



# OCCYSHN *Liner*

A Newsletter for Oregon Providers, Agencies and Families

Spring/Summer 2007

A publication of the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)

Questions or Comments, contact us at:

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[www.occyshn.org](http://www.occyshn.org)

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## Disability Compass

Identifying and finding available services is an important aspect to caring for children with special needs and chronic conditions. Many parents report that they find out about services on their own or by word of mouth from friends or other families of children with special health needs. [Source: FISHs Community Engagement Family Focus Groups. (2003)] This can result in parents feeling isolated and unsupported in trying to find and obtain services for their child. OCCYSHN has dedicated time and talent to work with Disability Navigators to enhance the information in Disability Compass (<http://www.disabilitycompass.org>), an on-line searchable database of resources for all things related to people with disabilities. More and more resources are being added to this

database everyday and information is updated every six months!

Disability Compass has proven to be an effective and accessible tool for families and providers to find resources and services in their community. All the information is researched and verified to make sure it is as complete as possible. However, this database is still under development and we need your input to make it a rich source of information for all of Oregon and SW Washington. Please add your resources by just clicking on the "recommend resource" button and providing whatever information you have about the source. This is one step closer to meeting our performance measure of having community-based service systems organized so families can use them easily. ♣

by Sabrina Freewynn, M.P.H.

## Focus: Insurance and Public Policy

This edition focuses on critical issues for every family and provider that care for children with special needs - insurance and public policy. Access to services and adequate funding to pay for them are often barriers to the coordinated, high quality care our children need.

I hope you will enjoy the stories in this issue that show how families, communities, our Center

and the legislature are all working to improve health care for Oregon's children. ♣

by Becky Adelmann

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## A Message from Dr. Brian Rogers



Brian Rogers, M.D.

I would like to make an announcement about a change that is occurring within the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN). After a year of leading the Center, Dr. Jim Ledbetter has stepped down as Director effective March 1, 2007. There have been several positive accomplishments during Jim's tenure as Director. Not the least of these has been the development of a more distinct identity of OCCYSHN within the University and the Child Development and Rehabilitation Center (CDRC) and a clearer perception of OCCYSHN services and programs by communities throughout Oregon.

In addition to my responsibilities as Director of the CDRC, I am serving as Interim Director of OCCYSHN. We have already initiated a national search for a new OCCYSHN Director. The OCCYSHN

Management Team and staff are committed to continuing program activities during this transition.

We are extremely proud of our OCCYSHN community-based programs and remain very committed to our continued collaboration. If you have any questions, please don't hesitate to contact me, or any member of the OCCYSHN staff. I can be reached at 503-494-8362 or you may call the OCCYSHN office at 503-494-8303 or toll free 1-877-307-7070. 📧

*by Brian Rogers, M.D.*

## Title V MCHB Block Grant - Public Input

Public input is a fundamental element for the development, implementation and evaluation of our efforts to address the needs of Oregon's children and youth with special health needs and their families. OCCYSHN is working to provide information about our programs, to increase opportunities for public input and to improve how we receive and respond to communication.

We have completed and posted the Oregon Block Grant Report sections that reflect OCCYSHN's progress toward national and state performance measures for the Maternal and Child Health Bureau (MCHB). This abbreviated version of the Oregon Block Grant Report can be found at our web site: <http://www.occyshn.org> along with links to resources and programs, and our newsletter. If you have any questions about our report please call our toll free number, **1-877-307-7070**, or email us at [occyshn@ohsu.edu](mailto:occyshn@ohsu.edu) and reference "**Block Grant**" in your query or email. A "user friendly" version of this report will be posted in September 2007. Please watch for this opportunity to become more familiar with our planned activities and to give us feedback.

