



Families Helping Families

Region 7

Serving: Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, and Webster



Welcome to the Community By Alysia Butler



“Is your son on the spectrum?”

The question was slightly jarring to me. My son and I had just walked into a gymnastics class for kids with autism. We had received his diagnosis only three weeks before, and we hadn't shared our news with anyone except for close friends and family. It was the first time we had been anywhere that was just for kids like mine and I wasn't really ready to talk to a total stranger about it. “Yes,” I answered, trying to keep the conversation short. “Hi and welcome! That's my son over there, and my name is Sandy. How old is your son? Do you live in town? How long have you known your son was on the spectrum? What was his diagnosis?” I really didn't want to answer her.

I wasn't even sure we belonged at this class, and all I wanted to do was pay attention to my son to see how he was responding to the class. I watched the other kids as they came in – six boys and one girl – and my first instinct was that we were in the wrong place. One little boy was crying, another was spinning in circles, and another one was running in all different directions. My son's not like that, I thought to myself. *This isn't us*. And then I looked at my Henry. I watched him hold tightly to his one-on-one helper's hand as they walked on a low balance beam, but he wouldn't look her in the eye when she talked to him. I watched him try to run away to jump into the comfort of the sensory foam blocks and become so focused on that foam pit that he couldn't move onto anything else. I listened to him babble while he swayed back and forth on the rings, and saw the terror in his face when the noise level got up too high. The tears welled up in my eyes. We *did* belong here. This is the right place for him. We had found a safe place for him to exercise and develop his muscles in an environment that understood his special needs. For so long we had avoided the “regular” gym classes, music classes, and playgroups because of his behavior. No one here was giving me the usual disapproving looks we get when we're out places and Henry starts to act up. I took a deep breath and turned to the mom. “Hi! My son Henry was diagnosed with PDD-NOS a few weeks ago.

We do live in town. In fact, I've seen your son at the preschool that my son attends. How long has your son attended classes here?” It took everything I had to have that conversation, but it was such a relief. This other mom was reaching out to make a connection – to find someone else who struggles on a daily basis like she does – something I myself had been desperate to do for weeks and months. I was instantly welcomed into a community of people who “get it.” No one batted an eye when Henry buried himself under the foam blocks at the end of class so he didn't have to leave. I got comforting looks of understanding from all the parents and teachers when he had a major meltdown leaving the gym, and big thumbs up from everyone when we finally got our shoes on and went out the door. These were moms and dads who shared my daily difficulties of just getting out of the house. Finally we were somewhere that felt like we belonged.

“Will we see you next week?” asked the mom. “Absolutely,” I replied.

Who?	What?	When?	Where?
A family directed resource center for all individuals with disabilities and their families	Providing information, referral, and support through a network of services and assistance throughout Region 7	8:00 am – 5:00 pm Monday – Friday Drop-ins are always welcome!	2620 Centenary Boulevard Building 2, Suite 250 Shreveport, LA 71104 318.226.4541 877.226.4541 fhfregion7@bellsouth.net www.fhrefion7.com

What Is Supported Employment?

All people, regardless of their ability, have the right to work. One way they may find and maintain a job is called supported employment. A job coach or supported employment specialist works closely with the individual/family to seek employment, always taking into consideration the interests, abilities, and the type of environment the person chooses to work in. When the desired employment is obtained, the job coach will be available to provide on the job support. These supports can be intensive on the job training, supervision, adapted/assistive technology, personal care attendance, transportation, or any other type of support that allows the employee to maintain employment.

Supported employment services may be required for the duration of an employee's employment. It may be full time 1:1 support, or it may be as simple as checking in occasionally to provide additional training or to see how things are progressing. Supported employment services are as individualized and unique as the employee. Co-workers may provide natural supports to the individual as they begin to understand what kind of support is needed and as they develop a relationship based on friendship and respect. When fellow employees provide support, a job coach may not be needed as often. Supported Employment options and solutions are growing rapidly. It is becoming a common practice as individuals with disabilities become more accepted and desired employees in all businesses and industries in our community.



Who Is Eligible For Supported Employment Services?

Any individual with a disability who has a desire to work is eligible for supported employment services if they need support to find and maintain a job. There may be a fee for these services. The agency that the individual will need to contact about obtaining supported employment services may also have a waiting list or eligibility requirements.

Who Should I Contact For Supported Employment Services?

