



HUMAN SERVICES BOARD 51.42/51.437

The Human Service Center

Of

Forest, Oneida and Vilas Counties

705 East Timber Drive

2020 Annual Report

A Year of Change

Message from the Director

Change is just one word that comes to mind instantly when thinking about the year 2020. The dictionary defines change as to make different, shift from one to another, and to undergo a transformation. One could say that we, The Human Service Center, are in the business of change. We strive to assist those who come to us to meet their desires in making their lives different, in shifting towards increased independence, and in transformation.

Due to the COVID-19 Pandemic in 2020, not only did we need to keep with our regular business of change; we had to make things different to protect those we serve and our employees from the spread of the virus, we had to shift our technology infrastructure and transform our service delivery methods. My office became a stockpile of personal protective equipment as we ordered and maintained an inventory of masks, gloves, gowns, and hand sanitizer. Within two weeks, we transitioned almost all our staff to new technology and remote work and limited access to our building. We, along with all of you, had to adjust to telephone and tele video means to make those same personal connections we had always been able to make in the community, face to face.

Along with change comes opportunity. We strengthened our technology systems and utilization – this in turn has led to efficiencies in practices. Our clients who previously had transportation barriers for in office appointments, now had access to services remotely. Our staff used their creativity in seeking out new on-line resources to support our clients and networking with other professionals across the state occurred with more regularity and ease.

Last year I talked about the recommendations our Board's Systems Review Committee would be working towards in 2020. Despite the challenges of the pandemic, I am happy to report that the committee was able to accomplish completion of all those recommendations. Those changes also brought forward opportunities such as establishing branch office locations in Forest and Vilas counties, streamlining the committees of our Board, and furthering the understanding of our role among the partner county Boards.

There is not a day that goes by that I am not grateful for the staff, management team, and Human Services 51.42/51.437 Board members. I am honored to work with and for them; they are such a committed, innovative, and thoughtful group of people!

On behalf of The Human Service Center, it is my pleasure to bring you our 2020 Annual Report.

Respectfully Submitted,

Tamara C. Feest, Executive Director



COVID-19 Response

When COVID-19 impacted our tri-county area, just like other workplaces, we had to make changes to keep our employees safe. Through these uncharted waters of working through a pandemic, numerous management meetings were scheduled to develop the agency's COVID-19 Response Plan. Although it did not happen overnight, we were able to quickly transition most of our workforce to working remotely and increase the use of the online platform, Microsoft Teams, to continue providing our important services to clients. *The timeline below represents some of our preparations made during our COVID-19 response:*

- 3/9/20* Initial communication from WI DHS shared with employees regarding onset of coronavirus.
- 3/16/20* Internal and external meetings suspended, limit travel and face-to-face for essential services only.
- 3/17/20* COVID-19 Response Plan drafted.
- 3/19/20* HSC Board approves the COVID-19 Response Plan. Emergency Services Program face-to-face services suspended; crisis assessment done via telephone.
- 3/24/20* Transition started for working remotely.
- 3/26/20* Outpatient Clinic open only on Tuesdays and Thursdays for medication management, injections, and critical telehealth visits; Biomarker services suspended.
- 3/27/20* Telehealth Informed Consent rolled out.
- 4/3/20* Outpatient Clinic open only on Thursdays. Building closed to public remaining days of the week. Only 3 staff working in the building.
- 5/12/20* Developed phased approach to returning to the workplace; continued with remote work options for most of the staff for the remainder of the calendar year.

Human Service Center employee's social distance lunch



At the end of 2020, the agency's doors remained closed to the public, except for Thursdays with limited staffing in the office.

Management would like to thank the employees for their innovation, compassion, flexibility, and patience during this most difficult year. Although it was not an easy task, looking back it is amazing to see how quickly changes were made. In addition, the transition to virtual services for our clients was made as seamless as possible. It is hoped the phased return to work policy and procedure will be successfully implemented in the first quarter of 2021 and face-to-face services to clients will be reinstated based on determining factors.



Positives of using Telehealth

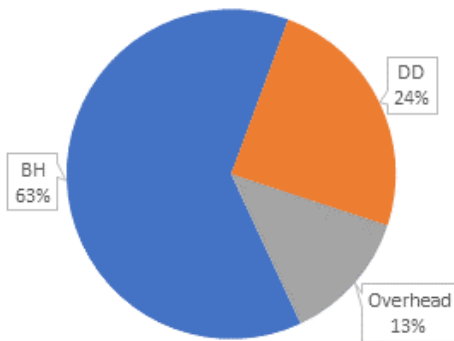
- Clients schedule is not disrupted as much.
- If client is sick they can still attend.
- If someone is having transportation issues they do not have to miss appointment.
- Clients with social anxiety may be more comfortable not leaving the house.

