



**GRANDE
RONDE
HOSPITAL**

FISCAL YEAR 2015
**Community
Benefit Report**

AUTISM SPECTRUM DISORDER

Identify it early

FIVE-YEAR-OLD

Johnes Winn was properly diagnosed with autism spectrum disorder (ASD) nearly a year ago. He and his sister, Rosie, are twins. As a first-time mom, Maree Winn knows if she hadn't had Rosie to compare, she might not have realized there were significant delays in Johnes' early development. He didn't respond when spoken to or make eye contact, and there was no babbling or early effort at speech.

Early signs of trouble

"When Rosie began to scoot and teach herself to crawl, then stand and take her first steps, Johnes did none of that on his own," Maree says. "After he watched his sister, only then did he pattern her behavior."

Johnes also had unexplained fits of temper. Maree now knows they were expressions of his frustration.

"I thought it was my fault," she says. "What I learned from this program was that it's not me. The Team

taught me a different way of understanding. They taught me how to interact with my child."

Welcome support

The Winn family was the first to go through the local ASD Early Identification Team program and proudly refer to themselves as the Team's guinea pigs. They are still receiving support from the Team.

"I can't imagine what it would be like without this program," Maree says. "There are so many steps along the way. Every other month we have an evaluation of where we are and what we need to accomplish next. That helps keep me on task, so I accomplish my goals."

Making great progress

Johnes has progressed leaps and bounds in the past year. He went from not communicating—not talking at all—to full sentences, says Maree. "Just hearing him say, 'Mommy, can I have a drink of milk?'—it's so amazing to me."

"They taught me how to interact with my child."

—Maree Winn



High hopes for the future: 5-year-old twins Johnes and Rosie Winn. Johnes (left) was diagnosed with autism spectrum disorder (ASD) last year thanks to an interagency collaboration to develop an ASD early identification program offered through the Grande Ronde Hospital Children's Clinic.



Meet the ASD Early Identification Team. Back row, from left: Joel Goldstein, LCSW, ABSNP, school psychologist; John Evans, MS, CCC-SLP, speech language pathologist; Chelsie Evans, RN, BSN, CaCoon program; Kevin Grayson, MD, FAAP, Certified STAT Examiner. Front row, from left: Cindy Hamilton, RN, site coordinator, GRH Patient-Centered Primary Care Program; Colleen Huston, MS, school psychologist and teacher; Meldy Lim, MD, FAAP, Certified STAT Examiner; and Kelsey Collins, OHSU Parent Partner program.



“That video testing took several months, as it is very thorough. All of the testing is scientifically based and very specific to autism. It was an intense learning process,” Dr. Lim says.

Speeding up diagnosis

The diagnosis is also a long process, says Dr. Grayson, and involves the entire Team. Everyone must agree with a Team diagnosis in order for the process to move forward.

“In the past, these children and their families were typically referred for testing in Portland or Boise. It would take months, sometimes a year or more, to get the appointment,” he says.

For those children who may already be on an appointment waiting list for a Child Development and Rehabilitation Center, having a confirmed diagnosis by a unified local team allows them to be bumped to the top of the list, he says.

Families get the help they need

“The main benefit for the community, as I see it, is that this testing we do here paves the way for these families to get the therapies and interventions they need,” says Dr. Grayson.

Dr. Lim agrees that before this program—especially with no official diagnosis—there were no local experts and no process in place to point parents in the right direction for help.

“Often families were thrown from one agency to the next. Now these parents are informed. It’s very beneficial for them to have a formal diagnosis and our referral to other services and educational benefits that will help these children reach their potential,” says Dr. Lim.

New team in place to identify ASD in kids

AUTISM spectrum disorder (ASD) is a lifelong neurological condition. During the crucial stages of early development, ASD impacts the way a child processes, organizes and integrates information. ASD affects communication, perception, and the way in which a child interacts with others and with his or her environment. It can be a devastating diagnosis for the child’s parents.

The earlier ASD can be properly diagnosed, the brighter the future. For the past year, a broad community partnership known as the ASD Early Identification Team (Team) has worked to ensure that children with ASD are identified as early as possible.

the InterMountain Educational Service District, community partners from Oregon Health & Science University (OHSU) and Center for Human Development programs, the families of the children being identified, and a local parent—a Parent Partner—who has raised a child with ASD.

The education staff includes early childhood specialists, a school psychologist and a speech-language pathologist. The medical staff consists of two GRH pediatricians, a public health home visiting nurse, local mental health professionals and the clinic site coordinator. The Team also includes occupational and physical therapists.

Who’s on the Team?

The Team is composed of medical staff from the Grande Ronde Hospital (GRH) Children’s Clinic, education staff from

Training for the Team

It took pediatricians Kevin Grayson, MD, and Meldy Lim, MD, about six months to complete STAT (Screening Tool for Autism in Toddlers) training. They initially traveled to OHSU for formal training, followed by further testing via video.



