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We Care



Cape Cod Hospital

**PHOTOCOPY
PRESERVATION**



Cape Cod Hospital / 27 Park Street / Hyannis, MA 02601 / (508) 771-1800

**PHOTOCOPY
PRESERVATION**



Cape Cod Hospital
Family Care Program

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The Family Care Program can offer an alternative

FOR THE OLDER ADULT

—an opportunity to become an integral part of a caring household. For many Family Care participants the household may become a surrogate family; for others it may provide a "port in a storm," offering order and stability while enabling them to rearrange their lives to accommodate changed circumstances.

FOR THE DISABLED ADULT

—an opportunity to redefine life goals while working with rehabilitation services and community organizations. Through the Family Care Program, participants can relearn domestic skills in a safe home under the careful supervision, guidance and encouragement of a trained caregiver, and if appropriate, advance to independent living.

FOR THE PERSON WITH AIDS

—an opportunity to balance and stabilize an already existing domestic relationship. By providing additional support and access to other educational and health-care resources, the Family Care Program helps both the person with AIDS and the caregiver better understand and cope with their changing roles, while also addressing their specific day-to-day needs.

FOR THE MENTALLY RETARDED ADULT

—an opportunity to establish personal independence while sharing the home of another adult. Many Family Care participants find that moving into the home of an unrelated caregiver is an achievement; and that it can signal new-found independence from their own families and propel them toward new accomplishments and challenges. Others find that such a move can further enhance an already-stable life pattern by enabling them to separate gracefully from their aging parents.

AND FOR CAREGIVERS

—an opportunity to open their homes and involve themselves in the life of someone struggling to cope with changing circumstances. The Family Care Program challenges caregivers to restructure their lives around the needs of another while continuing to meet their own needs in a different and satisfying way.

The Family Care Program is a certified Medicaid provider of Adult Foster Care Services and a member of the Massachusetts Council for Adult Foster Care. Family Care provides assistance to all the communities of Cape Cod, including Wareham and South Plymouth.

Family Care FACTS

The Family Care Program of Cape Cod Hospital is a program that matches people to homes of approved caregivers. The program serves older adults, disabled and mentally retarded individuals, and people with AIDS. An experienced clinical staff of social workers and nurses screen prospective caregiver homes, assess potential program participants, set up matching visits and bring people together if all parties are agreeable. The program is available to people of all income groups.

FAMILY CARE FACTS

A caregiver home must:

- provide a spare bedroom
- have someone at home most of the time
- be easily accessible
- be well maintained
- offer a caring environment

Caregivers receive:

- a daily stipend
- professional support and assistance

Program participants must:

- have a disability or be over 65 years of age
- have chronic health problems that interfere with their ability to live alone
- be mentally alert and capable of making their own decisions

Call: (508) 771-1800, ext. 2405

HYANNIS, MASSACHUSETTS



FAMILY CARE PROGRAM

*"A Community Service Program of
Cape Cod Hospital"*

27 Park Street
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Cape Cod Hospital's FAMILY CARE PROGRAM

**For the
OLDER ADULT
DISABLED ADULT
MENTALLY RETARDED ADULT
PERSON WITH AIDS**

**Living alone
is not
always the
best choice**

... especially for those people, young and old, who are challenged by a chronic health problem or personal limitation that interferes with their daily routine or independence. Others, similarly challenged, may already be living with family or friends but could face new obstacles should their circumstances ever change.



The Family Care Program provides participants with an opportunity to move in and share the home of a caregiver who offers needed assistance and encourages them to retain their own dignity and independence.



CAPE COD HOSPITAL

P.O. Box 640 • 27 Park Street Hyannis, MA 02601 • (508) 771-1800

CASE STUDY: AIDS COUPLE

CHARLIE AND DAN

Charlie and Dan have lived and been devoted to one another for seven years. Although both had been at one time "in the closet" about their being gay, they are very upfront about their relationship and have several friends who share a similar lifestyle. Dan has worked as a waiter at a local restaurant, and Charlie has worked in a retail store. They live in a small apartment in an inner city area. Charlie has AIDS. Neither Dan nor Charlie knew very much about health care nor has either ever had to care for someone who was ill. They have lived simply on the limited income derived from their jobs. The income lost by Charlie with the onset of his illness has not been fully replaced by his SSI. They were referred to the local adult foster care program by a nursing agency that was aware that this program was about to adapt its operation to accommodate the needs of people with AIDS.

Program staff came to assess what their needs were and to decide if there was any way that the foster care program could be helpful. They found that there was little food in the house, and Charlie was quite sick. He had been in the hospital and had been discharged with a daily schedule of intravenous care that was actually provided by Dan despite his lack of health care experience. They both explained that they were also two months behind on their rent and they expected an eviction notice. They expected to become homeless. Although both Dan and Charlie had family members in the next state, they both had very poor ongoing relationships with their families due, in part, to family conflict about their homosexuality.

It was decided that Dan could become Charlie's caregiver under the adult foster care program. Although family members are excluded from this program, Dan and Charlie were not related in a legal sense nevertheless they considered themselves as family to one another after seven years and their commitment to one another. The stipend given to caregivers, though not much, was thought sufficient to sustain their household. In addition, the social work support would help sustain their own relationship in the face of the crisis that AIDS had brought into their lives.

Charlie survived the infection that threatened his life. He recovered well enough to enjoy some landscape work the next summer. Their apartment was saved, and their bills brought up to date. They did not live in fear of homelessness once they were enrolled as an adult foster care household.

The illness did progress and Charlie died eighteen months after enrollment in adult foster care. He died in their apartment.

FOR MORE INFORMATION ABOUT THE FAMILY CARE PROGRAM CONTACT:

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The Family Care Program of Cape Cod Hospital is an adult foster care program developed in 1979 to serve older adults. The program places people with chronic health problems into the homes of unrelated caregivers. The increasing difficulties of people with AIDS living in the community was identified as a problem that could be addressed by the program in 1987. Program staff responded to these needs by developing an adaptation to the traditional adult foster care program that would extend the same supports already in place for older adults for people with AIDS. The Provincetown Home Health Agency, under the direction of Alice Foley, was instrumental in developing an approach that was effective. A staff social worker, Karin Anderson, has been critical in making this innovation a success.

In these six years, 61 people with AIDS have been served. Twenty seven of these individuals continue in care at this time. This program service provides social work support, nursing care supervision and a stipend for the caregiver. The traditional program design for adult foster care has been adapted to include existing households as foster care homes in which one member of the household qualifies as a participant due to illness, and another member of the household meets the qualifications of a caregiver. The program is funded under the Commonwealth's Medicaid contract for adult foster care services.

This approach has been effective in sustaining individuals in their own homes and apartments. The majority of participants have had low incomes and resided in market rent apartments. Several participants were behind in their rent at the onset of their involvement with the program. The stipend (\$13.60) per day was sufficient to prevent the loss of housing. In addition, the social worker has been helpful with supportive counseling, in maintaining benefits, and in making referrals to appropriate community services. The nurse has helped coordinate medical care, provide caregiver and patient teaching and to coordinate additional home health supports when needed.

This model has been accepted by the Massachusetts Department of Public Welfare, Medical Assistance Division which has encouraged several other organizations that provide adult foster care services to replicate this work with people with AIDS.

Enclosed for your further information is a case study, and our program brochure.

FOR MORE INFORMATION ABOUT THIS PROGRAM INNOVATION, CONTACT:

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