

Caring from “State” Professionals

The family support workers are in several homes where the caregivers are elderly, often in their seventies or eighties. They have difficulty caring for their adult child with a developmental disability. We assist with direct care such as bathing and grooming, taking the individual to medical appointments or out into the community for recreation. We have also done the same for parents who have had to go into the hospital for surgery and need help with their child while they are recuperating.

Many times the parents have their own issues which compromise their ability to provide care. I am in a case where the parents are in their eighties. The mother and father have disabling diseases. In another case that I have an elderly who lives with his mother who has repeatedly gone into the hospital and to rehab centers leaving the client home alone. I provide oversight to see that he is okay. I was in a similar case where a client’s mother was admitted to a nursing home permanently. My coworkers and I provided oversight and care until a long term solution was found.

One of my coworkers went into a home at the recommendation of a doctor who was caring for a client. It turned out that there were three individuals with developmental disabilities that we did not know about. They were caring for their elderly father who is dealing with Alzheimer’s disease. It has not been uncommon for the client to become the caregiver as the parents get older.

I have picked up a girl from her school and brought her to a safe house after alleged family abuse was reported. My coworkers and I have been asked to do visits to homes where abuse or alleged abuse was reported.

I removed an individual from a home where his sister was treating him very badly and said she was going to put him out in the cold. I brought him to a safe place until a more permanent solution could be found. I have assisted individuals to register and get food from their local food bank.

My coworkers and I deal with many types of situations, from hoarding homes, homes with infestations, as well as nice homes. The one thing that is clear is that there is a great need for help in the communities.

From a Respite Center

When I worked at the Respite Center we supported families for whom the value of the service was immeasurable. A gentleman in his 60s was brought to us by his mother who was in her 80s. She said that it would be the first time he had ever been out of her care. Another family came to us with 3 children who had significant challenging behaviors. Simple trips to the grocery store or common social events were extremely difficult to manage as they had no other supports available to them. The availability of the Respite Center allowed them to take a much needed vacation. For these families and others like them, the loss of this service would be absolutely devastating.

From a Respite Center

Patients depend on respite care; it allows them to keep their children or adult children at home with their parents or guardians. Respite has gone from 4 stays a year to 2. There are parents who need this help in order to keep their child at home. This is saving the State money by the parents giving the care to their loved ones rather than be in a state facility. What has happened to my state? Don't we still care about those who need help? Respite services 178 families each. We reach many families who are desperate. Let's continue to help our fellow men.

A Plea from a Client

Please do not privatize my case manager [name omitted] as she plays an important role as part of my team. She helps me advocate when I am not sure what to say sometimes. She is the best person on my team as an individual of DDS. She knows what's best for me. She knows how to help me in ways other people don't, she "gets" me. Please don't remove her as my case manager.

Pride in Helping

Last week I received a call from a parent who has a 17 year old daughter with severed MR, an uncontrolled seizure disorder whom is blind, non-ambulatory and non-verbal. This mother was calling and seeking assistance from me due to the fact that her husband's Social Security disability was being discontinued and she was seeking help financially and for direction.

I assist this mom manage this budget by assisting with self-direction and hiring of staff as well as requesting and advocating for additional financial help to modify her bathroom to accommodate her wheelchair.

Mom also depends on HHA and nursing from a home care agency. She informed me that she has not had consistent staff for a long time and that she often has to call out from her part time work due to no one being available to care for her daughter. As her case manager I was able to provide the following assistance.

1. Assisted Mom applies for Community First Choice. I contacted DDS central office and requested that they put a priority on this case due to my intimate knowledge of this family's needs.
2. I referred mom to Community Health Network to assist with locating in home HHA and nursing support staff.
3. I provide ongoing assistance with budget management and was able to successfully advocate to DDS and DSS why the family had under-utilized their budget due to illness and ensured that the budget was renewed.

This is one small example to the unseen work I do as a case manager that keeps this family intact and not going into crisis and requiring group home placement. The current new program being offered by CFC has 3 case managers with over 800 families. The size and volume of these caseloads prevents the case manager from being able to effectively advocate and assist individual families.

