

Children and Youth with Special Health Care Needs Oral Health Forum

# Smiles for Special Kids



## CHILDREN'S ORAL HEALTH COALITION

### Final Report

Moore Norman Technology Center  
Oklahoma City, Oklahoma  
August 25, 2006

Sponsored by



Small Smiles  
Dental Clinic  
OF OKLAHOMA CITY  
SERVING MEDICAID CHILDREN



with funding from  
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## **Project History and Summary**

In 1987, some 1,000 Oklahoma dentists were Medicaid providers. Legislatively mandated changes to the state dental plan in the mid 1990s had the unintended consequence of reducing this number to less than 250 regularly participating dentists. Stakeholders recognized early the devastating effects these changes had on the delivery of dental care to the Medicaid eligible population. Classic barriers to care such as distance to find a provider and unsatisfactory reimbursement rates arose. State, regional, and national meetings were held to address oral health issues among children and families with a focus on Head Start enrolled children. A state oral health summit was hosted in 2002 and involved representatives from family and provider groups, legislators, as well as the Oklahoma Health Care Authority (OHCA – Medicaid Agency).

The Oklahoma Association of Community Action Agencies (OKACAA), housing the Head Start State Collaboration Office (HSSCO), has been instrumental in the statewide collaborative planning process to improve the oral health of children in Oklahoma. The Children's Oral Health Forum was funded by the Association of State and Territorial Dental Directors (ASTDD) and presented by OKACAA on February 7, 2003. A result of that forum was the creation of the Oral Health Coalition and the subsequent merger with the Oklahoma Commission on Children and Youth (OCCY) Dental Task Force to become the Children's Oral Health Coalition (COHC).

The intent of these meetings was to identify feasible remedies to the growing dental disparity, and they were, in general, successful in effecting positive change. In 2004, administration of the dental program changed once again. Through the cooperative efforts of the Oklahoma legislature, OHCA, and the provider dentists, the number of participating dentists who accept Medicaid has increased to approximately 550. This success can be attributed to two main issues that were addressed: 1) an increase in reimbursement rates to a more reasonable level, and 2) a return to a fee-for-service system which eliminated an onerous and burdensome multi-tier style of insurance management.

This was a positive first step. Yet, despite these changes, more must be done in Oklahoma to address the issue of access to dental services for children and youth with and without special health care needs. With only half the 1987 number of Medicaid participating dentists today, there are still not enough providers for the approximately 293,881 Medicaid enrolled children of which 234,031 (80%) are enrolled in the State Children's Health Insurance Program (SoonerCare).

Partnerships have improved among all stakeholders as evidenced by the growth and activity of the Children's Oral Health Coalition, and also as a result of legislation allowing for improved access to hygienists and dental assistants outside the dental office under the supervision of dentists. However, most of the 550 dentists and dental offices are located in the state's two major metropolitan areas. The poor distribution of

dentists in less populated areas forces many rural Medicaid beneficiaries to travel long distances for dental care. It is particularly a problem to find dental services for older children, adolescents, and young adults with special health care needs.

Subsequent to the 2003 Children's Oral Health Forum, in June 2005, the COHC partnered with OKACAA to carry out follow-up activities to the forum funded by another ASTDD grant. In a survey of those who attended the forum, 68% of the respondents "indicated that the lack of access to dental care for children with disabilities and special care needs is a problem to children in Oklahoma receiving access to proper dental care. Thirty-eight percent of the respondents believed this problem to be rather significant."

The survey identified barriers to access including unwillingness of providers to serve children with severe disabilities, no incentives to serve rural areas, and an inadequate number of providers – even if funding were not a problem. With this information in mind, in January 2006, the Children's Oral Health Coalition considered the opportunity to apply for an ASTDD grant to host an oral health forum on children with special health care needs. On March 6, 2006, OKACAA was awarded \$5,000 from ASTDD to hold a one-day forum to develop an action plan to address the oral health needs of children and youth with special health care needs.

Despite increasing numbers of partnerships at both state and local levels, a statewide "system" of oral health care does not yet exist, and coordination among state and local initiatives is limited. A critical element of a systematic approach is stronger partnership with the public education system in Oklahoma to raise awareness and improve involvement of public school personnel. The coalition's strategic plan includes an "Essential Task" of "Educating and informing parents and school system personnel – superintendents, principals, and teachers."

Oklahoma has a particular opportunity to make great progress toward earlier prevention and identification of oral disease in younger children because the state offers free, universal pre-kindergarten to all families. In an initial step toward involving schools, a representative from the State Department of Education recently joined the coalition. Additionally, coalition members recently made a presentation to the state school superintendents' association with regard to the importance of oral health care, especially for Children and Youth with Special Health Care Needs (CYSHCN).

Given these circumstances, the opportunity provided by the ASTDD and partners' funding was most timely to host an oral health forum specifically targeted to issues with regard to children and youth with special health care needs.

## Planning Process

Once notification of the award was received, the Children’s Oral Health Coalition members were notified through the electronic messaging group and planning meetings began. Participants in the planning group included:

Oklahoma Association of Community Action Agencies Executive Director,  
HSSCO Director, Executive Assistant, and Operations Director  
Oklahoma Dental Association Executive Director  
Oklahoma Dental Foundation Executive Director  
Oklahoma State Department of Health Chief of Dental Health Service and Chief  
of Community Development Service  
Oklahoma Health Care Authority (Medicaid) Dental Services Specialist  
Oklahoma Department of Education Early Childhood Coordinator  
Oklahoma Department of Human Services Family Support Title V CSHCN  
Director, Programs Field Representative, and Developmental Disabilities Council  
Grants Planner  
Oklahoma Areawide Services Information System Family Outreach Coordinator,  
University of Oklahoma Health Sciences Center,  
University of Oklahoma College of Dentistry Department of Pediatric Dentistry  
Professor and Department Co-Chair  
“Sooner Success” State Coordinator and Medical Home Initiative Director  
“Sooner Start” Early Intervention IDEA Part C Representative  
“LEND” representative of the University Center for Learning and Leadership  
Smart Start Oklahoma and Kay County Smart Start representatives  
Oklahoma State Department of Health Child & Adolescent Health Division  
Representative  
United Way of Central Oklahoma Representative  
Oklahoma City Housing Authority Family Housing Supervisor

The intent of the forum was to convey to invitees the concept that the National Agenda for Children and Youth with Special Health Care Needs must include fully integrated dental services for CYSHCN within the context of the system of care. The desired outcomes to be addressed by the forum were:

- *Organization of Community Services so that Families Can Use Them Easily;*
- *Family/Professional Partnerships at all Levels of Decision-making;*
- *Access to Comprehensive Health and Related Services Through the Medical Home;*
- *Early and Continuous Screening, Evaluation, and Diagnosis;*
- *Adequate Public and/or Private Financing of Needed Services; and*
- *Successful Transition to all Aspects of Adult Health Care, Work, and Independence.*

Because of their inter-relatedness, “Access to Comprehensive Health and Related Services through the Medical Home,” and “Early and Continuous Screening, Evaluation, and Diagnosis” were combined into one workgroup session in the hope that dentists and physicians would participate together in developing the plan. The forum agenda distributed at the meeting is Exhibit 1.

Five planning meetings were held between April 12 and July 25, 2006 at the Oklahoma Dental Foundation building. In addition to the formal planning meetings, partners maintained on-going communication through phone calls, e-mail, and the regular monthly meetings of the COHC. Minutes of each planning meeting were taken and shared with the entire membership of the COHC as a part of monthly reports to the coalition. The HSSCO Director prepared agendas and took minutes with assistance of the OKACAA Executive Assistant. The planning committee, COHC, and OKACAA reached consensus on a date and location for the forum to be held August 25, 2006 at the Moore Norman Technology Center South Penn Campus in Oklahoma City. The COHC partners had previously agreed to title the forum “Smiles for Special Kids.”

