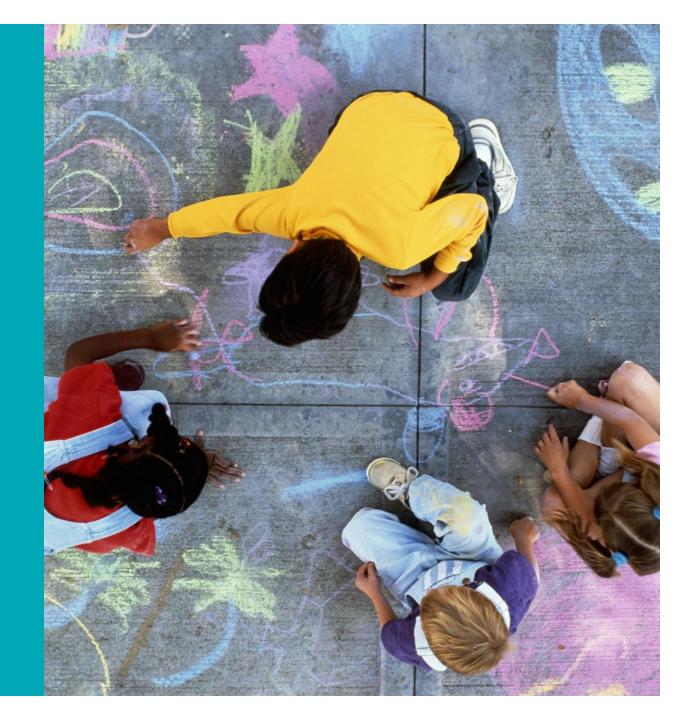
Social-emotional health & integrated early intervention/access for children 0-5 **Thursday, April 24th** 9-10:30

jacksoncareconnect.org



Housekeeping

Take care of yourself today.



BATHROOM LOCATION



COFFEE TEA/WATER



BREAKS AND SELF-CARE



CEU'S



Session Invitations

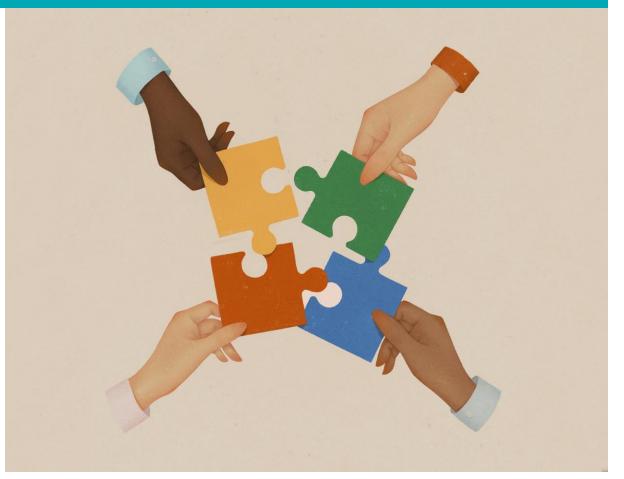
- ✓ Participate
- ✓ Be in a learning mindset
- ✓ Be present for these 90 minutes with minimal distractions
- ✓ Be mindful of interpreter services happening



Welcome Community!

Share with each other:

• Why is it important for us to pay attention to the mental health of kids 0-5.





Social-emotional health and integrated early intervention/access for children 0-5

Learn about the importance of early screening and intervention. The panel will discuss the Jackson County system within the context of the multi-tiered systems of support model.

Southern Oregon Learning Hub

Rene Brandon

Jackson County Public Health-CaCoon Program

• Erin Norton

Southern Oregon Pediatrics

Lona Dillard

Family Nurturing Center

• Elizabeth Jaffee-Stafford

Southern Oregon Head Start-Listo

• Fabiola Reyes

Jackson County Mental Health

• Erin Cue

Fact Oregon

Heather Olivier

Learning Objectives

Explore the key parts of Jackson County's system for identifying, screening, and supporting children (ages 0-5) early.

