

OHIP Progress Quarterly Report
3rd Quarter (January - March); 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: US Census) Baseline CY 2009 = 87.4% Benchmark CY 2014 = 95% Trend CY 2010 = 90% Trend CY 2011 = 93%	<p><u>Objective #1: Health Coverage</u></p> <ul style="list-style-type: none"> • OHCA works with more than 750 public, private and nonprofit community partners to increase awareness of SoonerCare eligibility and the importance of coverage and accessing preventive services. The OHCA Community Relations team has four regional coordinators that work closely with community partners for effective awareness and education efforts. • OHCA is providing online enrollment training via virtual classrooms to partners around Oklahoma who will provide SoonerCare application assistance. • An agreement between OCCY and OHCA to work together on access to health care issues in the panhandle is progressing, with the expectation that a part-time position within OCCY will be filled in April 2013.

<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: NCHS)</p> <p>Baseline = 83.5% (2007) Benchmark 2014 = 90% Trend CY 2011 = 80.4%</p>	<p>Objective #2: Primary Care Visits:</p> <ul style="list-style-type: none"> • In collaboration with Oklahoma State University, OHCA has produced four new videos aimed at the importance of preventive care, and one video focused on OHCA's Durable Medical Equipment Re-Use Program. Each of these videos also brings to light the importance of health care coverage. Three of the preventive care videos are 15-seconds in length and focus on well-child check-ups, and two of the three specifically mention teens as this is a key group to target for increasing preventive visits. The fourth preventive care video promotes good oral health. OHCA plans to partner with Smart Start Oklahoma and OETA to air the 15-second videos as underwriting segments on OETA. • OHCA redesigned its child health guide and will distribute this broadly to public, private and nonprofit community-based partners across Oklahoma to reach local children and families and provide helpful information on the importance of preventive care. • OHCA Child Health and Reporting and Statistics units are mining SoonerCare claims data to inform targeted outreach efforts aimed at increasing well child check-up participation rates. The OHIP Child Health group will be engaged in data review and strategy development. • An agreement between OCCY and OHCA to work together on access to health care issues in the panhandle is progressing, with the expectation that a part-time position within OCCY will be filled in April 2013.
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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: NCHS)</p> <p>Baseline = 55.7% (2007) Benchmark 2014 = 60% Trend CY 2011 = 56.3%</p>	<p><u>Objective #3: Medical Home</u></p> <ul style="list-style-type: none"> • OHCA community and provider outreach efforts include a focus on the importance of a medical home. As of February 2013, there were 435,721 children (0-18) enrolled in SoonerCare Choice, OHCA's patient-centered medical home model. Approximately 89% of SoonerCare children are enrolled in SoonerCare Choice. • OHCA provider recruitment efforts include strategies for increasing the number of medical home providers. • An agreement between OCCY and OHCA to work together on access to health care issues in the panhandle is progressing, with the expectation that a part-time position within OCCY will be filled in April 2013.
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OHIP Progress Quarterly Report
3rd Quarter (Jan-Mar); 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>Several bills, related to texting and distracted driving, were introduced this session (HB1055, HB1097, HB1105, HB1278, and HB1503). None of these bills were passed. HB 1278 was specific to drivers 17 and younger (summary provided below).</p> <p>The Drive Aware Oklahoma group was formed last year because of failed attempts to pass legislation. Key founders include the Oklahoma Safety Council and AAA. The focus of this group is to raise awareness of the issue. IPS Health Educator, Alisha Hemani, is working with Drive Aware Oklahoma, youth advocacy groups (GenTXT), and others to increase educational activities and support for no texting while driving. GenTXT is a peer education group located in Tulsa. The group focuses on the dangers and risk of cell phone use while driving and works to reach middle school and high school youth. There is a group in Edmond Memorial and they are working to expand this to other schools in Oklahoma City. Alisha is working with PTA and other groups to facilitate this.</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>HB1278 – Author Rep. Steven Vaughan Related to motor vehicles; proposes that no one 17 years old or younger who has a license or permit be allowed to use a cell phone or electronic communication device while operating a motor vehicle, unless the device is hands-free allowing the person to keep both hands on the steering wheel. 2/4 – First Reading 2/5 – Second Reading, referred to Public Safety Committee BILL DORMANT</p> <p>Ride Safe Oklahoma Safety Instructions were conducted, but Injury Prevention Service (IPS) staff did not participate. IPS staff participated in events held with Ride Safe Oklahoma including Kids Fest and Oklahoma Youth Expo. A press conference was held by OU Medical to promote youth rider safety. IPS staff Regina McCurdy serves on the Ride Safe Oklahoma Board along with OU Medical Trauma Services, the Children’s Center, and other organizations.</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>The IPS is promoting best practices ongoing through the OSDH child safety seat distribution program. Through this program individual child safety seat checks and installations are conducted, education is provided to home visiting nurses, and certification training is supported. A press release on best practices has been prepared by IPS staff and should be issued in the next few weeks.</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>According to information received from Safe Kids OKC, legislation will be pursued for the 2014 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>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>It is not likely a law will be introduced at this time. The IPS Health Educator is preparing educational materials (posters and information cards) on GDL to place in drivers' license testing locations and tag agencies to educate parents and young drivers about GDL. She will also be working with schools and PTA to provide education about GDL.</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>Data for 2012 are not available.</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 regarding the life jacket loaner program. However, legislation related to boating safety was introduced but did not pass. HB1463 – Rep. Pat Ownbey Related to public health & safety; requiring persons aged 12-21 to complete a boating course before allowed to operate any boat or watercraft. 2/4 – First Reading 2/5 – Second Reading, referred to Public Safety Committee BILL DORMANT</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>Nothing to report</p>