The planning group identified donors to sponsor lunch, snacks, and beverages for participants since grant funds could not be used for this purpose. A donor also provided participants’ plastic tote bags for informational materials. The partners also:

- developed a mailing list of invitees;
- identified and engaged a nationally recognized keynote expert speaker to establish an information base for the forum;
- identified and engaged six expert panelists from Oklahoma to provide basic information to all participants and provide support to the workgroups;
- volunteered or identified five facilitators to lead the workgroups and facilitate development of each group’s plan of action around the desired outcomes;
- volunteered or provided volunteers to record each workgroup’s action plan;
- assisted with two mailings; and
- provided and packed materials into tote bags for participants.

An additional meeting for facilitators and recorders was held in order to prepare the facilitators to lead the discussion and the recorders to capture the work product of the five workgroups that would develop the state action plan. This also provided for greater consistency in the approach to the workgroups’ development of their plans around the specific desired outcomes.

### ***Invitees/Participants***

In April, the HSSCO support staff developed a “Hold This Date!” post card to be distributed by mail and in an electronic format, that was distributed through the coalition members to their various networks. This was followed in June with the forum agenda and registration. The registration was also available on the OKACAA web-site, [www.okacaa.org](http://www.okacaa.org). Copies of the postcard and registration form are provided as Exhibits 2 and 3.

Registration forms were mailed to 4,123 individuals with 185 registrations being returned. There were 177 final confirmed registrations and 150 actual attendees. Participants included dentistry professionals; Head Start grantees including family service workers, disabilities managers, and services managers; educators; health care providers; non-profit based service providers; State Department of Health staff; State Department of Human Services staff, public health providers, educators, dental office administrators, and dental students. The list of the final participants is Exhibit 4. The OKACAA and HSSCO coordinated and contracted for the forum. COHC members provided in-kind support and financial assistance. Presenters, facilitators, and recorders volunteered when contacted by the coalition members.

Dr. Michael Morgan, Oklahoma State Department of Health, opened the forum by welcoming attendees and making introductions. Kay C. Floyd, Oklahoma HSSCO Director, provided the instructions for the day and discussed the expected outcomes of the forum.

Dr. Kevin Haney, University of Oklahoma College of Dentistry, Department of Pediatric Dentistry, introduced the keynote speaker, Dr. Steven Perlman, Founder and Global Clinical Advisor, Special Olympics "Special Smiles," who spoke on "Oral Health Issues Consistent with the Maternal and Child Health Bureau National Agenda for Children with Special Health Care Needs."

Dr. Perlman is an Associate Clinical Professor of Pediatric Dentistry at The Boston University Goldman School of Dental Medicine. For the past 30 years, he has devoted much of his private practice as well as his teaching to the treatment of children and adults with neuro-developmental/intellectual disabilities. Dr. Perlman is the Head Start consultant for the City of Lynn, MA. In 1993, he founded Special Olympics Special Smiles, an oral health initiative for the athletes of Special Olympics International. Dr. Perlman is a cofounder of the American Academy of Developmental Medicine and Dentistry and is currently serving as advisor to the President's Committee for Persons with Intellectual Disabilities.

Dr. Perlman shared the results of a National Survey of Children with Special Health Care Needs and provided significant data with regard to the oral health of children in Oklahoma. He stated, according to the United Health Foundation, Oklahoma's 2005 overall rank is 44<sup>th</sup>, down 4 from 2004.

A total of 12.8% of children under age 18 in the United States, or about 9.4 million children, are estimated to have special health care needs. Approximately 129,858 live in Oklahoma.



<b>Prevalence Statistics</b>	<b>State %</b>	<b>National %</b>
<b>Child-Level Prevalence:</b>		
Percentage of Children with Special Health Care Needs	14.5%	12.8%
<b>Age Prevalence:</b>		
Children 0-5 years of age.	10.2%	7.8%
Children 6-11 years of age.	16.8%	14.6%
Children 12-17 years of age.	16.4%	15.8%
<b>Sex Prevalence:</b>		
Male	16.9%	15.0%
Female	12.0%	10.5%
<b>Poverty Level Prevalence:</b>		
0%-99% FPL	14.0%	13.6%
100%-199% FPL	16.3%	13.6%
200%-399% FPL	14.3%	12.8%
400% or greater FPL	15.5%	13.6%
<b>Race/Ethnicity:</b>		
Hispanic	9.2%	8.6%
White (Non-Hispanic)	15.0%	14.2%
Black (Non-Hispanic)	14.3%	13.0%
Asian (Non-Hispanic)	--	4.4%
Native American/Alaskan Native (Non-Hispanic)	14.0%	16.6%
Native Hawaiian/Pacific Islander (Non-Hispanic)	--	9.6%

<b>INDICATORS - Percent of Children with Special Health Care Needs</b>	<b>State%</b>	<b>National %</b>
<b>Child Health - Percent of Children:</b>		
Whose conditions affect their activities, usually, always, or a great deal;	26.9%	23.2%
With 11 or more days of school absences due to illness.	19.1%	15.8%

	<b>State %</b>	<b>National %</b>
<b>Health Insurance Coverage:</b>		
Without insurance at some time in past year;	16.8%	11.6%
Currently uninsured;	8.9%	5.2%
With insurance that is adequate.	33.6%	33.5%
<b>Access to Care:</b>		
With unmet need for specific health care services;	22.0%	17.7%
With unmet need for family support services;	5.2%	5.1%
Needing specialty care who had difficulty getting referral;	24.3%	21.9%
Without usual source of care (or rely only on emergency room).	11.9%	9.3%
<b>Family Centered Care:</b>		
Without family centered care.	33.0%	33.5%
<b>Impact on Family:</b>		
Whose families pay \$1,000 or more in medical expenses per year;	13.7%	11.2%
Whose condition caused financial problems for the family;	23.1%	20.9%
Whose family spent 11 or more hours per week providing or coordinating care.	14.5%	13.5%
Whose condition affected the employment of family members.	30.6%	29.9%

Number and percentage of Children Ages 3-21 served Under IDEA 2003 in Oklahoma	<b>Number</b>	<b>Percentage</b>
Autism	991	0.10%
Hearing Impairments	868	0.09%
Mental Retardation	7,233	0.75%
Specific Learning Disabilities	46,669	4.84%
Visual Impairments	407	0.04%
All Disabilities	93,045	9.65%

## **Panel Presentation Summaries**

Following Dr. Perlman's presentation, expert panelists working in the six areas related to the outcome measures of the National Agenda for Children with Special Health Care Needs presented information with regard to dental issues among this population.

### ***Organization of Community Services so that Families Can Use Them Easily***

– Louis Worley, State Coordinator for SoonerSUCCESS, University of Oklahoma (OU) Child Study Center, University of Oklahoma Health Science Center (OUHSC). He stated that in the early 1980s, Surgeon General C. Everett Koop called together a task force of national level stakeholders that developed a National Agenda for CYSHCN. This agenda was endorsed by over 70 professional and voluntary organizations, and calls for an integrated system of care for CYSHCN that is family-centered, community-based, coordinated, and culturally competent. Children and Youth with Special Health Care Needs are those children and youth who have chronic physical, developmental, behavior, or emotional problems and require more or more complex care than other children.

In 1989 the national agenda was translated into legislation through Title V of the Social Security Act, which required state CYSHCN programs to provide and promote family-centered, community-based, coordinated care for CYSHCN; and facilitate the development of community-based systems of services for these children and youth.

The Healthy People 2000 & 2010 initiatives has National Health Promotion and Disease Prevention Objectives which include increasing the number of states that have integrated service systems for CYSHCN. In 1998, the Health Services and Resources Administration through the Maternal and Child Health Bureau identified five national outcomes as critical to guide efforts to support ongoing implementation of this National Agenda for CYSHCN; and in 1999, a sixth outcome was added to reflect the importance of successful transitions into adulthood. Solutions that contribute to an integrated, community-based, culturally effective system of services that is easy to use include the following:

- All health care and other providers should coordinate with one another – they shouldn't automatically rely on the parents to do the coordination.
- Wrap-around insurance policies are needed to improve access to services like prescription medications and dental care.
- Take time to talk and listen to parents and caregivers.
- Respect the different cultures of different families and what that brings to the health care setting.
- Tell parents and caregivers to seek a dental consultation no later than a child's first birthday.
- Seek advice on behavior management techniques and early intervention.
- Recognize that familiarization with the dental team may take several visits.