Finance Department

Accounting - Billing - Grant Administration

In 2020, the Finance Department faced unique challenges along with the rest of the agency. The cost of **involuntary placements** continues to be the largest expenditure on HSC's agency budget at 22% of all program level deficits; however, the actual cost of involuntary placements decreased \$670K from 2019.

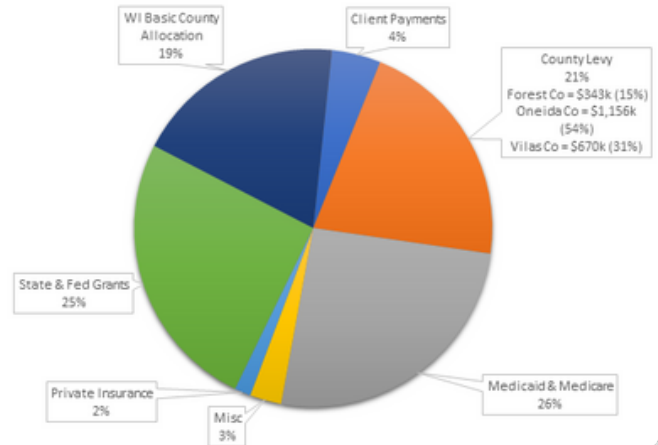
Total Expenditures = \$9.56M



Although the global pandemic impacted the department operations, from a fiscal standpoint COVID-19 funding actually helped bolster the year end surplus in a couple ways. First, reduced agency travel resulted in a savings of approximately \$59K in travel related expenses. Additionally, HSC received \$51K via Routes to Recovery grants through Oneida and Forest Counties, and \$137K of Provider Relief funds from the US Department of Health and Human Services. These unexpected funds enabled HSC to upgrade IT equipment, thereby improving quality of care delivered via telehealth platforms. At year end HSC posted a preliminary **surplus** of \$686K*, with the surplus expected to increase even further upon receiving the year end CLTS reconciliation from WI DHS.

*Unaudited at time of publication

2020 Revenue Breakdown

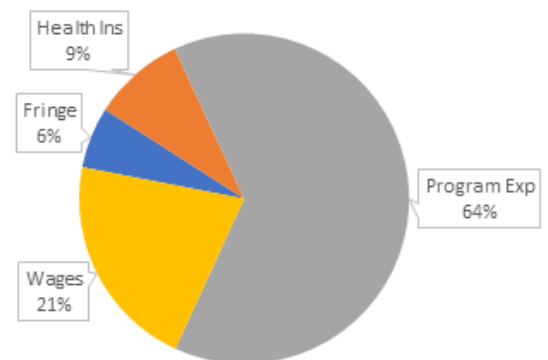


2020

accomplishments

- 2019 external audit completed with no findings
- Managed 14 state and federal grants with 100% compliance
- Agency car put into service, reducing cost of travel by 20¢ per mile traveled
- Developed training materials for remote timecard training of new staff

Program & Staff Investment

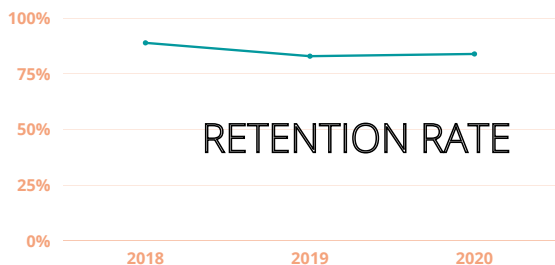


Looking ahead to 2021, the Finance Department has some significant objectives they would like to achieve. The agency purchased a governmental accounting software and will be working towards a year-end implementation date. On the billing side, a new clearinghouse for insurance claims transmission will be put into operation. Finally, the department has a goal to centralize all client records in the newly implemented Electronic Health Record system by the end of 2021.

Agency Operations

Human Resources - Administrative Services - Information Technology

Several key functions are performed by the diverse Operations Department including Human Resources, Contract Administration, Administrative Services, Buildings and Grounds, Information Technology, and Agency Policies and Procedures. While ensuring efficient and effective use of agency resources, one of the department's goals is to attract and retain a highly qualified and successful workforce through training, development, and competitive compensation and benefits. In addition, the Administrative Support Team's goal is to provide quality customer service, both internally and externally, that supports and enhances the mission of The Human Service Center.



