and an unrestricted license to 18.</p>	<p>June 2013</p>			<p>5. Legislation passed.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 = NA</p>	<p>5. Nothing to report</p>

<p>6. By December 2014, reduce from 75 to 67 motor vehicle deaths in the state among children and youth using multiple strategies involving child safety seat distribution, education, and technical assistance.</p>	<p>December 2014</p>			<p>6. Motor vehicle deaths among children and youth.</p> <p>Baseline CY 2009 = 75 Benchmark CY 2014 = 67 Trend CY 2011 = 2011 data is not available yet</p>	<p>6. Ongoing</p>
<p>7. By December 2014, reduce from 24 to 22 drowning deaths of children and youth in the state through life jacket loaner programs and parent/retailer education strategies</p>	<p>December 2014</p>			<p>7. Drowning deaths of children and youth.</p> <p>Baseline CY 2009 = 24 Benchmark CY 2014 = 22 Trend CY 2011 = 2011 data is not available yet</p>	<p>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 CY 2010 = Pending Benchmark CY 2014 = 50% Trend CY 2011 = not available</p>	<p>8. Ongoing</p>

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Workgroup Name: Children's Health - Immunization

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By December 2014, increase the 4:3:1:3:3:1 immunization coverage rates of children 19-35 months to 77.5%.</p> <p>2. By February 2013, develop a new immunization information system (OSIIS) that has full capacity for electronic data exchange.</p> <p>3. By January 2013, implement strategies identified by community and state partners that optimize vaccinations by providers in both private and public settings.</p>	<p>December 2014</p> <p>February 2013</p> <p>January 2013</p>		<p>Lead: Ken Cadaret/Don Wilber</p>	<p>Measures:</p> <p>1. Immunization coverage rate for 4:3:1:3:3:1</p> <p>Baseline CY 2009 = 70.2% Benchmark CY 2014 = 85% Trend CY 2010 = 70.3% Trend CY 2011 =</p> <p>2. New immunization information system with capacity for electronic data exchange developed.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 =</p> <p>3. Strategies to optimize vaccinations in private and public settings implemented.</p> <p>Baseline CY 2010 = 1 Benchmark CY 2013 = 1 Trend CY 2011 =</p>	<p>1. Committee evaluation of targeted objective realigned to 77.5%. Ongoing - 2011 national Immunization Survey results pending.</p> <p>2. Currently in Progress. Weekly Planning Meetings are held to continue project development.</p> <p>3. Continue to work collaboratively with community partners in the ongoing development of OSIIS.</p>

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
4. By June 2013, enact legislation for statewide mandatory reporting of all childhood vaccinations to OSIS.	June 2013		Lead: Ken Cadaret/ Don Wilber, MD	4. Legislation for mandatory reporting of childhood immunizations in OSIS enacted. Baseline FY 2010 = 0 Benchmark FY 2013 = 1 Trend FY 2011 =	4. Legislation will not be pursued 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.	June 2013			5. Policies for immunization of children served by major state agencies improved. Baseline FY 2010 = 0 Benchmark FY 2013 = 1 Trend FY 2011 =	5. Ongoing efforts continue in enforcing state policies in schools and licensed child care facilities.
6. By July 2013, identify and implement community-based intervention strategies to increase immunization coverage.	July 2013			6. Community-based intervention strategies to increase immunization coverage implemented. Baseline FY 2009 = 0 Benchmark FY2013 = 1 Trend FY 2010 = Trend FY 2011 =	6. With the addition of an epidemiologist will do community assessments once position is filled. These assessments will be utilized to develop and evaluate community-based interventions.

Workgroup Name: Children's Health - Immunization

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%.	December 2013		Lead: Ken Cadaret/ Don Wilber, MD	1. Percent adolescents 13-17 years completing 1 dose of TDAP Baseline CY 2009 = 35.1% Benchmark CY 2013 = 60% Trend CY 2010 = 54.8% Trend CY 2011 =	1. Ongoing - National Immunization Survey 2011 results – Pending.
2. 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			2. Percent of adolescents 13-17 years completing 1 dose of meningococcal vaccine. Baseline CY 2009 = 29.5% Benchmark CY 2013 = 55% Trend CY 2010 = 42.6% Trend CY 2011 =	2. Ongoing - National Immunization Survey 2011 results – Pending.
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%.	December 2013			3. Percent of adolescent females 13-17 years completing 3 doses of HPV vaccine. Baseline CY 2009 = 16.2% Benchmark CY 2013 = 35% Trend CY 2010 = 31.3% Trend CY 2011 =	3. Ongoing - National Immunization Survey 2011 results – Pending.