- Evaluate and treat orthodontic problems early to minimize risk of more complicated problems later in life.
- Be flexible with how dental services are delivered – listen to the family who knows the child best.
- Implement programs that address the five outcome measures.

***Family/Professional Partnership at all Levels of Decision-making*** – Sally Selvidge, Family Outreach Coordinator for OASIS. Ms. Selvidge spoke of the struggles families have in finding trained care providers for their child with special needs. There are also effects on the family’s income and mental well being often resulting in a parent having to not work in order to meet the needs of the child. The struggle is compounded by the bureaucratic red tape and mounds of documentation required to obtain any assistance, and the misunderstanding of the needs of the child with special health care need and all that is required by medical and dental providers.

***Access to Comprehensive Health and Related Services Through the Medical Home*** – Cyd Roberts, Coordinator, Medical Home Program, OU Child Study Center, OUHSC. Ms. Roberts stated that, “A medical home is not a building or a place. It’s a way of providing health care services in a high quality and cost effective manner. Children and their families who have a medical home receive the care that they need from a pediatrician or physician who they know and trust. The health care professionals and parents act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential.

The definition of medical home was introduced in 1992 by the American Academy of Pediatrics. They believe that all children should have a medical home where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.”

***Early and Continuous Screening, Evaluation, and Diagnosis*** - Dr. Laura McGuinn, Developmental and Behavioral Pediatrician, OU Child Study Center, OUHSC. Dr. McGuinn focused on factors that place CYSHCN at higher risk for dental problems which increase the need for careful monitoring/screening and some suggested strategies for clinicians. She used graphic visual depictions of common problems found among children and youth with special needs; these visual aids are available in handout form from the National Institute of Dental and Craniofacial Research at: [www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/ChildrensOralHealth/OralConditionsInChildrenwithSpecialNeeds.htm](http://www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/ChildrensOralHealth/OralConditionsInChildrenwithSpecialNeeds.htm). Common problems are Malocclusion and crowding, tooth anomalies, delayed tooth eruption, developmental defects of teeth, trauma to face and mouth, grinding, gum overgrowth with seizure medications, cavities, poor access to care due to fear or lack of functional communication.

Dr. McGuinn suggested several approaches for pediatric health and dental clinicians and families to facilitate care for children with special needs:

- Take time to talk and listen to parents and caregivers (they usually help you know

- best way to examine their child);
- Encourage health practitioners to suggest dental consultation no later than a first birthday;
- Explain that familiarization with the dental team may take several visits;
- Evaluate and treat orthodontic problems early to minimize risk of more complicated problems later in life;
- Remember to have a higher index of suspicion in CSHCN; and
- Pediatricians/family practitioners/dentists should get to know one another within their local area.

***Adequate Public and Private Financing of Needed Services*** - Frank Gault, Program Field Representative, Oklahoma Department of Human Services; and Ken McGuire, Vice President of Marketing, Delta Dental of Oklahoma. Mr. Gault spoke about the overall need to improve the reimbursement rate to attract more providers to treat all Medicaid-eligible children. He emphasized the need to provide additional reimbursement increases to serve those children and youth with special health care needs.

Mr. McGuire described Delta Dental's individual programs, registry of dentists willing to provide treatment to children and youth with special health care needs, and other resources for care available in the state.

***Successful Transition to All Aspects of Adult Health Care, Work, and Independence*** – Dr. Kevin Haney, University of Oklahoma College of Dentistry. Dr. Haney quoted a pediatric dentistry publication editorial that addressed the issue of special needs dental care being difficult to address due to lack of trained general dentists and the deficient number of pediatric dentists in general. Though pediatric dentists often take care of these children, it is the older special needs patient that often has difficulty due to the nature of the required care. Pediatric dentists have had to become skilled in procedures for which our specialty itself does not routinely train its residents.

Dr. Haney emphasized the fact that pediatric dentistry, while still the best first choice for delivering dental care to the special needs child, should not in itself be viewed as the only dental specialty that can manage these children's needs. Other providers, general dentistry in particular, need to be provided with training opportunities that would allow the special needs patient greater access to care through those providers.

Following the panel presentations, attendees went into pre-assigned groups focusing on one (or two) of the desired outcomes for the next two hours. Each group had a facilitator and recorder and was asked to discuss the following seven areas and complete an action plan incorporating:

- Needs/Issues
- Findings/Recommendations
- Activities/Timelines

- Responsible Parties
- Short Term Outcomes
- Long Term Outcomes
- Measurement/Evaluation/Tracking

The results of each group's work are summarized in the following action plans each or which were edited and condensed by the Children's Oral Health Coalition into two or three issues with recommendations, activities, timelines, responsible parties, outcomes, and evaluation.

## Action Plan

Discussion Group: *Discussion Group: Organization of community services so that families can use them easily.*

Facilitator: Tracy McKeown

Recorder: Erin Gray

Needs/Issues	Findings and/or Recommendations	Activities/Timelines	Responsible Parties	Short Term Outcomes	Long Term Outcomes	Measurement/ Evaluation/Tracking
1. Confusion about eligibility of CYSHCN and in-eligibility of adults for Medicaid.	1. A. Simplify the Medicaid process and language. B. Create a database with other agencies to track special needs children.	1. Bring all entities together for greater awareness and study before beginning of 2008 legislative session.	1. OHCA, ODA, ODF, COHC	1. Awareness and Collaboration to simplify the Medicaid process and language with regard to providing services to CYSHCN.	1. A. Improved Medicaid process and language B. Better understanding of Medicaid Process and language among families of CYSHCN	1. Track number of CYSHCN served by Medicaid and type of services provided.
2. Inefficiency due to the lack of centralization and coordination of efforts	2. A. Address transportation problems. B. Address misdistribution of dentists. C. CSHCN at OKDHS acts as clearing house for information on all resources for serving CYSHCN. D. Centralize and standardize forms, communication, and language. E. Provide training in care coordination.	2. A. Encourage providers to travel – present & ongoing. B. ODF provide volunteer opportunities, tracking software, and central database via Internet – by Sept. 2008. C. Develop a network and referral system of dentists who see CYSHCN. D. Develop a "Tool Kit" for parents and providers – by June 2008. E. Create a public awareness campaign and survey providers, agencies, and families on listed rolls.	2. OSDH, ODF, ODA, American Academy of Pediatrics and Family Care Physicians, parent support groups, mentoring networks, ODF, COHC, Dentistry Cares Program	2. Better organized providers for greater efficiency.	2. Greater access to service providers and increased number of CYSHCN served	2. Track statistical information for provider & dental stake holders.

## Action Plan

### Discussion Group: *Family and Professional Partnerships at all Levels of Decision-making*

Facilitator: Kevin Rogers

Recorder: Sally Selvidge

Needs/Issues	Findings and/or Recommendations	Activities/Timelines	Responsible Parties	Short Term Outcomes	Long Term Outcomes	Measurement/Evaluation/Tracking
1. Lack of empathy, understanding, and/or lack of respect from both parents and professionals	1. Schedule a consult prior to the visit with dentist.	1. Create family guidelines and family questionnaire that help expedite the consult – by Dec. 2007.	1. OASIS	1. Partnership between professionals and families to better serve patients.	1. Increased number of oral health professionals willing to see children with special needs.	1. A. Follow up on Forum. B. Conduct satisfaction survey on OHCA Oral Health Medicaid services.
2. Comprehensive parent, professional, and public education	2. A. Assess capacity of the family. B. Develop a public awareness campaign including easy to understand brochures. C. Publicize Mobile Dental Units. D. Include front office staff, and set aside time at beginning or end of the day for education in disability awareness. E. PCP office care coordinators assist parents in following through with services.	2. A. Create caregivers notebook – by Dec. 2007. B. Print brochures already available for massive handouts, and buy an exhibit display – by Dec. 2007. C. Create educational videos for daycares, schools, office waiting rooms, WIC, OSDH – by Sept. 2008. D. Develop dentist Web sites – by June 2007.	2. A. Cyd Roberts B, C, D, E – <b>Lead:</b> OASIS, ODA, ODHA, OKDHS/Family Support Division/Children with Special Health Care Needs, SoonerSuccess SDE Special Education Dept., Sooner Start. <b>Assist:</b> Schools for Healthy Lifestyles, OCCY/ICC, COHC, OFCEC, ODSS, OFRC	2. A. Care notebooks and “Positive Ritual Story” are distributed. B. Professionals and parents have access to needed information. C. Mobile Dental treatment targeted to greatest need	2. Joint Presentations by parents and professionals to conferences, grand rounds ODA Conf and Boards	2. A. Track response to public awareness campaign. B. Track number of CYSHCN treated by Mobile Dental Units.