This report is done in conjunction with the Oregon Department of Human Services. This long, formatted document presents the entire MCHB activities for the state. It is challenging to read, but woven throughout the report are detailed information and evaluation of OCCYSHN activities. Last year's Block Grant Report is available at: <http://www.oregon.gov/DHS/ph/ofhs/mch/mch.shtml#mch>. If you have questions about this document, please contact Molly Emmons at DHS via e-mail at [molly.emmons@state.or.us](mailto:molly.emmons@state.or.us), or by phone at 971-673-0234. 📧

*by Marilyn Hartzell, M.Ed.*

## Newsletter Evaluation

We need your input on how well the OCCYSHN *Liner* newsletter is meeting your needs. Please take a few moments and complete our short online evaluation at [http://www.surveymonkey.com/s.aspx?sm=crqsrhV0XP7Yu1JOBsWDw\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=crqsrhV0XP7Yu1JOBsWDw_3d_3d). 📧

*by Marilyn Hartzell, M.Ed.*

## Legislative Update

OCCYSHN is working to ensure that children and youth identified with special health needs have adequate and appropriate health care coverage for needed services. Through discussions with legislators, partner organizations and families, we worked to increase the understanding of issues around health care insurance coverage and access to health care during the past legislative session.

The session was a busy and exciting one. OCCYSHN tracked a number of health care bills before the legislature and looked at their impact on children and youth with special health care needs.

### What Passed

**House Bill 2406** was an important victory for families of medically-involved children. It enables Oregon to develop a model waiver which will allow families of children who meet the definition of medically-involved to get Medicaid coverage for their children and keep them at home and out of institutions, regardless of family income. **HB 2406** goes into effect January 1, 2008, and local Developmental Disabilities Services can provide information about eligibility and enrollment.

**House Bill 2918** prohibits insurance companies from denying otherwise covered benefits, including speech, physical and occupational therapies, to children under the age of 18 solely because the child has a pervasive developmental disorder. For purposes of the legislation, a pervasive developmental disorder is defined as a neurological condition that includes Asperger's syndrome, autism, developmental delay, developmental disability or mental retardation. As a parity bill, limitations on the number of visits and duration of treatment apply as they would for a child without a pervasive developmental disorder.

While not as comprehensive as it might have been, the measure does require the Health Policy Commission to review the medical and behavioral health evidence on treatment of pervasive developmental disorders and to report findings and recommendations to the next legislative assembly. **HB2918** will become effective in October 2007.

Comprehensive health care reform was a high priority of this legislature, and one major reform bill emerged—**Senate Bill 329**, the Healthy Oregon Act. SB 329 creates a roadmap for creating a health care system which provides access to everyone and would expand access to the Medicaid program, Oregon State Children's Health Insurance Program (CHIP), and the Family Health Insurance Assistance Program (FHIAP) to include uninsured populations. The measure also establishes the Oregon Health Fund, which will be distinct and separate from the General Fund and which may include employer and employee health care contributions, individual health care premium contributions, federal Medicaid funds, state matching funds, and other sources. Long term care funds are excluded.

**Senate Bill 491** mandates that if an insurance company provides reimbursement of a unilateral cochlear implant, it must provide coverage of bilateral cochlear implants.

### What Didn't Pass

**House Bill 2407** would have allowed Oregon to take advantage of the Family Opportunity Act by permitting families to buy into Medicaid for children up to the age of 19 who meet the SSI determination.

Proponents of the Healthy Kids Plan, a proposal to cover all children by expanding and improving access to the Oregon Health Plan, struggled to get the required votes for passage

largely because of the tobacco tax. A later version of the plan, **Senate Bill 3**, was adopted without the tax, and the tobacco tax (Senate Joint Resolution 4) was referred to the voters as a Constitutional amendment to decide in November. If approved by voters, the Healthy Kids Plan will provide access to affordable health care for Oregon's 117,000 uninsured children.