Vocational Rehabilitation (VR) may be the first place to look for employment supports. If your child is still in high school the ITP Team should make a referral to VR before or no later than the child's 16th birthday. Referrals can be made at any age, but VR may have waiting lists and the sooner they receive the referral, the better.

How Do I Pay For Services?

Some ways to pay for job coach services may include writing a Plan for Achieving Self-Support (PASS Plan) or getting Impairment Related Work Expenses (IWRE) in

conjunction with your SSI benefits. There are many ways to write a PASS Plan or claim an IWRE to pay for job coach support while maintaining Medicaid benefits at the same time. Help can be obtained in writing a PASS Plan from VR, Behavioral & Developmental Services, a job coach, or contracting with a private supported employment agency or benefit specialist. A very important but often overlooked resource for job supports is a volunteer, a friend, or a family member. You may have in your circle of friends or your family a person who can help your child find a job and provide on the job support on a continuous basis or while other means of supported employment are explored.

What Happens If The Job Doesn't Work Out?

If an individual who is receiving Supported Employment services should lose their job through layoff or in some cases being fired, the following people should be contacted:

1. The local Employment Security Office should be contacted to ask about eligibility for unemployment benefits.
2. The Social Security Administration should be contacted if the individual is eligible for benefits so that the benefits can be adjusted accordingly.
3. The job coach or agency that is providing job support services should be contacted so that they can meet to help decide what the next steps toward seeking new employment are going to be. Some important questions will need to be asked:
 - Was the support sufficient?
 - Did the individual enjoy the job?
 - Was the individual fired justly?
 - Was transportation a problem?

If lack of training or inexperience were factors, it may be necessary to look into other training options, which a job coach can help with. If the worker was laid off because of lack of work or other factors beyond their control, find out how long the layoff will last. If it is short term, it may be possible to wait. If it is permanent, the job search should begin again. The most important thing to try to remember is to encourage the individual not to be too easily discouraged. It may not be possible to find a perfect match the first time. If the job was lost because of work habits, they can be changed. The process will be a learning experience that helps individuals look at their skills and learn ways to improve them. It can also be an opportunity to look at what the individual has experienced and what other things interest them that they might like to pursue.

For more information about Supported Employment contact Region 7 Vocational Rehabilitation Office at 318-676-7155 or 1-800-737-2966.

Office for Citizens with Development Disabilities



The Office for Citizens with Developmental Disabilities (OCDD) serves as the Single Point of Entry for people with developmental disabilities who are seeking supports or services through Louisiana's Department of Health and Hospitals. In order to qualify for supports and services a person must have a developmental disability as defined by the Developmental Disability Law in *Louisiana Revised Statute 28:451.2*.

Developmental disability means either:

- A severe, chronic disability of a person that
 - is attributable to an intellectual or physical impairment or combination of intellectual and physical impairments.
 - is present before the person reaches age twenty-two.
 - is likely to continue indefinitely.
 - results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency.
 - is not attributed solely to mental illness.
 - reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated, or
- A substantial developmental delay or specific congenital or acquired condition in a person from birth through age nine which, without services and support, has a high probability of resulting in those criteria (listed above) later in life that may be considered to be a developmental disability.

Services provided by OCDD:

- Cash Subsidy
- Respite
- Support Coordination
- Individual and Family Support
- Residential Placement
- Children's Choice Waiver
- New Opportunity Waiver
- Supports Waiver
- Residential Option Waiver

For more information about OCDD and their services please contact Mary Russell the OCDD Family Facilitator at (318) 226-4541 or 1-877-226-4541. You can also email her at ocdd@att.net.

To Sign or Not to Sign...Medical Release Forms & What to Look For

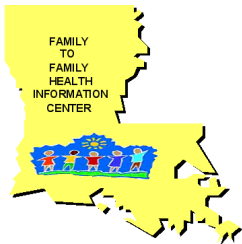
By Karen Scallan, Program Supervisor

Louisiana Family to Family Health Information

Taking care to insure the privacy of your personal medical information is important. Here are some tips for releasing information to various entities and what you should look for when signing medical release forms.

1. Is there an expiration date?

I know of at least one entity that has no expiration dates on their medical release forms. Release forms without expirations should not be signed unless you intend to give the other entity full access to your child's medical record for life.