## Action Plan

### Discussion Group: Access to Comprehensive Health and Related Services through the Medical Home/Early and Continuous Screening, Evaluation and Diagnosis

Facilitator: Lathonya Shivers

Recorder: Karyn Hutchens

Needs/Issues	Findings and/or Recommendations	Activities/Timelines	Responsible Parties	Short Term Outcomes	Long Term Outcomes	Measurement/Evaluation/Tracking
1. Required dental check-ups before school entry (similar to other medical screenings that are required)	1. Pass required legislation during 2008 or 2009 legislative session.	1. Secure necessary support – 2008 & 2009 legislative sessions.	1. ODA, College of Dentistry, OK Board of Dentistry, OHCA, OSDH, OK Head Start	1. Increased public awareness of the importance of good oral health	1. More children with better oral health, better school attendance, and improved general health and self-esteem	1. Evaluate using 3rd grade screening survey conducted by OSDH, OU Colleges of Dentistry and Public Health
2. Clinical training with CEU credit, on serving CYSHCN for dentists, doctors, and dental staff	2. A. Implement clinical experiences in schools and pediatric rotation at dental school specifically for children and youth with special needs. B. Educate medical and dental professionals in hospital access and operating room procedures. C. Provide training in care coordination. D. Develop new career levels for dental hygienists.	2. By Dec. 2007: A. Develop listing of courses that introduce students to special needs patients. B. Invite Dean or Department Chairman to meet with COHC to discuss need and possible courses. C. Develop list of experts, and sponsor national speakers. D. Develop packets for distance education with DVD's focused on CYSHCN – by Dec. 2008.	2. College of Dentistry, OK Board of Dentistry, OK Dental Association, OK Dental Hygiene and Dental Assistant Associations, OK Academy of Pediatrics, Pediatric Dental Society, OK State Medical Association, Dr. Laura McGuinn, dental hygiene schools, dental assisting programs	2. A. Awareness of training among providers B. More dentists able to treat surgical needs of CYSHCN C. Clinical experiences included in schools D. Medicaid providers and staff trained in health care coordination	2. A. Increased number of dentists with current skills to treat CYSHCN. B. Adults and children with disabilities served through a "dental home" C. Expanded workforce to serve CYSHCN	2. A. Survey and track dentists to determine if they see special needs patients. B. Track number and Location of dentists with hospital access. C. Track number of CYSHCN served in OUHSC/Dental clinic. D. Track number of CYSHCN served by Medicaid.
3. More Medicaid providers	3. Increase rates or provide other incentives for dentists who see special needs kids.	3. By March 2008: A. Assess dentists' perceptions, and survey providers who don't take Medicaid. B. Establish screening protocol. C. Conduct staff research on patient disability	3. A. OHCA, Screening work group (OU, OHCA, OSDH, ODA)	3. At least one Medicaid provider in each county.	3. More adults and children with special needs treated.	3. OHCA evaluate using Medicaid Dental Provider data.

## Action Plan

Discussion Group: *Adequate Public and/or Private Financing of Needed Services*

Facilitator: Katie Fitzgerald

Recorder: Kathy Smith

Needs/Issues	Findings and/or Recommendations	Activities/Timelines	Responsible Parties	Short Term Outcomes	Long Term Outcomes	Measurement/ Evaluation/Tracking
1. More emphasis on prevention in Medicaid and insurance policies	1. Eliminate current guidelines and update for children ages 0-3 yrs.	1. Formalize new recommendations and educate all parties.	1. AAPD, AAP, ODA, OAPD, ODHA	1. CYSHCN receive timely preventive care.	1. Improved oral health of CYSHCN due to earlier care and treatment.	1. Track dental care history of CYSHCN
2. Recruitment of more providers who serve young CYSHCN	2. A. Develop partnerships to fund pilot prevention programs, and publicize electronically.  B. Develop private sector scholarships and loan forgiveness program for treating CYSHCN – by Sept. 2009.	2. A. Organize free dental clinics targeted to early care and education centers and schools serving young CSHCN – by Dec. 2008. B. Develop private sector scholarships and loan forgiveness program for treating CYSHCN – by Sept. 2009.	2. A & B. OSDH, ODA, dental insurance companies, OHCA, DHS, Head Start, COHC, Dental College and ODHA (students)	2. Increased awareness of and improved access to dental care for CYSHCN ages 0-3.	2. Decreased severity of oral health problems and decreased cost of dental care for CYSHCN	2. Track cost of dental care for CYSHCN.

## Action Plan

Discussion Group: **Successful Transition to all Aspects of Adult Health Care, Work, and Independence**

Facilitator: Jack Chapman

Recorder: Kristin Lowe

Needs/Issues	Findings and/or Recommendations	Activities/Timelines	Responsible Parties	Short Term Outcomes	Long Term Outcomes	Measurement/Tracking
<p>1. Funded programs for adults with special needs</p>	<p>1. A. Influence legislation for more services and increased public coverage for adults. B. Help individuals pay for private insurance.</p>	<p>1. A &amp; B. Create a list of stake holders – by Sept. 2007, and educate legislators about the need for adult services – by June 2008. C. Investigate and pursue grants and other alternative funding methods – by Dec. 2007.</p>	<p>1. A, B, &amp; C. COHC, OK Developmental Disabilities Council, Delta Dental, ODA, ODF, ODHA, OHCA, Dental College, and Community-based organizations</p>	<p>1. A. &amp; B. Legislation to increase adult coverage C. Public awareness of need for services</p>	<p>1. A &amp; B. Better public funding for special needs adult patients C. Increased private sources of funding</p>	<p>1. A, B, &amp; C. Track number of adults receiving dental care.</p>
<p>2. Educated patients and/or caregivers regarding transition</p>	<p>2. Assist families with planning for transition to adulthood.</p>	<p>2. A. Develop adequate transition plans in IEP's – by Dec. 2007. B. Develop public education materials that include information on transition and referral service – by Dec. 2007. C. Include transition information in oral health education courses and training – by Sept. 2008.</p>	<p>2. A &amp; B. State Department of Education and local school officials, OASIS, COHC C. ODA, ODHA, Dental College, OK branch of AAP</p>	<p>2. A. IEP's with plans for transition B. A referral list for families to find services C. Outline for coursework</p>	<p>2. A. Seamless service delivery B. Information received by parents/caregivers C. Collaboration between families and service providers.</p>	<p>2. A, B, &amp; C. Survey families and care givers.</p>

## **Potential Barriers/Additional Resources**

One barrier to adequately addressing the combined “Access to comprehensive health and related services through the medical home” and “Early and continuous screening, evaluation and diagnosis” outcomes was the inability to attract physicians to participate in the forum. An unavoidable conflict arose with the selected date of the forum – the only date essential dentists were able to attend was unfortunately the same date of the state pediatric society’s annual meeting. The COHC will continue to address this issue by intensive efforts to involve pediatricians and primary care/family physicians in the coalition.

Due to time constraints and the nature of the work required, workgroups were unable to complete some parts of the action plans for the various desired outcomes during the forum. The COHC is responsible for finalizing and implementing the action plans. The coalition will also provide leadership to bring the completed plan to the attention of appropriate state level parties and seek official recognition of the plan as deemed necessary.

The published final report of the “Smiles for Special Kids Oral Health Forum” will be made available to all conference attendees and the general public online at [www.okacaa.org](http://www.okacaa.org) and available to be linked with all collaborating partners.

Attendees were provided evaluations to complete. Of the 150 attendees we received 42 completed evaluations. A summary of the evaluations is provided as Exhibit 5. The OKACAA Head Start State Collaboration Office, as the applicant, is responsible for the follow-up with the forum participants and COHC members.

