



What can you buy for \$10?

TxP2P End of Year Fundraising Campaign!

We have over 4,000 people, parents and professionals, on our database. If each one of you gave us \$10, we’d have \$30,000! With that amount, we could hire several part-time staff to give new parents hope, information and parent to parent support.

The reality is that in this economical environment, we cannot ignore fundraising and survive. Our main goal is helping families in as many ways as we can but especially by creating a community they can belong to – we all know that the world can be a cold place when you have a child with disabilities or special health care needs. Our listservs, Annual Conference, Ask Rosemary and other website features, Volunteer Teams, and newsletter all aim to build this community for families. And our End of Year Campaign is the only time we reach out to our families and friends for donations through this newsletter.

TxP2P thrives on volunteer staff, but the organization’s basic work must be done by paid staff. We also must work for the sustainability and continuity provided by paid staff; if a volunteer quits, we don’t have the funding to pay someone to do what they do. We love volunteers and use them throughout our program but the bottom line is, we need more staff and thus we need funding for staff. A 20-hour staff member costs about \$17,000 a year so there’s our goal for this fundraiser! Please help us get reach this goal!

So, we need to ask once again for your help; if at all possible, become a monthly donor - \$10 per month is a great place to start. It all helps and the monthly donors are extremely helpful because it’s funding we can plan on. If you can’t help monthly, a one-time donation at the end of the year is also extremely helpful – you can deduct it from your taxes and we will use it wisely. You can also donate securely on our updated website; if you haven’t seen it yet, please take a look, www.txp2p.org. We’re very proud of the changes we’ve made and one change is a secure way to donate on our website. We hope to hear from you all soon!

Finally, a caveat – if you are a parent and you are barely making ends meet, we don’t want you to donate to us now! Take care of your family’s needs first and get to TxP2P another time when it works for you.

Volume 10, Issue 3

❄❄❄ Winter 2010 ❄❄❄

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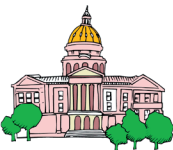
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Help TxP2P by using our Randall’s Good Neighbor Remarkable Card Number 10043!



Legislative Update

Colleen Horton, Policy Program Officer at the Hogg Foundation for Mental Health

It’s Plain and Simple

You’ve heard about the deficit. You know that there are a lot of new policymakers at the capitol. Many of the new legislators know very little about health and human services, kids with disabilities, or the families that care for them.

Look carefully at the numbers below – the budgeted dollar amounts and the projected number of people served. For both years of the next biennium (2012/13) the dollar amount for community services and the number of people

served are significantly below amounts budgeted for the current year. The noticeable exception is the state supported living centers (state schools) -- the number of residents is expected to go down, but the amount the state will spend on these institutions goes up significantly. These are the numbers in the baseline budget submitted to the Legislative Budget Board and will be considered by the legislature when the session begins in January.

At a recent meeting Chris Traylor, the Commissioner of the Department of Aging and Disability Services, was asked if the agency will reduce the budget by reducing the services that

Program	FY 2011 Budget (current year)	Estimated No. Served FY 2011	LAR Request for FY 2012	Estimated No. Served in FY 2012	LAR Request for FY 2013	Estimated No. Served in FY 2013
HCS (Home & Community-based Services)	\$311,329,352	20,223	\$258,824,475	16,424 Removes 3,799 people from waivers	\$258,824,475	16,424 level from FY2012
CBA (Community Based Alternatives)	\$116,074,374	23,032	\$125,092,481	16,589 Removes 6,443 people from waivers	\$125,092,481	16,589 level from FY 2012
CLASS (Community Living Assistance Supports & Services)	\$87,235,491	5,254	\$76,667,498	4,434 Removes 820 people from waivers	\$76,667,498	4,434 level from FY2012
SSLC (State Supported Living Center, previously called state schools)	\$224,635,534	4,098	\$241,647,528 number of residents down, costs are up	3,892 Removes 206 people from SSLC	\$241,638,936 number of residents down, costs are up	3,686 Removes 412 people from SSLC

Dollar amounts reflect state general revenue funds (GR). Other agency waiver program budgets also reflect reductions in the amounts appropriated for the current biennium.