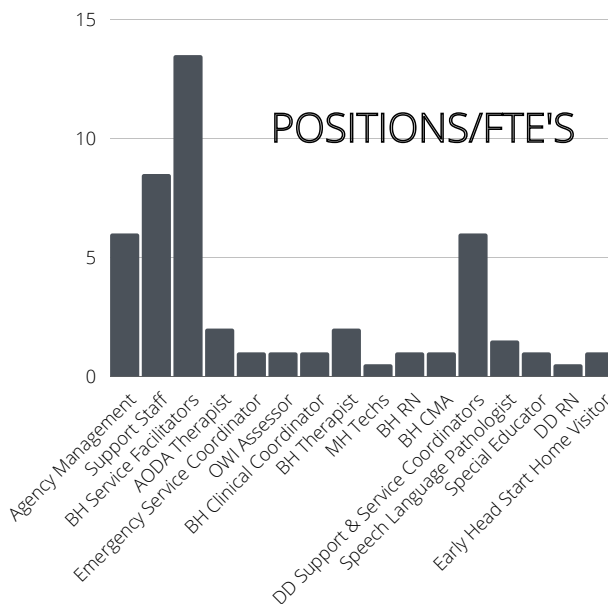
The agency transitioned to a new Health Insurance Carrier in 2020 which resulted in significant budget savings. Prior to this change, the agency was with Group Health Trust for over two decades. As a local government, The Human Service Center was able to enroll in the State of Wisconsin's Traditional Health Plan. This afforded the opportunity for staff to elect a zero-deductible, in-network health insurance plan at a reasonable cost.

2020

accomplishments

Electronic personnel files, new employee Performance Evaluation Form, Ethics and Boundaries, HIPAA and 42 CFR Part 2 training, all job descriptions updated and the basement was remodeled.

While COVID-19 presented challenges and the unfortunate furlough and permanent layoff of administrative staff, the agency was able to successfully onboard 9 new program employees through a hybrid of in-person and virtual training in 2020.



Years of Service:
(# of staff)



20-29 Years



10-19 Years



0-9 Years

STAR-QI

Strengthening Treatment Access and Retention - Quality Improvement

The agency participated in this project that focused on "The Burdens of Burnout: Confronting the Issue of Retention in Crisis Screening Staff." The goal was to see a 10% reduction in the turnover rate of our mobile crisis screening staff. Although the goal was not attained by September 30, 2020 due to COVID-19 impact, the agency did realize a 1.7% reduction.



In 2021, Agency Operations will focus on finalizing the Emergency Response Plan, succession planning, identifying solutions on how to manage a remote workforce, and improving training for the front-desk staff.

2020 Clients Served By County

Services

Forest

Oneida

Vilas

Other*

2020 Total

Behavioral Health & Substance Use Disorder

Behavioral Health - Outpatient Psychiatry Services	20	165	52	-	237
Behavioral Health - Outpatient Services	5	60	21	-	86
Biomarker**	18	36	16	-	70
Community Recovery Services (CRS)	1	7	2	-	10
Community Support Program (CSP)	2	16	6	-	24
Comprehensive Community Services Program (CCS)	4	70	19	-	93
Crisis Stabilization	34	153	92	10	289
Mobile Crisis Care (assessments)	69	292	232	57	650
OWI Assessments	66	151	91	1	309
Substance Use Disorder - Outpatient Services	25	178	68	3	274
Substance Use Disorder - Residential Services	11	32	20	1	64
Targeted Case Management	6	17	5	-	28
Total Behavioral Health & Substance Use Disorder	261	1,177	624	72	2,134

Developmental Disabilities

Birth to Three	12	68	37	-	117
Children's Community Options Program (CCOP)***	4	29	13	-	46
Children's Long Term Support (CLTS)	18	87	39	-	144
Early Head Start - Home Visitation Program	3	18	4	-	25
Medical Assistance Personal Care Program (MAPC)	2	16	9	-	27
Total Developmental Disabilities	39	218	102	-	359
Total All	300	1,395	726	72	2,493

*Statutory requirements/resident relocation

**Biomarker clients also included in OWI Assessments

***CCOP clients also included in CLTS count



Behavioral Health Department

Outpatient Clinic - Emergency Services - Case Management Programs

2020 was a year of transformation for the Behavioral Health Department! Starting with the global pandemic which challenged our department to become overnight experts in 21st Century communications and service delivery logistics. Our department worked diligently to ensure barriers created by social distancing guidelines did not disrupt continuity of care for clients.

