



of Northeast Louisiana, Inc.
5200 Northeast Road
Monroe, LA 71203

info@fhfnela.org www.fhfnela.org

Newsletter

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Hidden Logo Contest

For those of you who are receiving your first newsletter or for those who have forgotten about the contest, here are the rules. Hidden somewhere within the pages is the Families Helping Families house logo. All you have to do is find the little house and call or send an email telling us where you found the logo. The one in the masthead at the top of this page is NOT IT!! Two (2) weeks after we mail the newsletter, we'll draw from all the entries. The winner will receive a WalMart gift card and will be acknowledged in the next publication. So good luck and good reading!

The Hardest Part of Autism

By: Lauren Casper

Last year a friend asked me if it was hard and how I manage and if I ever just want to lose it. "It" being this whole raising a child with autism thing. Of course it's hard and of course there are evenings when I collapse on the couch or cry in the bathroom. But isn't that true for all mothers? How do I manage? About the same as all other moms, I guess. I drink coffee every morning and hide chocolate in the sock drawer. But then she asked another question...

"What's the hardest part?" And I didn't even have to think about it. Other people. When you're dealing with an invisible special need, strangers don't know about it. As much as I sometimes want to, we don't pin a sign to Mareto's shirt explaining his autism. So other people, particularly strangers, give us a lot of attention in the form of staring, dirty looks, snide under-the-breath comments and just overall judgment. I can feel it in the store when Mareto's getting upset and I have to hide in an empty aisle to calm him down. Or when he can't sit at a table in a restaurant. Or when he blurts out, "Watch out for Diesel 10!" when someone says hello.

But even the people who aren't strangers can be hard. It's not intentional, but unless they've had a lot of experience with autism, most people are largely uninformed. I get it, because up until two years ago, so were we! So when Mareto licks the wall, or laughs at inappropriate times, or sniffs random items, it can be awkward. The look of shock can sting, and I remember again that this isn't everyone's normal.

These are all my issues, though. Because Mareto is unaware of these reactions, and most of the time they aren't even directed at him. They're directed at me. One evening my husband, John, looked at me and said, "I feel like people are thinking two things when we're out as a family: your kid is bad and you're bad parents."

That's how it feels sometimes. It feels like people think we're lazy or I'm not doing my job well and if I just tried harder he would behave differently. I felt so guilty when I realized that one of the reasons I was so excited about my other child, Arsema, being potty trained, was that people might now see that we actually are capable of potty training and it isn't laziness that's keeping Mareto in diapers.

But do you know what's even worse? When you take your kids to the playground and they're having a blast. Your little boy notices a group of older children and runs to play near them. He bends down to pick up a piece of bark and his shirt rides up, exposing the top of his diaper above his pants. And all the little kids start laughing and pointing and saying, "Look! That boy is wearing a diaper!" Or when the 3-year-old looks at you over gingerbread houses and asks why your precious, funny and brilliant little boy is so dumb. Or when you realize he's being physically bullied because he hasn't learned the skill of tattling yet. These are the things that make me sick to my stomach. That moment when you realize people are going to stop sneering at you and start sneering at your child hurts deep down in a way that takes the breath out of your lungs.

Now that Mareto is growing older, the differences are more apparent. They can't be waved away or explained as typical toddler behavior. It's a little more noticeable when a child the size of a 6-year-old isn't potty trained. It's a little harder to protect him from the bullies of the world. And that is now the hardest thing about autism -- my inability to shield him forever from judgment, ridicule and mean children and adults.

And the thing that makes it even more mind-boggling is that he is the sweetest boy you could ever hope to meet. He cares deeply about other people. He "rescues" his sister from nap time. He comforts crying children. He loves animals. He is friendly and kind and has fun interests. Yes, he has some hurdles in life that other people don't have. But he also has a lot of awesomeness that other people don't have. It comes to him naturally.

So are the endless sleepless nights rough? Yes. Changing a 50-pound boy's diaper isn't my favorite. We've been working for nearly two years to get my son to move beyond his three foods. But those things don't matter much. Those would be the hard parts if we lived in a world where I knew my son was unquestioningly accepted -- and not just accepted, but celebrated for who he is. If we lived in a world where people didn't pass judgment so easily and were quick to love all people regardless and *because of their differences*, and taught their children to do the same... then the hardest parts of autism would be much different. But we don't live in that world. And as much as I want to keep him close by my side and never leaving the safety of our home, I know I can't. He has far too much to offer (and teach) the world for me to do that. He has a joy and innocence and compassion and love and a curiosity that is infectious. The world needs him and more people like him.