OHIP Progress Quarterly Report
3rd Quarter (Jan-Mar); 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: Vacant	Measures: 1. Immunization coverage rate for 4:3:1:3:3:1 Baseline CY 2009 = 71.7% Benchmark CY 2014 = 85% Actual CY 2010 = 70.2% Actual CY 2011 = 70.3% Actual CY 2012 = 77.3%	Currently the 4:3:1:3:3:1 immunization coverage rates of children 19-35 months in Oklahoma 77.3%, according to the National Immunization Survey results released in September 2012. This was an increase from 70.3% reported the year before. Rates for 2013 are expected to be published in September 2013.
2. By July 2013, develop a new immunization information system (OSIIS) that has full capacity for electronic data exchange.	July 2013		Lead: Vacant	2. New immunization information system with capacity for electronic data exchange developed. Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 1 Actual CY 2012 = 0	Work continues on development of a new immunization registry with full capacity for electronic data exchange. The system currently in development is receiving data using HL7 standard version 2.5.1. Full implementation is expected in 2016.
3. By January 2013, implement strategies identified by community and state partners that optimize vaccinations by providers in both private and public settings.	December 2013		Lead: Vacant	3. Strategies to optimize vaccinations in private and public settings implemented. Baseline CY 2010 = 1 Benchmark CY 2013 = 1 Actual CY 2011 = 1 Actual CY 2012 = 1	The Immunization Service field staff began a one-year vaccine provider educational project in June 2012 with the goal of reducing missed opportunities to vaccinate. Educational materials are discussed with vaccine providers quarterly.