TxP2P Receives National Award from Maternal Child Health Bureau . . . and more

TxP2P Update, Laura J. Warren, TxP2P

There was a big celebration last month in honor of the 75th anniversary of President Franklin Roosevelt’s signing into law the Social Security Act. Why is that important to you? This Act created the Maternal and Child Health Bureau which focuses health resources on mothers and babies and now provides funding through grants to organizations like TxP2P to provide support and information to families of kids with disabilities and special health care needs. The United States Department of Health and Human Services hosted the 2010 Federal/State Title V Maternal and Child Health Partnership Meeting, with over 1,200 participants attending on Wednesday, October 20, 2010 to commemorate the 75th Anniversary and legacy of Title V of the Social Security Act. The program featured panel presentations on critical public health topics and culminated with a look into the

future of maternal child health and a call to action. Laura Warren, TxP2P Executive Director, was one of the attendees and was honored to have been invited to attend by the Texas Department of State Health Services’ Title V Director, Sam Cooper. Then she found out that she and Texas Parent to Parent had been nominated and won an award to be presented at the Anniversary meeting. The award named TxP2P as a champion in the field of Maternal and Child Health in the states and jurisdictions for excellence in improving systems of care for children and youth with special health care needs and their families. TxP2P was one of 13 statewide agencies who won this award. We are very honored to be recognized for the work we have done, especially with our Medical Education Programs and parent to parent support.

New Grant

We just received word that our grant proposal to the Council for Developmental Disabilities for Public Policy Collaboration Activities was accepted and we were awarded the grant. New staff will create a TxP2P Advocacy Network and recruit parents of children with developmental disabilities, young self-advocates, and siblings to advocate for community-based issues in health and human services, accessible transportation and housing, meaningful employment, and appropriate education for people with disabilities. They will “adopt” their local representative and have on-going interactions with them or their staff. TxP2P will provide training and support to the volunteers. Work will begin in January 2011. If you are interested in this type of advocacy activities, please contact Laura: Laura@txp2p.org at 866-896-6001 or 512-458-8600.



Invest in Community Petition

If you are not aware of the severe budget deficit the state of Texas faces this legislative session, please read the article entitled “It’s Simple and Simple” in this newsletter. There is a petition to sign on our Website home page available to anyone interested in telling the legislators not to cut services to people with disabilities or special health care needs. We hope many of you will print it out and get signatures. We want to present 100,000 names to the legislature on the opening day.



NICU Network

We have started providing support and information to some families with babies in the Neonatal Intensive Care Units (NICU) across Texas but still want to hear from you if your child started life in the NICU. We still need more trained volunteers to support our NICU parents. If you are interested in helping families who have experienced the NICU with their child, please contact Susan Prior (Susan.Prior@txp2p.org) or Patty Geisinger (Patty@txp2p.org) at 866-896-6001 or 512-458-8600.

Staff Changes

Two staff members left in October: Kim Johnson is going back to nursing and Erika Goyer went to work with another nonprofit. We appreciate the time we had with them and all the hard work they did for Texas Parent to Parent. We are pleased to announce we have two new moms coming on board to take their places in our Family Support Team: Cynda Green & Patty Lacey. We look forward to all the new ideas, resources, and information they will bring to the mix.



New Website & Revised Resource Directory

If you haven’t seen our revised website, please take a look at it at www.txp2p.org. We have also revised the Resource Directory – there’s no more scrolling through lists. You just select the county or metropolitan area you want to search in and then either select resources for the whole county or for a specific topic like “child care” or “therapy” and it will give you a listing. In addition, our statewide resource list and city resource lists are available on our Resource page. And remember, we want to hear from you about resources you think should be included OR ones that need to be changed. And did you know that we have a library of articles on the website that you can print out and use? It’s on the Resource Directory as well.

Texas Early Childhood Intervention (ECI) and Texas Parent to Parent are working together to inform parents and professionals about our services. Every quarter, we'll highlight ECI topics, share family stories and answer questions you may have about ECI. We believe this is a great way for us to share information and update you about ECI.

