

Texas Parent to Parent

Providing support and information for families of children with disabilities, chronic illness and other special needs

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HAPPY HOLIDAYS
from the Staff and Board of Directors of Texas Parent to Parent!

We've had a wonderful 3rd year! More than 300 families have joined us this year, bringing us up to approximately 675 families. We have 102 trained Supporting Parent volunteers and have made over 150 matches between these wonderful volunteers and new parents. We now have almost 300 professionals on-board. Again, this year, we just received a very exciting matching grant from the ForeSight Foundation. This grant will match any donation we receive through our Direct Mail Campaign up to \$20,000.00! So, if you have considered donating to Texas Parent to Parent, now is the time to do it - anything you give during this campaign will be doubled by the ForeSight Foundation. We've received additional grants as well this year, which is always a good sign. Thank you to the PacifiCare Foundation, Champions Incentive Award from University of Utah in collaboration with the Texas Health Care Services' Children with Special Health Care Needs, and the Rotary Club of Mission Trails in San Antonio.



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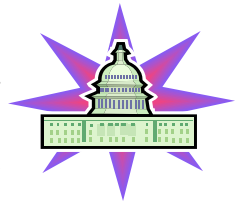
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Let the Games Begin...Again... By Colleen Horton, Public Policy Director, The Texas Center for Disability Studies, The University of Texas at Austin

I warned you that it was coming and now the next legislative session is only a month away. In the last newsletter, I talked about the importance of getting involved, making contact with your legislators, letting your voice be heard, and making a difference. I will only repeat those sentiments by saying: if you don't, who will? If we don't all work together toward improving the "system", who will? Remember, if you're not part of the solution, then you shouldn't complain about the problems. With that said, in the coming months there will be plenty of opportunities to help push initiatives forward (the good ones), and help stop some initiatives fast

in their tracks (the bad ones). We'll be counting on your help! The 79th Legislative Session will officially begin on January 11th, 2005. While the session will not begin until January, legislators started filing bills on November 8th. Several issues will have a high priority and will occupy significant amounts of the legislators' time. First, school finance will once again be addressed. There is added pressure to come up with solutions for school finance, but no one I've talked to believes that it will be easy. Some believe that it won't be accomplished during the regular session. Whether a solution is found or not, this issue will obvi-

ously take a lot of time and energy from other issues. If you have a child using special education services, public school finance should be of interest to you not simply because of the taxes you pay, but also because of how it may affect services. School districts receive funding for children in special education based on a complex system of funding weights. Any changes to the school finance system will likely include changes to the system of funding weights for special Education. It will be important for



all of us to follow this carefully to ensure that changes in the system do not detrimentally affect funding for our children's services.

School vouchers will also likely be on the agenda. Whether you are for or against vouchers, it will be important to pay attention to the details to determine how any voucher proposal may affect children with disabilities. For example, while a voucher for children receiving special education services may sound like a good idea, only those with mild disabilities would likely be able to take advantage of it as there are very few private schools willing to take students with significant disabilities. This could leave schools with less money to provide educational services to the children with the highest needs.

As with the last legislative session, there will likely be heavy competition for the limited health and human services resources. That's easy to predict as there is simply not enough "money in the pot" to cover all the needs. Unless there is a significant change in attitude at the legislature and a willingness to look for new sources of revenue, it is obvious that direct services to people with disabilities will be affected.

Due to high media attention, Child Protective Services and Adult Protective Services, both administered through the Department of Family and Protective Services, will likely be getting a lot of attention during the appropriation discussions. Both of these programs need and deserve additional funding as they have been underfunded for years. The insufficient funding has con-

tributed to the creation of a system that is in drastic need of repair. Severely underpaid fieldworkers, large caseloads, lack of needed technology, lack of training and supervisory support, all contribute to the vast problems that need fixing at this agency.

Additionally, the Children's Health Insurance Program experienced significant changes in eligibility requirements during the last session and the media attention has been constant. These changes have had a significant impact on the number of children who remain eligible for these health care services funded through both state and federal dollars. There are currently more than 150,000 fewer children enrolled in CHIP than were participating at the end of the last biennium. Many see this as a crisis, citing the fact that Texas has more uninsured children, per capita, than any other state.

