

**OHIP Progress Quarterly Report**  
**4<sup>th</sup> Quarter (Apr-Jun); 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. Stephen 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"> <li>• Planning for formation of an expanded work group for the Child Health Access to Primary Care is underway following clarification roles with the OHIP Access to Primary Care Work Group.</li> <li>• 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).</li> <li>• 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.</li> <li>• OSDH county offices have dedicated staff to SoonerCare enrollment for qualified individuals.</li> </ul>

<p>2. By December 2014, the percentage of children who have at least one primary care provider visit in a year will increase to 90%.</p>	<p>December 2014</p>			<p>2. Percent of children with at least one primary care visit per year. (Source: 2007 NCHS)</p> <p>Baseline = 83.5%  Benchmark 2014 = 90%  Trend CY 2011 =</p>	<ul style="list-style-type: none"> <li>• For SoonerCare members, OHCA auto-generates reminder letters to parents/guardians regarding well child visits that are due.</li> <li>• OHCA Member Services promotes well-child visits for members.</li> <li>• 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. Filming of families has been completed. Videos will emphasize the impact access to services has had for children and promote preventive care including well child, oral health, and developmental screening.</li> <li>• OHCA Communication Services staff have promoted preventive check-ups at recommended times through community outreach partners and media.</li> <li>• OHCA has implemented a telephonic re-enrollment initiative. Upon successful recertification, the parent/guardian is encouraged to schedule a well-child visit with their PCP.</li> </ul>
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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"> <li>• The majority of SoonerCare children are enrolled in SoonerCare Choice, OHCA's medical home model.</li> <li>• A team from Oklahoma attended the BUILD Initiative Medical Homes and Early Childhood Systems Building Conference May 21 – 23, 2012, which included representatives from OPSR, OHCA, and OUHSC.</li> </ul>
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**OHIP Progress Quarterly Report**  
**4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**Workgroup Name:** Children’s Health – Injury Prevention

**Workgroup Goal:** Reduce preventable injuries in Oklahoma children.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress
1. By June 2011, enact legislation to strengthen the graduated driver’s license law to prohibit the use of a hand held electronic device while driving except for “life threatening emergency purposes” for all drivers under 18 years of age.	June 2011		Lead: Pam Archer/ Sheryll Brown	Measures: 1. Legislation passed.  Baseline FY 2010 = 0 Benchmark FY 2011 = 1 Trend FY 2011 = NA	As reported in the previous quarterly report, SB 182 died in committee last session. The bill will be included in the Injury Prevention Service’s (IPS) legislative request to the Deputy for the upcoming session. A new Task Force on Distracted Driving is being formed to look at policy and education strategies. The IPS will participate on the Task Force.
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	The IPS will not pursue ATV Safety legislation this session.
3. By December 2012, implement a campaign that promotes best practices related to child safety seat usage including information on correct installation of child safety seats in public service spots.	December 2012			3. Campaign implemented.  Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 =	The IPS received funding from the Preventive Health and Health Service Block grant to hire a health educator to focus on motor vehicle injury prevention. Additionally, the IPS has purchased more than 1,000 child safety seats to distribute to families in need. Distribution site will be the state health department. IPS will continue to work with Safe Kids to train child passenger safety technicians and conduct checks and installations.

<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>The Oklahoma Highway Safety Office (OHSO) will be proposing legislation in the upcoming session to increase the age in which a child must be properly restrained in a child safety seat up to age 8. The IPS will also include it in the legislative request to the Deputy.</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>We will not pursue this legislation this session.</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>As mentioned above, the IPS will be increasing efforts to prevent motor vehicle injuries among children by increasing education, training, and distribution of child safety seats.</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>Safe Kids recently purchased and distributed approximately 200 life jackets to area lakes for the Brittany Project. This project was established in 1999 by Dona and Greg Williams through Safe Kids Oklahoma named after their 4-year-old daughter, Brittany Mobley, who drowned Memorial Day weekend in 1996 at Lake Thunderbird. With program partners the U.S. Army Corps of Engineers- Tulsa District, life jackets are distributed to kiosks and swim beaches statewide and are free for the public to utilize. A variety of sizes of US Coast Guard Approved life jackets are available at most loaner stations, from small child to adult.</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 = 2011 data is not available yet</p>	<p>Nothing to report.</p>