2. How long should the release be good before expiration?

This depends on the entity you are releasing to receive information. You may consider giving a school district a more extended time if they are working on an evaluation, particularly an initial or full re-evaluation. This will allow them enough time to get what they need. In general, two or three weeks should be sufficient unless you have the kind of doctor that has a full work load (or procrastinates on these things). You can extend this to a month if the school is conducting an evaluation since the medical release isn't necessarily the first thing they work on for the evaluation.

3. Some school districts request families to have a medical release form on file for the school year. This isn't appropriate. This gives any school personnel authorization to contact your child's doctor at any time. Release forms should be done for specific reasons and the reasons should be stated in the forms.

4. Create your own medical release form or edit the one you receive from school or other entity. Edit the one they give you by hand, or take their form and retype it editing it to include what you release them to do

5. Consider contacting the doctor yourself. You can ask the entity exactly what they feel they will need in the way of medical information. Ask them for a list and get the information from the doctor yourself. If they have a prepared form for the doctor, you can take it to your pediatrician yourself to have it completed or mail it in to the doctor with a request that it be mailed directly to you. This way you can monitor the communication between the school district or other entity and your doctor.

6. If you have concerns about the doctor's staff communicating with school personnel inappropriately, speak up. Call your doctor directly and voice your concerns.

7. Request that your doctor's office contact you any time they receive a medical release form and request for information about your child's medical history. Explain to the doctor what, if any problems or issues you are having with the school district or other entity. Consider including in the medical release form a statement that says that the doctor's office must contact you before releasing any information.

For more information on this topic or other related topics, contact:

Karen Scallan
Program Supervisor
Louisiana Family to Family Health Information Center
A Statewide Program of Bayou Land Families Helping Families
204 East Bayou Road
Thibodaux, LA 70301
Phone: 1-800-331-5570
Fax: 1-985-447-7988
Email: f2fhic@bellsouth.net
Facebook: La Ftofhic

Caregiver Tips

Many people are caring for a chronically ill or disabled spouse, parent, or other family member. Caregiving can be a rewarding experience, especially when you know that your care makes a positive difference. But caregiving can be difficult. There are three tips to being a good caregiver:

- Take care of yourself.
- Don't help too much. Let the person do as much as he or she can.
- Ask for help.

This topic will tell you more about these tips and how they can help both you and the person you are caring for.

Caregiver Tip No. 2: Don't Help Too Much



Even if they don't admit it, people like to help themselves. Every time you do something for a person that the person could have done without help, there is a double loss. First, your effort may have been wasted. Second, the person has missed an opportunity to help himself or herself.

As a caregiver, your highest goal is to give the person you are caring for the power and the permission to be in control of his or her own life (as much as possible). Every act your loved one makes to maintain independence is a victory for you as a caregiver.

Here are some things you can do to empower the person you are caring for to do things independently:

- Let the person make as many decisions as possible. For example, let the person decide what to wear, what to eat, or when to go to bed. Help him or her keep as much control as possible.
- Simplify. For example, if you are caring for a person who has mild dementia, divide complex tasks into simpler steps for him or her: First, get out the cereal box. Next, get out the milk and the bowl, etc.
- Make it easy. One of the most productive things a caregiver can do is to make changes in the person's home and provide tools that will allow the person to do things without help.
- Allow for mistakes and less-than-perfect results. The hardest thing about letting someone do something without help is knowing that you could do it better or faster. Mistakes are okay.
- Reward both the effort and the result. Help the person feel good about doing things on his or her own.
- Give the person responsibility to care for something. Studies show that nursing home residents who are asked to care for pets or plants live longer and become more independent.
- Match tasks with abilities. Identify the person's skills, and try to match them with tasks that the person can do on his or her own.

Caregiver Tip No. 3: Ask for Help

The best answer to the question, "Is there anything you need?" is "Yes."

"Yes, I need someone to stay here so I can go out." Or "Yes, I could really use a nap." Letting others help can make your caregiving easier. Know where to find help when you need it. The more support you have, the more successful you are likely to be.

When family or friends offer to lend a hand, be ready with specific ideas. Let them pick something they would like to do. For example, you could ask them to:

- Pick up a few items at the grocery store.
- Fix a meal or do some cleaning or yard work.

- Stay with the person you care for so you can go out for a while.

There are other ways to find support, for example:

- Hire a teenager or older adult to help for a few hours a day.
- Find a grocery store that delivers.
- Hire a home health aide or personal care assistant.
- Sign up for homemaker or chore services or "Meals on Wheels."