Part of the problem with "disabilities" is that the word immediately suggests an inability to see or hear or walk or do other things that many of us take for granted. But what of people who can't feel? Or can't talk about their feelings? Or can't manage their feelings in constructive ways? What of people who aren't able to form close and strong relationships? And people who cannot find fulfillment in their lives, or those who have lost hope, who live in disappointment and bitterness and find in life no joy, no love? These, it seems to me, are the truly crippling disabilities. -Fred Rogers



Update from NE Delta Human Services Authority

We very much enjoyed attending the FHF holiday party in early December! We also enjoyed interacting with families and advocates at the PeopleFirst Octoberfeast in Kiroli Park. We wish to thank Karla Cummings for inviting us and conducting this annual event.

Our recent quarterly meetings have been productive and well-attended. We look forward to providing updates and information to our partners and colleagues. Our next meeting will take place in early 2015.

OCDD has been filling newly-available waivers, and we are busy working to certify them as they become available, including Children's Choice Supports, NOW and Emergency NOW opportunities. For questions about Developmental Disabilities services, contact us at [318-362-3396](tel:318-362-3396).

Since our successful integrated health summit in July, we have continued to build upon one of our major initiatives toward integrated primary care and behavioral health care: we have expanded our agreements to now include Richland Parish Hospital Service District and Madison Parish Hospital.

In November, we celebrated the opening of another peer support center in Lake Providence. Peer support is an important facet of our integrated health model because it provides another entry point for people to obtain the care they may need. It also provides supplemental resources and improves sustained, coordinated care for those already seeking mental health or addictive disorder treatment.

We are also working to build and implement a coalition for the Louisiana Partnerships for Success program in Union Parish. This work will specifically target underage drinking and prescription pill use among the aged 12-25 population. By implementing sustainable intervention methods, our goal is to prevent the onset and reduce progression of this high-risk behavior. Catalyzing these efforts will strengthen the prevention infrastructure at both the community and state levels.

We also want to tell you about a few of our initiatives for the coming calendar year. We are working to strengthen coordinated care with an upcoming meeting among sheriffs, coroners and police chiefs throughout northeast Louisiana. At this meeting, they will have the opportunity to further impact the treatment of people who experience a mental health crisis.

Along with additional engagement with law enforcement entities, we will continue to engage faith-based communities in our efforts. The contribution they can make is significant to provide hope that further stabilizes traditional mental health services. Along with reaching out to citizens through faith-based approaches, we want clergy leaders to better understand their own challenges along with the challenges of their congregations. We know that faith can offset hopelessness, but only by coordinating our resources can we help our region grow and prosper to its full potential.

Non-Emergency Transportation Services

***All complaints about services are to be referred to the hotlines below

Legacy Medicaid or for transportation for a carved out service like dental apt

Southeastrans [1-855-325-7565](tel:1-855-325-7565) 6 am - 6 pm

United Healthcare

Southeastrans [1-855-325-7565](tel:1-855-325-7565) 6 am - 6 pm

Community Health Solutions

Southeastrans [1-855-325-7565](tel:1-855-325-7565) 6 am - 6 pm

Amerigroup Real Solutions

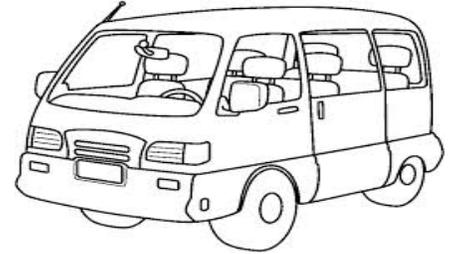
Logisticare [1-866-430-1101](tel:1-866-430-1101) 8 am - 5 pm

Louisiana Healthcare Connections

Logisticare [1-855-369-3723](tel:1-855-369-3723) 8 am - 5 pm

AmeriHealth Caritas (formerly LaCare)

Logisticare [1-888-913-0364](tel:1-888-913-0364) 8 am - 5 pm



Friends and Family Transportation Program

Caller is interested in applying for the Friends and Families Program

Legacy Medicaid and Shared Plans -United Healthcare & Community Health Solutions

Refer caller to Sabrina Scott at [225-342-6227](tel:225-342-6227)