**OHIP Progress Quarterly Report**  
**4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**Workgroup Name: Children's Health - Immunization**

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

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
1. By December 2014, increase the 4:3:1:3:3:1 immunization coverage rates of children 19-35 months to 77.5%.	December 2014		Lead: Bobbie Nubine/ Don Wilber	Measures: 1. Immunization coverage rate for 4:3:1:3:3:1  Baseline CY 2009 = 70.2% Benchmark CY 2014 = 85% Trend CY 2010 = 70.3% Trend CY 2011 =	1. Monthly Reminder Recall postcards are generated through OSIIS-636 providers participating. -Ongoing - 2011 National Immunization Survey results pending.
2. By March 2013, develop a new immunization information system (OSIIS) that has full capacity for electronic data exchange.	March 2013			2. New immunization information system with capacity for electronic data exchange developed.  Baseline CY 2010 = 0 Benchmark CY 2012 = 1 Trend CY 2011 =	2. In Progress. Weekly OSIIS Rollout and Weekly Development Team meetings are maintained to continue target implementation. -Interoperability Strategic Plan development continues through bi-weekly meetings to develop capacity for full data exchange.
3. By January 2013, implement strategies identified by community and state partners that optimize vaccinations by providers in both private and public settings.	January 2013			3. Strategies to optimize vaccinations in private and public settings implemented.  Baseline CY 2010 = 1 Benchmark CY 2013 = 1 Trend CY 2011 =	3. Collaboration continues with community partners on the development of the new OSIIS. -Missed Opportunities Campaign began June 1, 2012 to educate providers on how to reduce missed opportunities.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
4. By June 2013, enact legislation for statewide mandatory reporting of all childhood vaccinations to OSIS.	June 2013		Lead: Bobbie Nubine /Don Wilber	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. Met with Oklahoma Temporary Assistance for Needy Families (TANF) Administration regarding enforcement of statute for up to date immunization requirement and reeducation of recertification staff. -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. Epidemiologist position filled June 4, 2012. Epidemiologist with do community assessments. These assessments will be utilized to develop and evaluate community-based interventions.

**Workgroup Goal: Increase immunization coverage rates of adolescents.**

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Performance Measure	Progress
<p>1. By December 2013, increase the proportion of adolescents aged 13-17 years that have completed 1 dose of TDAP to 60%.</p>	<p>December 2013</p>		<p>Lead: Bobbie Nubine/ Don Wilber</p>	<p>1. Percent adolescents 13-17 years completing 1 dose of TDAP</p> <p>Baseline CY 2009 = 35.1%                      Benchmark CY 2013 = 60%                      Trend CY 2010 = 54.8%                      Trend CY 2011 =</p>	<p>1. Oklahoma 7<sup>th</sup> Grade Annual Assessment Survey Reported 65.3%.                      -Ongoing - National Immunization Survey 2011 results – Pending.</p>
<p>2. By December 2013, increase the proportion of Oklahoma adolescents aged 13-17 years that have completed one dose of meningococcal vaccine to 55%.</p>	<p>December 2013</p>			<p>2. Percent of adolescents 13-17 years completing 1 dose of meningococcal vaccine.</p> <p>Baseline CY 2009 = 29.5%                      Benchmark CY 2013 = 55%                      Trend CY 2010 = 42.6%                      Trend CY 2011 =</p>	<p>2. Ongoing - National Immunization Survey 2011 results – Pending.</p>
<p>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%.</p>	<p>December 2013</p>			<p>3. Percent of adolescent females 13-17 years completing 3 doses of HPV vaccine.</p> <p>Baseline CY 2009 = 16.2%                      Benchmark CY 2013 = 35%                      Trend CY 2010 = 31.3%                      Trend CY 2011 =</p>	<p>3. Ongoing - National Immunization Survey 2011 results – Pending.</p>

