## Benton-Franklin – Carla Prock

- KRMIC NICU Discharge Meetings occurring twice monthly at Kadlec. Inclusion of additional “Pre” Discharge Planning that has helped identify KO1 eligible infants and coordinate WIC, EI, ST/OT, Post-partum clinic & Feeding Team services.
- Continue monthly Feeding Team meetings to coordinate services for children with feeding issues with new/pending added monthly
- High percentage of NICU infants with diabetic or gestational diabetic mothers; 2 recent babies failed metabolic screens & need to have sweat tests done at Providence Pulmonology Clinic.
- Receive 1-2 WorkFirst referrals a month
- Future P-TCPI Regional Care Facilitator, Shelley Little, has participated in a Great LINCS training and the Neighborhood Medical Home phone calls. Actual contracting and funding for this position will not start until 10/1.
- Safe Kids Meeting, Childcare Directors Meeting, Kadlec NICU Discharge Meetings- provided information that updated NIH Safe Sleep brochures available to order, Charlie’s Kids Foundation- “Sleep Baby” board book, & Resilience Film Screening & Resilience conference October 12th & 13th.
- Goal to set up Discharge Planning with Trios NICU Team

## Chelan-Douglas – Carol McCormick

- **SMART Team**: A collaborative of staff from Columbia Valley Community Health, Confluence Health, Public Health, ESD, many service providers are working to establish a SMART (School, Medical Autism Review Team). The go live date has been extended to January however the team has secured a part time coordinator and is working on intake documents, MOU’s and publicity information.
- **New** Behavioral and developmental Pediatrician: Dr. Petra Swidler has begun services at Confluence Health. Our community is excited to have her much needed expertise in our community.
- More collaborative efforts through Early Learning and Okanogan: We participate in our local Early Learning Collaborative and we are working with Okanogan County to identify gaps in services and opportunities.
- **LAUNCH**: This effort is increasing momentum. We have had two successful presentations since September started and will be having more in the near future. It is not known if there are positive data points recorded yet for this effort.
- **LEAD**: We are buttoning up our lead referrals in hopes no children fall through the cracks and sending pediatric providers information on the WAC’s that outline children with Medicaid must be tested.
- **Collaborative CSHCN** meetings with Confluence Pediatric Care Coordinators and Molina: We have established a working partnership to discuss cases and not duplicate services. We meet quarterly.
- **Parent to Parent**: Erin is working with Gina Stark to promote the ABLE act and helping to recruit a new Ethnic Coordinator as Gabby has elected to stay home with her new (second) baby.
## Children with Special Health Care Needs
### Central Region
#### July – September 2017
Central Region Representative/Facilitator: Carol McCormick

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| **Grant** – Maria Vargas | - Carol Schimke has taken on a new role in our community and I have stepped in as CSHCN coordinator and I am adapting to this new role. I worked with the program from 1998-2011 as a case manager so am adapting quickly and am grateful for all the patience my partners have shown me.  
- We are continuing to see an increase in referrals for high risk children. I am working on coordinating more visits with community partners (i.e. Stepping Stones Feeding and Growth Clinic, Life Care Solutions RD, and Achieve Center SLP).  
- While I am not a nurse I do have connections with our medical community, and am continuing to make connections to the children’s Medical Home. I plan on reaching out to all care coordinators to introduce myself and make sure they know how to contact me. I am bilingual in Spanish so my monolingual Spanish speaking clients can contact me directly for any assistance they need.  
- I attended the NCELC meeting in Omak on September 11 and met some great leaders in our Region. I look forward to learning more from them in ways I can help our vulnerable populations in our county  
- Work First referrals continue to come in. We are currently down a couple of nurses but those needs are still being met in a timely manner.  
- I am working with our local Moses Lake Breastfeeding coalition, supporting our CSHCN babies and moms in finding a successful way to breastfeed if they desire too. |
| **Kittitas** – Michele Cawley | **CSHCN** The county is continuing to emphasize universal developmental screening and early intervention. I am continuing to receive many referrals. Partnerships with the school districts and mental health providers are increasing. I am on several WISE teams and attending many IEP meetings.  
**P2P**  
- Continuing four support meetings every month - three in Ellensburg and one in Cle Elum  
- Hosted a “Creative Housing” workshop  
- State P2P will be having our annual conference in Yakima September 25-26 |
| **Okanogan** – Lauri Jones and Crisha Warnstaff | - Caseload for CSHCN remains the same.  
- This quarter time has been spent updating CSHCN client CHIF information. As part of that – we have included giving families updated social service resources including information on DDA services and informing families’ handout.  
- Crisha attended a MIECHV Home Visiting advisory meeting that included discussion of absence of Parent to Parent program in Okanogan County. A representative from Chelan/Douglas shared information about services in her county (Chelan/Douglas).  
- Received phone call from Betsie regarding Autism support resources, she sent information on Autism 200. I reviewed a few of the videos. They are very helpful. I plan to share this resource with individual families and community partners. |
## County Updates