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 the state immunization registry, OSIS.	June 2013		Lead: Vacant	4. Legislation for mandatory reporting of childhood immunizations in OSIS enacted. Baseline FY 2010 = 0 Benchmark FY 2013 = 1 Actual FY 2011 = 0 Actual FY 2012 = 0	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. This is expected in 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		Lead: Vacant	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 = pending	<i>Immunize on Time Every Time</i> stickers developed in English and Spanish and placed on all WIC folders for parents' reference. Educational materials for TANF clerks have been developed. Tulsa City- County Health Dept. has instituted a procedure for identifying WIC clients <1 yr. of age who are overdue for vaccines and refer to immunization clinic.
6. By July 2013, identify and implement community-based intervention strategies to increase immunization coverage.	July 2013		Lead: Vacant	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 = 1	In 2012 the Immunization Service placed 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: Vacant	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 = 54.8% Actual CY 2012 = 66%	Completed Currently, 66.0% of Oklahoma adolescents 13-17 years of age have received 1 dose of Tdap vaccine. This level is expected to increase yearly due to the state requirement for all students entering the 7 th grade in Oklahoma to receive 1 dose of Tdap vaccine. Rates for 2013 are expected to be published in August or September 2013.
8. By December 2013, increase the proportion of Oklahoma adolescents aged 13-17 years that have completed one dose of meningococcal vaccine (MCV) to 55%.	December 2013		Lead: Vacant	8. Percent of adolescents 13-17 years completing 1 dose of meningococcal vaccine (MCV). Baseline CY 2009 = 25.1% Benchmark CY 2013 = 55% Actual CY 2010 = 29.5% Actual CY 2011 = 42.6% Actual CY 2012 = 55%	Completed Currently, 55.3% of Oklahoma adolescents 13-17 years of age have received 1 dose of meningococcal vaccine. The Immunization Service made a special purchase of MCV in 2012 which local health departments are offering now to all adolescents.
9. By December 2013, increase the proportion of Oklahoma adolescent females aged 13-17 years that have completed three doses of human papillomavirus (HPV) vaccine to 35%.	December 2013		Lead: Vacant	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 2011 = 31.1% Actual CY 2012 = 27% Actual CY 2013 = pending	Currently 27% of Oklahoma female adolescents 13-17 years of age have completed the 3 dose series of HPV vaccine. This level is expected to increase slowly as more female adolescents are seen in clinics to receive the Tdap booster. Rates for 2013 are expected to be published in September 2013.

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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		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 December 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 2013</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"> • OSDH continues to manage the Oklahoma Dental Loan Repayment Program (ODLRP) with 15 active participants. • OSDH participated in a lunch and learn program at the Univ. of Oklahoma College of Dentistry to inform dental students interested in rural health about the ODLRP. • The OSDH and the Oklahoma Dental Association (ODA) prepared an annual report for the Governor's Task Force on Children and Oral Health Implementation Focus Group. This was distributed to the Governor's office and specified legislators. • ODSH staff held leadership roles and participated in the Oklahoma Mission of Mercy, a massive 2-day dental clinic treating 1,786 patients in Lawton, OK, February 2013. • 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.
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<p>4. By December 2013, 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 2013</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"> • OSDH dental director and fluoride consultant visited Shawnee local dentists to promote awareness of community water fluoridation (CWF). • A brochure promoting CWF was developed by OSDH for distribution. • Fourteen ODLRP dentists practicing in shortage areas continue to treat a minimum of 30% Medicaid patients, ongoing. • The Oklahoma Health Care Authority (OHCA) submitted an application for the HRSA Grants to States to Support Oral Health Workforce Activities. This 3-pronged grant includes: developing & implementing a school-based/linked sealant program; supporting the placement of dental students in rural externships, such as community-based dental clinics and Indian Health/Tribal facilities; and enhancing the state community water fluoridation program. These activities involve the OSDH, Oklahoma Dental Foundation MobileSmiles Oklahoma program, OU College of Dentistry, Indian and Tribal health organizations, and community advocates.
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OHIP Progress Quarterly Report
3rd Quarter (Jan-Mar); 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
<p>1. By June 2012, initiate evidence-based medically accurate, age appropriate teen pregnancy prevention curriculum, including evaluation in middle and high schools.</p>	<p>June 2012</p>		<p>Lead: Ann Benson</p>	<p>1. Evidence-based teen pregnancy prevention curriculum initiated in middle and high schools.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 = 1</p>	<p>1. Completed</p>
<p>2. By December 2013, increase school participation in state youth behavior survey (YRBS) data collection through a coordinated state-level approach that reduces burden on schools.</p>	<p>December 2013</p>		<p>Lead: Ann Benson</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 Actual CY 2011 = 0</p>	<p>2. By March 2013 the number of schools participating in the YRBS survey and the number of students participating in the survey appear to have reached the percentage necessary to receive weighted data. The surveys were carried out by MCH personnel at a time and date acceptable to each participating school.</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 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. Refresher trainings will be made available in 2013 to account for staff turnover.</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. 2011 National Survey of Children's Health 2011 data is not available at this time.</p>

