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Child Guidance Vision: *Creating a state of health in which families can thrive so that all children reach optimal growth and development.*

Child Guidance Mission: *Child Guidance serves children , birth to age 13, their families and caregivers by providing services that are relationship based, family centered, developmentally appropriate and culturally sensitive. Child Guidance is a key partner in a system of care that works to assure conditions by which our younger citizens can be healthy.*

Goal 1: Increase the number of positive interactions children have with their family, caregivers and other children.

Activity 1 : Provide EBP programs that support and educate parents

Action	Timeline	Who	Performance Measure/Benchmarks
Step 1. Provide individual parent education services and/or group parent education services such as COP, COS-P, IY, and Hanen.	Ongoing	Technical Supervisors and clinic staff	# of Infant Massage classes/sessions # of COS-P Groups/sessions # of IY groups/sessions # of Hanen groups/sessions # of PCIT sessions # of COP Groups # of Individual CG sessions with identified client over age 6 yrs.
Step 2. Assist parents in connecting with health providers, early care providers, community resources to improve their child's health status.	Ongoing	Technical Supervisors and local staff	# of referrals made by CG clinicians to other health programs

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Step 3. Using Evidence-based programs Child Guidance will enhance child-parent relationships (parental stress, flourishing, protective factors) by providing individual and group services.	Ongoing	Technical Supervisors and local staff	Increase in flourishing Increase in protective factors Decrease in parental stress
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Goal 2: Increase the public and agency awareness and knowledge of Child Guidance services

Activity 1: Branding CG

Action	Timeline	Who	Performance Measure/Benchmarks
Step 1. Write a white paper to define how CG supports the 4 th flagship issue: Behavioral Health.	November 2015	Beth Martin State Staff	White paper completed and distributed to senior leadership.
Step 2. Pursue Child Guidance involvement/representation in behavioral health flagship workgroups, BHAC, and other entities that have focus on early childhood and youth issues.	January 2017	Steve Ronck Beth Martin State Staff	Gain representation on the Oklahoma Healthcare Authority’s Behavioral Health Advisory Council (BHAC) CG representation on: Children’s State Advisory Workgroup (CSAW) State Advisory Team (SAT) SoonerSuccess Children of Incarcerated Parents Task Force (CIP) Preparing for a Lifetime Workgroups
Step 3. Meet with each health department administrator, with a Child Guidance program, during calendar year 2015. Provide information about Child Guidance services and how programs can make appropriate referrals to Child Guidance	December 2015	Beth Martin	Number of visits completed out of 12 Child Guidance administrative districts

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Step 4. Identify statewide awareness campaigns focused on the population that Child Guidance serves.	September 2015	Child Guidance State Program Staff	Identified list of campaigns, initial connections made to the campaigns. Initial planning conducted with messaging.
Step 5. Design a social media campaign regarding CG services: Create a PSA, tweet, develop Facebook page, explore connection of social emotional health to other Social media campaigns: Shape your future, Parent Pro, Project Launch, Smart Start. Collect information about protocol for use of social media.	March 2016	Jane Humphries, Program Support Staff	Completed Social Media campaign draft plan with prototypes of PSA, tweet, Facebook page, etc.
Step 6; Work with external and internal partners to connect social emotional health to broader health and wellness campaigns	Ongoing	All Child Guidance staff and supervisors,	# of partners identified # of wellness campaigns identified
Step 7. Ongoing information and partnership with state and local health department programs to promote Child Guidance services.	Ongoing	All Child Guidance staff and supervisors, county administrators	# of partnerships in place # of new partnerships
Step 8. Vision, Mission and key talking points for use in promotion of Child Guidance services. Provide to all staff.	October 2015	State Staff	Completed Strategic Plan, with vision and mission distributed to staff. Used in all meetings

Goal 3: Develop and enhance a highly qualified workforce through ongoing professional support, training and supervision

Activity 1 : Program review and alignment with vision and mission

Action	Timeline	Who	Performance Measure/Benchmarks
Step 1. Develop criteria for process to review service delivery models.	January 2016	Central Office (Beth, Jane, Alesha, Jeff)	Criteria for implementing new EBP in place. Criteria are in the CG manual.
Step 2. Conduct review of each CG service delivery model to assess how it aligns with CG vision and mission, and meets the goals of the CG program.	April 2016	Central Office (Beth, Jane, Alesha, Jeff)	List of approved EBP that align with the vision and mission of Child Guidance are identified for each discipline and general program.
Step 3. Create an implementation and evaluation protocol for approved programs.	July 2016	Central Office (Beth, Jane, Alesha, Jeff) and local staff	Completed protocol
Step 4. Identify and implement training.	Ongoing		% of staff trained in program approved EBP # of staff trained # of EBP trainings offered

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Activity 2: *Staff competency*