ECI provides supports and services to families with children birth to 36 months with developmental delays or disabilities. Specialists in early intervention help families and caregivers strengthen their ability to improve their child's development through everyday activities in the home and community.

The state agency responsible for Texas Early Childhood Intervention is The Department of Assistive and Rehabilitative Services (DARS). DARS contracts with 56 local agencies and organizations to provide services in every Texas County employing over 2,800 staff. ECI's state office is located in Austin.

In 2011, ECI will celebrate 30 years of service to Texas children and families. Texas ECI was the result

of parents coming together to advocate for services on behalf of their children with special needs. In the late 1970's, families carried their unique stories to the Texas legislature and as a result of their persistence and dedication the ECI program was created.

Here is ECI at a Glance:

- ECI Professionals have knowledge and experience working with infants and toddlers and their families.
- ECI works in partnership with families, caregivers and providers.
- ECI services are provided in places convenient for the family, such as in their home or at the local park.
- ECI helps parents teach children new skills through everyday activities.
- ECI services are authorized in Part C of the Individuals with Disabilities Act (IDEA)
- ECI served over 61,215 Texas children and their families in 2010.

With each article we will highlight some of our frequently asked questions like: **Who works for ECI?**

ECI professionals work together with the family to focus on ways the family can support their child's development within their everyday routines and activities. The licensed or credentialed professionals include:

- Speech Language Pathologists
- Occupational Therapists
- Physical Therapists
- Social Workers
- Counselors
- Nurses
- Psychological Associates
- Dieticians
- Early Intervention Specialists

How do I know if there is an ECI program in my area?

ECI offers early intervention services in every county in Texas. You can find the ECI program in your community by calling the DARS Inquires Line at 1-800-628-5115 or at the DARS-ECI website www.dars.state.tx.us/ecis/ Families may contact their local ECI program if they have questions about services for their child. Stay tuned quarterly for the next topic from ECI!!

Legislative Update continued from page 1

current waiver participants receive or will they significantly reduce the number of people receiving services? He answered that the identified reductions cannot be met **without reducing the number of individuals receiving services.**

It's important to remember that the numbers above don't include the additional 10% reductions that the agencies have been directed to identify for the next biennium. While the agency did include a

request to restore the funding to current levels in the *Exceptional Items Requests* (agency "wish list"), in light of the current economic situation and the mood at the capitol, it will take a lot of advocacy to protect community-based programs.

Now it's in your hands . . . what will you do? You can work to protect community-based services and programs or you can sit back and hope no damage is done.



Important Message from Texas Parent to Parent:

You can sign up for the Texas Parent to Parent Advocacy Listserv (parents only) by contacting Susan at Susan.Prior@txp2p.org or call her at 512-458-8600 or 866-896-6001 – P2P will post news on the legislative session and Action Alerts when appropriate. There is also a petition for the **Invest in Community Campaign** run by a variety of advocacy groups (Advocates Round Table) – TxP2P is a member and is working to get 100,000 signatures on a petition to present to the Legislature in January 2011. It has a simple message:

We, the people of Texas, support home and community-based services and supports for people with disabilities and seniors. We call on the 82nd Texas Legislature to oppose any cuts to these critical supports and to fully fund all services that allow people with disabilities and seniors to live with dignity in the community.

You can find the petition on the TxP2P website, www.txp2p.org

A TIP SHEET FOR CHOOSING & WORKING WITH DOCTORS

Region 4 Genetics Collaborative

Clinical Skills & Knowledge

Does the doctor have training and/or specialty interests important to your child's needs? *Selecting a doctor with an interest in children's special needs is a benefit.*

Experience

Has the doctor cared for other children who have a similar diagnosis as your child or for children with developmental delays or disabilities in general? *Experience can help your doctor to be more aware of resources and services that might benefit your child and your family.*

Mutual Respect and Sense of Connection

Is the doctor approachable? Do they make you feel comfortable? *Choosing a doctor may mean finding a balance between technical skills, interpersonal skills and experience. It's up to you to decide what you and your child need right now and you may find that what you need changes over time.*