Understand why early identification and intervention matter, and **apply** local strategies to support young children.

Identify gaps in the system and **evaluate** how local innovations are working to overcome barriers.

Jackson Care Connect

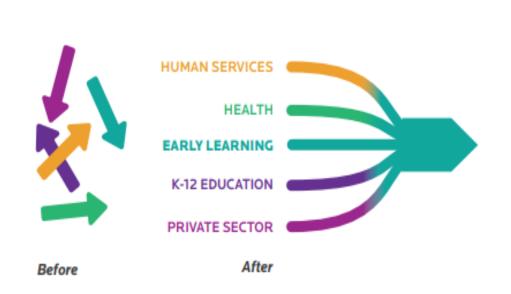
Part of the CareOregon Family



Rene Brandon, Director

Early Learning Hubs are **neutral conveners** and cross-sector **system aligners**. We use data analysis and stakeholder input to identify gaps and opportunities for Families with children 0-5.

Los centros de aprendizaje temprano son **convocantes neutrales y alineadores de sistemas** intersectoriales . Nosotros utilizamos el análisis de datos y los aportación de las partes interesadas para identificar brechas y oportunidades.



Leading to shared action and improvements for children and families

Objetivos regionales compartidos que conducen a acciones y mejoras para los niños y las familias

SOELS Surveyed 213 Early Learning Teachers

June 2023

SOELS Encuestó a 213 Maestros de Educación Temprana

En Junio del 2023

33% of teachers have been hurt in a way that had a lasting effect or needed medical attention. For example, bruises, needed an ice pack, bandage, feeling sore for more than a few minutes.

80% of teachers feel that students in their classroom are being negatively impacted by the some of the behaviors they are witnessing in the classroom.

59% of teachers state the behaviors in their classroom have impacted their desire to do this work.

El 33% de los maestros/as han sufrido lesiones que han tenido consecuencias duraderas o han necesitado atención médica. Por ejemplo, moretones, necesidad de compresas de hielo, vendajes o Sensación de dolor durante más de unos minutos.

El 80% de los maestros/as sienten que los estudiantes en sus aulas están siendo impactados negativamente por algunos de los comportamientos que están presenciando en el aula.

El **59%** de los maestros/as afirma que los comportamientos en su aula han influido en su deseo de realizar este trabajo.

In Their Own Words

En sus propias palabras "I would love to have more specialized training in supporting autism, mental, and physical disabilities, so that I can be a more effective teacher in my inclusion classroom. I wish that the community partners would offer more classes for teachers who have students from Early intervention that can use this instruction. I want to know more, I want to be able to direct and lead my class knowing that I have access to the tools needed to help with the needs of the children that are in my class."

"Me encantaría tener una formación más especializada en el apoyo al autismo, discapacidades mentales y físicas, para poder ser una maestra más eficaz en mi aula de inclusión. Me gustaría que los socios de la comunidad ofrecieran más clases para los maestros que tienen estudiantes de Intervención Temprana que pueden usar esta instrucción. Quiero saber más, quiero ser capaz de dirigir y liderar mi clase sabiendo que tengo acceso a las herramientas necesarias para ayudar con las necesidades de los niños que están en mi clase".

Family Complexity

Complejidad familiar

Oregon Health Authority, Family Health Complexity Data, Jackson Care Connect, March 2023 /

Autoridad de Salud de Oregon, Datos de Complejidad de la Salud Familiar, Jackson Care Connect, Marzo del 2023

n= 25,977

Child Poverty / Pobreza Infantil	37.5%
Foster Care/ Acogida Temporal	12.7%
Parental Incarceration / Encarcelamiento de Padres	21.6%
Mental Health (child) / Salud Mental Niño	41.2%
Mental Health (parent) / Salud Mental (padre)	44.8%
Substance Use (parent) / Consumo de Sustancias	28.4%
Child Abuse and Neglect / Abuso y Negligencia de Niños	7.0%

Early Childhood Suspension and Expulsion

Suspensión y expulsión en los Niños de Edad Temprana Approximately 19,000 children 0-5 in Jackson and Josephine Counties

Preschool children are more likely to be expelled than any other age group, due to behaviors - 3.5X more than K-12.