Services that may be useful to caregivers include the following:

Respite care may be the most important service for caregivers. Respite services provide someone who will stay with the person while you get out of the house for a few hours. If the person you are caring for needs routine medical care, you may be able to arrange to have the person stay in a nursing home for a few days while you get away for a break.

Adult day centers are "drop-off" sites where a person who does not need individual supervision can stay during the day. This service is usually offered during working hours and may or may not be available on weekends. Meals, personal care services, and social activities are provided.

Hospice programs provide social, personal, and medical services for terminally ill people who wish to spend their remaining time at home or in an environment less formal than a hospital or nursing home.

Support groups give you a chance to discuss problems or concerns about caregiving with other caregivers.

Caregiver Tips - Take Pride

Take pride in your efforts. Being a caregiver is not easy, and those who do it are special. Following the tips for caregiving can help you feel good about yourself and the care you provide. Remember:

- Take care of yourself by exercising regularly, getting proper rest and nutrition, and having regular medical checkups. Taking care of yourself includes taking time off to take part in pleasant, nurturing activities.
- Help the person you care for to be as independent as possible.
- Recognize when you need extra help, and accept support from others. A helping hand at the right time can make all the difference.



What is Response to Intervention?

Early Prevention of Learning Disabilities with RTI

By: Karen Plumley

Response to Intervention (RTI) is a model by which early preventative assistance is provided to students exhibiting the first signs of academic difficulty.



Special educational resources are stretched to the limit today, as more and more youngsters are being identified with a special need or learning disability. Many of these children may be experiencing learning difficulties in one or more areas but do not necessarily possess a *biological* learning disability beyond the teaching capabilities of the regular classroom instructor. RTI attempts to intervene on behalf of these students before their needs become too severe.

Components of the RTI Model

1. *School-wide screening* – A model of screening that is easily implemented by teachers in the regular classroom will give useful information in determining whether or not a student may need further intervention in the RTI model. Screening will be performed at least three times per year and sometimes monthly for every student. These results are generally compared to those of a representative peer group sampling or to preset criterion levels in various skill areas.
2. *Progress Monitoring/Tier Services* – There are three, research-based tiers of instruction in the RTI model. When a child is identified during screening as having achievement below the expected level, she will enter a tiered grouping and receive intervention instruction in the hope that she will catch up with her classmates. Students receiving intervention will be monitored on a regular basis to determine their progress. Teachers, peers, and trained aides can perform the intervention.
3. *Fidelity of Intervention* – To lend credibility or fidelity to the RTI program, an observer/principal will periodically visit the classroom and record findings with a checklist. This evaluation is designed to ensure that the curriculum as it's laid out in the RTI protocol is being followed.

Three-Tiered Intervention Model

1. *Tier 1* refers to regular classroom instruction with screening procedures to identify students who are not performing typically.
2. *Tier 2* will consist of children with learning difficulties who were identified by screening. They are placed into smaller groups for intensive intervention. Frequent progress monitoring will be performed. The usual duration for secondary tier instruction is 9-12 weeks with three or four short sessions per week.
3. *Tier 3* is the level for students who are not responding to Tier 2 instruction. Frequency and length of intervention is increased and the size of the group is inversely decreased. In some cases, the instruction is on an individual basis and is performed by a qualified special education teacher.

The Subtle Difference Between Tier 3 and Special Education

Intervention for tier 3 will sometimes be performed by a special education teacher and in a one-to-one scenario. So, how does tertiary RTI intervention differ from special education? Although special needs instruction tends to be a highly individualized, it is not always reliant on scripts or protocol as RTI intervention is, but instead on exploration of methods that will work for that child. In addition, special education does not fall under the category of *prevention*.

Implementation of RTI in a School Setting

In an RTI school, emphasis is placed on effective teaching of all students, not just those who are considered typical. With the exception of a small number of severely disabled students, teachers and trained personnel must give all others with learning difficulties a unique pathway to success and judge their progress against classroom standards. Additionally, special education teachers need to ensure that students at the third tier meet these classroom requirements too.

A school that implements a successful Response to Intervention program will be able to identify children with learning difficulties and in the majority of cases, intervene before they are considered learning disabled. Special education resources will not be stretched as thin, and every student will be given the chance to perform at an optimal academic level.

Why should parents get involved now?