Prepaid Plans- Amerigroup, AmeriHealth or Louisiana Healthcare Connections

Refer caller to Logisticare hotline assigned to prepaid plan

Amerigroup Real Solutions [1-866-430-1101](tel:1-866-430-1101)

Patrice Thomas

Medicaid Program Specialist 2

Phone: [1-888-342-6207](tel:1-888-342-6207)

FAX: [1-877-523-2987](tel:1-877-523-2987)

Email: Patrice.Thomas@LA.GOV



News from CSHS

In this edition of the FHFNELA Newsletter, the Staff and families of CSHS, Region 8, are very proud to salute the physicians of the Orthopedic and Sports Medicine Clinic of North Louisiana. This team of dedicated doctors has held regularly scheduled Orthopaedic Clinics at Children's Special Health Services for over 50 years, providing treatment for many types of orthopedic disabilities in children from birth to 21 years of age. Many thousands of children have benefited from these services. Over the years, a number of physicians have served, including Dr. Scott McClelland, who recently retired after over 22 years of service. The staff honored him at his final clinic on December 1st, 2014. We wished him the very best in his retirement, during which he plans to spend time with family, and also hunting and fishing.

Again, best wishes and congratulations to Dr. Scott McClelland for a job well done at CSHS!!!!

TRANSITION SERVICES AND PLANNING

What Are Transition Services and Planning?

- Transition services are a coordinated set of services, provided to the student by the school district and other agencies, such as Louisiana Rehabilitation Services (LRS assists persons with disabilities to obtain or maintain employment), to promote a successful transition from high school to independent living, higher education (including college, vocational school and trade school) or employment.
- The Individuals with Disabilities Education Act (IDEA) requires public school districts to help special education students and their parents make the transition from high school to life after school. Transition planning is determining what services, education, employment, and even living skill activities will best help students meet their distinctive needs and Individual Education Programs (IEP'S) must provide a transition plan for meeting the student's post-school goals.

Who Is Entitled to Transition Planning?

- Every student with an IEP is entitled to transition planning, regardless of the student's skill level. For vocational services, to determine eligibility the student must apply with LRS.

When Do Transition Services Begin?

- Transition services must begin no later than the student's 16th birthday, or at a younger age if determined appropriate by the IEP team. Transition planning takes place as a part of the IEP meeting.

Who Participates in the Transition Planning Process?

- All IEP team members, including the student and parents, are responsible for determining transition services.
- It is important for both the student and the parent to participate in transition planning so that they get the best possible results from the transition services.

Under IDEA, school districts are responsible for inviting representatives-from other agencies, such as LRS or post-school education, to be part of the transition planning process. These agencies may also be responsible for providing some of the services needed by the student. If these other agencies do not provide the agreed upon transition services, school districts must find other ways to meet the transition goals of the student.

- School districts must notify parents when transition services are to be discussed at IEP meetings and they must also get parental consent every time they want to invite a representative from an outside agency to an IEP meeting.

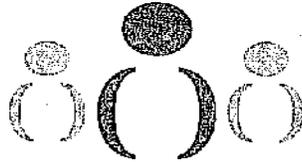
What Does Transition Planning Include?

- Transition planning includes the development of post-school goals based upon transition assessments related to training, school, employment, and independent living skills. These goals should reflect the student's strengths, preferences, and interests. In determining these goals, the IEP team must determine what instruction and educational services will help prepare the student for a successful transition from school to post-school life.
- As a part of transition planning, the IEP team must develop a statement of the transitions services (including courses of study during the final years of high school) that the student needs in order to reach his or her post-school goals. The statement of transition services should:
 - Define every activity that must occur,
 - Identify who has primary responsibility for each activity, and
 - Specify the dates that each activity will begin and end.

- A student's courses of study should be meaningful to the student's future plans and motivate the student to complete his or her education.

How Long Do Transition Services Continue?

- A school district is responsible for providing transition services as long as the student is eligible for special education services.
- When a student graduates with a regular high school diploma or ages out of eligibility, the IDEA requires that school districts complete a summary of the student's academic achievement and performance. The summary of performance includes recommendations on how to assist in meeting the student's post-school goals.