The Behavioral Health Department has invested in optimizing our clinical skillset and leveraged technological capabilities to better support our clients. As part of these efforts our Community Support Program underwent intensive training in Enhanced Illness Management and Recovery (E-IMR). E-IMR training enabled our care providers and case managers to explore the dynamics of mental illness and substance abuse.

COVID - 19 did allow for many trainings to be online and free which offered many additional training opportunities for staff. The insights and techniques offered by these many trainings has helped us better integrate and tailor recovery services to our clients.

The Behavioral Health Department continues to play a central role in deploying **prevention** strategies for the abuse of alcohol and other drugs across Forest, Oneida, and Vilas counties. In 2020 HSC partnered with local coalitions and Law Enforcement to participate in the National Prescription Drug Take Back Day.



WI was **1st** in the nation on October 24, 2020 in collecting almost **90,000 pounds** of prescription medications so they could not be abused.

HSC has procured and distributed over 200 medication lockboxes in collaboration with local government and community agencies. Medication lockboxes also play a crucial role in drug abuse prevention, especially with youth.



Substance Use Prevention Billboard - funded by HSC in 2020



In 2021, the Behavioral Health Department will focus on the implementation of Evidenced Based Practices and incorporating those into program policies, creating effective tracking tools for data collection and reporting, and focusing on program trainings.

We continue striving to improve our client's management of their mental health symptoms as well as educate the community to fully embrace neurodiversity. Our department will continue to grow as a comprehensive resource for our community!

Behavioral Health Community Based Programs

Comprehensive Community Services, Community Recovery Services, & Community Support Program

In addition to supporting vulnerable community members through crisis response and psychiatric services, the Behavioral Health department at The Human Service Center utilizes the **Wraparound Service Delivery model** to ensure access to recovery services is available proactively. Our process brings families, providers and community members together to develop uniquely tailored solutions that promote our clients' long-term well-being and independence.



70% of participant's families believe participants in the CCS program are better able to approach challenges of daily living.

84% of participants feel they belong in their community.

100% of participants express they can see a psychiatrist when they have the need for one.

Our agency is certified in Comprehensive Community Services (CCS) and Community Support Program (CSP). Through Comprehensive Community Services clients learn to leverage their existing strengths and community supports to identify and collaboratively overcome barriers. The Community Support Program focuses on promoting the highest degree of independent living for its participants. CSP provides medication management services as well as other individualized assistance for consumers.

In 2020 Mental Health Technicians were added to the positions within CSP to better help support the clients. This was a huge success and more paraprofessional positions will be incorporated in future budget years. 2 Service Facilitators were cross-trained in both CCS and CSP also this year which allowed clients a smoother transition between programs when their needs change.

2020 training for CSP staff included **E-IMR (Enhanced Illness Management Recovery)** that focuses on evidence based strategies when delivering care to clients. The CSP team also was trained in **The Bucket Approach** to assist clients with smoking cessation. In the beginning of 2020, an activity planning group was started prior to COVID-19 to increase client's ability to effectively socialize with others in the community.

The Community Recovery Services (CRS) Program helps individuals living with a severe mental illness reach their full potential. Providers play a vital role in fostering and promoting independence. This is achieved through prompting, modeling, and encouraging consumers to work on the goals they developed and documented in their Individual Service Plan.

CRS began in 2010 and offers Community Living Supportive Services (CLSS). Activities are intended to ensure successful community living through utilization of skills training, cueing and/or supervision as identified by the person-centered assessment.

"I am also grateful for your hard work, dedication, and steadfastness for "James", and for all you work with. He, they, are in a better place because of you."

~Guardian of CRS Client, to employee

Outpatient Services

Mental Health & Substance Use Disorders

The Human Service Center provides Outpatient treatment for persons with Mental Health and Substance Use Disorders. Our Behavioral Health Outpatient clinic offers psychiatric evaluations, medication evaluations, and ongoing medication monitoring. Telehealth sessions are provided by our contracted provider, Dr. Koti Mannem. Treatment for Substance Use Disorders (SUD) includes screening and assessment, individual and group therapy, and aftercare planning. HSC has two licensed substance use disorder counselors and 2 dually credentialed therapists on staff. Referrals to Residential services may be included in the continuum of care based on the level of care needed.

There are currently 10 clients that are prescribed **clozapine**. This medication is used to treat severe schizophrenia symptoms when other medications have not been successful. It can also be used to help reduce the risk of suicidal behavior in people with schizophrenia or similar disorders.