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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)	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>June 2011</p>		<p>Jana Winfree, DDS / Sally Selvidge / Kay Floyd / Mary DeLeon</p>	<p>State fluoridation plan established.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 = 0</p>	<ul style="list-style-type: none"> • Epidemiologist attended Water Fluoridation Principles and Practices Training to assist with program efforts relevant to Community Water Fluoridation (CWF), February 28-March 1. • OHIP partners' reports and discussions during Children's Oral Health Coalition (COHC) and Governor's Task Force on Children and Oral Health (GTF) Focus Group are ongoing. • Met with Department of Environmental Quality (DEQ) to discuss OSDH's effort to enhance CWF efforts statewide, February 15. • OSDH staff participated in PEW Center on the States webinar relating to "CWF: Effective Strategies and Messaging", February 8. • College of Public Health (COPH) intern worked with OSDH staff conducting research and developing a State Fluoridation Plan in addition to preparing a practicum on CWF, from January 2012 to March 2012.

<p>2. By June 2012, reimburse primary care providers for delivery of preventive dental services such as fluoride varnishes.</p>	<p>June 2012</p>		<p>Jana Winfree, DDS / Sally Selvidge / Kay Floyd</p>	<p>Primary care providers reimbursed for preventive dental services. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 = 0</p>	<ul style="list-style-type: none"> • OSDH is conducting research and developing a State Fluoridation Plan to be presented to GTF Focus Group, by June 2012. • OSDH is performing the annual review and edit of the data discrepancies in relation to the state's water information system and the federal water reporting system. • Work plan development and activities ongoing. • 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.
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					<ul style="list-style-type: none">• A dental hygienist, contracted through the Head Start COHC Dental Home Initiative grant, is providing on-site training to PCPs on FV application and oral health anticipatory guidance.• OHCA reports 46 PCPs and staff 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.• Initial training on FV application to approximately 30 pediatric residents, March 8.• Discussions among dental partners with the Oklahoma Dental Association and councils, COHC, GTF Focus Group, and others are ongoing.
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<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>June 2013</p>		<p>Jana Winfree, DDS / Sally Selvidge / Kay Floyd</p>	<p>Legislation and rules modified to expand the types of providers who can deliver preventive dental services.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Trend CY 2011 = 0</p>	<ul style="list-style-type: none"> • OSDH has partnered with the OU College of Dentistry in its application for the HRSA Grants to States to Support Oral Health Workforce Activities. Notification of accepted grantees is expected in September, 2012. • The Oklahoma Sealant Initiative Committee is seeking funds to implement a statewide dental sealant program. • The OU College of Dentistry continues to pilot the American Dental Association's Community Dental Health Coordinator Workforce Model with the training of a third cohort. • Discussions among dental partners with the Oklahoma Dental Association and councils, COHC, GTF Focus Group, and others are ongoing.
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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 / Sally Selvidge / Kay Floyd</p>	<p>Strategies to provide technical assistance and training on implementation of evidence-based or promising programs addressing oral health and prevention of dental diseases developed.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 = 0</p>	<ul style="list-style-type: none"> • The Community Dental Health Coordinator Pilot Program is training the third cohort of participants and seeking funding to evaluate its effectiveness in the communities. • OSDH has partnered with the OU College of Dentistry in its application for the HRSA Grants to States to Support Oral Health Workforce Activities. Notification of accepted grantees is expected in September, 2012. • Dental Public Health education was provided by OSDH staff to Rose State College dental hygiene students on oral health, nutrition, tobacco use prevention, and CWF, February 28. • The Oklahoma Dental Loan Repayment Program dentists practicing in shortage areas continue to treat a minimum of 30% Medicaid patients. • Work plan development and activities ongoing.
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Workgroup Name: Children's Health - Adolescent Health

