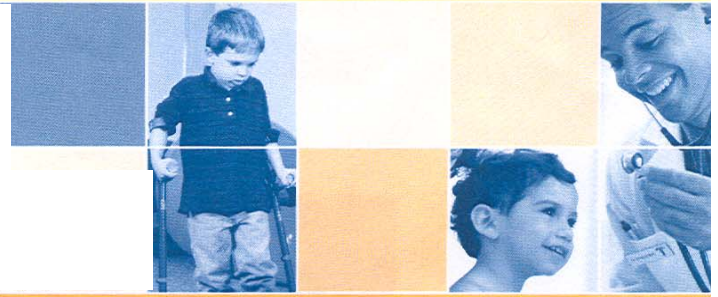


# CHILD DEVELOPMENT AND REHABILITATION CENTER



*Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)*

A NEWSLETTER CONNECTING OUR COMMUNITIES

Spring 2006

## Oregon Center Updates: Youth Transition Learning Collaboratives

By Barbara Dworschak, LCSW, CBS Community Consultant

The Youth Transition Learning Collaborative project began in January of 2005 and was made possible through grant funds available from the Health Resources and Services Administration of the Department of Health and Human Services. Our hope was to encourage the formation of a Youth Transition Learning Collaborative team in each of six counties—Coos, Curry, Hood River, Jackson, Lincoln and Union. We invited individuals to participate from local schools, social service agencies, health care providers and families, and each team was asked to identify a facilitator. We are fortunate to have six wonderful facilitators: Tom Giles (Parent) in Coos County, Elaine Lortscher (Parent) in Curry County, Laura Scheer (School and Public Health Nurse) in Hood River County, Deb Frierson (Public Health Nurse) in Jackson County, Terry Persson (Developmental Disabilities Case Manager) in Lincoln County, and Mary Apple (Special Education Director) in Union County.

The teams were asked to meet on a monthly basis to identify an improvement in services that they could create in their community for transitioning youth with special health needs. We kicked the project off with an interactive video conference linking all six county teams together. This created an opportunity to acquaint the team members with current transition theory and philosophy, as well as promising practices occurring around Oregon and the rest of the nation. We repeated the interactive video conferences

quarterly, providing the teams with input from exciting presenters as well as opportunities to interact and exchange ideas with each other. The opportunity to offer each team a \$2500 stipend to assist in their efforts was created by an additional grant written by Robert Nickel MD, former director of OCCYSHN and current Developmental Pediatrician at the Eugene Child Development and Rehabilitation Center.

The teams have made many improvements. Curry County held a hugely successful Transition Fair in the spring of 2005 that served as a catalyst for the development of regular “skill builder” sessions for youth to be held at the South Coast Independent Living Services office as well as a summer demonstration project mentoring and employing four youth in the parks system. The Hood River County team quickly expanded into a collaborative effort with neighboring Wasco County and created a release of information authorization that simplified their ability to collaborate across agencies on behalf of students. Jackson County began using the Person Centered Planning process to train school staff and families. Coos, Lincoln and Union County teams are in the process of creating comprehensive resource lists for families, and some have already been placed on community web sites. The Lincoln team has created a wonderfully comprehensive portable transition summary.

*Continued on page 2.*

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### Special Needs Safety, Emergency and Disaster Preparedness

Safety considerations, emergency care and disaster preparedness present special issues for children and youth with special health needs. Having procedures and materials in place before situations arise can save distress and avert unhealthy outcomes.

To help families prepare for emergencies, Community Based Services Consultants Nancy Lowry, RN, MN, and Barbara Dworschak, LCSW, have prepared a resource guide that highlights safety issues, provides a link to emergency information forms, and gives tips for disaster preparedness. This guide, which also gives useful links and resources, can be found on pages 3-4.





# From the Crow's Nest

Dr. James Ledbetter



Hello Readers,

As I write these words, we are preparing for our annual training conference, April 20 & 21, 2006. The theme for this year is parent-professional partnerships, which prompts me to reflect on the concept of 'family centered care'.

An expectation from the federal Maternal Child Health Bureau (MCHB) of the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) is that we assist communities in developing services for children and youth with special health needs where families participate in, and are satisfied with, all levels of care. This is the concept of family-centered care.

The MCHB took a step further in 2005 by defining this concept: "Family-Centered Care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice which results in high quality services."