As states and districts begin exploring whether an RTI approach will be used, and if so, what form it will take, decisions will be made that affect students with learning disabilities. Unless parents become involved in the decisions of states and localities by asking questions and demanding clear answers, those decisions will be made without parent input. These questions include: 1) what specific steps to be used, 2) how parents will participate, 3) what instruction will be provided and by whom, 4) what criteria will determine changes, 5) who will be on decision-making teams, and 6) when and how will the comprehensive evaluation to determine identification and eligibility be implemented?

What questions must parents ask?

What specific RTI steps are to be used?

- How many tiers will be used?
What instruction/interventions will be options in each tier?
Where and by whom can instruction/interventions be carried out in each tier?
At what points will parent involvement be encouraged or ensured?
At what points will parent notification of the right to refer their child be made?

How will parents participate in RTI?

- What provisions are in place for involving parents in state/local planning?
How will parents participate in each decision changing about instruction and tiers?
What provisions will ensure that parents get regular information about their child's progress or lack of it?
Who can or will initiate a team meeting to consider tier or instruction/intervention changes?

What instruction or interventions will be provided in RTI ? By whom?

- What instructional approaches and interventions will be available for use?
What professional development will ensure high quality general education instruction?
What professional development will ensure high quality specialized interventions?
What resources for providing instruction/intervention will be available?
Who will monitor the accuracy (fidelity) of student instruction/interventions?

What criteria will determine changes in RTI instruction and placement?

- In how many subjects and skills will progress be continuously monitored?
Who will administer, record, and review the data from the monitoring
Will student progress be compared with classmates? with other groups?
How much time is required or permitted to determine if instruction is working?
What timelines are established to call a team meeting and implement changes?

Who will be on RTI decision-making teams?

- What guidelines will ensure multi-disciplinary participation in decision-making?
How will parent participation in and agreement with team decisions be documented?
Will both general and special education personnel be included on the team?
Will appropriate related services personnel be included on the team?

If RTI is used, when and how is the comprehensive evaluation implemented?

- What written materials inform parents of their right to request, at any time, a special education evaluation, as guaranteed under IDEA 04?
How will parent awareness of their right to refer their child at any time be ensured?
What procedures guide team use of RTI data in the identification/eligibility process?
What procedures ensure that comprehensive evaluation includes data beyond RTI data?
Are measures to evaluate intra-individual differences, mandated as part of the comprehensive evaluation?
Will measures of cognitive factors, be available to distinguish between students with SLD and mental retardation?
Will data from measures of ability (I.Q.) and academic achievement be available to address underachievement that is unexpected?

For more information about RTI please contact Monica Sullivan the Education Specialist at 318-226-4541 or 1-877-226-4541. You can also email her at edspecialis@att.net.

Special Needs Education Instructions Contribute to Inclusion

In many states young children with disabilities are considered to be incapable of learning, no matter what their impairment is. Often a disabled student is considered a distraction to other students and simply sent home. Lack of access to



schooling may reflect that such individuals can't learn that they should not be put through the stress of learning or that they are embarrassment and shouldn't be seen regularly in public. The concept of inclusive education champions the right of every child to access education nearby schools, where he/she is entitled to respect and appreciation. The principal also draws attention to the need to further children's participation and inclusion in school life and educational programs to the broadest extent possible as soon as ease barriers so children can optimally benefit from classes, friendships developed in school, and reconsider school rules and regulations so it can serve all the children in the community. The concept is based

on the basic principle of human rights that perceives all people as equal, enjoying the same rights. As such, all citizens, including marginalized groups and persons with disabilities, shall participate in all social activities on an equal footing. And in this sense, all forms of social and technical support shall be provided for the effective and permanent participation of the aforementioned groups in welcoming educational environments. Current experience at home and abroad demonstrates that children with mild and moderate disabilities make more progress in successful inclusive environment with their peers who may not have a disability.

Special Education refers to a pattern of services and educational programs with modifications introduced in curricula and incorporated teaching methods to respond to the special needs of students who are unable to keep pace with the regular curricula as they are currently delivered. Hence, special education services cater to all categories of learning difficulties of students as well as the gifted and talented ones.

Special needs education is an educational approach based on a classification of children according to their capacities and physical and mental characteristics. Each category has its own curriculum, set of specialized teachers and designated places intended to meet specific needs.

