



WAKE COUNTY LOCAL INTER-AGENCY COORDINATING COUNCIL

LICC Meeting/Discussion Agenda Minutes April 13, 2010 12:00-2:30 White Plains Children's Center

Welcome, Introductions, Announcements (Please feel free to eat your lunch during this time)

- New staff, vacant positions, new programs/projects, upcoming meetings, training events
- Run, Walk and Roll – is on Saturday, May 1. Volunteers are needed to help with the resource fair, and for the event itself. Please let Juliellen know how you can help.
- Next Steering Committee Meeting: Tuesday April 27th, 12:00-1:30, Project Enlightenment (note new date!)
- Next LICC Meeting: Tuesday, May 11th 12:00-2:00, Project Enlightenment (note new time!)

Agency Updates

Raleigh CDSA, Marcia Mandel: Marcia reminded the group that the Early Intervention Branch has put three items on the www.ncei.org website for review and public comment. The first is the Part C Grant application that must go to the federal government each year. The other two are proposed policy changes for billing and reimbursement and records. The review period is currently open and goes through April 1; comment period opens on April 2 and goes through May 1. At the next LICC meeting, Marcia will be presenting information on the Primary Service Provider model (there will be an additional meeting for CDSA providers in June). Details of implementation are still needed from the state, so the presentation will be a general overview. After conversation with experts and other states that are using this model, it has become evident that there is no one way to implement this model.

Wake County Public Schools, Janet Godbold: The WCPS School Board meets on April 20th; will know the impact of budget cuts at that time on positions in Central Services (including Project Enlightenment).

No updates from Smart Start, Ready to Learn/Child Service Coordination

Developmental Disabilities/YCMHC, Patti Beardsley: A few more CAP slots are being finalized. There is no new news about more CAP slots, but think that some could be coming through some upcoming changes in the LME budget. The Child Mental Health Collaborative has hired Veronica Marraud as the coordinator for the group. The CMHI is also looking at the Rex Endowment for some possible funding for Project CATCH, which works specifically with children who are homeless.

Discussion Topic: Providing Quality Services to Children and Families (Janet Godbold, facilitator)

Brainstorming of Positive Communication Experiences (scenarios involving communication between the family and the early intervention professional/provider that were positive experiences):

- Meetings are scheduled with the coordinator and other pivotal staff (parent, teacher, director, disability coordinator) to discuss concerns and develop a plan
- Family input is requested/sought
- Review meetings are held where all therapists are there to discuss the child's strengths and needs
- Evaluations – the times when parents express relief to get answers and information no matter how difficult it is to hear
- Everyone working together as a team (also mentioned were teamwork, collaboration and partnership with all involved)
- Using available resources within the community
- Positive feedback from parent or another professional is shared with a supervisor and/or with the staff
- Access to anonymous surveys in order to give feedback
- Listening to a parent's concerns or gut feelings, allowing them to follow up with a second opinion
- Having more information and awareness available to families with a newly diagnosed child
- Reduced wait times for families starting services
- Non-judgmental approach that values everyone's opinion
- Clear communication that includes getting and sharing expectations, being honest
- When a problem or concern is identified, there is brainstorming to discuss solutions and strategies. Education about the system or particular methods is part of the process.





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- The checklist completed by the service coordinator includes feedback for the provider about communication with the parent
- Being sensitive to the family's high emotion, times and situations (i.e. transitions, death in the family)
- Having resources available for the family
- Service coordinator having a positive perspective when talking with parent
- Semantics are positive rather than negative
- Being a good communicator, including reading a family and going at their pace; having a set contact person that the families can go to with questions, and being prepared and knowing what to expect.
- Programs that are inclusive or families and teachers are most supportive.
- Connecting families to what works best.

Resource for positive communication: Disabilities is Natural by Kathy Snow; www.disabilitiesisnatural.com

Brainstorming of Negative Communication Experiences (scenarios involving communication between the family and the early intervention professional/provider that were negative experiences):