Could your child have autism?

HERE are nine red flags every parent should know:

- 1 No connection.** Even when too young to talk, kids do all sorts of things to get attention from their caregivers: Smile, babble, move their arms and legs, etc. No effort to connect is a red flag.
- 2 Poor eye contact.** By 2 months, babies should be making eye contact. By age 1 or 2, more interest in gazing at objects (including mouths) rather than gazing into eyes is a red flag.
- 3 No words.** A toddler's babbling is a sign that language skills are developing. No babbling by 6 months (or babbling beyond the age when toddlers should have started using words) is a red flag.
- 4 No name recognition.** By 6 months, babies should be quick to look up when called by name. If there is no or infrequent response to being

called by name, that's a red flag.

- 5 No smiling.** Babies as young as 2 months should smile back at least some of the time. Consistent failure to reciprocate others' smiles or laugh is a red flag.
- 6 Lining up toys.** Children with autism often find strange things to do with their toys—spinning them, flicking them or lining them up. A tendency to do so over and over without any apparent purpose is a red flag.
- 7 Arm flapping.** Arm flapping is a well-documented red flag for autism, as well as other strange body movements and postures. Repeated stiffening of arms or legs or wrist twisting are also red flags.
- 8 Repeating words.** Habitually repeating part or all of what others say is cause for concern. Parroting TV programs or commercials rather



than using words to communicate with others is a red flag.

- 9 Imitation, imitation.** Babies and toddlers love to imitate the actions of others, making a social game of it. It's how they learn to laugh, eat and play. Appearing more content to observe, while imitating others infrequently and more seriously, is a red flag.

We keep you at the center of your care

THE ASD Early Identification Team would not be possible without the community support, programs and efforts developed in collaboration with the InterMountain Educational Service District, the Center for Human Development, OHSU and Grande Ronde Hospital's (GRH) Community Benefit Program. The local ASD Team grew out of that effort.



Wendy Roberts, GRH Community Benefit Officer

says Wendy Roberts, GRH Community Benefit Officer. "We are excited to see the results of these efforts in stories like the Winn family's and others. This is how we envision using these resources—to determine the unmet health care needs in our communities, and then do everything within our power to fulfill them as best we can."

Cindy Hamilton, RN, is one of three GRH RN Clinic Case Managers, each operating in a different care setting within the clinics. In this case, the case manager position was specifically designed to meet the needs of children in the community. As the GRH Children's Clinic site coordinator, Hamilton, with the help

of clinic management and providers, reviewed the patient population for areas where additional coordination of care could improve patient health and well-being.

Fulfilling unmet needs

"To truly be a patient-centric organization, we embraced the medical home model early on and built clinic case management into the model," explains Tammy Winde, who manages the Patient-Centered Primary Care Program for GRH and oversees the case management programs for the organization. Her program is, in fact, an outgrowth of the corporation's coordinated move toward a greater focus on meeting the unmet health needs defined by the statewide initiative driving GRH's Community Benefit Program.

Here for our community

"The Community Benefit Program has specifically underwritten efforts to create Patient-Centered Primary Care Homes, which in turn has made the case management programs in our primary care clinics possible,"



Our FISCAL YEAR 2015 COMMUNITY BENEFIT REPORT is published as a community service of Grande Ronde Hospital, Inc., and the Community Benefit Subcommittee, 900 Sunset Drive, La Grande, OR 97850.

Jim Mattes
President/CEO

Wendy Roberts
Senior Director of Administrative
Services, Community Benefits Officer

Mardi Ford
Community Relations Manager, Public Information Officer,
Publications Editor

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GRH supports positive choices

IN September 2014, Grande Ronde Hospital's Community Benefit Program, in partnership with the Center for Human Development and the Union County Safe Communities Coalition, supported the nationally renowned substance abuse prevention and education program called "Got Magic" with motivational speaker and magician Brad Barton.

Using magic and humor to illustrate and promote positive choices, Barton was well-received at assemblies in every public school in Union County and one private school, during a special presentation at the Maridell Center, and at the 2014 Annual Drug-Free Relay. Barton's message of substance abuse prevention was heard by 4,445 students and adults.

Grande Ronde Hospital Community Benefit Report for the FYE April 30, 2015

Community benefits by category

Direct charity care	\$923,586
Unreimbursed Medicaid	\$1,295,956
Total charity care and means-tested government programs	\$2,219,543
Community health improvement	\$1,379,706
Health profession education	\$191,188
Subsidized health services	\$593,504
Cash and in-kind donations to community groups	\$24,049
Community benefit building activities	\$9,370
Total other benefits	\$2,197,817
Total all community benefits	\$4,417,359

Note ~ All benefits are presented at cost.