Workgroup Goal: Improve adolescent health outcomes.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By June 2012, initiate evidence-based medically accurate, age appropriate teen pregnancy prevention curriculum, including evaluation in middle and high schools.</p> <p>2. By December 2013, increase school participation in state youth behavior survey data collection through a coordinated state-level approach that reduces burden on schools.</p>	<p>June 2012</p> <p>December 2013</p>		<p>Lead: Ann Benson</p>	<p>1. Evidence-based teen pregnancy prevention curriculum initiated in middle and high schools.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 =</p> <p>2. Coordinated state-level approach to administration of state youth behavior surveys established.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Trend CY 2011 =</p>	<p>1. Teen Pregnancy Prevention educators and PREP grant recipients are currently presenting curriculum in middle and high schools across the state with final evaluation to be completed at the end of the course.</p> <p>2. Fact sheets have been finalized and are ready to be sent to various high schools across the state highlighting data from the 2011 YRBS survey. MCH Assessment is in the process of planning for the 2013 YRBS survey cycle.</p>

<p>3. By December 2014, establish resources for all 77 Oklahoma counties to provide expertise and technical assistance to communities in evidenced-based models on positive youth development and holistic adolescent health needs.</p>	<p>December 2014</p>			<p>3. Resources to provide technical assistance on evidenced-based models on positive youth development and holistic adolescent health needs to all OK counties established.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Trend CY 2011 =</p>	<p>3. All teen pregnancy prevention personnel and PREP grantees have received training in Positive Youth Development and incorporated those skills in their current prevention curriculum.</p>
<p>4. By December 2014, the percentage of adolescents aged 12-17 who have at least one primary care provider visit in a year will increase to 80%.</p>	<p>December 2014</p>			<p>4. Percent of adolescents 12-17 with at least 1 primary care provider visit.</p> <p>Baseline CY 2007 = 77.9% Benchmark CY 2014 = 80% Trend CY 2011 =</p>	<p>4. Ongoing</p>

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

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. By December 2014, increase by 10% annually the number of health care providers that are provided with effective interventions on infant and early childhood mental health development to assist them in identifying infant and early childhood concerns.	December 2014		Jane Humphries/Laura McGuinn	Number of health care providers provided training on infant and early childhood mental health development. Baseline CY 2009 = 10 Benchmark CY 2014 = 15 Trend CY 2011 =	Training is being provided for Home Visitation Leadership on March 21, 2012-- 15-20 participants are expected.
2. By December 2014, identify and implement strategies to increase by 25% the number of mental health providers serving infant, young children, their families and caregivers who achieve the Oklahoma Association for Infant Mental Health endorsement.	December 2014			Number of mental health providers achieving Oklahoma Association for Infant Mental Health endorsement. Baseline CY 2010 = 11 Target CY 2014 = 14 Trend CY 2011 =	OK-AIMH has an endorsement exam scheduled for March 23, 2012. Once results are scored, potentially 3 more endorsements will be achieved.

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			Number of developmental/behavioral health screenings in primary care practices. Baseline CY 2012 = Pending Target CY 2014 = Pending Trend CY 2011 =	Ongoing
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	Percent of women screened for postpartum depression. Baseline CY 2010 = 33% Target CY 2014 = 41% Trend CY 2011 =	Presented proposed postpartum depression screening protocol at Community and Family Health Services Chief's Meeting; discussed next steps for implementation through county health department system. Participated in physician education opportunity in March about identifying depression and anxiety.

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

Workgroup Goal: Develop and expand community-based programs for prevention of injuries among children and youth