Very few would argue with the premise that all should respect and honor families, but applying a family centered approach, whether it is in a health care practice or a public health or other community based resource, has proven more difficult than one might have imagined. Those of us who have dedicated our careers to promoting better health care for children with chronic health conditions or disabilities feel that we have amassed knowledge, collective experiences and research that enable us to endorse best practices that effect the best outcomes for these dear children. Parents, on the other hand, rarely *choose* to become that long term caregiver that they *must* become, when it is realized that their child has

special health care needs. Few parents have health care training and some have limited educational experiences. Professionals might tend to assume that such training and education are vital to participation in such a complex process needed to decide the best options related to healthcare of these children, but true Family-Centered Care requires that we move beyond these attitudes and accept the fact that families are, as a rule, constant in a child's life and are the foundation of any dreams or pursuits of happiness their child may have.

Regardless of training or education, families know their children better than anyone. They have insight and observational experiences that often tower over the knowledge or data that professionals may bring to the table. Only by our willingness to accept parents (and ultimately the child) as true partners in any decision making process, can the true concept of family-centered care be promoted. This will often involve negotiation and compromise in choosing courses or prioritizing goals. It requires that we respect and honor cultures and family traditions that may be quite different from our own and that we accept and encourage that families seek counsel, not always from ourselves, but from other families.

Ultimately, the rewards are that such an approach builds upon the strengths of each individual family and promotes a developmental approach. Most importantly, it celebrates successes.

Contact Dr. Ledbetter at: 503-494-6961, [ledbettj@ohsu.edu](mailto:ledbettj@ohsu.edu)

\*\* Resources, fact sheets and other publications on family-centered care can be found at the web site of the National Center of Medical Home Initiatives for Children with Special Needs: [www.medicalhomeinfo.org/publications/family.html](http://www.medicalhomeinfo.org/publications/family.html)

## Staff Updates

**Corrie Winter** has joined the OCCYSHN staff as Administrative Coordinator for Community Based Services (CBS). Corrie will provide administrative support for both the Community Connections Network and the CaCoon Program. Corrie is not new to CDRC, having worked in the scheduling and managed care offices for several years. Her organizational skills and creative approach to problem solving is a wonderful addition to our team. Corrie will pick-up where Claire Tranchese left off as the administrative coordinator for CCN and also take up responsibility in supporting the CaCoon program as well.

You can contact Corrie at: 503-494-4586, [winterc@ohsu.edu](mailto:winterc@ohsu.edu).

*Updates, continued from page 1.*

The current grant support for this activity ends on May 30<sup>th</sup>, 2006. But there is much more work to be done to ensure seamless and collaborative transition processes for youth with special needs in Oregon. Most, if not all, of the learning collaborative teams are currently looking at ways to sustain their activities in the future, and our office remains strongly committed to this issue! Lessons learned in the initial six counties will be spread across the state for other counties to benefit from. And we continue to look for future activities that will result in improvements in the transition process for youth with special needs in Oregon.

We are grateful to each team for their continued creative energy, enthusiasm and commitment to the youth in their communities!

Contact Barbara at: 503-494-6208, [dworscha@ohsu.edu](mailto:dworscha@ohsu.edu)

# Safety Considerations for Children with Special Health Needs

Nancy Lowry RN, MN

Children with disabilities and chronic conditions may require adaptations to the safety precautions required for a typically developing child of the same age. Adults who are unfamiliar with childhood special needs conditions may not anticipate the need for adaptations. Parents who have children with special needs can be an excellent source of information on the safety needs of their child. This article highlights some safety issues for children with disabilities and provides resources for parents to share with other family members, child care providers and teachers.

Some examples of potential safety hazards include the following:

- Children with developmental delays may need to have safety precautions in place longer than typically developing children of the same age—a 3 year old who still enjoys putting things in his/her mouth needs to be protected from toys with smaller parts.
- Certain play environments might pose a hazard for a child who uses a wheelchair or for children who are impulsive or have poor judgment.
- Children with Autism who could wander off need to have additional physical boundaries and supervision in play areas.