The **Athelas clozapine management device** is used by the outpatient clinic to monitor these clients as neutropenia can be a rare medication side effect. Neutrophils are white blood cells that function to fight off infections in the body. When the neutrophils get too low, it is called severe neutropenia and makes the body more susceptible to infections. The **Athelas** device uses a finger prick system to obtain the needed labs and is able to show results within minutes. The results upload right to the database for the pharmacy to see and subsequently dispense the clozapine.



The Outpatient Clinic Mental Health Therapists completed **Eye Movement Desensitization and Reprocessing (EMDR) Training** in 2020. This technique will provide another option for clients who have experienced trauma.

WHAT IS EMDR?

25 years of quality research has proven that this therapy helps people resolve issues of many kinds more quickly than other therapies, and that the healing "sticks" even 15 months later.

EMDR stands for **EYE MOVEMENT DESENSITIZATION** and **REPROCESSING** and has been proven to decrease stress related to

TRAUMA and PTSD

ADDICTIONS

ANXIETY

DEPRESSION

"I've made MORE PROGRESS in 3 months of EMDR therapy than I did in 20 YEARS of talk therapy."
—KB

What is a TRAUMATIC Event?

- WITNESS DEATH OR INJURY
- COMBAT
- SEXUAL ASSAULT
- ACCIDENTS
- NATURAL DISASTER
- CHILD SEXUAL ABUSE

Most Frequent Mental Health Diagnosis:

Major Depressive Disorder
Schizophrenia
Paranoid Schizophrenia

Most Frequent SUD Diagnosis:

Alcohol Use Disorder
Amphetamine Use Disorder
Opioid Use Disorder

Behavioral Health Case Management Referrals

The Human Service Center received on average

9 referrals

per **month** to our Behavioral Health Case Management Programs in 2020 including: Emergency Services Program (ESP), Targeted Case Management (TCM), Comprehensive Community Services (CCS), and Community Support Program (CSP).

Most often referrals for case management come from the parent or self-referrals; however, other common sources are friend/guardian, hospitals, counties, therapists, Social Services, Managed Care Organizations, and other internal agency programs.

2020 Referrals Assigned to HSC Programs

Emergency Services Program (2)



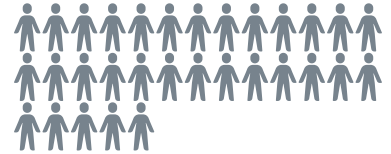
Community Support Program (6)



Targeted Case Management (8)



Comprehensive Community Services (31)



Targeted Case Management

Mental Health or Substance Use Disorder

- Brief (3-6 months in length)
- Focused on a specific need or desired outcome
- Goal-driven
- May or may not include therapy or medication
- Linking to additional resources for ongoing support
- Least intensive

Comprehensive Community Services

Mental Health or Substance Use Disorder

- 1-2 years in length
- Broken down into 6-month recovery periods of achievable goals defined by the client.
- Counseling is an important component.
- Medication Management is optional but encouraged.
- Functional requirement.
- Team-based/Wrap-around approach

Community Support Program

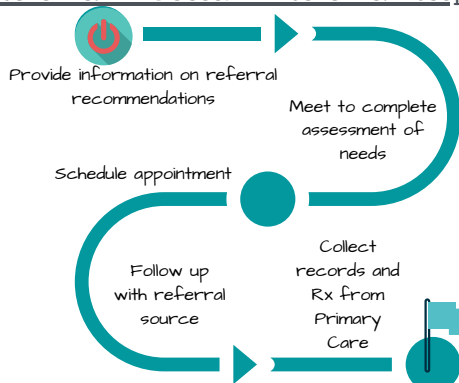
Mental Health with or without Substance Use Disorder

- 7-9 years in length
- Focus on mental health and relationship stability; overall health and fostering community connections.
- 6-month Consumer Driven Recovery Plans.
- Counseling and medication management is encouraged.
- Functional Requirement
- Diagnosis Requirement
- Highest in intensity of Case Management.