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By June 2014, reduce suicide deaths among youth ages 13-18 by 5%.</p> <p>2. By June 2014, reduce the percentage of youth who report at least one suicide attempt by 5%.</p>	<p>June 2014</p> <p>June 2014</p>		<p>Lead: Hawkins</p> <p>Lead: Hawkins</p>	<p>Measures: Suicide Deaths Ages 13-18 yrs/100,000</p> <p>Baseline CY 2008 = 8.3/100,000 Benchmark CY 2014 = 7.5/100,000 Trend CY 2011 =</p> <p>Percent of youth reporting at least one suicide attempt (YRBS)</p> <p>Baseline CY 2009 = 7% Benchmark CY 2014 = 6.65% Trend CY 2011 = 6%</p>	<ul style="list-style-type: none"> • The Oklahoma Suicide Prevention Council commenced a statewide project to secure agreements with media outlets to adopt suicide reporting policies/guidelines. • During the reporting period, the ODMHSAS Office of Suicide Prevention: <ul style="list-style-type: none"> ○ Provided on-site suicide postvention consultation to several entities (law enforcement, schools, churches, etc.) in an Oklahoma City metro community following a series of youth suicide deaths/attempts. ○ Conducted 36 suicide prevention trainings. ○ Developed a grant resource allocation plan for four community-level suicide prevention projects across the state. ○ Met with Oklahoma Tourism leadership to discuss a training and Suicide Prevention Lifeline promotion plan for state parks.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>3. By June 2014, decrease the percent of youth who report current use of alcohol (in the last 30 days) by 3%.</p>	<p>December 2014</p>		<p>Lead: Hawkins</p>	<p>Percent of youth who report current use of alcohol in the past 30 days (YRBS)</p> <p>Baseline CY 2009 = 39% Benchmark CY 2014 = 37.83% Trend CY 2011 = 38%</p>	<ul style="list-style-type: none"> • The 17 community agencies (Regional Prevention Coordinators (RPCs)), contracted by the ODMHSAS to organize local-level alcohol and other drug prevention services, completed local needs assessments and developed strategic plans with partner coalitions. Each plan includes, at minimum, completion of compliance checks to reduce youth retail access to alcohol and Responsible Beverage Sales and Service training provision. Most agencies have developed comprehensive plans with evidence-based strategies to address community-level contributing factors for underage drinking. Project implementation will commence the last quarter of SFY2012. • 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.

					<ul style="list-style-type: none">• The ODMHSAS 2Much2Lose (2M2L) initiative commenced 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. Oklahoma socialhost.com• 2M2L conducted 7 law enforcement/community trainings in OKC, Tulsa, Lawton, McAlester, OU campus and OSU campus. Several media outputs resulted from these trainings and compliance check operations.• The ODMHSAS applied for continued Justice Assistance Grant funding to resource, in part, the state's underage drinking prevention law enforcement task forces.• The Oklahoma Underage Drinking Prevention Committee participated in the CDC Grand Rounds presentation on alcohol. The Committee continues to monitor several state-level underage drinking related bills/measures. The ODMHSAS provided letters of support for several community coalitions/agencies applying for federal STOP Act grants to reduce underage drinking.
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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 Trend CY 2011 = 1	Keep Your Cool commercial to run in April – June. Also, shooting new commercial with James Harden. Have been waiting on paperwork at DCS for many weeks. Was to air April – June as well.
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 Trend CY 2011 = 2	One Strengthening Families Training provided. No other trainings provided. National Front Porch being reorganized – possibly discontinued.
3. By December 2012, increase the number of families served in evidence-based home visitation programs/teams across the state by 10%, e.g., Children First and Start Right.	December 2012		Lead: Annette Jacobi	3. Baseline FY 2010 = 5452 Benchmark FY 2012 = 5975 Trend FY 2011 = 4,701	Due to less home visitors in both programs, the numbers actually decreased.

<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 Trend CY 2011 =</p>	<p>Explored additional methods for engaging health care providers and hospitals in the Period of Purple Crying program; an increase from 17 to 22 hospitals this quarter with five additional hospitals in progress with training.</p>
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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: 7. Electronic medical passport implemented. Baseline 2010 = 0	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	OKDHS completed a strategic plan for becoming a "trauma-informed" child welfare system. The strategic plan is included as an Appendix to the Oklahoma Pinnacle Plan, which is posted at www.okdhs.org . OKDHS is also working with the Oklahoma Department of Mental Health and Substance Abuse Services on an expansion grant focusing on systems of care and trauma initiatives.