OHIP Progress Quarterly Report
3rd Quarter (Jan-Mar); 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 =	75 professionals received training
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	2 professionals became Endorsed

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			<p>Annual percent of unduplicated enrollees 0 through 5 yrs in Medicaid with paid screens from one year to the next (Revised 12/31/12)</p> <p>Baseline CY 2010 = 14,460 (6.8%) Target CY 2014 = Actual CY 2011 = 14,506 (6.3%) Actual CY 2012 = 16,536 (7.2%)</p>	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	<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% Actual CY 2012</p>	Presented new postpartum depression screening protocol to health department social workers on March 4. Conducted training on March 15 with county health department nurses/staff on postpartum depression and new screening protocol. Finalized updated procedure in Maternity Manual for Commissioner of Health approval.

OHIP Progress Quarterly Report
3rd Quarter (Jan-Mar); 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
<p>1. By December 2011, identify strategies to increase the number of community-based services for detection and counseling for children/youth with substance abuse problems.</p> <p>2. By December 2012, develop school and other community-based early intervention programs for detection and counseling for children/youth with substance abuse problems.</p>	<p>December 2011</p> <p>December 2012</p>		<p>Lead: Jackie Shipp</p> <p>Lead: Jackie Shipp</p>	<p>Measures:</p> <p>Strategies to increase number of community-based services for detection and counseling for children/youth with substance abuse problems identified.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 =</p> <p>School and other community-based early intervention programs for detection and counseling for children/youth with substance abuse problems developed.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Actual CY 2011 =</p>	<p>The Adolescent Recovery Collaborative grant is underway as of last October 1. Services started January 1. This is at Latino Community Development Agency and Specialized Outpatient Services. ODMHSAS hopes to replicate this model statewide within the next five years.</p> <p>The Charter School programs are continuing.</p> <p>Specialized Outpatient Services has a MOU in development with an OKC school to do early intervention for youth caught with substance use, in lieu of being removed from school. LCDA is going to try and pursue the same kind of MOUs.</p>

<p>3. By June 2013, collect Oklahoma-specific data on the prevalence and unmet needs of children with mental health and substance abuse problems.</p>	<p>June 2013</p>		<p>Lead: Jackie Shipp</p>	<p>Oklahoma-specific data on prevalence and unmet needs of children with mental health and substance abuse problems collected.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2013 = 1 Actual CY 2011 =</p>	<p>DMHSAS is attempting to get the first-ever state level data from the BRFSS – from a module added last year through DMHSAS Prevention funding – trying to get now. Will update when received.</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
1. By December 2014, expand by 10% the number of children and youth in the state receiving outpatient 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	Under 18: CY2011 – 4,223 CY2012 – 3,714 Under 21 CY2011 6,899 CY2012 6,251
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 = Actual FY 2012 =	Under 21: 408 FY2012 398

<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>Still on track for statewide SOC by December, 2014.</p> <p>As of this past quarter, we are up to 62 counties.</p>
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OHIP Progress Quarterly Report
3rd Quarter (Jan-Mar); 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 = 2	1) Keep Your Cool radio and tv commercials intensely aired April – June and lightly throughout the year. 2) Television commercial focusing on prevention aired April – June with a heavy emphasis during the Thunder playoffs; commercial included James Harden
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	Completed; Jack Miller of the Massachusetts' Children's Trust Fund provided a Protective Factors train-the-trainer; from that 44 local programs were provided
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 = appx 4,100	Ongoing; HB 1063 targeting home visiting was held over until next legislative session; a bi-partisan task force, chaired by Reps. McCullough and Nelson, is to be appointed to study Oklahoma's home visiting needs and options

<p>4. By January 2012, implement an abusive head trauma/shaken baby educational program, guided by parental involvement, for new parents through partnering with 20 hospitals.</p>	<p>January 2012</p>		<p>Lead: Lisa Rhoades</p>	<p>4. Baseline CY 2010 = 1 Benchmark CY 2012 = 20 Actual CY 2011 = 25 Actual CY 2012 = 32</p>	<p>Added 3 new birthing hospitals to the list of hospitals participating in the Period of PURPLE Crying (PPC) abusive head trauma prevention initiative. Current total of 35 participating birthing hospitals.</p>
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OHIP Progress Quarterly Report (DRAFT)
3rd Quarter (Jan-Mar); 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.*