Be a Partner

Decide what type of partnership you want with your child's doctor. How do you want him or her to be involved in coordinating care and services for your child? What role do you want in making decisions? *Whatever type of partnership you have, you should feel comfortable asking questions, sharing your insights, and feeling like you and the doctor are part of a team. In turn, you should be open to the doctor's questions and insights as part of your child's team.*

Be a Role Model

Show by example how you want to be treated and how you want your child to be treated. *If you want the doctor to listen to you, be a good listener, too. Talk about the good things as well as your concerns. Share pictures and stories so he or she can appreciate and get to know your child.*

Be Understanding

Doctors often must have appointments back-to-back, every 15 minutes or even sooner. *If it seems that the doctor is in a hurry to move on to the next appointment, you are probably right! If you need more time, let him or her know and maybe they would be willing to work it out.*

Don't Expect Perfection

Every relationship has rough times. Be willing to be flexible, if needed. *Recognize that doctors are human too, and give them the chance to make things better. If you are mostly pleased with your child's doctor, then it may be worth working through rough times.*

Express Gratitude

Say thank you, in person or in writing. *Let your doctor know what is helpful and when he or she is doing a good job.*

QUESTIONS TO ASK WHEN CHOOSING A DOCTOR

1. Does this office regularly see children with (specify your child's condition)?

2. If no, ask: Do staff members have experience with children with genetic conditions?

3. What types of services does your office offer? Which are provided by physician and which by a physician's assistant or nurse?

4. What approach does the office take when multiple professionals are involved in the care of my child? *Example: Is there a team approach to care when other doctors, physical therapists, teachers or home care nurses are involved?*

5. Does your office have a care coordinator available? Or, is the doctor comfortable being my child's medical care coordinator?

6. How many patients does your office see each day? How long does an average appointment take? How long does an expanded appointment take?

7. Which hospital(s) do you have admitting privileges to?

8. What is your telephone call policy? Do you give advice or refill medications over the phone? Are there ever situations when I should call the doctor at home?

9. Does your office communicate or respond to questions through email?

10. Who will my child see after hours or when the doctor is on vacation?

11. Does the office accept (name of your insurance, Medicaid, etc.) for payment of services? Does the office bill my insurance company directly?

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Please remember to sign up for TxP2P Listservs. Contact Susan.Prior@txp2p.org if you want to join the Advocacy, Autism, Bipolar, Dad's Listserv Homeschoolers, Medical Home, Transition, or local area Listservs (Austin, Bryan/College Station, Coastal Bend/Corpus Christi Dallas/Ft. Worth, Houston, San Antonio, San Marcos, Rio Grande Valley & Waco/Temple). **We have one new Listserv – NICU Network.** If you want to moderate a local listserv for your area, we'd love to set up more of these local groups. Contact Laura at Laura@txp2p.org to discuss moderating one for us.

Save our trees and a little money - get the newsletter via email! It prints out well or is easy to read as an email. If you are currently getting this by mail but would read it as an email or print it out, please contact Susan Prior (512-458-8600 or 866-896-6001 or susan.prior@txp2p.org) and ask to receive the TxP2P Newsletter via email. If you leave a voice mail, please remember to give us your email address. Thanks!!

Make a donation to TxP2P - we've added an envelope to make it easy for you! Our annual direct mail campaign will be out in November but you don't have to wait until then. Or become a monthly donor - no amount is too small!

12. What is the average cost of an office visit? If the office charges are above what my insurance considers to be “reasonable” are you able to waive the remainder of the balance?
13. Where are tests and lab work done?
14. Is the doctor comfortable discussing alternative treatment such as the use of homeopathic treatment?
15. Does the doctor allow a parent to make an appointment specifically to ask questions and discuss a plan of care?
16. How would the doctor feel if I ever asked for a second opinion?
17. Does the office have a specialist referral list available?
18. Other Questions?

DECIDING TO CHANGE DOCTORS

Remember: Trust your own

judgment and view yourself as an expert on your child

Parents are often pleased with their child’s doctor, but sometimes things just don’t feel right and your desire to be part of a medical home is not getting through to your doctor. Here are some questions to ask yourself if you are feeling uncertain about the quality of care your child is experiencing.