**OHIP Progress Quarterly Report**  
**4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**Workgroup Name: Children's Health – Oral Health**

**Workgroup Goal:** Improve the health status of Oklahoma children by reducing the amount of dental caries.

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	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 2012</p>	<p>June 2012</p>	<p>Jana Winfree, DDS / Sally Selvidge / Kay Floyd</p>	<p>State fluoridation plan established.</p> <p>Baseline CY 2010 = 0            Benchmark CY 2012 = 1            Trend CY 2011 = 0            CY 2012 = 1</p>	<ul style="list-style-type: none"> <li>• OSDH staff completed the State Fluoridation Plan that identifies objectives and actions to improve the oral health status of Oklahoma by promoting Community Water Fluoridation (CWF). The Oklahoma Dept. of Environmental Quality provided input.</li> <li>• 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.</li> <li>• OSDH State Dental Director wrote a CWF article for the Oklahoma Chapter American Academy of Pediatrics (OKAAP) newsletter to increase professional awareness.</li> <li>• OSDH State Dental Director attended the Association of State and Territorial Dental Directors (ASTDD) annual conference and discussed water fluoridation possibilities with CWF advocates and professionals, April 18.</li> </ul>

<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 = 1</p>	<ul style="list-style-type: none"> <li>• OSDH staff participated in ASTDD's webinar relating to CWF: Managing Challenges to Community Water Fluoridation: Perspectives from the Field, Tools, and Resources, May 23.</li> <li>• OSDH staff presented the State Fluoridation Plan to the GTF Focus Group meeting, June 15.</li> <li>• OSDH staff review and edit of the data discrepancies in relation to the state's water information system and the federal water reporting system, ongoing.</li>   <li>• 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.</li> </ul>
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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"> <li>• The Oklahoma Sealant Initiative Committee completed a statewide Sealant Plan; received approval from the State Superintendent of Public Instruction; and continues to seek funding to implement a statewide dental sealant program, including planned meetings with Legislators.</li> <li>• The University Of Oklahoma College Of Dentistry (OUCOD) continues to pilot the American Dental Association's Community Dental Health Coordinator Workforce Model, and is exploring methods for evaluation of the program.</li> <li>• OSDH has partnered with the OUCOD in its application for the HRSA Grants to States to Support Oral Health Workforce Activities. Notification of accepted grantees is expected in September, 2012.</li> <li>• OSDH manages the Oklahoma Dental Loan Repayment Program (ODLRP)- legislation to make the law more flexible for types and numbers of participating dentists was passed; funding was approved to support 15 ODLRP participants in SFY13; and training about the program was provided to dental school students, May 7.</li> <li>• Discussions among dental partners with the Oklahoma Dental Association (ODA) and councils, COHC, GTF Focus Group, and others, ongoing.</li> </ul>
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<p>4. By December 2012, develop strategies to provide technical assistance, consulting, and training in integration, coordination, and implementation of evidence-based or promising programs addressing oral health and the prevention of dental diseases</p>	<p>December 2012</p>		<p>Jana Winfree, DDS / 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 = 1</p>	<ul style="list-style-type: none"> <li>• The Community Dental Health Coordinator Pilot Program is training the third cohort of participants and seeking funding to evaluate its effectiveness in the communities.</li> <li>• OSDH dental director presented CWF strategies at the Oklahoma Rural Water Association conference, April 4.</li> <li>• OSDH submitted three Public Health Dental Activity Practice Summaries (CWF, Dental Education, and ODLRP) to the ASTDD Best Practice committee for consideration to publish on the ASTDD website, June.</li> <li>• ODLRP dentists practicing in shortage areas continue to treat a minimum of 30% Medicaid patients, ongoing.</li> <li>• OUCOD hosted the Oklahoma Dental Leadership Institute, June 29.</li> <li>• Work plan development and activities, ongoing.</li> </ul>
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**OHIP Progress Quarterly Report**  
**4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**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 = 10  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. Final evaluations for spring semester are being analyzed. Plans are being incorporated for presenting evidence-based teen pregnancy curriculum at alternate locations during summer breaks in public schools.</p> <p>2. Two youth risk behavior survey planning and preparation meetings have been held with child and adolescent health and assessment within Maternal and Child Health. MOU's are being written for participating schools to receive a \$500 stipend.</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 continue to incorporate those skills in their 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>