<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. Baseline 2010 = 0</p>	<p>OKDHS is working with Casey Family Programs to implement the Child Behavior Checklist (CBCL) and trauma screenings into child welfare practice for new children entering the system. These tools are also being incorporated into the 6 lab sites that are the focus of the trauma work mentioned in Strategy 2. At this time, the focus is on the two pilot sites (Oklahoma and Okmulgee Counties) and the six lab sites for the trauma initiative. The expansion will follow the 5-year roll-out plan.</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: Vacant</p>	<p>4. Number of targeted interventions offered annually to: 1) health care professionals and 2) case workers/foster parents/teachers/judges on health care for children in foster care. Baseline 2010 = 0</p>	<p>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 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 Trend FY 2011 = 0	Due to changes in IDEA Part C Regulations. SoonerStart has delayed requesting family cost participation at this time. We would like to revisit this issue during SFY 2013.
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 Trend FY 2011 = 0	The IT department at the OSDE has been transferred to the Oklahoma State Office of Finance. The OSDH IT department is in the process of transferring to Finance. While it has been mentioned that they would like to update the SoonerStart database we are not sure how quickly the changes will be acted upon.

<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>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. Baseline: CY 2006: 43.7% Benchmark CY 2014 = 51% Trend CY 2010 = 40.5%</p>	<p>DRS is under the Order of Selection which means all priority groups are closed at this time and anyone who applies will go on a waiting list. DRS hopes to look at the list every 90 days as the budget allows and remove names from the list so they can begin getting services.</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>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. Baseline CY 2006 = 49.7% Benchmark CY 2014 = 60.2% Trend CY 2010 = 46.1%</p>	<p>Ongoing</p>

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

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>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 2014 = 14 Trend 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>Karen Hylton/Joni Bruce</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% Trend CY 2011 = 84.47%</p>	<p>Ongoing</p>

Special Health Care Needs Work Group:

Co-chairs: Joni Bruce – Oklahoma Family Network; Karen Hylton – Oklahoma Department of Human Services

Members: John Corpolongo – Oklahoma State Department of Health; Mark Sharp – Oklahoma State Department of Education;

Kimberly Osmani – Oklahoma State Department of Rehabilitation Services; Wanda Felty – Center for Learning and Leadership, OU Health Sciences Center;

Ann Trudgeon – Oklahoma Developmental Disabilities Council; Becky Reuter – SoonerSUCCESS, OU Health Sciences Center;

Sue Robertson – Oklahoma Health Care Authority; Treasa Lansdowne - OK Commission on Children and Youth; Sharon Vaz – Oklahoma State Department of Health

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

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By June 2011, assure child health-related communication campaigns incorporate information about statewide community resource systems available through 211, JOIN and OASIS as part of health-related public awareness and communication campaigns.</p>	<p>June 2011</p>		<p>Lead: Edd Rhoades/ Leslea Bennet-Webb</p>	<p>Measure:</p> <p>1. Child health-related communication campaigns incorporate information about statewide community resource systems.</p> <p>Baseline 2010 = 0 Benchmark 2011 = 1</p>	<p>1. Met with OASIS, 211 and JOIN to explore how to best promote incorporation of their services to agencies and organizations planning child health-related communication campaigns. Next step will be to jointly meet with the OHIP Public Information Officers Workgroup with the respective information services.</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>Lead: Edd Rhoades</p>	<p>2. Early childhood data system established.</p> <p>Baseline 2010 = 0 Benchmark 2014 = 1</p>	<p>2. OPSR Early Childhood Data and Coordination Workgroup continues to meet monthly to pursue development of an early childhood data system. Current focus includes exploring the potential for incorporating components of an early childhood data system with other existing data system initiatives.</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
<p>1. By December 2014, promote comprehensive health education in accordance with Priority Academic Student Skills (PASS) guidelines utilizing state adopted health education curriculum for grades K-12 in Oklahoma public schools.</p>	<p>December 2014</p>		<p>Lead: Ann Benson</p>	<p>Measures:</p> <p>1. Comprehensive health education in accordance with PASS utilizing state adopted curriculum K-12 promoted in public schools.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Trend CY 2011 =</p>	<p>1. Ongoing</p>
<p>2. By December 2014, promote the CDC's Coordinated School Health Program model for grades K-12 in Oklahoma public schools.</p>	<p>December 2014</p>			<p>2. CDC Coordinated School Health Program model K-12 promoted in public schools.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Trend CY 2011 =</p>	<p>2. Ongoing</p>