Finally, there will be significant discussion around how to fund Medicaid, Medicaid waivers, and other community care programs, all of which will be competing for funding against institutional services such as state schools, nursing facilities, and intermediate care facilities for people with mental retardation. During recent months, there has been much attention paid to the possibility of closing one or more state schools. Disability advocates support closures in order to direct more funding to community-based services and to ensure that those currently residing in state schools have the option to live more self-determined lives

through community services. State school employees and parents of current residents are actively opposing any closures. A study, known as the Rider 55 Study, will be released sometime in December and will provide information on the feasibility of closing one or more state schools.

A bright spot in the Health and Human Services Commission Legislative Appropriations Request was an exceptional item requesting funding to significantly reduce the Medicaid waiver waiting lists. This funding request is based on a plan to eliminate the waiting lists within ten years. While Commissioner Hawkins included this item in his budget request, it will take significant grassroots advocacy to convince the legislature that this item is a priority that deserves funding. So, get ready, get set, to write letters, make phone calls, and respond to requests for assistance. Disability advocates in Austin cannot do it alone. Legislators want to hear from constituents in their own districts; committee members want to hear from all corners of the state. When you receive a policy alert asking for action, please take the time to respond. If you don't, then who will?

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Advocacy, Inc., Seeks Nominations for New Board Members

Advocacy, Incorporated, the designated Protection & Advocacy (P&A) system for Texans with disabilities, is seeking applications to fill upcoming vacancies on its board of directors. The nonprofit corporation is funded by Congress to protect and advocate for the legal rights of people with disabilities in Texas. Advocacy, Inc., especially encourages individuals from rural areas, distinct language and ethnic communities, and other traditionally underserved communities

to apply. A nominating committee will review all applications, select some candidates for an interview, and make recommendations to the full board.

Board members are generally elected in April, and new members officially begin their term on May 1, 2005. Appointments are for 3 years, with meetings usually held four times/year. Regular meetings are on the 4th Saturday of January, April, July, & September. Board members are also asked to

serve on at least one committee. These committees usually meet by teleconference. Expenses for travel, room & board connected with the board meetings are paid by Advocacy, Inc.

Deadline for applications is March 1, 2005. An announcement and the application are on the Internet at <http://advocacyinc.org/noticeVacancy.htm>. Individuals also can obtain an application by calling Shirley DeBerry 512-454-4816 or 800-252-9108.

To be seen as having a disability

By Nancy Ward, People First in Lincoln, Nebraska

To be seen as having a disability in society's eyes is to be stigmatized, isolated and patronized.

We feel we are more alike than different. We want to be able to work with society to do this.

To be seen as having a disability is to have everyone controlling your life but you. You're told what to do by staff, your family, and society because you're not supposed to speak for yourself.

We are learning how to speak for ourselves. Who better knows what we want than us.

To be seen as having a disability is to be pitied and seen as not being able to do something.

When all we want is to be given a chance to contribute to society rather than society supporting us.

To be seen as having a disability is to have to go through a system that teaches you things you already know.

When all we want is for the system to see us as individuals and to help us with the things we need help with, not with what the system thinks we need.

To be seen as different is hard to

understand.

When all we want is the chance to make friends, to go to school or have a competitive job and have a home just like everybody else.

When all we want is for the system to see us as individuals and to help us with the things we need help with, not with what the system thinks we need.

To be seen as having a disability is to see people not understanding us.

When what we want is to be given the chance to educate people so they can learn that we're not all that different from them.

To be seen as having a disability is not to be taken seriously.

When what we want to do is to show people that we know how to vote, and not only do we vote, we know how to vote. We feel more competent that we know the issues because we're taught what the issues are.

To be seen as having a disability is not to be given the chance to get a job, because people can't see past our disability.

We're going to be more conscientious about having a job because it's going to mean more.

To be seen as having a disability is to be shut away in an institution away from the real world.

When what we want is to be given the same chance to make mistakes and to learn and grow from them just like everybody else.

To be seen as having a disability is to be a statistic because we aren't asked what supports we need to live a normal life.

Who better than us will know what we need and want.

To be seen as being handicapped is to be seen as going around begging because the word handicap means cap in hand.

What we want is to be seen as people first, our disability second.

To be seen as having a disability is to be in a service system and have everyone telling you what's wrong with you and what you need.

When what we really need is to be shown how to do things for ourselves.