Action	Timeline	Who	Performance Measure/Benchmarks
Step 1. Define competencies (skillset) for all disciplines in Child Guidance and create a professional growth and development plan to assure competency.	July 2016	Technical supervisors and discipline staff	Written competencies in manual Written plan for professional development for staff with various levels of experience Written evaluation plan to assess progress within their professional growth and development plan
Step 2. Establish contracts with universities that meet OSDH approval to provide internships in Speech Pathology	July 2015	Jeff Meadows	Usable contracts in place Interns working in local health departments # of interns placed in CG clinics # of contracts signed by both parties
Step 3. Implement clerical and administrative training for Child Guidance support at local level. <ul style="list-style-type: none"> • Webinar for administrative staff • Participate in clerical staff trainings already planned 	July 2016	Central Office staff, Mike Ewald, local administrative support	# of training events completed # of participants attended
Step 4. Explore and develop a plan for hiring that provides flexibility with job class levels and a career progression plan. <ul style="list-style-type: none"> • Address what options are available to fill posted positions and under fill if necessary without reposting • Infrastructure not in place to support career progression • Consider contracting for services in hard to serve areas 	Preliminary plan by January 2017	Melissa Griffin Alesha Lilly HR	Hiring plan developed and shared with CFHS leadership, including recommendations.

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Step 5. Explore and develop job postings that clearly define the work including the population of focus and examples of programs and practice.	July 2016	Beth Martin Angela Stapp	Job postings developed
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Goal 4: Ensure comprehensive, evidenced-based Child Guidance services are available statewide.

Activity 1: Supervision

Action	Timeline	Who	Performance Measure/Benchmarks
Step 1. Define the supervision options for Child Guidance services statewide: i.e. technical supervision, clinic directors, district clinic managers/directors	January 2016	State Staff	Written plan outlining the cost benefit of each option
Step 2. Design an agreed upon structure for supervision, including job duties, cost, regions, timeline for implementation ,HR supports, and education plan.	January 2017	State Staff, Steve Ronck	Development of a detailed plan for staff supervision. Plan is provided to CFHS Leadership.
Step 3. Implementation of plan for supervision, hiring of staff, training of new staff, and professional support.	July 2017	State Staff, Steve Ronck, Human Resources, County Health Administrators	Supervision structure in place

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Activity 2: *Child Guidance Expansion*

Action	Timeline	Who	Performance Measure/Benchmarks
Step 1. Explore agency expectations for personnel support to expand service availability where needed. Options to explore: increase FTE's; expand locations, contract for staff.	August 2016	State Staff, Steve Ronck, CFHS administration and county administrators	Information is available to develop a plan
Step 2. Develop a plan to increase availability of CG services in existing sites where recruitment for specific disciplines has been unsuccessful.	October 2016	State Office, County Administrators, Steve Ronck	Plan developed and implemented which resulted in increased staff and/or services.
Step 3. Implement the hiring plan, reallocate PINS to different disciplines or add PIN, hire and train.	April 2017	State Office, County Administrators, Steve Ronck	Staff hired, in place and trained.

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Activity 3: *Pilot Evaluation Project*

Action	Timeline	Who	Benchmarks
Step 1. Continue to distribute the Child Guidance Parent Questionnaire every 5 weeks to families in services.	Ongoing	Rishu Garg Miriam McGaugh Local Staff	Data collected weekly
Step 2. Monitor and assess the process for collecting the surveys and reviewing the accuracy of the data	Ongoing	State Office Staff and Miriam McGaugh Rishu Garg	Data reviewed and analyzed periodically for accuracy and timeliness.
Step 3. Evaluate data collected and make decisions about how to improve the evaluation process and measures.	July 2017	State Office Staff and Miriam McGaugh Rishu Garg	Preliminary data available for review and decisions made on how to proceed.
Step 4. Develop and implement an evaluation plan that includes qualitative and quantitative data demonstrating child and family outcomes.	January 2018	Rishu Garg Miriam McGaugh State Office Staff	Evaluation Plan developed and implemented Shared with program staff, partners and stakeholders.
Step 5. Explore , design and implement options to measure quality and effectiveness of services through various measures using qualitative and quantitative data. <ul style="list-style-type: none"> • Start with small pilot, potentially with one discipline • Clients requesting prior authorization- speech language report – Cleveland & Custer Counties 	July 2017	State Staff Jeff Meadows Rishu Garg Miriam McGaugh	Develop a pilot evaluation utilizing OHCA required Prior Authorizations for SLPs and the follow up summaries to track progress toward therapy goals.

Goal 5: Collaboration with state and local partners to provide a community based system of care focused on supporting families with young children. (System of care, accessible, community buy-in)

Activity: *Partnership and Collaboration*

Action	Timeline	Who	Benchmarks
Step 1. Participate in state workgroups, advisory councils, agency workgroups, task forces etc.	Ongoing	State Office Staff	# of groups with OSDH CG participation
Step 2. Collaborate with other State Agencies, local communities, and local agencies through contractual agreements, MOAs or MOUs to provide services.	Ongoing	State Office Staff	# of agreements in place
Step 3. Support increase in request for Child Guidance services at the local level.	January 2017	State Office Staff & County Staff	# of families requesting services compared to previous year # of group services provided compared to previous year Increase the # of referral sources
Step 4. Support increase in requests for Mental Health Consultation	July 2017	MHC Advisory Group Child Guidance Staff	# of requests for MHC in subsidized child care # of requests for MHC in un-subsidized child care