**Senate Bill 14** would have required health insurance companies to cover hearing aids.

### What's Next

The Legislative Assembly is meeting in February 2008 for an abbreviated session. During the interim, legislators will serve on committees and task forces and will look at the issues important to their constituents. They'll have the opportunity to study some of the issues that couldn't be resolved during the recent session, and it's likely that some of the measures that didn't pass will be addressed in the 2008 session.

### Individual and Family Perspective Impacts Work of Legislature

Some very important pieces of legislation passed, some did not, and others may have new life in subsequent sessions. Throughout the past session, lawmakers continually thanked individuals and families for sharing their stories. Understanding the impact of policy on individuals and families allowed them to make informed decisions on the legislation before them and helped them to set the agenda for the work during the interim and into the next session.

If you would like to contact your legislators to inform them of issues important to you and your families, legislators' contact information may be found at <http://www.leg.state.or.us>.



*by Marilyn Berardinelli, B.S.*

## Voices of Families: *Chasing Parker*

Parker was born 10 weeks premature at OHSU after my husband and I battled for a long period of time with fertility. We were told we would never have biological children. But we were not willing to give up. Whether it was the odd twist of fertility drugs I was on or simply a miracle (our belief) we got pregnant, but had major complications, too lengthy to detail. I was on bed rest the entire pregnancy and we luckily made it to 30 weeks, but Parker was in for a struggle. He spent 4 days on a ventilator and was in the hospital for 8 weeks. He was also on an apnea monitor for a year and continues to battle severe episodes of croup. However, we felt so fortunate that it seemed there would be no long term effects from his premature birth.

At age 2, I began to worry about Parker's speech - he seemed to be lagging behind. After a long battle with the insurance company and eventually Multnomah Educational Service District (MESD), he qualified for speech therapy. He was less than 50% comprehensible to others, but as his mother I understood everything he said. And he always had a lot to say - and still does. We worked very hard for the next 2 years going to speech twice a week and making great progress, but still Parker's speech was not clear enough for anyone that didn't know him to understand.

I enrolled him in preschool at 3 feeling he might benefit by modeling his peers behavior. Although his teachers always said he was a good boy, he begged me every morning with tears in his eyes not to make him go. I could no longer stand to send him off, thus I requested a leave of absence from my job as a part time high school teacher so

he would no longer have to go to pre-school. I knew by the end of the following summer we would be facing the same battle so I requested a continued leave of absence so that I could be with Parker, work with him on his speech, and work with him at home since he seemed to dislike preschool so much.



Parker McKnight

Towards the end of 2006, Parker needed to have his tonsils removed and his adenoids (which had grown back from the previous surgery) and he had a nasendoscopy to try and determine what might be going on. As a mother I knew something was not right. However, when we said his name or spoke to him he usually responded - thus I didn't think about hearing loss. He had had tubes in his ears and passed his newborn hearing screening, so it didn't seem to make sense. In addition, we knew Parker was smart (maybe just a parent's bias), but Christy Veencamp (his speech therapist) kept mentioning he was a slow processor. And through all of this our greatest frustration was his lack of response when we were outside playing or Parker was riding ahead on his tricycle. I would scream

for him to stop so he wouldn't go out in the street yet his head would never turn back. There were too many scares to share. I found myself sprinting to keep up with him and trying to keep him closer to the yard, even when the other neighborhood children were riding up and down the sidewalk.

I requested numerous hearing tests, but the vibration instrument failed to work because his ear canals were too small. Finally, after what was probably much too long a wait on my part, I demanded a sound booth hearing test. When the results came back, we were stunned - Parker had severe loss in both ears. In fact, all of the physicians and therapists we were working with were quite surprised at the severity of the loss. They said he had begun to figure out ways to function with the hearing he did have - reading lips, body language, etc. In disbelief, we requested a second test which came to the same conclusion. Just to be sure, we also requested an auditory brainstem response (ABR). These results were even worse than his behavioral tests. Again, we were stunned and grieving. We so desperately wanted for our son, who so loved music, to be able to hear all the beautiful sounds the world had to offer. No one had an answer as to why he developed this loss. After my period of grieving and beginning the process of working with the state to get hearing services, I began to realize how under recognized this disability is in our society. Insurance would pay nothing for hearing aids - shocking - they cover glasses, an artificial limb, but hearing doesn't count???? I decided then and there that I would make this a goal in my

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# Voices of Families: Chasing Parker

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life to change things for all children with hearing loss.