Emergency Services Program

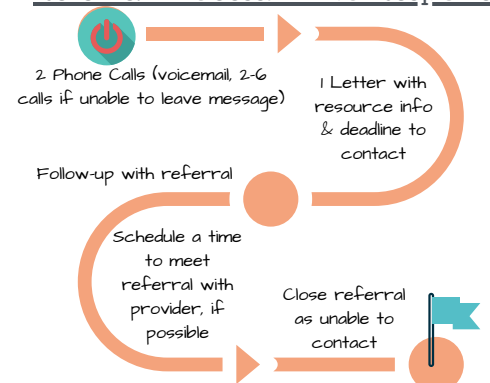
- Crisis Assessment
- Immediate Intervention for Imminent Danger to Self or Others
- Prevent Hospitalization
- Partnership with Law Enforcement
- Partnership with Crisis Beds
- Promote crisis resolution in the community.
- Provide information and Referrals
- Monitor Court Orders for treatment
- Voluntary Linkage and Follow-up
- Involuntary Detentions

Referral Process: If Referral Responds



All BH Case Management Referrals go to the Clinical Coordinator to determine interest in and appropriateness for programs, identify current client needs, assess current participation in treatment and determine functional eligibility (during enrollment process).

Referral Process: If No Response



Developmental Disabilities Department

Support & Service Coordination - Home Visiting

As the Developmental Disabilities Department continues to advocate, inspire and enhance the quality of life for children with disabilities and their families, the pandemic in 2020 brought about many modifications. We instantly had to become technology experts and utilize Microsoft Teams to virtually engage our families, school districts, community partners and colleagues. Additional supports also were provided to many families this past year including respite, adaptive aides, and one-on-one support for virtual learning opportunities.

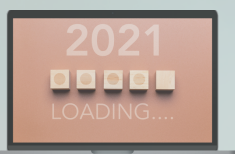
The Birth to 3 team did take advantage of the virtual trainings offered in 2020 due to COVID-19. Staff joined the Infant Mental Health Conference and participated in the Wisconsin American Indian Seminar. The team also partook in the State's Northern Region Book Study. The book "The Early Childhood Coaching Handbook, 2nd Edition" was shared which gave practical tools to help early childhood professionals conduct skillful coaching in homes, schools, and communities.

In 2021, the DD Department will focus on increasing providers for CLTS, implementing Electronic Visit Verification software for MAPC, evaluating capacity limits and/or additional CLTS Support & Service Coordinators, and transition referral communications to primarily email format.

Collaboration played an important role in 2020 for the DD Department. First off, monthly meetings were conducted with the tri-county Social Services Agencies to discuss shared clients and set up individual/family meetings as needed. Next, the Early Head Start (EHS) program that was in early infancy collaborated with Children's Wisconsin and was able to maintain 12 children on the EHS class list throughout 2020. Lastly, the Medicaid Personal Care (MAPC) program needed to work in partnership with the parents or clients to train new workers remotely as that had always been done in-person by the Registered Nurse prior to COVID-19.



Throughout 2020 the Developmental Disabilities Department partnered where they could, supported as they needed to, and accommodated and encouraged the families to strive to be their best even amidst a global pandemic.



Support & Service Coordination

Children's Long-term Support (CLTS)

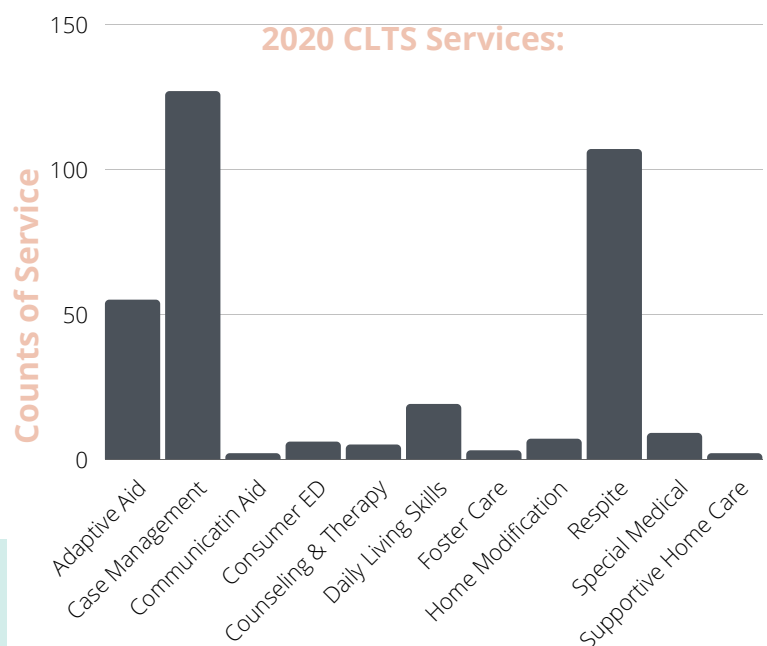
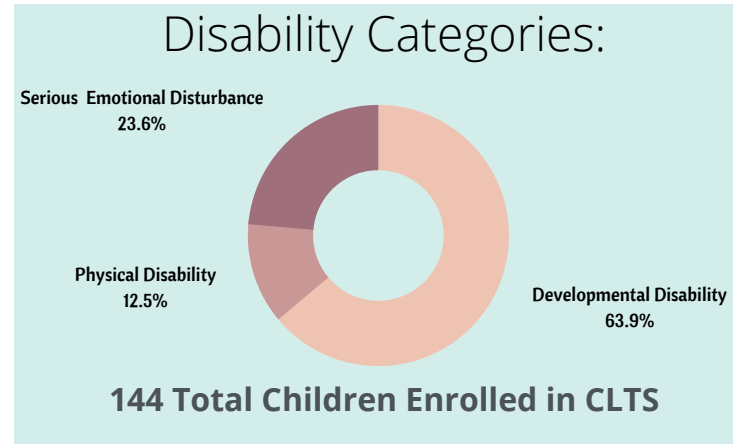
The CLTS program supports children with developmental and/or physical disabilities and severe emotional disturbances. In 2020, CLTS underwent numerous changes, starting with the hiring of a new Support and Service Coordinator to fill the vacancy left by the retirement of a longtime employee. This was followed by the state's initiative to eliminate the waiting list for children in need of long-term support services. We increased our capacity to serve children off the waitlist by hiring an additional Support and Service Coordinator. The state also re-wrote the entire CLTS manual, so at every turn of the page we were making modifications to the rate structure and service structure. Then the pandemic took hold and we had to modify our service delivery structure.