Indeed, special needs education promotes inclusion, especially if the students are trained, taught and taken care of through the early stimulations program to incite their aptitudes at an early age.

For more information about Inclusion please contact Monica Sullivan the Education Specialist at 318-226-4541 or 1-877-226-4541. You can also email her at edspecialis@att.net

What Developmental Milestones?



Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move (crawling, walking, etc.). It is important to remember that each child is an individual and that not all children will develop the same. As a parent, you know your child best. If your child is not meeting the milestones for his or her age, or if you think there could be a problem with the way your child plays, learns, speaks, or acts, talk to your child's doctor and share your concerns. Don't wait.

There are great resources for finding checklist and tips for tracking your child's development. The Centers for Disease Control and Prevention has a campaign called; Act Early: Learn The Sign, (www.cdc.gov/actearly), you can print or order information for free. Another great resource is ZERO TO THREE (zerotothree.org). ZERO TO THREE is a national nonprofit organization that informs, trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers.

You can use a milestones checklist from one of these sites to track your child's development. If you have concerns print it out and share it with your child's doctor or nurse at the next visit or call EarlySteps (1-866-327-5978) to make a referral.

If you need assistance obtaining a checklist, or need help with a referral please call, Monica Stampley, EarlySteps Community Outreach Specialist at Families Helping Families Region 7 at 318-226-4541 or 1-877-226-4541.

Stipend Money Available!

Do you want to learn more about your child's disability? Have you heard of a new technique that might help him learn? Families Helping Families Region 7 might be able to help you get this knowledge.

There are stipend dollars available for individuals with disabilities and their families who live in the parishes of Region 7. Please apply for these funds if you would like to attend a conference, convention or other activity that will increase your knowledge.

To apply, you may call 318.227.4541/1.877.226.4541 or email: fhfregion7@bellsouth.net.

Please have the following information handy when calling to ask for funding or include these details in any email:

- 1) When
- 2) Where
- 3) Registration Cost
- 4) How much you are able to contribute

This is a great opportunity to attend a state, regional or national event that otherwise might not be possible!



A Note from your LaCAN Leader

LaCAN is still advocating for Closure of the Northeast Supports & Services Center in Ruston and doing our best to make sure that the residents at that Center and the 31 State Operated Group Homes get the best choices when they transition out. I would like to thank all the LaCAN members who do the Action Alerts, these Alerts are very important because they let our Legislators know how we feel on different issues and legislation.

Keep doing the Action Alerts and if you haven't done them try and get more involved.

LaCAN members along with Families Helping Families of LA, The Arc's of LA, People First and the Advocacy Center will be going to Baton Rouge for a Disability Rights Rally on the Capital steps on April 28th. LaCAN has a Charter bus ready to go just contact Duane Ebarb at 318-688-4830 or the FHF Region 7 Office at 318-226-4541/877-226-4541 to reserve a seat.



Board of Directors

Nakia Glover
Parent

Vicky Guerre
Parent

Joanna Hensley
Parent

Yolunda McGee, Chair
Youth & Family Services of
Northwest Louisiana and Laura
Graham Attorney at Law

George Payne
D Journey Employment
Services

Chanel Jackson
Executive Director

Louisiana Developmental Disabilities Council's Mission

To ensure all individuals with disabilities benefit from supports and opportunities in their communities so they achieve quality of life in conformance with their wishes.

Through the Developmental Disabilities Assistance and Bill of Rights Act Congress funds and authorizes the Developmental Disabilities Council to conduct advocacy, capacity building and systems change activities. The Council's efforts are designed to promote the increased self-determination, independence, productivity, integration and inclusion of people with developmental disabilities in their communities.

The Louisiana Developmental Disabilities Council (DDC) is made up of people from every region of the state who are appointed by the governor to develop and implement a five year plan to address the needs of persons with developmental disabilities. Membership includes persons with developmental disabilities, parents and representatives from public and private agencies. Several members rotate off the Council each year in October and nominations for new members are always welcomed.

You may contact the DDC by calling 1.800.450.8101 or visit their website: www.laddc.org

Families Helping Families Region 7 programs and this newsletter are supported by the Louisiana Developmental Disabilities Council Louisiana State Department of Education, Office of Citizens with Development Disabilities, Office of Mental Health, and Office of Public Health

Families Helping Families
Region 7
2620 Centenary Boulevard
Building 2, Suite 250
Shreveport, LA 71101