It is important for health professionals to discuss

safety concerns with parents and offer guidance about how to keep their children safe while allowing them to explore their environment as much as possible. Examples of adaptations around daily living include:

- Considering an adaptive car seat for an infant with low tone and poor head control to maintain an adequate airway while traveling.
- Children with behavioral issues may need a safety harness in addition to a seat belt in order to remain seated in a car.
- A child with a seizure disorder will need close supervision during baths or while swimming.
- Children with oral motor dysfunction are at risk for aspiration and choking. Food choices need to be made based on their oral skills as opposed to just their chronologic or developmental age

Parents can discuss concerns about their child's safety needs with their physician or nurse. The following websites have information on safety considerations for children with specific conditions:

<http://cshcn.org/resources/living.cfm>

[www.aap.org/healthtopics/carseatsafety.cfm](http://www.aap.org/healthtopics/carseatsafety.cfm)

[www.paaap.org/pdf/teleconf/022504/bull.pdf](http://www.paaap.org/pdf/teleconf/022504/bull.pdf) \*

*\*This is a PowerPoint presentation that describes selection of car seats for special needs.*

## New Doernbecher Children's Safety Center Promotes Safety

The Doernbecher Children's Safety Center is a free service for staff, students, patients and volunteers. The center is located on the 7th floor of Doernbecher Children's Hospital at OHSU and is dedicated to reducing unintentional injuries in children by providing free safety education, low or no-cost product distribution and hands-on training of safety products.

Products are sold at or below cost to visitors and include items such as smoke detectors, sport helmets, baby-proofing items, reflective gear and gunlocks. The staff is available Monday through Friday, from 10 a.m. to 5 p.m. for consultation and assistance with safety products fittings and/or demonstration. Product consultation is not limited to products sold at the center.

If you have questions, please call the Safety Center at 503 418-5666, or e-mail [safety@ohsu.edu](mailto:safety@ohsu.edu).

# Emergency Care: Emergency Information Form

Nancy Lowry, RN, MW

For parents of children with special needs, going to an emergency room that is unfamiliar with their child's care can be a frightening experience. This is especially true if their child's condition is rare or very complex. Children with certain conditions may not be able to be treated with typically used medications or therapies because their conditions contraindicate them. Examples of this include congenital heart defects, in which some of the usual medications for treatment of arrhythmias cannot be used, and a child with muscular dystrophy who has specific oxygen requirements. These are specific care issues with which emergency room staff may not be familiar, and in an emergency, parents may not recall every detail of their child's condition or previous treatment. For this reason, The American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP) have recommended that every family of a child with special needs have an emergency plan and that it be available 24 hours a

day. The AAP and the ACEP worked together to develop *The Emergency Information Form for Children with Special Health Needs*. Parents and primary care providers can complete this form together; it should be updated whenever there is a change in the child's condition. A copy should be on file with parents, the child's primary provider, childcare providers and schools. If the child needs to be transported for emergency services, the form can accompany the child.

The following link will take you to a PDF file where the form can be downloaded.

<http://www.aap.org/advocacy/blankform.pdf>

Many hospitals and ambulance services now have their own forms that can be filled out and kept on file for children with critical medical conditions or conditions that are unstable enough to require frequent emergency care. Parents will need to update them every 6-12 months.



## Medic Alert

The American College of Emergency Physicians also recommends that children with special needs wear medical jewelry. This can be especially effective for children with life threatening conditions such as latex allergy, where medical providers need the information right away. There are several companies that sell identification bracelets or necklaces. These sites can be located on the Internet by using the search term "medical jewelry".

MedicAlert is one such company. In addition to providing medical alert jewelry, it has agreed to be the repository of information for children who wear MedicAlert jewelry. Information for all children who are registered with MedicAlert is available 24 hours a day to health professionals providing care and emergency treatment to the child. MedicAlert is a nonprofit organization and fees are reasonable. The website for MedicAlert is: [www.medicalert.org](http://www.medicalert.org)

## Emergency Preparedness for Children with Special Health Needs

Nancy Lowry, RN, MN

It is important for families to plan ahead for possible disasters such as earthquakes or tornados. This is especially important for families who have children with chronic conditions, especially if their child has one of the following needs:

- Depends on electricity to run a ventilator, feeding pump, nebulizer or other equipment;
- Cannot be moved easily because of his condition or attachment to equipment;
- Uses a wheelchair or walker;
- Cannot tolerate extremes in temperature;
- Becomes agitated or afraid in new situations;
- Cannot get out of an emergency by himself because of physical or behavioral challenges;
- Has an allergy or significant contraindication to certain

medical treatments that emergency personnel would be unaware of in a disaster. An example of this would be a child with a latex allergy.