In 2020 all eligible children from the waitlist were successfully enrolled in CLTS!!

"I just want to say thank you so much for all you and the agency do.... I understand I am dumping a lot on you, but I am in such unfamiliar waters here that I appreciate any extra input I can get...."

~Parent of CLTS child



Birth to 3 Program

The goal of the Birth to 3 program is to provide support and guidance to parents and other caregivers through the primary coach approach. This approach focuses on the child's daily routines and activities in a way that will promote optimal growth and development within the environment they are most comfortable. In 2020, 71% of children enrolled in Birth to 3 worked with a **Speech Language Pathologist**; 29% received services from an **Occupational Therapist**. In 2016 the Birth to 3 program was brought in-house (from previously utilizing a contracted provider) primarily to assist in treating the whole family holistically; Support & Service Coordinators are able to refer the child and/or family members to other HSC programs to ensure the needs of the entire family are met.

2020 Referrals to other HSC Programs:

Early Head Start Home Visitor

24

Children's Long Term Support

22

"Hello, just wanted to pass along that 'Austin' didn't qualify for [school-based] services [because of the progress he made in the Birth to 3 program]!! He is right where he's supposed to be for his age, well on the lower end but he's still there! Thanks for all you did for us this past year we will miss our visits but are over the moon with his results."

~Parent of B-3 Child

Speech Therapy Services

Birth to 3

HSC's Speech Language Pathologists shared what it was like to work virtually in 2020:

Initially modifying in-person visits to telehealth was overwhelming and challenging. I found the challenge was in making telehealth visits productive and meaningful for parents and not overwhelming or insignificant. Three things that were critical in having successful telehealth visits were 1) good communication with service coordinators and other providers, 2) being organized, and 3) being resourceful. I was able to use Lessonpix, which is a computer program that allowed me to share pictures, stories, songs, and interactive activities with parents/children to facilitate language or demonstrate language techniques and strategies. The entire Birth to three team worked as a team to share resources, YouTube videos, and other pertinent materials to use with families during our visits. I often made what I called "40-second video clips" of myself demonstrating a particular language activity or strategy for parents. Doing telehealth broadened my horizons of how different approaches work differently for different families. For some families, it was overwhelming and they preferred traditional phone calls and emailing of material. From a therapist's perspective, telehealth allowed more time for preparation and resource hunting for my families. Before telehealth, this time was often taken up by drive-time.

Challenges upon returning to in-person visits have been 1) being organized with PPE, 2) remembering to text the COVID screener and waiting for a reply before leaving for a home visit, 3) the barriers of PPE with children. I have my baggies labeled with each child's initials with the items I need for each visit including pens, sanitizer and PPE. I have a template saved on my phone of the COVID screener that I text families in the mornings on the days of their visit. Not all children appreciate interacting with an adult who wears a face mask and shield. Angie investigated other options for PPE and so the special speech therapy-face shields we are using have been helpful so that we do not have to mask in homes. Children and parents appreciate seeing our mouth as we talk, especially hearing-impaired parents and children. It is a bit limiting in terms of what we bring into the home, which warrants us as therapists to be flexible and creative!