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Texas Completes Rollout of 2-1-1 Information & Referral Service

Looking for rent assistance, available nursing homes or the nearest food bank? Put down the yellow pages and just dial 2-1-1. You will be directed to a local information center where a referral specialist will answer questions about health and human services available in your community and through state agencies.

2-1-1 Texas, which has been available in parts of the state for more than two years, is now available throughout Texas. The launch of the El Paso Area Information Center earlier this month completed the state rollout.

"Statewide 2-1-1 coverage provides all Texans with a convenient way to find out about the state and local services that can help their families," said Texas Health and Human Services Executive Commissioner Albert Hawkins. "This service is available 24 hours a day and is an important part of our efforts to develop a health and human services system that is designed around the consumer."

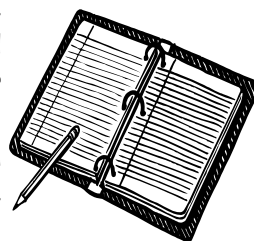
Texas now serves more than 32 percent of the total 2-1-1 population in the nation. Last year, 2-1-1 Texas received more than 1.5 million

calls, and the number is expected to climb this year.

2-1-1 is an abbreviated dialing code for free information and referrals about health and human services.

The service is operated in a public-private partnership between the Texas Health and Human Services Commission and local government and community groups. Assistance is available

in Spanish and other languages as well. Texans who are deaf and hard of hearing can access 2-1-1 through Relay Texas and through TTY lines connected di-



directed to an area information center, which is run by a community group and staffed with certified information referral specialists. Each center has a database of services available in the area, including state services, food pantries, career services, after-school pro-

grams, counseling services and many other nonprofit resources. The centers are constantly expanding their databases.

To reach 2-1-1 Texas, just dial 2-1-1 or logon to www.helpintexas.com for a list of area information centers and other ways to find services,

hotlines and more. Callers using a cell phone may need to call an area information center directly, and the local phone numbers are available on the Internet site. New technology soon will allow all cell phone users to access 2-1-1 directly.

ARTS WITH YOUR CHILD: A HOLIDAY EXPRESSIONS BOOK

By Emily Cicchini, VSA arts of Texas

Materials:

White cone shaped coffee filters - at least 3 per child
Heavy white cardboard
Rubber stamps with holiday symbols
Stamp pads
Hole punch
Nice thin but strong yarn, ribbon, or string
Markers



of the holidays are to them and their families.

Art Activity: Have the child pick at least 6 of their favorite holiday words, and write them each on one side of three filters; or write them for them (perhaps you will have

some pre-written for them to choose from)

Using dye based ink in bold colors, allow child to stamp their chosen designs each side of the filters. They can also choose to draw designs directly on the filters.

Once the filters are decorated, have the child stack the book in order, and put it between two white cardboard covers. Show them how to string the ribbon or yarn through the holes and tie to make a binding.

REMEMBER: Art is really about choice. Even if your child has limited manual dexterity or limited language skills, use this activity to stretch their ability to communicate with you by offering them a range

of choices, and honoring their preferences. If you work together and allow them to guide the activity through simple yes's and no's, you will become collaborators in a work of art!

Decorate the cover and back cover...you may decide to break out glitter glue and other materials for this step! Children may also wish to add a title: What the Holidays Mean to Me. This is a great idea to give a family member or friend as a holiday gift!

FOR MORE ART IDEAS YOU CAN DO WITH YOUR CHILD: VSA arts publishes a number of resources for parents, including *START WITH THE ARTS AT HOME* and guides to journal writing and poetry. Please contact info@vsarts.org or 202-628-2800 for ordering information, or visit www.vsarts.org and click on resources, many of which you can download for free. You can contact Emily at 512- 454-9912 or emily@vsatx.org

What is a Medical Home?

By Tammy Mann, Texas Parent to Parent

A Medical Home is a model of care delivery that your family should already be receiving. It is the end result of parents and health care professionals acting as partners. After all, you both want the same thing, right? Healthy children and families who are able to achieve their maximum potential. Unfortunately, most parents are not aware of what "medical home" means, most professionals think they already provide it, and the ones that don't are trying to figure out how to bill for it!

Medical Home is not the "term of the month". The definition was introduced in 1992 by the American

Academy of Pediatrics. Their belief, as found on their website, <http://www.aap.org/catch/index.html>, is "that all children should have a medical home where care is *accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective*". So, you might ask, why is it taking so long, what does it mean, and where can you get it?