There are several resources that can be helpful as parents are developing an emergency plan for their family. The following websites are especially helpful:

*Emergencies and Disasters Keeping Children and Youth with Special Health Care Needs Safe:* [www.FamilyVoices.org/information/disastersEmergencies.htm](http://www.FamilyVoices.org/information/disastersEmergencies.htm)

*American Red Cross Get Prepared:* [www.redcross.org/services/prepare/0,1082,0\\_239\\_00.html](http://www.redcross.org/services/prepare/0,1082,0_239_00.html)

*American Red Cross Be Prepared* has specific information on emergency planning for people with disabilities: [www.prepare.org/disabilities/disabilities.htm](http://www.prepare.org/disabilities/disabilities.htm)

# CAMP



A camp experience can give a child both confidence and a sense of independence. There are many great camps for children with special health needs, but there are also many inclusive programs to consider that do an exceptional job of including all children. The camp guide below gives a partial list of local camps. In addition, the following websites offer guides, checklists and pre-camp exploration tips that are useful for selecting a camp that will offer the greatest opportunity for the individual child and keep the child safe.

The Nemours Foundation **KidsHealth for Parents** site has an excellent comprehensive article, **Finding a Camp for Your Child with Special Health Needs**. You can find it at: [www.kidshealth.org/parent/system/ill/sending\\_child\\_camp.html](http://www.kidshealth.org/parent/system/ill/sending_child_camp.html). **The National Center on Physical Activity and Disability (NCPAD)** offers a resource for parents and advocates of children with disabilities to help in selecting a camp for their child. **Discover Camp** can be found at the NCPAD website: [www.ncpad.org/discover/index.html](http://www.ncpad.org/discover/index.html). An additional helpful resource is the **American Camping Association (ACA)** [www.ACACamps.org](http://www.ACACamps.org). The ACA annually publishes a parents' guide to accredited camps, including information on choosing a camp and a section of special needs.

**There is funding available for camp fees through the Title V Family Support Program.** Contact the Oregon Center for CYSHN: 503-494-8303, 1-877-307-7070, [dayp@ohsu.edu](mailto:dayp@ohsu.edu) or [langstop@ohsu.edu](mailto:langstop@ohsu.edu).

## CAMPS 2006: A Partial List of Local Special Needs and Inclusive Camps



*\*\* Please verify all information with the individual camp and direct questions to them.*

CAMP	Day or Over night	PHONE	WEBSITES	POPULATION	AGES	SESSION DATES	COST
Meadowood Camp Pendleton OR	O	541 276-2752	<a href="http://www.meadowoodsprings.org">www.meadowoodsprings.org</a>	Speech/ hearing	6 - 16	7/8 - 7/16 7/22 - 7/30	\$1200 sponsorship available
Camp Taloali Stayton OR	O	503-769-6415	<a href="http://www.taloali.org">www.taloali.org</a>	Deaf /hard of hearing	9 - 16	6/25-7/1-silent wk 7/2-7/8 (Deaf) 8/17-8/24 (KODA)	\$250
Upward Bound Recreational Camp for Persons With Special Needs	O	503-897-2447	<a href="http://www.upwardboundcamp.org">www.upwardboundcamp.org</a>	MR/DD (Christian)	12+	July - August	\$435
YWCA Camp Westwind, Neotsu OR	O	503-294-7472	<a href="http://www.campwestwind.org">www.campwestwind.org</a>	Inclusive family camps	4 - teen families	June thru August	varies
Mt. Hood Kiwanis Mt Hood OR	O	503-452-7416	<a href="http://www.mhkc.org">www.mhkc.org</a>	MR/DD/ autism physical	9 - adult	June thru August	\$615/week partial scholarships
Asthma Camp Camp Namanu Sandy OR	O	503-924-4094 ex.32	<a href="http://www.lungoregon.org">www.lungoregon.org</a>	Asthma/ inclusive	6 - 18	July 20- Aug 3	varies scholarships available
Camp Easter Seals Vaughn, WA	O	503-228-5108 800-556-6020	<a href="http://www.or.easterseals.com">www.or.easterseals.com</a>	LD/MR/DD/ Physical	7 - 17 adult	7/26-8/18 one-week sessions	\$610 scholarships available
Camp Easter Seals Medford OR	D	541-842-2199	<a href="http://www.or.easterseals.com">www.or.easterseals.com</a>	DD/physical	5 - 21	July – August	call
Camp Rivendale Jenkins Estate Beaverton OR	D	503-629-6355	<a href="http://www.thprd.org">www.thprd.org</a>	MR/DD/ Behavioral	6 - 21	One-week sessions 6/26 - 8/18	\$115/wk in district/\$192 out of district
Special Olympics Hoop Camp Beaverton	D	Steven Garrity 503-888-5058	<a href="http://www.hoopcamp.net">www.hoopcamp.net</a>	Disabilities/ inclusive	6 - adult	6/19 – 6/21	\$50