In addition to cash, in-kind staff time and conference materials were donated by collaborating organizations. The balance of funds will be added to the budgeted funds for printing additional copies of the final report published in a spiral-bound, heavy cover booklet and distributing copies to all participants and presenters, collaborating organizations, and state officials. The final budget expenditure table is Exhibit 6.

## **Acknowledgements**

The Children’s Oral Health Coalition is extremely appreciative of the Association of State and Territorial Dental Directors for providing the financial support to bring together this diverse group of state and local partners to develop an action plan for improving the oral health of Children and Youth with Special Health Care Needs in Oklahoma. We especially thank the Special Olympics for sponsoring the travel of Dr. Perlman.

The forum would not have been possible without the participation of all partners. Many thanks to the Oklahoma Dental Association, Oklahoma Dental Foundation,

Oklahoma State Department of Education, Oklahoma State Department of Health, OKDHS/Children, Sooner Success, Oklahoma Health Care Authority, Department of Human Services, Developmental Disabilities Council, OASIS, University of Oklahoma College of Dentistry, Department of Pediatric Dentistry, Sooner Start, LEND at the University Center for Learning and Leadership, Oklahoma Children’s Oral Health Coalition Members, Oklahoma Association of Community Action Agencies, and forum attendees for their commitment and support.

### **Acronyms**

ASTDD	Association of State and Territorial Dental Directors
COHC	Children’s Oral Health Coalition
CSHCN	Children with Special Health Care Needs
CYSHCN	Children and Youth with Special Health Care Needs
DDSD	Developmental Disabilities Services Division
HSSCO	Head Start State Collaboration Office
OASIS	Oklahoma Areawide Services Information System
OCCY	Oklahoma Commission on Children and Youth
ODA	Oklahoma Dental Association
ODF	Oklahoma Dental Foundation
ODHA	Oklahoma Dental Hygienists Association
ODSS	Oklahoma Director of Special Services
OFCEC	Oklahoma Federation for the Council of Exceptional Children
OFRC	Oklahoma Family Resource Coalition
OHCA	Oklahoma Health Care Authority
OKACAA	Oklahoma Association of Community Action Agencies
OKDHS	Oklahoma Department of Human Services
OU	University of Oklahoma
OUHSC	University of Oklahoma Health Science Center

## ***About the Applicant***

### **The Oklahoma Association of Community Action Agencies**

The Oklahoma Association of Community Action Agencies (OKACAA) is a multifaceted private nonprofit organization, dedicated to empowering individuals and strengthening the community action network. Services offered by OKACAA include policy development and analysis, professional development training and information, program technical assistance, and advocacy.

OKACAA administers the Head Start State Collaboration project. This location integrates Head Start with other services targeted to economically disadvantaged persons and makes it possible to attract the resources required to facilitate collaboration and partnerships.

Since its founding in 1966, OKACAA has played a leadership role in securing a number of significant gains for Oklahoma's economically disadvantaged residents, including those with disabilities, in the areas of housing, education, employment, nutrition, transportation, health and early care and education.

The membership of OKACAA consists of 18 private, nonprofit Community Action Agencies and over 200 individual members. Community Action Agencies were established in 1964 to fight poverty as part of President Lyndon B. Johnson's Economic Opportunity Act.

Community Action Agencies are locally managed with volunteer boards of directors that include persons with low incomes, public officials, and representatives from the private sector. These agencies use a broad range of strategies to help address family and community needs.

This report was prepared July 2007 by Kay C. Floyd, Director, Head Start State Collaboration Office; assisted by Robert Brandenburg, Director of Communications, and Wanda Welters, Executive Assistant, Oklahoma Association of Community Action Agencies.

Children and Youth with Special Health Care Needs Oral Health Forum

# Smiles for Special Kids



## CHILDREN'S ORAL HEALTH COALITION

Friday, August 25, 2006

Moore Norman Technology Center  
13301 S. Pennsylvania Ave.  
Oklahoma City, Oklahoma

Sponsored by



Small Smiles  
Dental Clinic  
OF OKLAHOMA CITY  
SERVING MEDICAID CHILDREN



with funding from  
The Association of State and Territorial Dental Directors

# "Smiles for Special Kids"

## Children's Oral Health Forum

*Presented by the Oklahoma Association of Community Action Agencies*

*Sponsored by Oklahoma Dental Foundation, Small Smiles Dental Centers and the United Way of Central Oklahoma  
with funding from the  
Association of State and Territorial Dental Directors*

**Friday, August 25, 2006     Moore Norman Technology Center South Penn Campus**

- |   |  |
|---|--|
| 8:00 – 9:00 a.m.<br>Conference Center<br>Entrance Hallway | Registration   |
| 9:00 – 9:30 a.m.<br>Rooms C, D, E                         | Refreshments<br><b>Welcome</b> , Introductions, Updates – Dr. Mike Morgan, Oklahoma State Department of Health<br><b>Instructions for the day</b> – Kay C. Floyd, Oklahoma Association of Community Action Agencies, Head Start State Collaboration Office<br><b>Introduction</b> of Keynote Speaker – Dr. Kevin Haney, University of Oklahoma College of Dentistry, Department of Pediatric Dentistry |
| 9:30 – 10:15 a.m.<br>Rooms C, D, E                        | <b>Keynote Address: Focus on Oral Health Issues Consistent with the Maternal and Child Health Bureau National Agenda for Children With Special Health Care Needs</b> – Steve Perlman, D.D.S., M.Sc.D., Founder and Global Clinical Advisor, Special Olympics "Special Smiles"  |
| 10:15 – 10:30 a.m.  | Break  |
| 10:30 – 11:30 a.m.  | Expert Panel on the Six Components of the Maternal and Child Health Bureau National Agenda for CYSHCN – Presenters with knowledge/ expertise in each area  |
| 10:30 – 10:40 a.m.  | Organization of community services so that families can use them easily – <i>Louis Worley, State Coordinator Sooner SUCCESS, OU Child Study Center, OUHSC</i>  |
| 10:40 – 10:50 a.m.  | Family/professional partnership at all levels of decision-making – <i>Wanda Felty, Family Advocate for Oklahoma Infant Transition Program</i>  |
| 10:50 – 11:00 a.m.  | Access to comprehensive health and related services through the medical home – <i>Cyd Roberts, Coordinator, Medical Home Program, OU Child Study Center, OUHSC</i>   |



**EXHIBIT 1**

11:00 – 11:10 a.m.	Early and continuous screening, evaluation and diagnosis – <i>Dr. Laura McGuinn, Pediatrician, OU Child Study Center, OUHSC</i>
11:10 – 11:20 a.m.	Adequate public and/or private financing of needed services – <i>Frank Gault, Program Field Representative, OKDHS and Ken McGuire, Vice President of Marketing, Delta Dental of Oklahoma</i>
11:20 – 11:30 a.m.	Successful transition to all aspects of adult health care, work, and independence – <i>Dr. Kevin Haney, University of Oklahoma College of Dentistry</i>
11:30 – Noon	Break & Pick up Box Lunch Pick up lunch in Pre-Function Area
Noon – 2:00 p.m.	Working Lunch/Facilitated Workgroups to Identify: <ul style="list-style-type: none"><li>• Needs/Issues</li><li>• Findings/Recommendations</li><li>• Activities/Timelines</li><li>• Responsible Party(ies)</li><li>• Short/Long Term Outcomes</li><li>• Measurement/Evaluation/Tracking Methods</li></ul>
Room A	Adequate public and/or private financing of needed services
Room B	Successful transition to all aspects of adult health care, work, and independence
Room C	Access to comprehensive health and related services through the medical home / Early and continuous screening, evaluation and diagnosis
Room D	Organization of community services so that families can use them easily
Room E	Family/professional partnership at all levels of decision-making
2:00 – 2:15	Break Refreshments in Pre-Function Area
2:15 – 3:05 Rooms C, D, E	Ten-Minute Workgroup Reports Projected on Screen by Workgroup Facilitator
2:15 – 2:25 p.m.	Family/professional partnership at all levels of decision-making

- 2:25 – 2:35 p.m. Adequate public and/or private financing of needed services
- 2:35 - 2:45 p.m. Organization of community services so that families can use them easily
- 2:45 – 2:55 p.m. Successful transition to all aspects of adult health care, work, and independence
- 2:55 – 3:05 p.m. Access to comprehensive health and related services through the medical home / Early and continuous screening, evaluation and diagnosis
- 3:05 – 3:15 p.m. Wrap-Up and Adjournment

### **Presenter Profiles**

#### **Wanda Felty**

Wanda Felty is the Family Advocacy Coordinator for the Oklahoma Infant Transition Program at Children’s Hospital in Oklahoma City. She is a graduate of the “Partners in Policymaking” program, Oklahoma Developmental Disabilities Council. She is one of the state representatives for “Unlocking Autism” in Oklahoma. She is a family mentor for the Oklahoma Family Network and volunteers as a monitor for the OK-AIM program. She currently serves on the Advisory Committee on Services to Persons with Developmental Disabilities.