It is taking so long because, well, because this is Texas and not only does "everything grow bigger" but everything takes longer when it comes to human services, not to mention the whole legislation/money

issue. This doesn't really seem like an answer but for now, it is the only one I have. Also, most families and physicians don't know how to "make" a medical home. There are other states that have made the Medical Home (MH) concept a reality and some that have done a great job! South Carolina, through their statewide parent-to-parent program, is starting to put patient coordinators, who just happen to be parents of children with special health care needs, in pediatricians' offices. And to be fair, there is a work group of parents and professionals that are working hard to bring a true MH medical model to

What is a Medical Home?

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Texas. Presently, the Texas Medical Home Workgroup participants are researching, discussing, planning, creating, writing grants, and working towards some changes, all of which seems to take time.

Once again, to be fair, health care professionals are not taught about Medical Home in school. Nowhere did social services, human services, or touchy feely services play a part in their medical education. Doctors learned to fix what was broken or bleeding, take out what didn't belong in, add in what was missing...

but no where in the "rule book" was there anything that said "play nice with the patient," never mind be "accessible," make sure that you take all forms of payment (yes, that means insurance, Medicaid, Medicare, etc.), provide care in the families' community (not the big city 150 miles away), and make yourself available to speak directly to the families (and not after the family has left 10 messages). The MH model gives "bedside manner" a whole new meaning!

The best thing that a medical professional has ever said to me was that I know my child better than anyone. Well, if you think about it, that's true. Who knows our children better than we do? **Family-centered** care means just that - parents are the experts on their children, so why not be teammates with the health care professionals? In a true MH, recognizing that the family is the principal caregiver, the core, the one true constant in the child's life is just an extra tool for the provider. Nowhere else can you find a more reliable source for information. Unless you are dealing with a youth/teenager; those of us that already have them, understand

that "they" know more than we do and those of you who don't have teenagers yet - just wait!☺ But in reality, they do know more about what is going on inside their bodies than we do and having the professionals speak directly to them helps youth prepare for ownership of their own care.

Continuous means that you have the same health care professionals available from infancy through adolescence and young adulthood. AND, they assist with transitions including those to other pediatric providers or

Hopefully, the preventive, primary, and tertiary (secondary) care needs are addressed in the office which should cut down on some of those "24 hour a day, 7 days a week, 52 weeks a year" emergency

into adult health care systems. But let's slow down or we'll have to get into the whole "transitioning to adult care" and that is a whole other topic for someone else's article! Being able to access health care 24 hours a day, 7 days a week, 52 weeks a year

should not be difficult if your health care provider has a **comprehensive** office. Hopefully, the preventive, primary, and tertiary (secondary) care needs are addressed in the office which should cut down on some of those "24 hour a day, 7 days a week, 52 weeks a year" emergency needs.

Providing resources falls into both **comprehensive and compassionate** services. Connecting families to support, educational, and community-based services only proves that the health care professionals understand and are working towards helping your family be the best they can be; it demonstrates concern for well-being, understanding and empathy. The same can be said for being **culturally effective**. Professional translators or interpreters are great but truly understanding that a family's culture,

beliefs, rituals, and customs are a part of the "whole" family, are the "frame work" of the family is critical and should be recognized, valued, and respected as families and physicians work together to develop a care plan. Lastly, the family care plan should be *coordinated*. It should be developed by the health care provider, child/youth, and family, and shared with other providers, agencies, and organizations involved with the care of the patient. Families are linked to support, educational, and community-based services and a central record containing all pertinent medical information (including hospitalizations, and other specialty care like outside therapies, etc.) is kept and maintained in a central record by the primary provider. This can be your pediatrician, family practitioner, or as in one family I know, your dermatologist.

Hopefully, this gives you a better understanding of what it means when someone says Medical Home. If you would like more information, there is a great website with lots of tools and resources by the National Center for Medical Home Initiatives at www.medicalhomeinfo.org If you would like to be involved with the Texas Medical Home Workgroup, you can email Desiree Pendergrass, MD at Desiree.pendergrass@dshs.state.tx.us. If you would like to be involved with parents educating medical residents through one of our Medical Residency Program in Austin, Temple, Dallas or Ft. Worth or one of the other residency training programs in the state, email Tammy Mann at Tammy@txp2p.org or call (512) 458-8600 or toll free (for parents only please) at (866) 896-6001.