When Parker first got his loaner hearing aids, he had drastic changes.

He didn't fight wearing them at all. Within a few weeks he was meeting goals that his case workers had set for him. He was

becoming more intelligible (although we still have a long way to go), he was improving his processing time and understanding directions. Most importantly, he could ride his bike down the sidewalk and when I yelled for him to stop, his head turned and he did stop - well most of the time. Like any child I think he still has a bit of selective hearing loss.

This is not a sob story. I am so grateful that my son can now hear - his hearing is not perfect, even with the aids, but he can hear. After all my tears, I cannot believe how filled with joy I am that he can now hear. I must say, as a high school teacher, I am concerned and know that he will always have the stigma of wearing hearing aids and being different from the other kids. I was lucky, I was able to quit working, even if it meant changing our lifestyle drastically, and focus on our son until, with the help of a lot of people, we were able to determine that he had hearing loss.

But, on the flip side of this issue, I teach disadvantaged teens who are often just being diagnosed and have failed throughout their school careers because their loss was not caught. And many of my students refuse to wear hearing aids because they don't want to be labeled "different" at such a late age. And many, whose parents are very low

income, but don't qualify for state assistance, simply cannot pay for hearing aids. The regional program allows students to use loaners for

***We so desperately wanted for our son, who so loved music, to be able to hear all the beautiful sounds the world had to offer.***

6 months and can make some payment plans, but many families cannot afford these and don't want to admit it.

I have started my battle - I have the support of our local representative and senator who have begun the process of drafting a bill to require all insurance companies to pay for hearing aids for people who have hearing loss not related to normal aging. I have also tried contacting advocacy groups and researched the states which already have similar bills.

I am aware this will be an uphill battle and may never even come to fruition, but I intend to stand my ground and fight this battle. It may take years and I will have to go back to work next year in order to help pay for the continued needs for Parker's hearing, but this is a cause worth fighting for. Parker can now hear so much of the beautiful music. I am learning that I don't have to talk so loud and our family is learning all that it takes to clean, maintain, and manage the daily use of hearing aids. I know that everyone has struggles in life. All of these are relative to their own families. We are grateful for your organization and your willingness to help families who truly need help. ✚

*by Emily McKnight, parent*

## OCCYSHN Staff Update

**H**i. My name is Angela Frome and I am working with the Oregon Center for Children and Youth with Special Health Needs and Disability Compass, along with many other partners, to create a public space of resources for families of children with disabilities and special health needs.

I am the parent of three children Kayla, Ben and Emma. When my oldest child was born with a disability, I found myself wanting to provide the best for her but not knowing where to access what I needed. After my daughter passed away 5 years ago at the age of 10, I wanted a way to stay connected and help parents, and that is how I became involved with the project. I have worked with many other



**Angela Frome**

organizations along the way doing advocacy work and parent support. Some of the organizations include: the Northwest Down Syndrome Association, The ARC and Partners in Policy Making. I am also a community inclusions support person at Inclusion, Inc. for adults with developmental disabilities. ✚

*by Angela Frome*

## Insurance: The In's and Out's for Parents

The Oregon Insurance Division's Department of Consumer and Business Services (DCBS) is the primary regulator of health insurance in Oregon. Insurance companies are subject to a wide range of consumer protection under the Insurance Code, and consumers have specific rights under Oregon law, including the right to question a company's decision and the right to ask the Insurance Division to assist in a complaint against a company.