#### **Frank Gault**

Frank Gault has worked for the Oklahoma Department of Human Services (OKDHS) since 1972. He presently works with the Children and Youth with Special Health Care Needs program at state office of OKDHS. He also deals with programs relating to the State Supplemental Payment Program, TEFRA, Medicaid, and children’s health programs.

#### **Kevin L. Haney, DDS, MS**

Dr. Haney is an Associate Professor and Co-chairman of the Department of Pediatric Dentistry at the University of Oklahoma College of Dentistry. He graduated from the University of Oklahoma College of Dentistry in 1989, and completed his residency in Pediatric Dentistry at the Baylor College of Dentistry in 1991. From 1991 to 1996 he served with Indian Health Service at the Gallup Indian Medical Center as the Navajo Area Pediatric Dental Consultant. In 1996, he returned to the University of Oklahoma and joined the faculty as an instructor. Dr. Haney is active in several service projects in the College of Dentistry and the Oklahoma Dental Association, and has a particular interest in the area of special care/developmental disability dentistry.

#### **Laura McGuinn, MD**

Dr. McGuinn is an Assistant Professor of Pediatrics at the University of Oklahoma Health Sciences Center. She graduated from the University of Texas Medical Branch in Galveston. Dr. McGuinn’s speciality is Developmental & Behavioral Pediatrics.

**Mr. Ken McGuire**

Ken McGuire is the Vice President of Sales and Marketing for Delta Dental of Oklahoma. He has been with Delta Dental for 16 years and during his tenure, Delta Dental of Oklahoma has grown from an \$8 million company in 1990, to a \$70 million company presently. He is involved with the Oklahoma Health & Life Underwriters Association, the Oklahoma State Human Resources Association, and serves on the marketing and development committee for the Delta Dental Plans Association. He attended East Texas State University, majoring in marketing.

**Steven Perlman, DDS**

Dr. Steven Perlman is an Associate Clinical Professor of Pediatric Dentistry at The Boston University Goldman School of Dental Medicine. For the past 30 years, he has devoted much of his private practice as well as his teaching, to the treatment of children and adults with neurodevelopmental/intellectual disabilities. Dr. Perlman is the Head Start consultant for the City of Lynn. In 1993, he founded Special Olympics Special Smiles, an Oral Health Initiative for the athletes of Special Olympics International. Dr. Perlman is a cofounder of the American Academy of Developmental Medicine and Dentistry and is currently serving as an advisor to the President's Committee for Persons with Intellectual Disabilities.

**Cyd Roberts, MSW**

Cyd Roberts is the coordinator for the Medical Home Program in the Child Study Center at the University of Oklahoma Health Sciences Center. Ms. Roberts has over 30 years experience with the Oklahoma Department of Human Services. At DHS, she worked with the SoonerStart Early Intervention Program, Children and Family Services Division and other family support programs.

**Louis Worley**

Louis Worley is the State Coordinator for Sooner SUCCESS, a model development project promoting a statewide integrated system of services for children and youth with special health care needs at the Child Study Center at the University of Oklahoma Health Sciences Center. The Sooner SUCCESS program is designed within the six Maternal and Child Health Bureau's outcome measures for Children and Youth with special health care needs. Mr. Worley has over 30 years professional experience that includes state level public administration, grants management, public education, and direct services and administration in early childhood agencies serving people with developmental disabilities. He is a parent of a young adult with multiple, severe developmental disabilities. He has been involved in advocacy for families and individuals with disabilities for over 25 years.

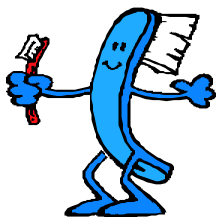
**Michael L. Morgan, D.D.S., M.P.A**

Dr. Mike Morgan is a native Oklahoman and is Chief of the Dental Health Service at the Oklahoma State Department of Health. He received his Doctor of Dental Surgery Degree from the University of Missouri at Kansas City, School of Dentistry, and a Master of Public Administration Degree from the University of Oklahoma. He has served as president of the National Association of State and Territorial Dental Directors, the Oklahoma Dental Foundation, and the Oklahoma Public Health Association.

*Replacement panelist for Family/professional partnership at all levels of decision-making*

**Sally Selvidge**

Family Outreach Coordinator for OASIS—Oklahoma Areawide Services Information System/ University of Oklahoma Health Sciences Center, Dept. of Pediatrics, College of Medicine. She serves as the Co-Chair for the Children’s Oral Health Coalition and Chairs the Family Perspective Committee for Oklahoma Commission on Children and Youth. Sally is a parent of two young adult children, a girl, twenty-seven years old and a boy, twenty-five years old, who has autism and mental retardation.



**Hold This Date!!**  
**Friday, August 25, 2006**  
**CHILDREN'S ORAL HEALTH FORUM**  
*Smiles For Special Kids*

**Pediatricians, Family Care Physicians, Health & Social Service Coordinators, Head Start Staff, Public school Staff, Special Education Staff, Child Care Providers, Dentists, Dental Professionals, Parents & Legislators**

Come join us to discuss the oral health issues of children with special health care needs in Oklahoma and develop an action plan for improvement!

5 Hours Category B CE education units to Dentists and other dental professionals.  
CME education units approval pending.

**Moore Norman Technology Center South Penn Campus**

**9:00 AM – 3:15 PM**

Registration Information Will Follow

For information contact: Oklahoma Association of Community Action Agencies  
2800 NW 36th Street, Suite 221, Oklahoma City OK 73112

Ph: 405-949-1495/Fax: 405-949-0955/E-mail: [oahnmod@okacaa.org](mailto:oahnmod@okacaa.org)

Website: [www.okacaa.org](http://www.okacaa.org)

# CHILDREN'S ORAL HEALTH FORUM

## *Smiles for Special Kids*

**Friday, August 25, 2006**

**9:00 AM – 3:15 PM**

**Target Audience:**

Pediatricians, Family Care Physicians, Health & Social Service Coordinators, Child Care Providers, Head Start Staff, Public School Staff, Special Education Staff, Dentists, Dental Professionals, Parents & Legislators

**Location:**

Moore Norman Technology Center, South Penn Campus,  
13301 S. Pennsylvania Avenue, Oklahoma City, OK 73170

Come join us to discuss the oral health issues of children with special health care needs in Oklahoma and develop a plan of action.

Continuing Education Credits Available: 5 Hours Category B CE education units for Dentists and dental professionals. CME education units approval pending.