# CAMPS 2006: A Partial List of Local Special Needs and Inclusive Camps

*\*\* Please verify all information with the individual camp and direct questions to them.*



CAMP & LOCATION	Day/ Over night	PHONE	WEBSITES	POPULATION	AGES	SESSION DATES	COST
Gales Creek Camp Banks OR	O	503-968-2267	<a href="http://www.galescreekcamp.org">www.galescreekcamp.org</a>	Diabetes	preschool- high school	May - August	\$350, Scholarships available
Boy Scouts of America	D/O	503-225-5744 Derrick Clark	<a href="http://www.cpcbsa.org">www.cpcbsa.org</a>	Boy Scout members/ inclusive	7 - 18	July - August	Call for details
Columbia River Girl Scouts	D/O	503-620-4567 800-338-5248	<a href="http://www.girlscoutscrc.org">www.girlscoutscrc.org</a>	Girl Scout members/ inclusive	7 -17	Various	Call for details
Kind Tree Autism Camp/Retreat Florence OR	O	541-521-7208	<a href="http://www.kindtree.org">www.kindtree.org</a>	Autism	all ages + families & caregivers	August 25-27	\$75/individual plus family & caregiver rates
Adventures Without Limits	D/O	503-359-2568	<a href="http://www.awloutdoors.com">www.awloutdoors.com</a>	Inclusive	7+	On-going year round	Various/ scholarships available
Oregon Zoo Camp Portland OR	D	503-220-2781	<a href="http://www.oregonzoo.org">www.oregonzoo.org</a>	Inclusive	5 -13	June-August	Various Scholarships August
ARC of Washington County, Beaverton	D	503-649-6110 Jennifer	<a href="http://www.thearcwash.org">www.thearcwash.org</a>	MR/DD	4 -21	June - August	Hourly rate
MDA Summer Camp	O	503 223-3177 503 223-9427	<a href="http://www.mdausa.org">www.mdausa.org</a>	Muscular dystrophy	6 -21		no charge applications thru clinicians
Camp UKANDU Tillamook OR	O	503-295-6422 800-577-6552	<a href="http://www.campukandu.org">www.campukandu.org</a>	Cancer	8-18 + one sibling camper	August 13-19	no charge applications thru oncologists
Boys & Girls Clubs Portland Metro	D	503-232-0077	<a href="http://www.bgcpportland.org">www.bgcpportland.org</a>	Inclusive	7 -18	Call for information	Call for information
Camp Tapawingo Fall City OR	O	503-297-7207	<a href="http://www.hfo.info">www.hfo.info</a>	Bleeding disorders	6 -13	7/32 – 8/6	\$65; scholarships available
Camp Millennium, Roseburg OR	O	541-677-0600 Ryan Boles	<a href="http://www.campmillennium.org">www.campmillennium.org</a>	Cancer	5 - 16	6/18-6/25	Free
Northwest Christian Camp for the Deaf Rockaway OR	O	503-390-2433 503-355-2284 v/ TDD	<a href="http://www.gmdeaf.org">www.gmdeaf.org</a>	Deaf/hard of hearing	8 - adult 2+ with families	July 24-30	Call for details; scholarships available
Kids 'N' Cancer: Camp Agape at Camp Angelos, Sandy River	O	503-232-3487 Christine Rulli	<a href="http://www.campangelos.org">www.campangelos.org</a>	Cancer	toddler - 18 & families	8/5-8/11	Free
Gately LD-ADD Summer Day Camp Northeast Portland	D	503-215-2672 Susan Decker	<a href="http://www.providence.org/gately">www.providence.org/gately</a>	ADD/HD/LD	9 - 12	6/19 – 7/27 (half days M-Th.) Reading/writing: 1 six-week session, \$450 Art: 6 one-week sessions \$75	

# Voices of Families: *Bryan's Story*

As told by Evelyn Lowry

Giving birth is supposed to be a wonderful event. As parents are expecting their first child they usually are excited and fearful at the same time. However, when the child is born with a debilitating condition, the excitement turns to fear. It is even worse if none of the medical professionals that they are working with can tell them the cause or the name of the condition.

Bryan was taken away at birth to a special unit because of breathing difficulties and an irregular pulse rate. Eventually, his mom, Cindy, and dad brought him home from the hospital. They were very afraid and confused. The stress was too much and the marriage broke up. Meanwhile, Bryan grew, but didn't progress. He never crawled or walked. His speech was very limited although he understood and reacted to his friends, family and environment. When he was a baby, the only way Cindy could get him to sleep was to hold him while she vacuumed. He loved the sound. "I had the cleanest house in the west," Cindy said.

