

Oregon

Child Development and Rehabilitation Center

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MISSION STATEMENT

Our mission statement is being revised.

I. DIRECT HEALTH CARE SERVICES

Direct health care services are defined as services generally delivered between a health professional and a patient in an office, clinic or emergency room. For example, well child care visit; visit to doctor for an acute health care condition (e.g. earache); follow-up visit to a specialist for a chronic condition (e.g. asthma, diabetes, sickle cell disease), physical therapy, occupational therapy, respiratory therapy, inpatient and outpatient medical services, allied health services, lab, etc.

FINANCIAL ASSISTANCE PROGRAM ELIMINATED JULY 1, 2002

As a result of the 2001 State of Oregon budget reductions, the Child Development and Rehabilitation Center was forced to make some critical financial decisions including the elimination of the OSCSHN financial assistance program which provided payment for direct services.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services are provided at Oregon Health Sciences University's Child Development and Rehabilitation Center, Doernbecher Children's Hospital, and other approved facilities.

Specialty Clinics/Programs:

Assistive Technology

Hemophilia

Child Development
Communication
Congenital Heart
Craniofacial

Metabolic
Neurodevelopmental
Genetics
Paralytic/Spina Bifida

SPECIALIZED OR UNIQUE DIRECT CARE SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

Community Connections Network (CCN):

CCN is a network of clinics across Oregon aimed at improving the community services for children with special health needs in the more rural areas of the state. CCN provides multidisciplinary evaluation and assessment clinics in 14 sites across the state. Community providers including physicians, education, therapy professionals, and public health nurses participate in the clinics and coordinate recommendations resulting from the clinic visit.

II. ENABLING SERVICES

Enabling services are defined as services that allow or provide for access to and the derivation of benefits from the array of basic health care services and includes such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of Medicaid, WIC and education.

ENABLING SERVICES CURRENTLY PROVIDED

Care coordination is provided through CDRC specialty clinics and OSCSHN programs as well as arrangements for home follow-up services by public health and/or rehabilitative personnel and referral to other public or private agencies for support of special needs of child and family.

Coordination of Services:

Professional staff provide care coordination for children with eligible conditions, including procedures for evaluation of the child's condition, development of a special health care plan, recommendations of health care providers and facilities, assistance in arrangement of such care, and subsequent monitoring of the status of the child and family.

FAMILY SUPPORT PROGRAM – IN DEVELOPMENT

A task force was convened in January 2002 to determine if families need support services to assure that children with special health needs can benefit from specialized services and to identify Title V's role/responsibility in funding these services. The program is being developed and will include a list of enabling services, eligibility criteria and process. If approved, implementation will be in late 2002.

SPECIALIZED OR UNIQUE ENABLING SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

CaCoon Program:

CaCoon (Care Coordination) is provided in all 36 counties in the state through local public health agencies. Public health nurses assist families to become as independent as possible in managing the care of their children by ensuring access to and appropriate use of health care and other community resources. CaCoon services are not limited to families who only meet the Title V criteria. Information, advocacy, and care coordination services are available to all families of children with special health care needs.

III. POPULATION-BASED SERVICES

Population-based services are defined as prevention services and personal health services that are developed and available for the entire MCH/CSHCN population of the state rather than for individuals on a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunizations, SIDS counseling, oral health, injury prevention, nutrition, and outreach/public education.

POPULATION-BASED SERVICES (PROVIDED OR PAID FOR):

None specifically listed. Contact the Program directly for more information.

HOW/WHERE POPULATION-BASED SERVICES ARE PROVIDED:

Not applicable.

SPECIALIZED OR UNIQUE POPULATION-BASED SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

None specifically listed. Contact the Program directly for more information.

IV. INFRASTRUCTURE BUILDING SERVICES

Infrastructure building services are defined as services that address the development and maintenance of comprehensive health services systems. Infrastructure building services include: needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, development of information systems and systems of care (which are family-centered, community-based, etc.), development and maintenance of health services standards/guidelines, training, data and planning systems, etc.

INFRASTRUCTURE BUILDING SERVICES:

None specifically listed. Contact the Program directly for more information.

HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:

Not applicable.

SPECIALIZED OR UNIQUE INFRASTRUCTURE BUILDING SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

CDRC was awarded an MCHB Integrated Community Systems Grant and will be working with five Oregon communities to strengthen collaborations and integration of state and local services and programs. Additionally, the project will develop a statewide network of families and improve the system for transitioning adolescents from pediatric to adult health care.

OUT-OF-STATE SERVICES FUNDED BY THE PROGRAM:

None

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Or. Rev. Stat. § 444.010, et. seq. (1991)