DCBS has a consumer advocacy staff that handles approximately 20,000 inquires and 4,000 complaints about all kinds of insurance each year. In addition to helping individual consumers solve their insurance problems, the advocates look for legal violations and broader trends, and often refer problem cases to a market analyst who conducts investigations designed to stop patterns of abuse. This process may also lead to law reform proposals. Many of DCBS's legislative proposals have grown out of a pattern of consumer complaints about insurer's actions. So, it's very important that DCBS hears about the issues that consumers are having with their insurance companies.

**Grievances, complaints, and appeals:** Consumers may file formal grievances and written complaints with their insurance company. Complaints may concern dissatisfaction with services received or appeal claims that the company has denied. Every health insurer has grievance and appeal procedures that include:

- An explanation of its grievance procedures.
- A notice of how a consumer may get help to write and file a grievance.
- Easy-to-understand written decisions at each appeal level.
- A notice that the consumer may file a complaint with the Oregon Insurance Division.

**Filing an insurance complaint with the Oregon Insurance Division:** Consumers may ask the Oregon Insurance Division for help with a complaint against an insurance company at any time. To get a complaint form or to request help to file a complaint, call 888-877-4894 (toll-free in Oregon), or go to <http://www.oregoninsurance.org/consumer/tomake.html>. The consumer advocates will investigate and try to solve your insurance-related problem.

**External review:** Another way consumers can get help to resolve disputes with insurance companies is through an external review, which is done by independent review organizations (IRO) on contract with the Oregon Insurance Division. When a claim is denied, the insurance company must inform the consumer of his or her right to an external review. To request a review, the consumer must apply through the insurance company. The insurer then submits the request to the Insurance Division, and they refer it to a randomly selected IRO where a medical specialist familiar with the condition of the insured reviews the claim and medical records. The review typically takes about 30 days. For more information on the external review process, go to [http://www.oregoninsurance.org/consumer/exreview/external\\_review\\_info.html](http://www.oregoninsurance.org/consumer/exreview/external_review_info.html).

If you would like more information about health insurance coverage and regulation in Oregon, or if you are having trouble with your insurance company, please contact the Insurance Division Consumer Protection and speak with a consumer advocate. The Divisions representatives work directly with consumers and resolve thousands of complaints involving health insurance plans each year. To reach an advocate, contact the Consumer Advocate Unit at 503-947-7984, 888-877-4894, or on their web site: <http://www.oregoninsurance.org>.

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*by Shelley D. Bain, J.D.  
Senior Policy Advisor  
Oregon Insurance Division*

## Resources: Health Insurance

### Insurance Resources

[Consumers Guide to Health Insurance](#) is a comprehensive guide that can be downloaded from the Oregon Department of Consumer & Business Services on the Insurance Division web site:

[http://www.cbs.state.or.us/external/ins/consumer/health-insurance/consumerguide\\_health.html](http://www.cbs.state.or.us/external/ins/consumer/health-insurance/consumerguide_health.html)

[Special Needs Advocate for Parents \(SNAP\)](#) has a mission to improve the quality of life for children of all ages who have special needs and their parents or caregivers by serving as a resource that empowers them through information, education, advocacy and referrals. SNAP's Medical Insurance Empowerment Program is designed to help parents get the most out of their private medical insurance plan. SNAP's web site offers information for Persons with Medicaid and also provides links to Federal Centers for Medicare, Medicaid, SSI and SSA eligibility.

<http://www.snapinfo.org>

### Federal Social Security Benefits

Electronic booklets on federal disability benefits are available on the Social Security web site:

<http://www.ssa.gov/pubs/10029.html>. They provide basic information on disability benefits, eligibility requirements and the application process.