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| **Walla Walla** – Amanda Hinrichs | - Struggles – lack of respite services for families with children in Okanogan County. The resources are scarce, with most not licensed to provide any type of medical services, basic home care provided.  
- CSHCN/MCH public health nurse (PHN) has been in this position for 5 months. Work includes: completing assessments with care coordination and home visits, outreach to medical and social service providers and attending community meetings such as County Interagency Coordinating Council.  
- The PHN is participating with Washington Frontiers of Innovation First 1,000 days’ staff and other community partners, to develop a community system to find at risk/vulnerable children, youth and families and intervene with assistance, screenings, referrals and follow-up.  
- The Walla Walla Children’s Home Society has also received a grant to form and facilitate a multidisciplinary, cross-agency team to coordinate responses to child abuse; this is known as a Children’s Advocacy Team. This is a very new position and opportunity which the CSHCN/MCH nurse has been invited to be a part of. The goal is to create a community system that will create an optimal response when a child has been hurt, helping the child to heal, while protecting from further harm.  
- PHN is involved with a newly formed Healthy Communities Coalition with the goal of addressing health and wellbeing concerns, gaps, and opportunities. One challenge is to develop or locate an accurate and easily updateable community resource guide.  
  * There is a new app called OWL (One Walla Walla List) that the city of Walla Walla has developed which does have many community resources listed.  
- Walla Walla has faced a very difficult time with closure of Walla Walla Adventist Health Hospital and Medical Groups, leaving just one hospital (Providence St. Mary’s) and one specific pediatric clinic (Walla Walla Clinic Pediatrics). There was a 6-week notice prior to the hospital and medical groups closing, not leaving much time for preparation or adequate transition of care. Many children with and without special health care needs were left without a PCP and medical follow up. The one pediatric clinic left in Walla Walla only accepts Molina out of the five WA Medicaid plans, also proposing another obstacle along with the shortage of pediatricians at that specific office during the closure of Adventist Health. The good news is that all the pediatricians from Adventist Health have decided to establish with the Walla Walla Clinic pediatrics, and will be able to see patients at the start of October. The one emergency department has been overused and overwhelmed but luckily there are other urgent and express care options in the community that we are trying to make people aware of. Lots of changes and exciting new things happening in Walla Walla this year! |
| **Yakima/Children’s Village** – Tracie Hoppis | CSHCN  
- No longer providing Health Home Services, but team of 4 meeting bi-monthly to coordinate care for CSHCN, share resources, staff families |
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<td>• Hosted DOH focus group on September 11. 10 parents attending sharing issues/concerns related to nutrition and growth concerns</td>
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<td>• Participating in Greater Columbia ACH- leadership meetings and regular phone calls. Part of the Care Coordination team where we are planning to use a model called Pathways Hub. Yesterday, prioritized the populations we’ll be serving</td>
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**P2P**

|        | • Received DEL grant this year for funding for our Holland support program |
|        | • July Summer picnic had over 120 participants |
|        | • Offered 2 Caring for the Caregiver Class- English/Spanish. Partnered with WSU Extension |
|        | • Hosting state P2P Programs at CV on September 25, 26- training Coordinators in ‘Holland’ model |
|        | • Preparing of annual volunteer appreciation event on October 7 |
|        | • Buddy Walk and CV 20th Birthday Celebration occurring on October 14 |
|        | • Regular support groups include Holland (8 weeks), Holland Reunion, Autism Support, Down Syndrome support, Spanish groups in Yakima/Sunnyside, Valley Parents group in Sunnyside. Starting up Sibshops, meeting monthly; Teen Group, meeting monthly, other social/recreational programing |
|        | • P2P staff member participating on AS3D conference calls |

**CLP**

|        | • Team continues to meet 6 times per year; 13-14 children at team |