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress (key accomplishments/major barriers)
1. By December 2011, implement a medical health passport that electronically provides a custody child's health and education related information to placement and medical providers and allows for portability between service providers.	December 2011		Lead: Deborah Smith	Measures: 1. Electronic medical passport implemented. Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 = 1	Completed
2. By December 2011, develop a strategic plan for a "trauma-informed" Child Welfare System.	December 2011		Lead: Deborah Smith	2. Strategic plan for a “trauma-informed” Child Welfare System developed. Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Actual CY 2011 = 1	Completed

<p>3. By December 2011, implement procedures for a single statewide screening and intake process for behavioral health services for children in foster care.</p>	<p>December 2011</p>		<p>Lead: DHS/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: Deborah Shropshire, MD</p>	<p>4. Number of targeted interventions offered annually to: 1) health care professionals and 2) case workers, foster parents, teachers, judges on health care for children in foster care.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2011 = 500 Actual CY 2011 & 2012 = 2260</p>	<p>Completed</p>

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

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. By June 2011, enact legislation to amend the Oklahoma Early Intervention Act to allow family cost participation.	June 2011		Lead: Mark Sharp/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 =	OSDE, OSDH and Smart Start Oklahoma have begun meeting to investigate the feasibility of integrating the OSDE and OSDH data systems.

<p>3. By December 2014, increase to 51% the percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.</p>	<p>December 2014</p>		<p>Lead: Karen Hylton & Joni Bruce</p>	<p>3. Increase in percent of youth with special health care needs who received the services necessary to transition to adult life.</p> <p>Baseline: CY 2006: 43.7% Benchmark CY 2014 = 51% Actual CY 2010 = 40.5% Actual CY 2011 = 40.5%</p>	<p>Ongoing</p>
<p>4. By December 2014, increase the percentage of children with special health care needs receiving coordinated, ongoing comprehensive care within a medical home by 20%.</p>	<p>December 2014</p>		<p>Lead: Karen Hylton & Joni Bruce</p>	<p>4. Increase in percent of children with special health care needs receiving coordinated, comprehensive care within a medical home.</p> <p>Baseline CY 2006 = 49.7% Benchmark CY 2014 = 60.2% Actual CY 2010 = 46.1% Actual CY 2011 = 46.1%</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 & 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 & 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>

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

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By June 2011, assure child health-related communication campaigns incorporate information about statewide community resource systems available through 211, JOIN and OASIS as part of health-related public awareness and communication campaigns.</p>	<p>June 2011</p>		<p>Edd Rhoades</p>	<p>Baseline CY 2010 = 0 Benchmark CY 2011 = 1 Trend CY 2011 = 0</p>	<p>No longer being pursued - 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. After meeting with 211, capacity has been identified as a barrier to implementation/promotion of this objective.</p>
<p>2. By December 2014, establish an early childhood data system which includes data from the major child serving state and federal programs in Oklahoma.</p>	<p>December 2014</p>		<p>Edd Rhoades</p>	<p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Trend CY 2011 = 0</p>	<p>Ongoing - The OPSR Data System and Coordination Workgroup continues to meet monthly. A special project involving OSDH and OSDE related to the SoonerStart EI Program has been initiated. Other activities include exploration of the potential for incorporating components of an early childhood data system into 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 Actual CY 2011 = 0</p>	<p>1. 314 schools received recognition as Certified Healthy Schools in 2012 which means each of the recognized schools had some form of comprehensive health education following the PASS Guidelines.</p>
<p>2. By December 2014, promote the CDC's Coordinated School Health Program model for grades K-12 in Oklahoma public schools.</p>	<p>December 2014</p>		<p>Lead: Ann Benson</p>	<p>2. CDC Coordinated School Health Program model K-12 promoted in public schools.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Actual CY 2011 = 0</p>	<p>2. 314 schools in Oklahoma received recognition as Certified Healthy Schools. Guidelines for certification follow the CDC Coordinated School Health Program model and all schools must demonstrate evidence of meeting each of the 8 components of the CDC Coordinated School Health Program.</p>