Raising Richie . . . A Story of Hope

By Belinda Hughes, Lytle, TX

After an exhausting day of excitement and jubilation due to the birth of our son, it was nice to have the visitors gone and some rest time in the hospital room. I laid my head on the pillow, closed my eyes and smiled as I played back the scenes of the joyful day. Unexpectedly, a doctor came into my room with a serious air about her. "Mrs. Hughes" she said solemnly, "I need to

speak to you about your baby. We have reason to believe that he has been born with Down syndrome." Shock, sadness, disbelief...the moment will be forever etched in a mother's mind. All the happy thoughts about this little guy seem to be smashed in seconds. Shock, sadness, disbelief...the moment will be forever etched in a mother's mind. All the happy thoughts about this little guy seem to be smashed in seconds.

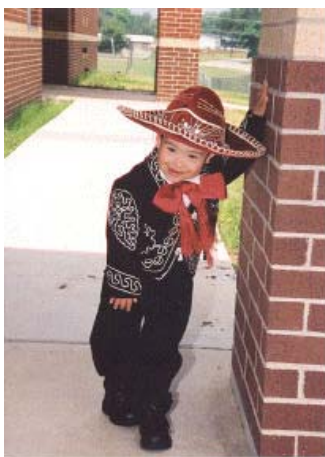
As the days go by, my hope for his future seems to go from bad to worse. All the research that was done on the topic of "Down syndrome" was negative and depressing. Literature seems to tell you everything they WON'T be able to do. Every expectation that was planted in your mind for this child seems to be uprooted and yanked out like a weed from the ground. That was four years ago.

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Raising Richie . . . A Story of Hope

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Things don't have to be that way and they shouldn't be! I wish someone could have told me then that this journey was not going to be such a harsh one. Perhaps, folks in our support group did, but because of all the negative information I read, I refused to believe it. Today, our son, Richie, is 4 years old and is attending a regular education Pre-Kinder class. It is amazing to see how he interacts with his peers and how he follows routines and directions. He tries to be very independent and competitive. At this time he does not have clear speech, but is learning to sign at a remarkable rate. His receptive language and cognitive development are excellent! His teachers have very high expectations of him and treat him like any other student in their class. I have no doubt that Richie will bloom into a beautiful, responsible, successful adult. That little seed of hope has been cultivated. It's like a little sprout determined to push its way out through the hard ground. With extra help, assistance, and patience the possibilities are endless. It is natural for parents of babies with Down syndrome to be concerned and saddened at the news. We are all human and we all want our babies to be born "normal". I don't think parents should be



bombarded with harsh, negative information. Reality is that Richie has brought such joy and happiness into our lives that words can't be found to describe the positive impact. Parents should be informed about how bright and intelligent children with Down syndrome may be. Parents should be informed about the acceptance and inclusion that has come about within the last several years for children with Down syndrome. Literature should inform parents of everything their child CAN do, and what they might be able to achieve with the right attitude and motivation from the ones that surround them on a daily basis.

I would like to plant that seed of hope. My mission is to produce a positive video or documentary on the successes of children with Down syndrome to give new parents

inspiration. I'd like to educate parents and educators on what our amazing children can do, if given the opportunity. Yes, there will be a lot of challenges along the way and every child will learn at a different rate just like any regular student without an extra 21st chromo-

some. I have been an elementary teacher for 20 years and now I'd like to

educate others in this area. The mission statement for the documentary I wish to produce someday goes as follows: God doesn't make mistakes. Having a child with Down syndrome sent on your path of life is part of God's plan. Society should not overlook them, educators should not shun them, and parents should move past mourning the child they could have been. Instead, we need to include them, nurture them, and love them, so their light can shine through and God's plan can unfold.

We, as parents of children with Down syndrome, need to keep each other informed with inspirational stories. We need to be updated on the positive things that are achieved so our children and our families can stay optimistic and uplifted.

If you can help in any way to further my goal in producing this documentary, please contact me at Lytle Elementary, Lytle, Texas. I am confident that this generation of children with Down syndrome will break many barriers. Please help me shatter the misconceptions that have kept our children from excelling in society. My name is Belinda Cortez Hughes and I hope to have shed some hope on the lives of those who have a newborn with Down syndrome. I can be contacted at belinda-richie@hotmail.com. Good luck and God Bless!