When Bryan was three he started to bite his lips. Cindy took him to specialists and no one was able to tell her what was going on or come up with a diagnosis. His lips and the inside of his mouth were bleeding from the biting. Cindy wasn't getting much sleep and she needed a lot of support.. After a lot of agonizing, Bryan's doctor, with Cindy's permission, decided to start pulling Bryan's teeth so he wouldn't be able to bite his mouth. One-at-a time, the teeth came out. After each extraction, they hoped the problem would be solved. It wasn't solved until all the teeth were out.

Bryan's cousin Logan was born when Bryan was about 5. He had the same condition as Bryan and the family and medical team suspected a genetic condition. Lesch-Nyhan was diagnosed. It is a genetic condition, passed from the mother that only affects males. Cindy is from a family of girls. As it turns out, she has an uncle who was institutionalized many years ago, probably with the same condition.

Availability of child care became a major road block. Quality child care is an issue for all working parents. Having a child with special health care needs exacerbates the problem. This meant that Cindy had very few breaks from caring for Bryan's needs. An

older daughter (now moved out of the house) was able to help during the summer and weekends.



Bryan and his good friend Jeff

In high school, Bryan got very sick and had to be transported by ambulance to the hospital. Although this wasn't Bryan's first or last visit to the hospital for pneumonia type symptoms, it was traumatic because it was unexpected and Cindy didn't have with her the complete list of medications that Bryan was taking. She now carries one around at all times.

Currently, Cindy spends her days taking care of Bryan's many medical issues. He uses an oxygen cannula to keep his upper lip away from his nose, which enables him to breath. He is in a wheel chair and Cindy helps take care of his personal needs.

Cindy has remarried (Marty) and gets lots of support from family. Logan's mom, Lori, and Cindy are able to share resources and support. The support brokerage (SDRI) paid for Camp Kiwanis last summer which Bryan loved. It also gave Cindy and Marty a much needed respite break. The SDRI personal agent has been a wonderful help to Cindy and Marty. They are able to plan and obtain needed resources and supplies such as durable medical.

Bryan will be finishing school this year as he turns 21. Cindy is looking into a social/recreational companion program that SDRI can pay for and/or other employment, or alternatives to employment, so that Bryan has a life of his own after school is over.

2006 Oregon PTI Conference:  
**"The Wave of the Future"**  
 May 5, 6, & 7  
 Salishan Resort  
 Gleneden Beach, OR

The Wave of the Future is designed to bring together parents, educators, and health professionals in an atmosphere of cooperation and exploration. The program addresses issues related to nurturing and advocating for children, youth and young adults with disabilities, with a positive focus on their abilities.

The conference seeks to model and facilitate effective relationships between families and service providers.

Throughout the event there will be presentations on a large variety of issues surrounding children and youth with disabilities. Class descriptions and online registration are now available on the Oregon PTI website: <http://www.orpti.org/events.htm>, or contact the Oregon Parent Training and Information Center: 2295 Liberty Street NE, Salem, OR 97303 Phone: 503-581-8156

**We welcome your  
 comments and  
 submissions.**

**Managing Editor:**  
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**Deadline for submissions for the  
 Fall edition is July 15, 2006**

*OHSU includes the Schools of Dentistry, Medicine and Nursing; Biomedical Information Communication Center; Center for Research on Occupational and Environmental Toxicology; Vollum Institute for Advanced Biomedical Research; University Hospital; University Clinics (medical and dental); Doernbecher Children's Hospital; and Child Development and Rehabilitation Center.*

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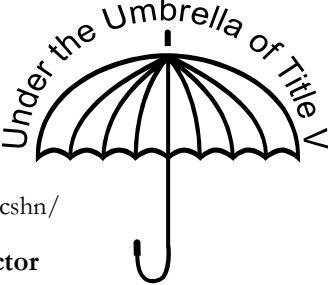
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**Community Connections Network**  
 503-494-4586
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**CaCoon Care Coordination Program**  
 503-494-4586
- 
**FISHs: Framework for Integrating Special Health Services** 503-494-7928
- 
**FSP: Family Support Program**  
 503-494-8303
- 
**FIN - Family Involvement Network**  
 503-418-1476
- 
**SOCS: Strengthening Oregon Community Services**  
 503-494-7928