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Our Testimony to Family Hearing Day (presented by Maryse Wicker) – February 7, 2014

1. WHY AM I HERE

I am the mother of Mathieu Wicker. I am his voice. His diagnoses are severe autism, profound mental retardation, intermittent explosive disorder and bipolar disorder. He has impaired fine and gross motor skills and significant respiratory issues. He does not speak. Cannot read, write or count. When approached by strangers or when demands are placed on him, he displays unusually high levels of anxiety which translate into agitation, aggression and panic. He has to be sedated in order to be examined by his doctors and dentist.

He is 37. 37 years of unconditional love and struggle.

I realize that many here today will say we are fortunate as my son has services in place. I am here today to inform you of our needs and to give you a different view of the problem, as well as to emphasize that the Department of Developmental Services (DDS) needs to offer a wide array of services to individuals with intellectual and developmental disabilities NOW. My son needs a 2:1 staffing ratio to go in the community to ensure everyone's safety. His maladaptive behaviors make him attack people in the community or he may run away. He is very strong despite his small stature. Time constraints do not allow me to provide examples justifying his intensive staffing. DDS is aware and recognizes that he is unable to perform in a public or vocational setting so he received funding to have an individualized day program to allow him to have community outings and some pre-vocational experience outside of his group home. This program was designed by his team, including DDS.

2. WHAT ARE MY FEARS

For the past 2 years, DDS has required that we comply, every 6 months, with the Utilization Resource Review (URR). A URR is a committee of DDS employees that review requests of

intensive staffing and its funding. DDS has pushed us to try a more traditional day model and on trying to accommodate their requests, an injury to a staff person and a behavioral regression of our son have occurred. DDS has also been talking about reducing his time in the community.

My fears are that although his circumstances and diagnoses will not be changing and his progress will be extremely slow, DDS is going to reduce his funding AGAIN. If they do, when you wake up every morning ready to go about your day, please imagine him (as I do) confined to the group home, deprived from the exposure to a community where he can learn to increase his tolerance to stay out of a vehicle and accomplish the tasks and activities he needs to learn.

3. WHAT I WANT TO SEE HAPPEN

Mathieu requires enhanced staffing for medical conditions that are not expected to improve. The URR committee needs to recognize this and approve no future review of his funding.

Although my son has different needs, I commiserate with the parents of individuals on the DDS waiting list. We fought long and hard for the services Mathieu receives and it should not be this difficult for families.

In closing, I would like to draw your attention to a statistic that is troubling and let you draw your own conclusion. In Connecticut, DDS serves approximately 20,000 individuals AND there is a waiting list of 3,500. At the same time, there are approximately 18,000 inmates BUT there is no waiting list. Why should WE wait?