

## Sunflower Diversified Services, Great Bend

Our gentleman came into Case Management Only services in September of 2012 with diagnoses of Mild MR, IED and Adjustment Disorder with Disturbance of Conduct. In November of 2012, he was found naked in his front yard, unresponsive due to inability to manage his diabetes. He was unable to stop family members from exploiting him, unable to manage his finances and unable to maintain employment due to inability to follow instructions or keep up with the pace. There was a risk of homelessness. Crisis funding was applied for and denied. In April of 2013, continued concerns of lack of diabetic monitoring, not keeping appointments, continued exploitation by family and member of the community. A second Crisis funding was requested and denied.

In September of 2014 he was admitted into HH services with Sunflower Diversified Services. It was discovered during his HAP that he was unable to read and write, but is able to read and write numbers. Health Home staff are taking him grocery shopping to help him choose healthy foods in appropriate amounts and are doing routine house checks to make sure that he is not over stocking on certain items or buying foods he doesn't need that will spoil. Care coordinators are in the process of creating a "shopping notebook" with pictures to help him identify what brands and items he needs from the store. We are slowly moving him towards independence. Starting with CMs taking him, now he is meeting them at the store, eventually he will be going alone.

He turns in his glucose readings weekly to the care coordinator who submits them to medical to review, so his readings are being monitored. Medical is working on nutritional training, making healthier selections, portion sizes, weight management. Between care coordination and medical, he is reminded, transported to and attended with all psychiatric and physician appointments. Recently, we discovered that he was allergic to grapefruit and broke out with a rash because he was eating inappropriate foods and in the process we were able to identify a possible citrus allergy that resolved by avoiding citrus foods and prevented two visits to the ER in a two week period by remaining available and making assessments as needed for our client.

After the initial admission into HH, Health Home staff were able to identify more exploitation that required law enforcement involvement. A third Crisis Funding request was made. While HH doesn't replace all the services this gentleman needs, it has reduced the risks in his life significantly.

## Valeo, Topeka

When you work in any sort of care-giving field you quickly learn that it's the small, glad gifts of "the here and now" we forget to be thankful for. I recently met with a CL who has TBI. She has difficulty communicating and several chronic health conditions which make every moment of everyday a painful struggle for her. She becomes frustrated and angry when she has difficulty communicating, feels someone isn't taking her seriously, or when she feels someone is unjust towards her about her mental health or physical health. The more frustrated she gets, the angrier she gets. The angrier she gets, the harder time she has trying to verbalize what she wants to communicate. It easily and quickly decomposes from there, and she becomes argumentative and resistive to the support and assistance of her care givers.

Knowing she often becomes agitated and fires her care givers, I expected to meet the same resistance experienced by her other care givers. The CL vented, I asked questions, answered questions, and interjected when and where I could. I educated her on the health homes program, provided her with some printed information, gave affirmation and positive feedback. Both of her care givers that had been present in the beginning, exited quietly somewhere in the middle of it all. It was one of those encounters that leaves you feeling spent mentally, emotionally and even physically. Then one of those small, glad moments of “the here and now” happened.

At the end she paused and took a deep breath, reaching for my hand with tears in her eyes. Then she did something she hadn’t done in the entire two hours I sat at her kitchen table. She smiled, whispered “thank you” and asked if it would be alright to hug me. Then she said “Finally, someone who listens, is interested in what’s happening to me, and isn’t running away.” I suddenly didn’t feel drained anymore.

Bert Nash, Lawrence

A male Bert Nash client who recently lost his housing has been in 3 psychiatric hospitals from August to September. This client is engaged in a variety of services at Bert Nash, but he had yet to engage with Health Connections. He was in the building to attend an IDDT group and the Health Connections team introduced him to the services available and started his assessment following his IDDT group. The member’s blood pressure was high, so his PCP at Heartland Community Health Center was contacted for consultation and follow up. During the Depression screening carried out by Health Connections, the client reported thoughts of self-harm. The Health Connections team contacted the Access Center for assistance which ultimately led to the client being sent to stay in a crisis bed at Valeo in Topeka.