**OHIP Progress Quarterly Report**  
**4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**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 was held for Home Visitation Leadership on March 21, 2012 with 30 participants. In the Tulsa area, health care provider training included 3 groups totaling 105 professionals. Training provided at Children’s Behavioral Health was 150 participants which were inclusive of providers, both urban and rural, from across the state. Total participants: 285
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 = 19	OK-AIMH has endorsed a total of 3 more individuals to increase the total to 19 endorsements statewide.

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 FY 2010 = 14,460 Target FY 2014 = 15,906 Trend FY 2011 = 14,506	Collaborated with OHCA to establish proxy for baseline and trend data using children enrolled in Medicaid.
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 =	Met with OSDH Chiefs of Guidance, WIC, and SoonerStart to discuss implementation of Postpartum Depression (PPD) screening.  Submitted PPD screening protocol for approval and inclusion in Oklahoma State Department of Health Maternity Policy and Procedures Manual.

**OHIP Progress Quarterly Report**  
**4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**Workgroup Name: Children’s Health – Children and 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: 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 Trend CY 2011 =	This week, we are completing a SAMHSA grant application that would enable us to implement an evidence-based assessment tool and evidence-based treatment model in Oklahoma County, to be replicated statewide, dependent upon increased funding. We are hopeful. This grant would bring \$1 million per year for three years.
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: 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 Trend CY 2011 =	The Department has trained approximately 200 providers this year in a group model which can be delivered by bachelor’s level staff – Seeking Safety.

<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: 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 Trend CY 2011 =</p>	<p>The Department has partnered with OSDH to add some mental health and substance abuse questions to the bi-annual survey.</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: 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 Trend CY 2011 = 3877	Number receiving OPSA services updated for 2011.
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: 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 Trend FY 2011 =	This number has not increased because it is still not a Medicaid billable service in Oklahoma, and the ODMHSAS has received cuts. Therefore, services have not been increased at all in this category.

<p>3. By December 2014, provide resources to expand the systems of care network statewide.</p>	<p>December 2014</p>		<p>Lead: Shipp</p>	<p>Resources for expansion of systems of care network provided.</p> <p>Baseline CY 2010 = 0 Benchmark CY 2014 = 1 Trend CY 2011 =</p>	<p>SOC has expanded to 59 counties The legislature just appropriated an additional \$3 million for SFY13!</p>
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**Workgroup Goal:** Develop and expand community-based programs for prevention of injuries among children and youth

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

<p>3. By June 2014, decrease the percent of youth who report current use of alcohol (in the last 30 days) by 3%.</p>	<p>December 2014</p>		<p>Lead: Hawkins</p>	<p>Percent of youth who report current use of alcohol in the past 30 days (YRBS)</p> <p>Baseline CY 2009 = 39%  Benchmark CY 2014 = 37.83%  Trend CY 2011 = 38%</p>	<ul style="list-style-type: none"> <li>• The 17 community agencies (Regional Prevention Coordinators (RPCs)), contracted by the ODMHSAS to organize local-level alcohol and other drug prevention services, completed 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.</li> <li>• The 17 RPCs continue to coordinate Regional Epidemiological Outcome Workgroups to collect and analyze local-level data related to alcohol and other drugs. Most have prioritized underage drinking and identified strategies to address related data gaps.</li> </ul>
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					<ul style="list-style-type: none"><li>• 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. <a href="http://Oklahomasocialhost.com">Oklahomasocialhost.com</a></li><li>• 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.</li><li>• The ODMHSAS applied for continued Justice Assistance Grant funding to resource, in part, the state's underage drinking prevention law enforcement task forces.</li><li>• 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.</li><li>• The ODMHSAS provided letters of support for several community coalitions/agencies applying for federal STOP Act grants to reduce underage drinking.</li></ul>
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**OHIP Progress Quarterly Report**  
**4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**Workgroup Name: Children’s Health – Child Abuse & Neglect - Prevention**