**FREE OF CHARGE**...including refreshments & boxed lunch.

Presented by Oklahoma Association of Community Action Agencies  
Sponsored by Oklahoma Dental Foundation & United Way of Central Oklahoma

*Funded by the Association of State and Territorial Dental Directors (ASTDD)*

REGISTRATION FORM

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please Rank (1-6) the Breakout Session you'd like to participate in:**

\_\_\_\_ Medical Home      \_\_\_\_ Insurance Coverage      \_\_\_\_ Screening  
\_\_\_\_ Organization of Services      \_\_\_\_ Family Involvement      \_\_\_\_ Transition to Adulthood

**Deadline for registration is Friday, July 31, 2006. Seating is Limited to 175. Registration to be confirmed by Phone, Fax or E-mail.** Please mail or fax completed registration form to:

Oklahoma Association of Community Action Agencies  
2800 NW 36th Street Suite 221, Oklahoma City, OK 73112  
Phone: 405-949-1495 Fax: 405-949-0955

## Forum Attendance List

Sandy	Adasiak	Health Specialist	Opportunities, Inc. Head Start
Renee	Amason	Dental Regional Supervisor	Pittsburg Co. Health Dept.
Regina	Anderson	Parent Involvement & Soc.Serv. Prog. Mgr.	Chickasaw Nation HS
Kim	Aneshansley	Speech Pathologist	Clinton Public School
JoAnna	Baker	Family Services Worker	Muscogee Creek Nation HS
Stefanie	Bambrough	RDH	
Susanna	Barnett	Partnerships Spec.	Muscogee Creek Nation HS
Stacie	Baumann	RDH	
Merita	Beaty	RDH	
Leah	Beaver	Health Services Manager	Delta Head Start
Kay S.	Beavers	DDS	OU College of Dentistry
Mary Sue	Best	RDH	Dr. Robert Womble, DDS
Linda	Bilby	CDA	OK Dental Assistant Assoc.
Leah	Bonham	RDH	General Dentistry
*Judy	Bryan	Disability/Health Prog. Mgr.	Chickasaw Nation HS
Pat	Caldwell	RDH	Dr. Robert Womble, DDS
Sheree	Chamberlain	Nurse Manager	OKDHS
Jack	Chapman		OCCY
*Mike	Chapman	Programs Field Representative	OKDHS
Terie	Chapman	Dental Assistant	Chickasaw Nation
Michelle L.	Chesley	RDH	
Janice	Cockrum	School Nurse	Chickasha Public Schools
Misty	Coleman	RDH	
Barbara	Collins	RDH	Dr. Melanie Emerson, DDS
Pamela R.	Cosby	RDH	
Jan	Cox	State TA Specialist	Booz, Allen Hamilton
Macy	Davenport	RDH	
Tara	Davis	Disability Manager	SOCAG
Marjorie	Disterlic	Clerk	Tinker Child Dev. Center
*Suzanna	Dooley	Chief MCH	OK Dept. of Health
Dr. Brook	Edmonds	DDS	
Dr. Melanie	Emerson	DDS	
Gina	Ferman	Region 2 Coordinator	SoonerSUCCESS
*Katie	Fitzgerald	OK Afterschool Network Director	OICA
Kymbrali	Fleshman	Central Health Educator	State Health Dept. - Kingfisher
*Kay	Floyd	State HS Collab Director	OKACAA
Alison	Foster	RDH	
Lilly	Freeman	Community Resource Coordinator	SB6/SmartStart (Kay County)
*Guillermo	Gallegos	Executive Director	OK Dental Foundation
Dr. Martha	Garzon	DMD, MS	
Frank	Gault	Programs Field Rep	OKDHS
Michelle	Gilbert	Health Educator	Pottawatomie Co. Health Dept.
Jana	Gober	Regis./Lic. Dietician, Nutrition Therapist	SoonerStart
Tammie	Golden	RDH, MHS-instructor	OU College of Dentistry
Erin	Gray	ECH Coordinator	OK Dept. of Ed
*Dr. Lisa	Grimes	DDS	ODF
Vicky L.	Gudenrath	RDH	ODHA Member
Abbie	Gustafson	RDH, BS-instructor	OU College of Dentistry
Erin	Haggard	Office Manager	Small Smiles Dental Clinic of OKC
Juliette	Haikey	Family Service Worker	Muscogee Creek Nation HS
*Dr. Kevin L.	Haney	DDS, MS Assoc. Prof & Co-Chair	Dept. of Pediatric Dentistry, OU College of Dentistry
Evan	Henderson	Region VI Disabilities Specialist	Booz Allen Hamilton, Region VI HS
Connie	Hestily	RN	Colbert School District
Peter	Hoang	RDH	
Tambree	Hobbs	RDH	Freeman Family Dentistry
Nicole	Holman-Alexander	OK TA Specialist	Booz Allen Hamilton- Region VI HS

**EXHIBIT 4**

Jo Ann	Hornish	Family Advocate	Opportunities, Inc. Head Start
Brandi	Hull	RDH	Dental Implant Centre
Karen	Hylton	Title V CSHCN Director	OKDHS
*Susan	Illgen	ECH Coordinator	SDE
Nancy	Jarman	RDH	Dr. Patrick Woods
*Terry	Johnsen	SoonerStart Coordinator	OK Dept. of Health
Dr. Krista M.	Jones	DDS	ODA
Michael E.	Jones	Executive Director	OKACAA
Rebecca	Jones	RDH	Sterling Dental
Shillalie	Jones	RDH	
Beverly	Keeley	RDH	Tulsa Health Dept.
Lila	Killer	Mental Health Disabilites Specialist	Cookson Hills CAA HS
Stephanie	Kite	Regional Early Intervention Coord.	SoonerStart
Kelly	Kubicek	RDH	
Kathy	LaBouff	RDH	Carletti Dentistry
Patty	Laub	Director of Operations	OKACAA
Tammy	Lewis	Family Service Worker	Muscogee Creek Nation HS
Natalie	Lim	Office Manager	Ocean Dental
Jessica	Lingle	RDH	Freeman Family Dentistry
Dr. Frank	Lipsinic	Dental Director	Good Shepherd Ministeries of OK
Beth	Lock	RDH	
Angie	Long	Dental Assistant	DHHS-PHS-HIS
Ricky	Loudermilk	Administrative Assistant	Michael L. Dial, DDS
Kristin	Love	RDH	OK State Dept. of Health
Kenda	Lowe	Dental Assistant	Wewoka IHS
* Kristin	Lowe	Administrative Assitant	ODA/ODF
Linda	Lowe	Mrs.	James Lowe, DDS
Kelly	Madole	RDH	
Lacy	Mann	RDH	Chickasaw Nation HIS, Ada
Peggy	May	H/MH Coordinator	KI BOIS HS
Lydia	McBroom	Family Services Worker	Muscogee Creek Nation HS
Dr. Dale	McCune	Orthodontist	OU College of Dentistry Faculty
Juliette	McDonald	RDH	
Phyllis	McGilbray	RN	DHS/DDSD
Dr. Laura	McGuinn	Pediatrician	Child Study Center-OUHSC
Ken	McGuire	VP of Marketing	Delta Dental of Oklahoma
Janna	McIntosh	DDS	
Becky	McKee	Disabilites Coordinator	Choctaw Nation Head Start
*Tracy	McKeown	Consultant	OSDH
Lynn	Mendoza	SE Director	Clinton Schools
Dedra	Miller	RDH	
* Frank	Miller	Family Housing Supervisor	OKC Housing Authority
Lynetta (Lynn)	Moore	Dental Health Educator	Muskogee County Health Dept.
Dr. Michael L.	Morgan	DDS, MPA Chief, Dental Health Service	OK Dept. of Health
Tracey	Myers	RDH, B.S., MED	D-Dent
Lovenda	Nesbit	RDH	OK Board of Dentistry
Joseph	Okapal	TA Specialist-OK	Booz Allen Hamilton- Region VI HS
Dr. Steve	Pearlman	DDS, M.ScD.	Founder and Global Clinic Advisor Special Olympics "Special Smiles"
*Susan L.	Potter	Mgr. Dental Programs Admin.	OK Dept. of Health
Laura	Proffitt	RDH	Charles R. Keithline, DDS, PC
Becky	Reuter	Regional Coordinator	SoonerSUCCESS
Ren	Reyes	RDH	D-Dent Board Member
*Barbara	Rivas-Lopez	Asstistant Director	D-Dent, Inc.
*Cyd	Roberts	MSN	Child Study Center-OUHSC