Due to my long term and ongoing relationship with this family I was able to quickly intervene and offer the resources they need to continue to manage. This allows my individual to continue to live at home with her family and maintain her health and safety.

Case Managers Caring . . .

I carry emergency cell phone 4 days week. I have 2 ladies that call about 2xs week wanting to know who's taking them to Dr. apt, grocer, banking, etc. They have both said they are afraid just one day they will not have staff to help them.

. . . and another

When I worked with families in the South Region in New Haven, we had a mother of a very handicapped child work with our team to award "Family Support Grant." Because funds were cut the Case Managers were feeling that we should not give families small grants of \$30 for a \$200 request. This mother told us – "Yes give us \$30.00 - - then we know you are thinking about us and we can go to a movie or buy pizza." She went on to say as parents they just wanted to know someone was thinking of them. The "someone" was their DDS Case Managers.

. . .and one more

I had an individual who lived with her sister / guardian in their multi-family home. Unfortunately, their house burned down and all their belongings were destroyed. My individual was fortunate to have a niece that lived in the same town with room in her home for both her and her sister. When I found out about their situation I visited the guardian at the hospital as she was recuperating from inhaling the smoke. The guardian's face lit up when she saw me and another case manager who had the case before I did and stated that we made her day. Just a simple visit to see her at the hospital brought up her spirits. I collected items from others and personally delivered them on multiple occasions to their new home. I contacted the hospital's social worker to make sure they were also able to help as they did by contacting the Salvation Army. I followed up with my individual's day program, to reach out for them to help them as well. The family was very grateful with all the donations we were able to collect.

There was another individual who lived by herself and was her own guardian. She only had a self-hire staff that helped her with her appointments. My individual's staff was out on vacation and she needed someone to bring her to her community action appointment to apply for energy assistance. I was able to

transport her to and from her appointment and stayed with her to serve as a translator as she was only Spanish speaking.

There was another individual on my previous case load who staff needed to finish her DCS online training, but was not able to understand the modules as she was only Spanish speaking. I visited my individual and was able to translate some of the modules for her staff (who was the sister) in Spanish.

As I visited this same individual who resided with her mother on a different occasion I was informed that there was mold in their apartment. Both my individual and her mother were asthmatic and the mold was not safe for them. A home inspector visited their home while I was there and I was able to translate for them. I also followed up with their housing manager and they were placed in a hotel until the mold was removed.

Coordination among Public Agencies

When DDS case managers have a family in crisis and an order comes in from the Office of Protection and Advocacy they know they can call on the IFS workers to immediately respond to the situation, often getting services in place that day. The private sector would have to find the workers and the funding before responding. We cover the emergent issues and are responsive.

After privatization of a 3-person CLA we became guardians to a 60 year old man who had worked with the same state workers for over 20 years. They promised not to move him from his home of almost 30 years, but did so in a year. Staff turnover was so bad, the workers did not know him and his long dormant behaviors began to reoccur and we took many trips to the ER as he began to scratch his face, leaving gouges down his cheeks from his eyes to his chin, a behavior that hadn't occurred for over 25 years.

. . . and more, career caring

This sentiment also goes to my co-workers as many of them have also worked in other State Departments, Social Service and Human Services positions. As a DDS Case Manager we work with private providers, Probate and Superior Courts, school systems, other State Departments, etc. and the knowledge and experience we bring from our many years in the field could never be replicated and eliminating Case Managers and replacing us with a private entity will absolutely affect the quality of services our clients and families receive.

Caring and Case Management

My friend worked for DSS for years so she brings knowledge of benefits and T19 services and knows how to back door things and use connections to assist her clients at DDS. Private agencies are notorious for low pay and employing straight out of college - - hence lacking the practical knowledge of real life experience. Also, the low pay equates to lack of loyalty and often seek out other employment in a 1-2

year mark. Sadly, those families will miss mostly the relationships. Many CMs have had the same caseloads 10-15 years. That in itself brings efficiencies.

I personally witnessed one of my coworkers hold onto one of her deceased individual's ashes as all of his relatives died off and never planned for his death. She could not bear to see her individual disregarded. His ashes remain to this day in her keeping. Some CMs are more family to their individuals than their own birth family.