The children most likely to be expelled:

- Children of color
- Children who experience a disability
- Children with dysregulated emotions who exhibit big behaviors

Aproximadamente 19,000 niños de o a 5 años en los condados de Jackson y Josephine

Los niños en edad preescolar tienen más probabilidades de ser expulsados que cualquier otro grupo de edad, debido a comportamientos: 3.5 veces más que K-12 (Primaria y Secundaria)

Los niños con más probabilidades de ser expulsados:

- Niños de color
- Niños que experimentan una discapacidad
- Niños con emociones desreguladas que presentan grandes comportamientos

Source:2016 National Survey of Children's Health

Fuente: Encuesta Nacional de Salud Infantil 2016

What's Available and What's Coming / Qué está disponible y que están por venir

Currently Available Supports:

- Child Care Resource Network is the region's designated resource for training, technical assistance, and coaching for the early learning workforce.
- ➤ Early Intervention/Early Childhood Special Education is the region's designated resource for direct services to children who experience a delay or disability, and their families

We've Raised \$170,000 Funds to Offer:

- Coaches to support teachers in applying the Pyramid Model Framework to classroom instruction
- Child Care professionals becoming QMHA credentialed
- Cohorts of providers taking autism series with Community of Practice Sessions to build natural supports among peers
- Autism Phone consultation Support Line

We will continue to survey our teachers and families to measure impact of supports and identify additional needs.

Apoyos Actualmente Disponibles:

- ➤ Child Care Resource Network (Red de Recursos para el Cuidado Temprano) es el recurso designado de la región para capacitación, asistencia técnica y entrenamiento/ para la fuerza laboral de aprendizaje temprano.
- La Intervención Temprana/Educación Especial para la Edad Temprana es el recurso designado de la región para brindar servicios directos a los niños que experimentan un retraso o discapacidad y a sus familias.

Nosotros hemos recaudado \$170,000 en fondos para ofrecer:

- Entrenadores para apoyar a los maestros en la aplicación del Marco del Modelo Pirámide a la instrucción en el aula/Salón de clases
- ➤ Profesionales del Cuidado Temprano que obtienen la acreditación de OMHA
- ➤ Grupos de proveedores que toman series sobre autismo con sesiones de la comunidad de práctica para construir apoyos naturales entre Compañeros
- ➤ Línea de apoyo para consultas telefónicas sobre autismo Nosotros continuaremos encuestando a nuestros maestros/as y familias para medir el impacto de los apoyos e identificar necesidades adicionales.

Jackson County Maternal Child Health Programs

Erin Norton, RN, Family Child Health Nurse Manager

Babies First!

NURSE FAMILY Partnership (NFP)

CaCoon (CAre COordinatiON)







Southern Oregon Pediatrics

Largest pediatric practice in region

Target populations

Access for patients and community partners

BHC Role

- -Schedule is flexible and predicable
- -Warm hand-offs, preventative, scheduled 30-minute appointments, consultation, etc.
- -Care coordination, referrals, resources
- -Improve and standardize workflows
- -Educate, train, communicate
- -Relationship and connection with families and staff

Supporting Social Emotional Health 0-5 years



- Standardized screening process for developmental, social emotional and social need.
- Regular well care and preventative visits with providers
- Steps for further assessment
- Layers of onsite support: Lactation consultant, BHC, RN's
- Programs: book, PHLOW, feeding classes, mom's group, FoodSmart
- Referral processes and partners

Challenges

- Changing family dynamics, communication and documentation
- Rising mental health concerns & awareness via social media
- Collaborating with complex systems such as schools, community partners
- Limited community/support resources
- Transitioning older and/or young people experiencing disability to adult providers
- Housing, childcare and economic strain