Are you eligible? <http://www.ssa.gov/d%26s1.htm>

How to apply: <http://www.socialsecurity.gov/applyfordisability>

In addition to using the web site, you can call toll-free at **1-800-772-1213 (TTY 1-800-325-0778)** from 7 a.m. to 7 p.m. Monday through Friday for answers to specific questions from a representative, and you can reach an automated phone service 24 hours a day. **NOTE: Oregon residents covered by SSI and SSA are eligible for OHP based on Social Security status.**

### Oregon State Health Coverage

The [Oregon Health Plan \(OHP\)](#) is the state Medicaid program that provides health care coverage to low-income Oregonians through programs administered by the Division of Medical Assistance Programs (DMAP). For information about benefits or to apply, call the OHP Application Center, 1-800-359-9517 (TTY 1-800-621-5260) or visit their web site: <http://www.oregon.gov/DHS/healthplan/index.shtml>. Also available are the OHP Client Handbook at <http://dhsforms.hr.state.or.us/Forms/Served/HE9035.pdf> and Resources by County at [http://www.dhs.state.or.us/healthplan/data\\_pubs/countybooks/main.html](http://www.dhs.state.or.us/healthplan/data_pubs/countybooks/main.html)

[Oregon Medical Insurance Pool \(OMIP\)](#) provides medical insurance coverage for Oregonians who are unable to obtain insurance because of health conditions, and it provides health benefit portability coverage to Oregonians who have exhausted COBRA benefits. OMIP is administered by Regence Blue Cross of Oregon and has four preferred provider medical plans from which enrollees may choose. The plans offer different co-insurance, deductible, and maximum out-of-pocket amounts. For information, call Customer Service at 1-800-848-7280 or visit the OMIP web site at <http://www.omip.state.or.us>.

[Family Health Insurance Assistance Program \(FHIAP\)](#) is a state program that helps uninsured Oregonians buy health insurance by giving subsidies (grants of money) to help pay the monthly cost of the health insurance premiums. Information and application can be found online at <http://www.oregon.gov/OPHP/FHIAP/index.shtml> or by calling 1-888-564-9669.

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**Oregon Prescription Drug Plan (OPDP)** is a prescription drug purchasing pool authorized by the Oregon Legislature to help increase access to prescription drugs by the uninsured and to lower costs for state and city governments by pooling prescription drug purchasing power, negotiating competitive discounts with pharmacies and using a preferred drug list. Any Oregon resident with inadequate or no prescription drug coverage is eligible to apply for the OPDP discount card. Applications are available by calling 1-800-913-4146 and online on the OPDP web site <http://www.opdp.org>.

### Advocacy and Consumer Complaints

**The Oregon Insurance Division Advocacy Unit** offers free assistance with insurance information and complaints. Consumer advocates can be reached by phone at 503-947-7980 or 1-888-877-4894. Complaints can be filed by phone or online at <http://insurance.oregon.gov/consumer/tomake.html>.

**The Governor's Advocacy Office (GAO)** serves Oregon citizens seeking information or experiencing problems with programs or services provided by the Department of Human Services (DHS). Programs include, but are not limited to, health and dental programs, mental health programs, services for people with developmental disabilities, child and elder abuse and neglect, and drug and alcohol treatment. The GAO includes the DHS Ombudsman, Children's Ombudsman, and the Pain Management Program. You may contact the Advocacy Office by phone at 503-945-6904 and 1-800-442-5238, or by e-mail at [dhs.info@state.or.us](mailto:dhs.info@state.or.us). Additional information is available on the DHS web site at <http://www.oregon.gov/DHS/aboutdhs/gao.shtml>.

**The Oregon Advocacy Center (OAC)** is an independent non-profit organization which provides legal advocacy services for people with disabilities anywhere in Oregon. OAC staff gives advice and information about the rights of people with disabilities. This includes advice about civil rights, special education, health care, rights to public and private services, guardianship, and rights in care facilities. OAC has attorneys and advocates who assist people with legal problems that relate directly to their disability. To determine whether a problem falls within OAC priorities for service, contact the OAC office at 503-243-2081 or 1-800-452-1694; TTY: 503-323-9161 or 1-800-556-5351. More information can be found on the OAC web site at <http://www.oradvocacy.org>.