1. Does the way the office is run work for you?
2. Is the doctor available when you need him or her?
3. Are you often confused about recommendations and why certain treatments are prescribed?
4. Do you feel like your concerns are not taken seriously?

If these questions make you doubt

your instincts or your doctor’s...trust your gut. If the relationship doesn’t feel right and you haven’t been able to make it better, and then know that it is time to consider changing doctors.

Parent-to-Parent Tip

Try a positive approach through phone call or written note. Example: “Thank you for all you have done for my child. We really appreciate the time you have spent with us. But right now this is not the perfect fit for our family – I would like my child to see someone else.”

For the full version of Partnering with your Doctor, The Medical Home Approach, A guide for families with children who have genetic conditions, go to: http://region4genetics.org/information_pages/Region_4_Medical_Home_Guide.pdf

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) provide services for children on Medicaid and CHIP

What is a Federally Qualified Health Center (FQHC)

FQHC is a local, nonprofit, community organization with defined target populations and service areas that provides high-quality, affordable primary care and prevention services to Texas’s vulnerable populations. Services are provided to Medicare, Medicaid, CHIP, insured and uninsured individuals. Patients may be eligible for services based on their family income and on a sliding fee schedule. Federally funded health centers provide health services to people who face barriers in accessing services because they have difficulty paying for services, because they have language or cultural differences, or because there is an insufficient number of health professionals or resources available in their community, regardless of ability to pay. Some health centers may even focus on delivering care to specific special populations. Some FQHCs offer additional services, such as dental,

mental health or substance abuse treatment. All FQHCs must operate under a consumer Board of Directors governance structure, and provide comprehensive primary health, oral, and mental health or substance abuse services to persons in all stages of the life cycle.

What is a Rural Health Clinic (RHC)

A Rural Health Clinic is a clinic located in a rural area designated as a shortage area. RHCs are required to use a team approach of physicians and midlevel practitioners such as nurse practitioners, physician assistants, and certified nurse midwives to provide services. The clinic must be staffed at least 50% of the time with a midlevel practitioner. RHCs are required to provide out-patient primary care services and basic laboratory services. They have many of the same components as the FQHC as far as payment on sliding fee scale and accepting Medicaid, CHIP, insured and uninsured individuals. “Rural

health clinics have become an important component of the Texas health care system, expanding care in some geographic areas that were previously under-served and improving access to health care for Medicare and Medicaid enrollees,” said Laura Jordan, executive director of the Central for Rural Health Initiatives.

There are 314 RHCs in Texas and 57 FQHCs provide services at 318 sites in the state.

How to Find an FQHC or RHC in your area

To locate Federally Qualified Health Centers and Rural Health Clinics in your area go to the Texas Medicaid & Healthcare Partnership website, Provider Lookup at <http://opl.tmhpc.com/ProviderManager/AdvSearch.aspx> or call the DSHS Children with Special Health Care Needs Program (CSHCN) Inquiry Line at 1-800-252-8023 — Toll Free.



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A Message to Share

Many of the new members of the Texas House of Representatives will have limited, or no knowledge of community-based services, kids with disabilities, or the families that care for them. Many of the returning representatives and senators have limited experience with people with disabilities. The message below was included in the Children’s Policy Council 2010 Report submitted to the legislature. Feel free to use this in your advocacy efforts.

A Personal Message from Council Family Members to the Texas Legislature

Children with disabilities and their families often face challenges that other families do not face. Caring for a child with disabilities, whether a cognitive, mental health, or physical disability, is not the same as caring for a child without disabilities. The majority of the support provided to children with disabilities is informal care from family and friends. Informal care does not require state appropriations. Millions of dollars of informal care is provided to children each year by family members, friends, and others. This informal care prevents many children from institutionalization, relieving states of significant financial costs. However, there is a huge cost to families who struggle every day to maintain some sense of normalcy and emotional family health. Raising a child with disabilities often evolves into solitude and loneliness as friends and sometimes family find the experience more than they bargained for and more than they are willing to give.