Wins

- Implementing screenings for SDOH
- Centralized and accessible resource/referral processes for identified needs
- Effective team-based approach to evaluating for ADHD
- Collaborating with La Clinica's PHLOW program
- Staff training



Fabiola Reyes, Lead Teacher of Early Childhood Education for Listo Family Literacy Program



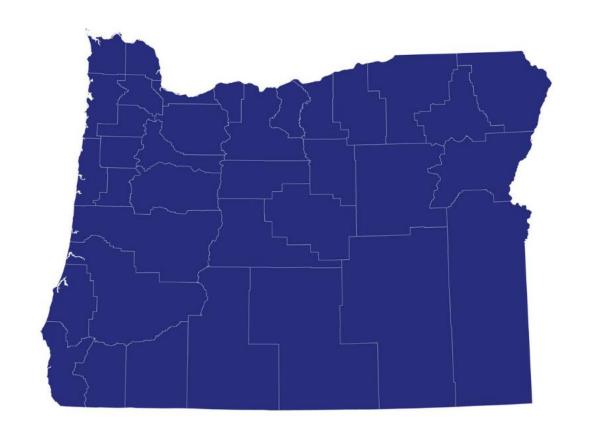
Social Emotional Health and Integrated Early Intervention/Access for Children 0-5

JCC SPRING CONFERENCE APRIL 24, 2025

About FACT Oregon

FACT Oregon empowers families, youth, and communities to navigate disability systems, advocating together for disability justice and policy change so that people with disabilities have what they need to thrive at home, in school, and in their communities.

We are **Oregon's Parent Training and Information Center** for Special Education.









Who We Serve

Families of children and youth with disabilities

Youth and individuals with disabilities

Community organizations, educators, policymakers, and others who engage and serve families and youth with disabilities.



Key Programs and Services

SUPPORT LINE	Peer-led support on special education, disability services, and community resources.	
TRAININGS Trainings on special education, inclusive practices, disability services, self-determination, and whole life planning.		
OUTREACH	Community events, resource fairs, eblasts, social media, and committee and coalition work.	
WEBSITE	Visit our website for up-to-date information, online scheduling, training calendars, resources, and on-demand courses in multiple languages.	
ADVOCACY Bringing family and youth voice to decision-making tables through parent and youth leadership programs and public advocacy work.		

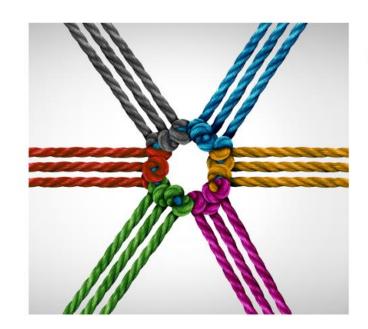


How can a parent or a community partner access our services?



For Parents and Families:

- Call our Support Line to talk with a trained Parent Support Specialist
- Visit our Website to explore toolkits, training calendars, and resources
- Schedule a 1:1 Appointment online in English or Spanish
- Attend a Training or Event virtual, inperson, or on-demand
- Follow Us on Social Media for updates and family tips



For Community Partners:

- Refer a Family to us using our website or contact form
- Partner on an Event host or co-facilitate with FACT Oregon staff
- Access Flyers & Materials to share with your community
- Request a Training or Info Session for your staff or families



How FACT Oregon Supports the Pyramid Model & MTSS Frameworks

FACT Oregon's role aligns across all tiers by:

Tier 1 – Universal Supports:

- · Offering accessible statewide trainings for families and professionals
- Sharing plain language resources to increase understanding of DD Services, IDEA, IEPs, and inclusive practices
- Promoting family voice and leadership in systems change work

Tier 2 – Targeted Supports:

- Providing 1:1 family-led support for navigating early intervention, special education, and transitions
- Hosting topic-specific workshops on common challenges like behavior, communication, and advocacy

Tier 3 – Intensive Supports:

- Supporting families in complex IEP situations, including dispute resolution options
- Collaborating with partners to refer families to content area experts and culturally specific organizations



Partnerships that Strengthen Our Impact

FACT Oregon partners to ensure families get high-quality, coordinated support:

State and Local Agencies:

- Oregon Department of Education, Regional EI/ECSE programs, and school districts
- Cross-agency work with Part C and 619 partners to support early inclusion and transitions

Community-Based Organizations:

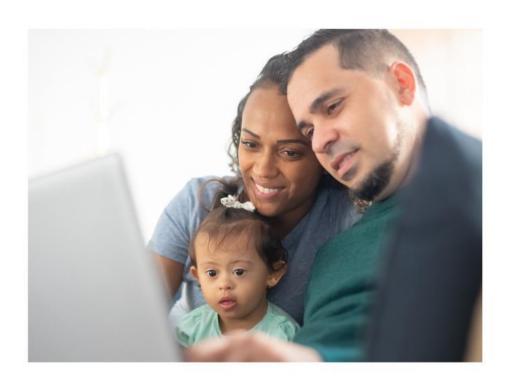
- Culturally and linguistically specific partners to ensure access for all families
- o Family networks and advocacy coalitions to center lived experience in policy

Professional Collaborations:

- Joint trainings and Q&As with providers and educators
- Advisory roles and system-level workgroups to embed family voice in decisions

* Together, we create a coordinated system where families are seen as essential partners.

Understanding the Current Challenges: FACT Oregon and Families We Support



* FACT Oregon's Challenge:

Navigating Complex Systems

- The support needs of families are often interconnected (education, health, disability services, early learning).
- Systems can be siloed, and hard to access.
- · Families need clear, coordinated guidance to move forward.

Families of Children Ages Birth-5:

Lack of Access and Support

- Barriers to Adequate Service Levels.
- Families often face barriers to early learning in the natural environment (home, childcare, community).
- There's a gap in access to Least Restrictive Environments (LRE) for young children with disabilities.
- Inclusive early learning settings are not always available or equitably supported.

> Why It Matters:

- Early years are critical for development.
- Strong, informed support now lays the foundation for long-term success in education and life.

What's Working Best: Collaborations That Center All Children



Collaboration That Works:

Families + Community Partners = Stronger Outcomes

- · Co-creating goals between families and teams
- Shared understanding of inclusive practices
- · Regular communication and trust-building
- · Centering family voice in program design and decision-making

Best Practices for Children Birth-5 with Disabilities:

Inclusive, Strength-Based, and Family-Centered

- Inclusive Early Learning Environments: Children with and without disabilities learning together
- Embedded Supports: Services delivered in natural routines and environments
- Early, Ongoing Family Engagement: Families as partners from the start
- Culturally and Linguistically Responsive Practices
- Focus on Developmentally Appropriate Practices

When families and professionals work together, all children thrive.

THANK YOU!

CALL



(503) 786-6082 (541) 695-5416

EMAIL



support@factoregon.org apoyo@factoregon.org

WEBSITE



www.factoregon.org

SOCIAL







factoregon

SCHEDULE



www.factoregon.org





Family Nurturing Center

Beth Jaffee-Stafford, LMFT, IMH-E ® Clinical Director

Parent-Child Interaction Therapy

ERIN CUE, LCSW

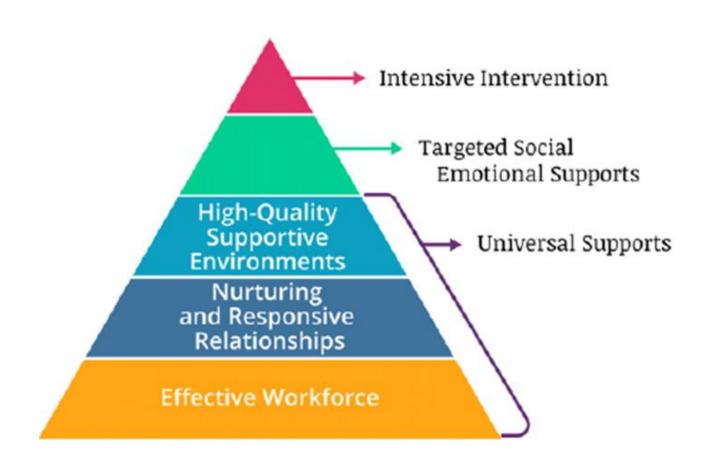
PCIT INTERNATIONAL CERTIFIED WITHIN AGENCY TRAINER AND REGIONAL TRAINER CANDIDATE