Children with Special Health Care Needs

Children with Special Health Care Needs (CSHCN) is made up of several programs that provide services to children with extraordinary medical needs, disabilities, and chronic health conditions. The CSHCN health care benefits program pays for medical care, family support services (under limited circumstances), and other related services for eligible clients when such benefits are not covered by Medicaid, CHIP, private insurance, or other "third party payer." CSHCN also contracts with organizations

throughout the state to provide an array of clinical and support services, including case management, for children with special health care needs and their families. CSHCN also assists children and their families by providing case management services at the Department of State Health Services regional offices throughout Texas. CSHCN works to improve the overall quality of care for CSHCN and their families in accordance with current health care standards, the 2010 national health goals and ob-

jectives, and related national and state performance measures.

CSHCN health care benefits are available to Texas residents who meet the following criteria:

- Are younger than 21 years of age and who have a chronic physical or developmental condition that will last or is expected to last for at least 12 months; and that results or, if not treated, may result in limits to one or more major life activities; and that requires health and related services of a type or amount beyond those required by children generally; and that must have a physical (body, bodily tissue or organ) manifestation; and that may exist with accompanying developmental, mental, behavioral, emotional conditions; but is not solely a delay in

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intellectual development or solely a mental, behavioral and/or emotional condition OR have cystic fibrosis, regardless of the person's age.

- Meet CSHCN financial criteria for the whole family (similar to CHIP criteria or approximately \$3,142 per month for a family of 4 [200% of the federal poverty level] with the option to count medical bills as a spend-down to that amount).

The CSHCN mission is to support fam-

ily-centered, community-based strategies for improving the quality of life for children with special health care needs and their families. There is currently a waiting list for the CSHCN health care benefits program; however, case management services, through the regional offices or contractors are available for all children with special health care needs, including CSHCN clients on the waiting list for health care benefits.

CSHCN focuses on improving the lives of children, adolescents, and young adults with chronic health conditions

and/or disabilities (and adults with cystic fibrosis) and their families. CSHCN is funded through state general revenue and the Title V Block Grant from the federal Maternal and Child Health Bureau. Federal funding through Title V of the Social Security Act began in 1935; however, CSHCN has a history of serving children with special needs in Texas since 1933. For additional information, contact CSHCN at 1-800-252-8023 or go to their website at <http://www.tdh.state.tx.us/cshcn/default.htm>.

The Baseball Game

This story has passed my computer several times via email - each time, the boy's disability was different - once it was Down syndrome, once it was autism. Parents apparently made it fit their child and then pass it on. I hope you enjoy it! Laura J. Warren, Texas Parent to Parent

At a fundraising dinner for a school that serves learning-disabled children, the father of one of the school's students delivered a speech that would never be forgotten by all that attended. After extolling the school and its dedicated staff, he offered a question. "Everything God does is done with perfection. Yet, my son, Shay, cannot learn things as other children do. He cannot understand things as other children do. Where is God's plan reflected in my son?"

The audience was stilled by the query. The father continued. "I believe," the father answered, "that when God brings a child like Shay into the world, an opportunity to realize the Divine Plan presents itself and it comes in the way people treat that child."

Then he told the following story: Shay and his father had walked past a park where some boys Shay knew were playing baseball. Shay asked, "Do you think they will let me play?" Shay's father knew that the boys would not want him on their team. But the father understood that if his son were allowed to play it would give him a much-needed sense of belonging. Shay's father approached one of the boys on the field and asked if Shay could play. The boy looked around for guidance from his teammates. Getting none, he took matters into his own hands and said, "We are losing by six runs, and the game is in the eighth inning. I guess he can be on our team and we'll try to put him up to bat in the ninth inning."

In the bottom of the eighth inning, Shay's team scored a few runs but was still behind by three. At the top of the ninth inning, Shay put on a glove and played in the outfield. Al-

though no hits came his way, he was obviously ecstatic just to be on the field, grinning from ear to ear as his father waved to him from the stands.

In the bottom of the ninth inning, Shay's team scored again. Now, with two outs and the bases loaded, the potential winning run was on base. Shay was scheduled to be the next at-bat. Would the team actually let Shay bat at this juncture and give away their chance to win the game?