**EXHIBIT 4**

Dr. Donald	Roberts	DDS	
Kevin	Rodgers	Program Manager	OK Commission on Youth & Children
Rajeana	Roof	RDH	3M ESPC
Jamie	Rowell	RDH	Small Smiles Dental
Carrie	Schultz	Parent	SoonerSUCCESS
Carolyn	Selph	Disabilities Coordinator	KI BOIS HS
*Sally	Selvidge	Family Outreach Coordinator	OASIS/OUHSC
Nelda	Shaw	Rd/LD	OK State Dept. Early Intervention
Susan	Shelden	RDH	Dr. Patrick Woods
Donna L.	Sheppard	RDH, B.S.	Dr. Kristi Cobb
Pamela	Shipley	RDH	Dr. T.L. McGinnity
Dr. Rodney	Shivers	DDS	
*Lathonya	Shivers	Planning Dir.	OKDHS
Barbara	Simons	Childcare Provider	Tinker Child Dev. Center
Susan	Sinn	Community Awareness Mgr.	Ocean Dental
Kathy	Smith	Executive Operations Manager	Oklahoma Dental Foundation
Hugh Ann	Snyder		OK Community Health Services
Bobbie L.	Stepp	RDH	Redbird Smith Dental Clinic
Martha E.	Stodghill	RDH	Dr. Patrick Woods
Becky	Sullivan	RDH	Brook Edmonds, DDS
Linda K.	Tease	Family Advocate	CAA of OKC HS
Darrin	Thompson	Case Mgr. Supervisor	DHS/DDSD
Krista	Thompson	RDH	Dr. Jeffrey Ahlert
Valeyncia (Lynn)	Thompson	Health/Disabilities Manager	Muskogee County Head Start
Pat	Trent	RDH, Program Director/Trainer	Moore Norman Technology Center
Sarah	Tucker	Assistant Coordinator	KI BOIS HS
Dr. Phillip	Tyndall	DDS	
D'Ann	Walk	RDH	James Lowe, DDS
Staci	Wekenborg	RDH	Edmond Family Dental Designs
*Dana	Wells	Family Service Worker	Muscogee Creek Nation HS
*Wanda	Welters	Executive Assistant	OKACAA
Elizabeth	West	RDH	ADHA
Elena	White	RDH	Dr. Derek Mask
Darlene	Whorton	Family Advocate	Opportunities, Inc. Head Start
Jim	Wiersig	Special Ed. Director	Newkirk Public Schools
Denise	Wigart	Dental Health Educator	OK State Dept. of Health
Tracye	Wiley	Health/Nutrition Mgr.	WVCAC HS
Briana	Wishon	RDH BS	Steven Fick, DDS
Robin	Wohletz	RDH BS	Steven Fick, DDS
*Louis	Worley	SoonerSUCCESS State Coord.	Child Study Center-OUHSC

**SMILES FOR SPECIAL KIDS ORAL HEALTH FORUM**  
**August 25, 2006**  
**Evaluation Summary**

Total registered: 177  
 Attended: 150  
 Evaluations received: 42

**Do you believe the forum process is an effective way to develop a workable state action plan to improve dental services for children with special health care needs?**

Yes: 41

No: 1

Comments:

- Great ideas.
- Great way to get many different views in one place.
- Smaller groups may be more personal and effective.
- Partnership is good.
- Very informative answers from each person on the panel.
- Lots of good information from all groups.
- Brought together many viewpoints & resource deliveries to share expertise.
- May need limit to one major idea per group.
- The input needs to be from much broader base than what was represented at forum. Many of the groups/ Govt. agencies identified as responsible entities were not present.
- Everyone is aware of the needs but the recommendations were often unrealistic.
- Keynote speaker should have been longer. Two-day forum would be good.
- Forum may need to be done several times during the year.
- Having a diverse group of professionals and advocates is imperative in ensuring all aspects are considered and advocated for.
- Will these great ideas be put into action???
- We need more time! Outline and statistics would be better understood with additional time.

**4 being excellent and 1 being poor, rate the following:**

**A. Effectiveness of the keynote address in starting the process?**

4: 22

3: 12

2: 8

1: 0

Comments:

- Too political.
- Very interesting/very informative.
- A little too long – too many stats in general although I was interested in the stats for Oklahoma – since this is a forum for the dental status of special kids in Oklahoma.
- Long. Statistics are very important but you will lose your audience.
- Great speaker – would love to hear 2+ hours from him!
- “Medical Tree House” – great way to get us thinking about our process. Many branches to explore in developing a plan.
- Put presentation out on web so people can access to use as training tool.
- Excellent speaker with/very relevant information.
- Both A & B set the stage for what needed to develop in the groups.
- Too much information presented in a random order.

- Awesome!
- He was inspiring!
- We need to have him back again. Maybe speak at annual dental meeting for CE credit.

**B. Effectiveness of the panel presentations?**

4: 9                      3: 20                      2: 7                      1: 3

Comments:

- Very informative
- Poor time management; liked the slides.
- Too many people – panel may need to be more concise.
- Too many presenters – they were repetitive of one another, poor time control.
- Good to have local perspective.
- Hands on info, question & answers very good.
- I expected more depth and substance.
- Somewhat relevant to the subject of the forum.
- Excellent overview.
- It was very helpful to have members from Medicaid/ODF etc. in the breakout session.
- Rushed.
- More time needed in breakout sessions. Extend to two-day forum.
- Did like the personal touch of experience being incorporated.

**C. Effectiveness of your workgroup?**

4: 22                      3: 18                      2: 1                      1: 0

Comments:

- Our workgroup had so many ideas – hope these ideas are implemented.
- Great way to compile many different views.
- Good facilitator. Excellent group to work with!
- Katie did excellent job keeping work group on the subject – asking though providing questions.
- Facilitator kept things moving – good exchange of ideas.
- Very good.
- Excellent participants – good ideas but some problems with dominance by one participant.
- May need to center on one idea/project from each area.
- Only effective if coalition is able to continue to follow through.
- Lots of brainstorming.
- Not enough time to complete.
- Group was too large.
- Great networking.
- Needed more time. Only 2 members of group actually had any connection to funding source (Medicaid, Delta Dental).

**D. Overall effectiveness of this forum?**

4: 22                      3: 18                      2: 1                      1: 0

Comments:

- Very informative/effective
- This is a good beginning. I think we learned a lot.

## EXHIBIT 5

- Good start to make changes for dentists.
- Now the hard work starts to get all the ideas into one plan.
- Yet to be seen! If suggestions are actual implemented, then it would have been successful.
- Hopefully we have another opportunity to meet to determine if goals are met and make revisions.
- Remember, it takes a village to raise an issue!
- I look forward to the final report.
- Do not give out CE cards until end of group presentations

### Work Group:

Adequate public and/or private financing of needed services - 10

Successful transition to all aspects of adult health care, work, and independence - 6

Access to comprehensive health and related services through the medical home/ Early continuous screening, evaluation, and diagnosis - 1

Organization of community services so that families can use them easily - 6

Family/professional partnership at all levels of decision-making - 8

Not given - 11

### Profession or Discipline:

Advocate/Family - 1

Advocate/Parent - 1

Advocate/Teacher - 1

Case Management - 1

Community Foundation - 1

Dental Assistant - 1

Dental Hygienist - 17

Educator - 1

Head Start (Family Service Worker, Consultant, Services Manager, Disabilities Manager, T/TA) - 8

Office Administrator - 1

Registered Nurse - 1

Public Health Industry - 1

Special Education/Health Coordinator - 1

Social Worker - 1

Not given - 5

## Smiles for Special Kids Oral Health Forum - August 25, 2006

ITEM	Amt. of Request to ASTTD	Amt. & Source of in-kind or other \$	Total Funds Available	Expenses	Balance of of Funds
Meeting Facilities	\$900.00			\$600.00	\$300.00
10 Travel Stipends @ \$75 (Carrie Schultz - stipend Wanda Welters - mileage)	\$750.00			\$93.69	\$656.31
5 Facilitators @ \$200	\$1,000.00				\$1,000.00
Copying	\$250.00			\$142.08	\$107.92
Supplies	\$300.00			\$638.72	\$(338.72)
Postage	\$1,000.00			\$1,274.58	\$(274.58)
Printing	\$800.00			\$280.06	\$519.94
Lunch, Snacks/Beverages (ODF - \$2,500, United Way - \$250)		\$2,750.00		\$2,421.77	\$328.23
Printing Plastic Bags (Small Smiles Dental Clinic)		\$750.00		\$655.86	\$94.14
<b>TOTALS</b>	<b>\$5,000.00</b>	<b>\$3,500.00</b>	<b>\$8,500.00</b>	<b>\$6,106.76</b>	<b>\$2,393.24</b>

Remaining funds are reserved for printing and distributing this final report.