ADVOCACY CENTER

SERVING PEOPLE WITH DISABILITIES AND SENIOR CITIZENS

For Assistance:

Call: TOLL-FREE

1-800-960-7705 **(Voice) 1 =855-860-3577** (TTY)

Write: 8325 Oak Street, New Orleans, LA 70118

Visit our website: www.advocacvla.org

Meeting Developmental Milestones

Every child is unique- growing and developing at his or her own rate. Most of the time differences between children of the same age are nothing to worry about. But for one child in 10, the differences can be related to a developmental delay. The sooner these delays are identified, the quicker children may be able to catch up to their peers.

Milestones Birth to Three

At age one month most children can:

- Raise their heads slightly when lying on their stomachs
- Briefly watch objects
- Pull away from a blanket on their face

At age three months most children can:

- Lift their heads and chest while lying on their stomachs
- Make cooing sounds
- Follow a moving person with their eyes
- Smile back at someone



At age six months most children can:

- Sit with minimal support
- Roll from their back to their stomach
- Respond to their name by looking

At age 12 months most children can:

- Pull themselves up to stand and take steps with hands held
- Follow with their eyes in the direction that you are pointing
- Start a game of peek-a-boo, imitate clapping hands, point to show you something
- Say two or three words on a regular basis
- Sit up when prompted

At age 18 months most children can:

- Walk backwards
- Walk down stairs holding an adult's hand
- Use words and gestures (like taking you by the hand) to get needs met
- Perform simple pretend play like talking on the phone, feeding a stuffed animal

At age 24 months most children can:

- Kick a large ball
- Describe an injury or illness to an adult (bumped my head)
- Show interest in other children by offering them a toy or taking their hand

At age 32 months most children can:

- Pretend to be an animal or favorite character
- Talk about the past/future
- Answer "what", "where", and "who" questions easily
- Imitate drawing a horizontal line after being shown
- Hold a crayon with 3 fingers

If you have a child who you feel needs to be evaluated for Early Intervention Services, please call Families Helping Families of NELA @ 318.361.0487, and ask to speak with Lorri Chipman. Lorri is our EarlySteps Parent Advocate and Community Outreach Specialist. She has a son, Cole, who was in the EarlySteps program and is very passionate about the benefits of early intervention and will help you get linked with the appropriate person.



For the upcoming Fiscal Legislative Session LaTEACH is meeting with policymakers to discuss current issues affecting students with disabilities. If you are affected by or are interested in these issues we would love to hear from you. Please contact Denay Hooks here at Families Helping Families 318-361-0487.

**1.) Diploma Pathways Implementation
(Act 833 of 2014)**

ACT 833 was a huge shift in education for students with disabilities. The goal is to make sure that ACT 833 is properly implemented and that support is provide to the schools for implementation (i.e. technical assistance, training, planning, monitoring)

**2.) Education Funding:
Equitable to All Schools Based on Student Needs**

A different funding formula is used for traditional public schools than for charter schools (Type II and V), course choice programs, and private school scholarships. We want to work to ensure the education funding to schools is equitable across all schools/systems based on the needs of the students they serve.

**3.) Inclusive Schools-
Accountability and Funding Needed to Support Schools in Serving Students with Disabilities**

All schools are supposed to serve all children, including children with significant disabilities. We need to ensure all schools enroll and provide appropriate education services to any student, even students with significant disabilities.

CDC Says “Take 3” Actions To Fight The Flu

Flu is a serious contagious disease that can lead to hospitalization and even death.

CDC urges you to take the following actions to protect yourself and others from influenza (the flu):



1 Take time to get a flu vaccine.

- CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses.
- While there are many different flu viruses, a flu vaccine protects against the three or four viruses that research suggests will be most common. (See upcoming season's Vaccine Virus Selection for this season's vaccine composition.)
- Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations and deaths.
- Everyone 6 months of age and older should get a flu vaccine as soon as the current season's vaccines are available.
- Vaccination of high risk persons is especially important to decrease their risk of severe flu illness.

- People at high risk of serious flu complications include young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.
- Vaccination also is important for health care workers, and other people who live with or care for high risk people to keep from spreading flu to high risk people.
- Children younger than 6 months are at high risk of serious flu illness, but are too young to be vaccinated. People who care for them should be vaccinated instead.

2

Take everyday preventive actions to stop the spread of germs.

- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)
- While sick, limit contact with others as much as possible to keep from infecting them.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.
- See Everyday Preventive Actions[257 KB, 2 pages] and Nonpharmaceutical Interventions (NPIs) for more information about actions - apart from getting vaccinated and taking medicine - that people and communities can take to help slow the spread of illnesses like influenza (flu).

3

Take flu antiviral drugs if your doctor prescribes them.

- If you get the flu, antiviral drugs can treat your illness.
- Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over-the-counter.
- Antiviral drugs can make illness milder and shorten the time you are sick. They may also prevent serious flu complications. For people with high risk factors[702 KB, 2 pages], treatment with an antiviral drug can mean the difference between having a milder illness versus a very serious illness that could result in a hospital stay.
- Studies show that flu antiviral drugs work best for treatment when they are started within 2 days of getting sick, but starting them later can still be helpful, especially if the sick person has a high-risk health or is very sick from the flu. Follow your doctor's instructions for taking this drug.
- Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people also may have vomiting and diarrhea. People may be infected with the flu, and have respiratory symptoms without a fever.



Family Opportunity Act Can Provide Access to Medicaid for Many Children with Disabilities

Does your child have a disability, but your family income exceeds the allowable limit for Medicaid eligibility? The Family Opportunity Act Medicaid provides health coverage to children who have disabilities in families with too much income to qualify for regular Medicaid or LaCHIP. The Family Opportunity Act Medicaid allows families in a higher income range to buy in to the Medicaid Program.

How Does My Family Qualify for the Family Opportunity Act Medicaid?

The child must:

- Be 18 years old or under.
- Have a disability (according to Social Security criteria).
- Meet financial criteria (at or below 300% of the Federal Poverty Income Guidelines). For a family of four the maximum monthly income is \$5,963.

Applicants must agree to pay a monthly premium of \$12 or \$35, depending on income and other insurance coverage. Once eligible, enrollees receive the full range of services covered by Louisiana Medicaid. This includes, among others: hearing, vision, dental, medical equipment, therapies, prescription drugs, hospital services, and primary care. Some children are also eligible for personal care services, home health and other medically necessary services. [Click here](#) for a full list of services available to children eligible for Medicaid.

The Family Opportunity Act Medicaid is not new; it was first implemented in Louisiana in 2007 as the result of advocacy efforts by the DD Council, LaCAN, and others. However, many families who could benefit from this program are unaware of its existence. With the conversion of the developmental disabilities system to managed care planned for January 2016, it is vitally important for as many children with developmental disabilities as possible to become Medicaid eligible to maximize their benefits from the new system.

How Do I Apply?

You can apply for the Family Opportunity Act Medicaid in several ways:

- Submit an application online.

<http://new.dhh.louisiana.gov/assets/mc/mc/MedicaidEligibilityForms/MedicaidApplicationPub.pdf>

- Call the Medicaid office at 1-888-342-6207.
- Through a parish Medicaid office or local Medicaid Application Center.

Thank for making "7 Nights with No Dishes" WIN, WIN

Nothing in life prepares you for parenting a child with medical concerns or developmental disabilities. It can be frightening and the simplest things in life become confusing and impossible to work out. We feel helpless and alone. The staff of Families Helping Families knows that feeling because we have shared that experience. We have all spent time in the hospital with our children. Waiting for healing. Because of our personal experience we offer assistance and support to families going through this. We help you navigate the system of agencies and services available to your family.

Last week Families Helping Families held a fundraiser called "7 Nights With No Dishes." During our Christmas Open House we held the drawing, choosing first place winner of 7 nights at seven different restaurants, Ms. Madeline Owens, second place winner Joe and Lisa Saye won three nights of eating out at three different restaurants and third place, one night out went to Ashley Dowdy.

Many people were here to see and meet two of our winners. We appreciate all of you who bought tickets and help support the programs here at Families Helping Families. The proceeds from this event will help continue our infant program at the three local hospitals, the book clubs for adults with disabilities or pay for transportation to medical visits across the state.

Many thanks from the Board and Staff of Families Helping Families to Rawz, Cotton's, Cascios Tavern and Restaurant, Chili's, Outback, Longhorn Steakhouse, Olive Garden, The Iron Cactus, Warehouse #1, Monjuni's, and Applebee's. Our local restaurants make this possible. Please support these establishments who so generously give to individuals with developmental disabilities and their crises needs.