Far too often, policy decisions are made by individuals who know little about our children and our families. Very few policymakers have walked in our shoes. Therefore, **there are a number of things that families would like legislators to know.** These are things that you aren’t always aware of, things that you don’t hear about, and, unless you have a child with disabilities, never experience.

The Top Ten Things Families Want You to Know

1. We view our children as valuable members of our Texas society. We ask that you recognize their

right to live lives of dignity and be treated with respect. We ask that you provide the help we need to keep our children at home and our families safe.

2. Families give their hearts, their souls, their bank accounts, and whatever else is needed to care for their child, but many times it’s not enough and we need help. We want only what we need to keep ourselves and our families emotionally healthy and intact. We are not greedy or lazy, we just need help.

3. Disability is non-partisan and non-discriminatory. Our children live in families that are Democrats, Republicans, and Independents. Our children come from every race, culture, socio-economic level, and religion.

4. Families fight every day for appropriate medical care, insurance reimbursements, educational services, and community inclusion. Nothing comes easily, and the depth and intensity of the concern and the desire to provide what our children need is often exhausting.

5. Millions of dollars in informal care are provided to individuals with disabilities each year by family members. Parents are not trying to avoid their parental responsibilities.

6. You know about the waiting lists for services and the years families spend waiting for help. What you may not know is that even after the long wait, many families aren’t able to access the services they truly need, and the opportunity costs to their child can be great. We need to look at flexible services, person-centered planning, self-direction, and shared responsibility for building a sustainable system of services and supports. This doesn’t mean that services and funding aren’t needed. It means that we can help design a system that more closely and more cost effectively meets the needs of our children.

7. In many parts of the state, special education services are far less than what is needed or what the law requires. In some districts, the administration spends large sums of money to keep attorneys on

retainer to fight against providing the services a child needs and the family requests. Education dollars would be better spent on helping children reach their potential than on attorney retainers aimed at preventing children from getting the educational services they need and have a right to receive.

8. Child care for a child with disabilities may not be the same as for the typical child. Often our children are not allowed to attend the typical child care/after-school programs unless the family provides extra staff. Most families cannot afford to do this. Additionally, child care and after-school programs end at age 13, yet many youth with disabilities need “child care” for many years after that. Agencies should stop using the “parental responsibility” excuse for not providing needed services.

9. Families of children with significant behavior challenges or children who have significant medical needs often cannot go on family outings, such as family vacations, visits to the park or even trips to the grocery store. Asking for respite isn’t a luxury, it’s a necessity.

10. Families often cannot be at agency or legislative hearings. The legislative process is not family friendly. Most families cannot spend 16 hours of a day waiting in a committee room for a particular bill to be heard in committee. Their family and home responsibilities simply won’t allow it. When they do manage to carve out a whole day, they are only given 3 minutes to try to convey their message. Don’t interpret our absence as a lack of desire to have our voices heard or, that our numbers are few.

Families cannot always do it alone. We often need education, training, services and supports. We always need respite. This is true regardless of the age of the child.

This is our personal message to you. The formal report follows. We hope that you will read and reflect on both. We hope that you will ask the right people the right questions before making decisions that so intimately affect our children with disabilities and our families.

Help for Andrew’s Family

Isela Wilson
Parent, Texas Parent to Parent

I am the grandmother of Andrew, a precious human being that has been with us since he was 5 years old. Andrew is now 17. He has Cerebral Palsy and CVI, is nonverbal and non-ambulatory. When Andrew came to live with us, we had no idea what we were in for. The doctors and the education systems were not able to point us in any direction regarding resources or tell us where to find any kind of support from other parents.



It was by chance that we became aware of TxP2P from a parent we met at the local chapter of the Arc of Texas. Debbie De Luna gave us the information on how to get in touch with TxP2P and our world opened up. We no longer felt alone. The services that your organization provides parents of children with disabilities are invaluable. We have used these services to educate ourselves as well. From learning how to connect with other parents to understanding the true meaning of a Medical Home and paying it forward by sharing what we learn with other parents. The annual conference has been a wealth of useful information. The listserv keeps us well informed and up to date on events and political issues that affect us. Thank you all so much for all you do and may God Bless you!