- Miscommunication among the team
- Not the time or resources to be invested
- Preconceived ideas as to "who" the parent is and "how" they live
- Holding parents accountable for things they are not capable of fulfilling
- Lack of understanding about culture, community, inner workings of a family, or how a family learns
- Parents insist on writing goals contrary to the IFSP model
- Parents disagree with evaluation results
- Language barriers - dynamics with having a third person (interpreter) involved in communications
- Timelines with parent rights and stressing that if more time is needed for decisions that is OK - just communicate honestly
- Our own buttons are being pushed, or boundaries are being pushed
- Misinterpretation – people hear things we didn't exactly say
- Families feel that their needs are not being met, yet we have done what we can (b/c of system limitations)
- Differences in opinion or perception about situations
- Family mental health issues can complicate perceptions
- Not including parents and their previous supports in process (no bridging)
- Policies that are not flexible or individualized
- Prejudgment, preconceived notions, assumptions about family
- Too much information at one time (during new diagnosis, during crisis)
- No follow up to verify understanding
- Using terminology the family is not familiar with
- Parents didn't drive the referral – they were talked into it by doctors or relatives
- When progress is slower than they want
- Limited resources available in the community (including bilingual services)
- Unrealistic expectations of therapy
- Parents expecting their child to be cured
- Confusion or disagreement among professionals
- Professionals have not talked to each other to be prepared
- Lack of parental preparation
- Very negative encounter with support with administration
- Training level of non-service personnel is different than service personnel
- Focused only on finances





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- Professional don't give parents time to process and also time to share
- Take negative feelings with them when go to another provider.

Reflection:

With families, most of this process is emotional, and we need to work on keeping our own emotions and perceptions in check. It is also important to focus our interactions with families on helping them learn how to advocate and communicate through their emotion to get what's best for their child. Families need to know that we like their children, and we need to respect families as the learn and understand what their child may be.

Community Resources and supports that are frequently accessed:

- Child care subsidy
- CCSA Resource and Referral
- Child Care Health Consultants
- ECAC
- Project Enlightenment
- TEACCH
- Interact
- Family Support Network
- Telability
- WCHS Website
- Raleigh Parks and Rec
- Apraxia.com
- Do2learn.com
- HOST @ CPI
- Carolina Parent
- Evaluation services
- DCD Website
- Storytime @ Public Library
- 3C Family Services
- Triangle Moms
- Early Head Start/Head Start
- Healthychild.org
- The Arc of Wake County
- More at Four
- Unite Way Website/211
- SafeChild
- SSI
- Ready to Learn
- First in Family
- SEPTA
- Triangle Down Syndrome Network
- Respite Services
- Medicaid Transportation
- Autism Society
- Genetics
- Developmental Disabilities Services/CAP
- SmartStart
- Child Service Coordination

Related conversation: We use the resources that we know about – but do we have everything we need, or do we know about all that we need to? It was noted that the LICC webpage with resources in Wake County was not listed as a resource used by members of the group. Concern was noted that our webpage isn't inclusive because some agencies see it as advertising, and they don't take referrals outside of the service system, so they might not consider being included important. Several agencies represented in the meeting today are not on the LICC webpage.

Even with such significant resources available, it was noted that families need support to get hooked up with these services. It takes direct connection/facilitation through the process to ensure that parents get the need services.

What's missing from our list (either forgotten agencies or needed services)?

- Additional respite services
- Lucy Daniels
- Mental Health resources (classroom and home based)
- Resources for school aged children in charter/private schools
- ESL services
- Pediatricians and medical specialist





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- Interpreters/affordable and those that speak more languages
- Literacy classes for parents
- Bereavement/funeral services
- Parenting classes
- Housing/crisis/financial resources
- Hospice
- Social services
- Becky Bailey/Harvey Karp books

What can LICC do to help?

- Expanding the LICC website to be more inclusive
- Need assessment to determine what is still needed in our community
- Survey on resources; compile information
- Add biographies of programs onto the website.
- Consider how to use Touchpoints as a resource (SmartStart is currently considering bringing this training back to Wake County)
- Consider changing the structure of LICC meetings to make others more willing to come – make action oriented, or ensure that we will learn something new

Plans for next meeting

The LICC Steering Committee will compile all the information from the three forums and will analyze it to determine next steps. At the July meeting, the information will be presented and planning for the next three year cycle will begin.

LICC Steering Committee Members

Juliellen Simpson-Vos, Professional Co-Chair
Jennifer Pfaltzgraff, Parent Co-Chair
Val Wilson, Goal Area I
Allison Crumpler, Goal Area I
Patti Beardsley, Goal Area II
Anna Troutman, Goal Area II
Nell Barnes, Goal Area III
Gerry Highsmith, Goal Area III
Kathi Gillaspay, Treasurer
Marcia Mandel
Janet Godbold

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