### Advocating for Policy Change

**Oregon Health Action Campaign (OHAC)** is a coalition of individuals and organizations who have come together to empower the consumer voice in the development of quality, responsive health systems that allow all people to access the health care they need when they need it from the providers of their choice at an affordable cost. OHAC provides information, links to resources that pay for prescriptions, hospital bills and other healthcare, and assistance in applying for state programs. Call 503-581-8618, 1-866-458-4457 or visit the OHAC web site at <http://www.ohac.org>.

**Cover the Insured** provides state profiles, strategies for advocating for policy change, and information about national and local events. Materials and publications are available to order or download, including the guide, Health Care Coverage in America: Understanding the Issues & Proposed Solutions. These resources can be found at <http://www.covertheuninsured.org>.

**The American College of Physicians (ACP)** has information and position papers on health policy issues for order or download from their web site: <http://www.acponline.org>.

*by Patricia Langston, M.A.  
OCCYSHN Resource Consultant*

## County Spotlight: Hood River County Profile

**H**ood River County has a history of a very active CaCoon Care Coordination Program and Community Connections Network (CCN) multidiscipline team process. Hood River County Health Department has three part-time public health nurses who provide services to children/youth with special health needs (CYSHN), under the supervision of Patricia Stokes. Laura Scheer is the designated coordinator, and Ellen Mallon and Jana Austin also provide services to families with CYSHN. Laura also works as the school nurse in Hood River and this allows follow up for youth to age 21, including the Transition Planning process. At least half of the families receiving CaCoon services are Hispanic and Gabriella Lizama is their bi-lingual, bi-cultural Promotora. Her skills and understanding of the culture make the coordination services in Hood River exceptional. We appreciate this great public health team!

The CCN team is facilitated by Dr. Maria Czarnecki, Family Physician, and Yolanda Mora who acts as the local coordinator and is based at the Health Department. Anne Carloss, Director of Special Education for the Hood River County School District, is the professional adjunct, and helps to coordinate communication between the health and education components of the team. Laura Scheer is the nurse and the team has two family liaisons, Shannon Billings and Yolanda Ledezma to support and promote family-centered care. The team meets on a monthly basis to discuss strategies for serving children and youth with special health needs and is helping to champion the medical home concept with local physicians.

Past training activities sponsored by the CCN team and OCCYSHN include either consultations or in-service presentations on augmentative communication, allergies, feeding, and nutrition. Recently, Dr. Peter Blasco, a developmental pediatrician from CDRC/OHSU, worked with Dr. Czarnecki to evaluate a preschool and school-age child, sharing some of his developmental assessment tips and tools.

The professionals and leaders in Hood River provide a wonderful example of working together to promote the health of their diverse community. 🍷

*by Karen Brown, M.Ed., and Laura Tomanka, R.N., B.S.N.*



**Hood River County CCN Team:** (pictured from left to right) Yolanda Mora, Laura Scheer, R.N., Maria Czarnecki, M.D., and Anne Carloss. Not pictured: Shannon Billings and Yolanda Ledezma (Family Liaisons).

### Contact information:

#### CaCoon Program

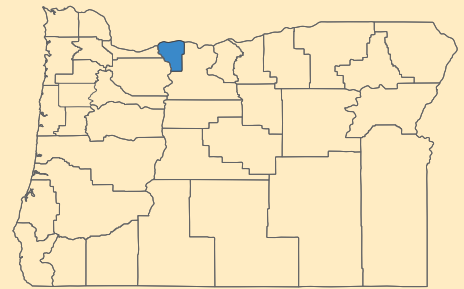
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### Community Connections Network

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**OCCYSHN**

Oregon Center for Children and Youth with Special Health Needs

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Address Service Requested