What is a “Parent Match?”

TxP2P Family Support Team

Parent to parent matching for families of children with disabilities or special health care needs has been around for 40 years since the first program started in Nebraska. It caught on quickly and in the early 90’s, a national research project determined that parent to parent matching, when done according to best practices which the project created, was a beneficial addition to family support. You can learn more about this study on the Parent to Parent USA website, www.p2pusa.org

TxP2P makes parent matches based on the best practices which means it can sometimes take a while before you get a match. Here’s what happens when you tell us you want a match:

- A parent requests a match with a Supporting Parent Volunteer on issues around their child’s disability or special health care need
- TxP2P Family Support Team meets once a week to review the requests

and determines who is the best Supporting Parent Volunteer (SPV) for each request; if a parent is having a crisis, we make a match immediately if we can.

- We then start calling: first the SPV to see if they are in a position to take a new match – since we are all so busy, we sometimes have to call several SPVs before finding one who can take the match; then we call the parent requesting the match to tell them the name of the SPV who will be calling them and maybe when they will call.
- Then the follow-up starts: within a week of making the match, we call the SPV to make sure they have made contact with their new parent; about three weeks later, we call the parent to see how the match is going; in the next month we call either or both parents to again see how the match is going. If all is well, we close our follow-up and it is then between the two parents how much they contact each other.

Our Supporting Parent Volunteers attend a one-day training to prepare them for supporting another family. The training includes information on telling your story, active listening, stages and challenges that parents face, statewide and local resources, and what TxP2P expects of volunteers. The number of matches that a SPV takes is completely decided by them – we have no minimum number you must do in a year. If you have a particularly bad spell with your own child’s issues, we encourage you not to take any matches (one of the documents in the training is entitled “Just Say No”). Below are the dates for our 2011 Supporting Parent Volunteer Training.

Please contact Patty Geisinger (Patty@txp2p.org) or Susan (Susan.Prior@txp2p.org) at 866-896-6001 or 512-458-8600 if you would like to sign up for one of these trainings.

January	San Antonio		February	Ft. Worth
March	Houston		April	Central Texas
May	Brownsville		July	Corpus Christi
August	Abilene		September	Dallas
October	Austin		November	El Paso

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Texas Parent to Parent is committed to improving the lives of Texas children who have disabilities, chronic conditions, and /or special health care needs. We accomplish this by empowering families to be strong advocates through parent to parent support, resource referral and education, and by educating professionals about the unique needs of our children.



Conference Schedule

Date	Name	Location	Information
Monday to Wednesday, Feb. 7 – 9, 2011	Texas Transition Conference	Doubletree Hotel in Austin Austin, TX	For more information, go to this link: http://ttc.tamu.edu/ or contact Cheryl Grenwelge, (979) 458-1593, cgrenwelge@tamu.edu
Friday to Saturday, Feb. 18 -19, 2011	New ADDitudes: 23rd Annual Conference of Attention Deficit Disorders Assc. – Southern Region	Irving, TX	For more information, go to this link: https://www.adda-sr.org or call (281) 897-0982; in Dallas, call (972) 458-9226
Wednesday to Saturday, Feb. 23 - 26, 2011	The Arc of Texas' 18th Annual Inclusion Works Conference	The Renaissance Austin Hotel Austin, TX	For more information, go to this link: http://www.thearcoftexas.org/conferences/inclusionworks.asp
Sunday to Tuesday, Feb. 27 to March 1, 2011	2011 Texas Advanced Leadership and Advocacy Conference (TALAC)	Embassy Suites Austin Central Austin, TX	For more information, go to this link: http://talac.tamu.edu or contact Jaime Duran at (979) 845-1884 or talac@tamu.edu
Monday to Friday, March 21 - 25, 2011	Person-Centered Thinking & Person-Centered Plan Facilitation	Austin, TX	For more information, go to this link: http://www.pcpinstitute.org/about.htm or call (512) 232-0744
For additional regional trainings, go to http://www.txddc.state.tx.us/training_events/eventslist.asp#state			