**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 Trend CY 2012 = 1	Two commercials ran during April, May and June of 2012: 1) Keep Your Cool (same as last year) and 2) the new Child Abuse Prevention Commercial featuring James Harden, Cliff Hudson and Talita DeNegri.
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 Trend CY 2012 = 4	Annette Jacobi presented 1 program; Grace Kelley presented 2 programs and Pat Damron presented 1 program.
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	Ongoing - Trend data for FY 12 will not be available until later in the CY.

<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 = 25</p>	<p>Completed review (team lead) of 10 years of child death abuse cases to determine incidence of abusive head trauma. Found 75% were due exclusively to abusive head trauma.</p> <p>Continued support for the 25 hospitals that have fully implemented Period of Purple. Recruitment of remaining birthing hospitals continued.</p> <p>Launched CLICK for Babies project, focused on the knitting of purple caps for newborns to enhance visibility of Period of Purple and efforts to reduce abusive head trauma, with 19 of the 25 hospitals committed to participate.</p> <p>Completed public service announcement scripting and production for infant Injury prevention - Owner's Manual.</p>
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**OHIP Progress Quarterly Report  
4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**Workgroup Name: Children’s Health – Child Abuse and Neglect – Custody Children**

**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)
<p>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.</p>	<p>December 2011</p>		<p>Lead: Deborah Smith</p>	<p>Measures: 1. Electronic medical passport implemented. Baseline 2010 = 0 Target 2011 = 1 Trend 2011 = 1</p>	<p>Objective is complete so there will be no additional updates. 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.</p>
<p>2. By December 2011, develop a strategic plan for a "trauma-informed" Child Welfare System.</p>	<p>December 2011</p>		<p>Lead: Deborah Smith</p>	<p>2. Strategic plan for a “trauma-informed” Child Welfare System developed. Baseline 2010 = 0 Target 2011 = 1 Trend 2011 = 1</p>	<p>Objective is complete so there will be no additional updates. 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 <a href="http://www.okdhs.org">www.okdhs.org</a>. 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>

<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>Since this goal is broader than just children in foster care, OKDHS has raised the question about DMHSAS providing leadership for this objective. OKDHS previously reported 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.</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>Leadership for this objective needs to be determined.</p>

**OHIP Progress Quarterly Report**  
**4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**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	
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	An internal OSDE group met to discuss the pros and cons of requesting an in-house rewrite and the possibility of combining our data system with the IDEA Part B data system. Both approaches would have to be approved by OSDE and OSF. Integration with the OSDH database and the Wave are key components to both plans.

<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%          Trend CY 2011 =</p>	<p>DRS developed and began getting airtime for a PSA on transition to try to seek more applicants from the high schools.</p> <p>DRS and OFN provided the first Transition Care Notebook Workshop on May 6, 2012 to 20 participants. This workshop assists teachers, other providers, parents and young adults in preparing for a successful transition. OFN is seeking other opportunities to provide this training statewide.</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%          Trend CY 2011 =</p>	<p>The ABCD 3 Project will be expanding coverage to include up to 4 additional counties which may include Oklahoma, Rogers, Creek and Major counties.</p>

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

<p>5. 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>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 Trend CY 2011 = 11</p>	<p>The Oklahoma Family Network added a new Family Support Navigator to cover nine counties in western Oklahoma. Families will be offered connections to family-to-family support, training, financial and community resources, providers, support groups for families and siblings of children with special needs.</p>
<p>6. 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>6. 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 = 84.7%</p>	<p>The legislature gave DDSD additional funding for FY13 to reduce the size of the waiting list.</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>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. Ongoing</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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**4<sup>th</sup> Quarter (Apr-Jun); SFY Ending June 30, 2012**

**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>