I think parents as a whole are happy to have us back in the home. However, I do see circumstances due to scheduling or parent preference where families may benefit from a mixed model to meet their needs.

All in all, it has been a growing experience within our team and professionally!

~Betsy Salquist, SLP

During the pandemic, our providers with the birth to three program made quick changes. They changed service delivery from in-person in homes, to virtual/telehealth. This required learning for our providers AND our families. Our families were required to download the MS TEAMS app and learn how it was used. Our providers noticed the use of the coaching model was more effective. It required parents to be more involved in implementing and trying strategies recommended. Providers also had to search and preview training videos for parents to watch. When one could not be found, one of our providers took their own video and sent it to parents.

Now they are transitioning back to home visits, a different challenge was identified. "How to show facial expressions or mouth movements while using PPE?" One of the providers researched what other speech-language pathologists were using across the state. BADGER SHEILD + was suggested, and HSC purchased them. These have a familiar-looking face shield, with added material adhered across the bottom edge to be sinched up for adequate protection from droplets.

The resilience in staff and this learning curve has made the team more cohesive. The required learning together of the changes, and the use of MS TEAMS has enhanced their ability to learn about each provider skill set. They can meet more frequently using MS TEAMS to discuss situations which makes the coaching model more efficient and effective. This has ensured the quality of services provided to each of the families we serve.

~Angie Higgins, CCC-SLP



"Our family is doing great! We are registering 'Jacob' for 4K today. And he is so excited. I'm not sure what he's excited for more: going to big school or getting to be a big brother in June. All in all we are all doing well. 'Jacob' likes to watch old videos of himself and it still just blows my mind at how far he's come when we watch older videos and see his speech at earlier times. It's fun to watch the progression. By all means please share with the administration. You did an amazing job and someone higher up should know about how much your effort really made a difference."

~Parent of child receiving speech therapy services

The Human Service Center

2020 Leadership Team

Tamara Feest



Executive Director

Kelly VonOepen



Developmental Disabilities
Administrator

Donna Shimeck



Behavioral Health
Administrator

Keith Haselton



Financial Manager

Angela Paddock



Human Resource & Operations
Manager

Hugo Vargas



Behavioral Health Deputy
Administrator

2020 Board Members

Forest

Cheri Collins
Cindy Gretzinger
Paul Millan
Nancy Tauer

Oneida

Ted Cushing
Jennifer Dornfeld
William Korrer, Jr.
Harland Lee
Robert Thome, Jr.
Alan VanRaalte

Vilas

Ronald Kressin
Maggie Peterson
Ken Storms
Holly Tomlanovich

A high-angle, top-down photograph of a diverse group of people, likely employees, gathered in a huddle. Their hands are stacked in the center, symbolizing teamwork and unity. The people are wearing various casual and business-casual clothing. The text "a few words from our Employees!" is overlaid in a stylized, 3D, reddish-orange font across the center of the image.

a few words
from our
Employees!

We asked our staff 3 questions:

1. What makes you proud to work at HSC?
2. What was your most memorable work memory from 2020?
3. What is your favorite part of working at HSC?

Question #1

"The amazing teamwork that is found in our agency."

"HSC does great work at being a resource and serving our community needs across the lifespan."

"THE CO-WORKERS"

"The employees are strength-based and truly care about the well-being of our clients."

"It makes me proud that everyone is like a big family here and everyone has each others back."



HSC
RECEIVED A
3.7 ★
AVERAGE
RATING

On a scale of 1 to 5 stars, how likely would you recommend working at HSC? (5 Being Extremely Likely)

Question #2

"Trying to navigate MS Teams when I can't even figure out how to change a setting on my cell phone!!!"

"My most memorable work memory was receiving a sincere "thank-you" from a mother of a challenging teenager."

"Being able to work from home"

Question #3

"Knowing that I am part of a committed team dedicated to the children and families that we serve."

"Working with people."

"AWESOME TEAM! THEY ROCK!"



"Being an intern here at The Human Service Center has been amazing both educationally and how a team functions and supports others to meet client needs. I experienced so many great things in my seven months here and I couldn't be more grateful for..... I have grown both personally and professionally thanks to The Human Service Center."

~Autumn, Intern



For more information on our programs,
please refer to our website:
<https://www.thehumanservicecenter.org/>



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