Surprisingly, Shay was given the bat. Everyone knew that a hit was all but impossible because Shay didn't even know how to hold the bat properly, much less connect with the ball. However, as Shay stepped up to the plate, the pitcher moved a few steps to lob the ball in softly so Shay could at least be able to make contact. The first pitch came and Shay swung clumsily and missed. The pitcher again took a few steps forward to toss the ball softly toward Shay. As the pitch came in, Shay swung at the ball and hit a slow ground ball to the pitcher.

The pitcher picked up the soft grounder and could easily have thrown the ball to the first baseman. Shay would have been out and that would have ended the game. Instead, the pitcher took the ball and threw it on a high arc to right field, far beyond reach of the first baseman. Everyone started yelling, "Shay, run to first, run to first." Never in his life had Shay ever made it to first base. He scampered down the baseline, wide-eyed and startled. Everyone yelled, "Run to second, run to second!"

By the time Shay was rounding first base, the right fielder had the ball. He could have thrown the ball to the second baseman for a tag. But the right fielder understood what the

pitcher's intentions had been, so he threw the ball high and far over the third baseman's head. Shay ran towards second base as the runners ahead of him deliriously circled the bases towards home. As Shay reached second base, the opposing shortstop ran to him, turned him in the direction of third base, and shouted, "Run to third!" As Shay rounded third, the boys from both teams were screaming, "Shay Run home!" Shay ran home, stepped on home plate and was cheered as the hero for hitting a "grand slam" and winning the game for his team. "That day," said the father softly with tears now rolling down his face, "the boys from both teams helped bring a piece of the Divine Plan into this world."

And now, a footnote to the story: We all send thousands of jokes through e-mail without a second thought, but when it comes to sending messages regarding life choices, people think twice about sharing. The crude, vulgar and sometimes the obscene pass freely through cyberspace, but public discussion of decency is too often suppressed in school and the workplace. If you are thinking about forwarding this message, you are probably thinking about which people on your address list aren't the appropriate ones to receive this type of message. The person who sent this to you believes that we can all make a difference. We all have dozens of opportunities a day to help. So many seemingly trivial interactions between people present us with a choice; do we pass along a spark of decency and caring? Or do we pass up that opportunity and leave the world a bit colder in the process?

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Serving children with disabilities,
 chronic illness and other special needs
 by providing support and information to
 their families through peer support,
 resource referral and public awareness.

Conference Schedule

Date	Conference Title	Location	Registration Information
Saturday January 29, 2005	Successfully Managing Strong Willed and Defiant Children and Teens 8:30 a.m.—12:15 p.m.	Christ United Methodist Church 3101 Coit Road Plano, Tx 75075 North Building, Room 255	For more information, contact ADDA-SR at 281-897-0982 or go to the website www.addasr.org
Wednesday, Feb. 9- Saturday, Feb. 12, 2005	Inclusion Works! 12th Annual Conference Co-sponsored by The Arc of Texas & Texas Education Agency	Renaissance Austin Hotel Austin, TX	For more information, call The Arc of Texas, 512-454-6694 or 800-252-9729 or go to their website at www.thearcoftexas.org
Friday, February 25 thru Saturday Feb. 26, 2005	2005 Texas Symposium on Deafblindness	Hyatt Regency Hotel Austin TX	For more information, contact Beth Bible at 512-206-9103 or bethbible@txbvi.edu or go to the website www.tsbvi.edu
Friday, February 25 thru Saturday Feb. 26, 2005	ADDDing Up to Success ADDA-SR (Attention Deficit Disorders Southern Region) 17th Annual Conference	Sheraton North Houston George Bush Intercontinental Airport	For more information, contact ADDA-SR at 281-897-0982 or go to the website www.addasr.org
Saturday, February 26, 2005	2005 Greater Austin Walk F.A.R. for NAAR Sponsored by Friends & Family for Autism Research, proceeds to benefit National Alliance for Autism Research	The Dell Diamond Round Rock, TX	For more information, contact Carroll Brown Arnold, TX Re- gional Director, at 972-960- NAAR (6227) or go to the web- site www.austismwalk.org/austin
Sunday, March 6, thru Tuesday, March 8, 2005	25 Years of the Independent Living Movement in Texas Cooperative convention by Coalition of Texans with Disabilities & the State Independent Living Council	Austin Marriott Austin, TX	For more information, contact Coalition of Texans with Disabilities at 512-478-3366 or go to the website www.cotwd.org