CLINICAL SUPERVISOR

JACKSON COUNTY MENTAL HEALTH



Pyramid Model for Social Emotional Development Youth 0-5



Kauffman Best
Practices Project
&
National Child
Traumatic Stress
Network (NCTSN)

Recognized for funding under the Families
First Prevention
Act

INTENSIVE INTERVETION

Parent-child interaction therapy (PCIT) is an evidence-based behavior parent training treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT.

PCIT International

Awarded the highest status by the California Evidence-Based Clearinghouse for Child Welfare



Target Population

- Ages 2 6.5 years
- Primary or secondary disruptive behaviors
- Receptive language @ 2yo (able to understand simple commands)

REFERRALS TO PCIT AT JCMH: 541-774-3333 140 S. Holly St. Medford, OR 97501 Email: morenoaj@jacksoncountyor.gov

Typical Referral

- Presenting concerns:
 - Temper tantrums
 - Difficulty following instructions
 - Aggressive behaviors
 - Preschool having difficulty managing behaviors
- Parents seeking help in managing their child's behavior problems at home and in public



Anxiety

Parent-Child Relational Problems

Mood Disturbance

Mild developmental and cognitive delays

Toddlers

Autism

Problematic Sexualized Disorders

Disruptive Behaviors

Foster care placements

Selective Mutism

Trauma,
Abuse and
neglect

PCIT Adaptations

Toddlers

- Early Intervention Program
- Adapted from standard PCIT for children
 12-24 months old
- •Same principles and skills developmentally adapted to toddler age
- Main goal is to improve attachment and emotional regulation

Trauma Directed Interaction

- All PCIT skills
- Trauma psychoeducation
- Differentiate upset from trauma activation
- Subjective Units of Distress (SUDS)
- Teaches additional carer skills and child skills to respond to trauma activators























Family Nurturing Center

Private Practice





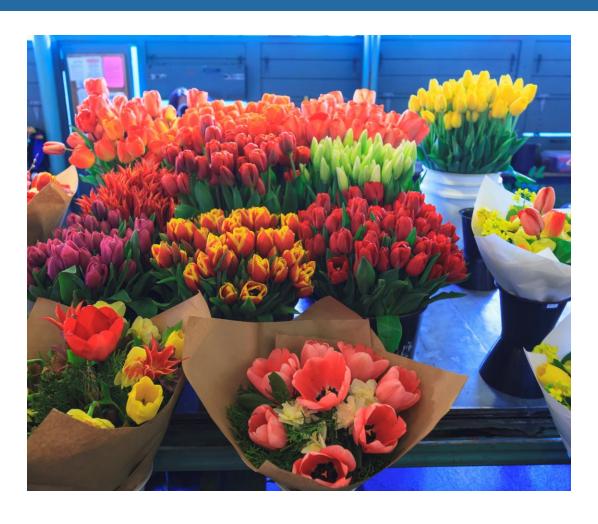
Reflections anyone?!

 Based on what we've discussed today, what is one concrete step you can take to apply these insights in your work or community?





Thank you!



- Looking for CEUs? Visit the registration area and pick up a form to submit
- □ Check out: **Rogue Food Unites** pop-up farmer's market
- ■Share your feedback about the conference use the **QR code** on the agenda.
- □ Keynote with **Dr. Geneva Craig** at 12:30.

