

SPECIAL CARE SPECIAL PEOPLE PROJECT

*We make a difference in
people's lives...*

Jessica and Lynn, ages 10 and 15, had no beds and were sleeping on mattresses on the floor. This was not a comfortable or healthy situation for them. The service provider alerted the service coordinator of the girls' need for a bed. The Family Resource Center Director was able to locate a furniture store willing to help. The store donated new bed frames, box springs, and mattresses. New sheet sets and comforters for the girls were also donated. The director, the service coordinator, and her daughter delivered and set up the beds. Thanks to a service provider who paid attention to the girls' needs and the efforts of advocating and giving a voice to people who otherwise might not have one, the girls now have their own beds.

Every community in Iowa

is home to citizens with physical and mental disabilities. Prior to legislation which offered people a choice -- our disabled neighbors were often uprooted from their home and forced to live in an institution if they lacked family that could provide for their special needs 24-7-365. The Home Community Based Services (HCBS) waiver provided an alternative that is consumer driven and can be customized to fill the gaps instead of applying a cookie-cutter solution that often created more dependency rather than fostering maximum independence. Coordinators of the Family Resource Center advocate on behalf of the disabled to find solutions to allow independent living in a consumer's home community by matching providers and funding sources to serve the needs of the disabled child or adult.

This might be a weekend a month of respite for a full-time primary caregiver to have time for themselves and give their family member an opportunity to enjoy social and recreational time with a service provider and the provider's family. This provides a dual benefit to the provider's family of learning about the diversity of abilities and limitations. In another service category, the Family Resource Center's provider may give a disabled adult an opportunity to learn skills such as meal planning, budgeting, money handling, nutrition, housekeeping, social skills, or medication management.

For another, it might be a companion to accompany them to doctor's appointments while the primary family member is working and making notes of the doctor's suggestions or recommendations for treatment of the ailment or disability. The provider might take them grocery shopping or to run errands since they cannot drive because of their disability. Each person's needs are different, their choices are different, but they are special.

Supported community living, crisis management, recuperation from a sudden or debilitating illness, or some other medical situation may create new needs that require new goals, and the Family Resource Center coordinators respond. Regardless of the disability, the disabled in the 21 counties served by the Family Resource Center's Special Care Special People program now have choices. They now have an advocate who understands how to navigate the system to make those options a reality. All of this good comes at a much lower cost to the taxpayer subsidizing those choices than the investment that an institutional option would require.

The bottom line is that the families are able to remain intact as a unit, and the disabled are able to remain a contributing member of their home community.

What began in the four counties of Carroll, Audubon, Greene and Guthrie counties for respite care has grown into services in **21** west-central and southwest Iowa counties. **175** disabled citizens accessed services in 2008, and coordinators arranged for over **153** service providers who have experience working with the disabled and who have been professionally trained and certified, to provide those services. Ranging anywhere from 1-100 hours a month depending on the needs of the consumer, the Family Resource Center staff arranged and provided nearly **105,000 hours** of respite, supported community living, and habilitation services in 2008. Funded by Iowa Medicaid, counties, and private payment -- the citizens of our communities who have special needs now have choices.

They deserve the respect and dignity of a choice, regardless of whether their disability is the result of a brain injury, chronic physical disability, mental retardation, a mental health issue, physical limitations, or being elderly -- in the least-restrictive environment possible.