



THE HUMAN SERVICE CENTER
OF FOREST, ONEIDA, AND VILAS COUNTIES
(HUMAN SERVICES BOARD 51.42/51.437)

2019
Annual Report



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TAMARA FEEST,
Executive Director

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Letter from our Executive Director

The Human Service Center, in operation since 1972, supports individuals with developmental disabilities, mental illnesses, and substance use disorders throughout the communities of Forest, Oneida, and Vilas Counties. For four decades, our community programs and collaborative partnerships have provided needed services and helped foster positive transformations for many individuals.

Successful delivery of human service programs is dependent on the collaboration and involvement of many companion agencies. In 2019, The Human Service Center Board commissioned a review of the specific administrative and service systems that work in tandem to meet the needs of our tri-county area consumers. This system is comprised of a collective group of public and appointed officials, affiliated county and municipal agencies, and other key stakeholders. The findings of this review underscored the importance of collaboration while identifying strengths and opportunities for improvement among the system participants.

Accordingly, The Human Service Center Board developed a Systems Review Sub-Committee to begin work on recommendations from the project report. Many of the results from the work of this sub-committee will not be realized until 2020; however, the participation of affiliate organizations has already laid the foundation for further strengthening of the system as a whole.

It is my privilege to work with the dedicated, creative, and caring staff of The Human Service Center. I want to acknowledge and thank them all. We could not serve our communities without their tireless work and dedication. I also want to thank the Human Services 51.42/51.437 Board. Without their time, commitment, and support in safeguarding funding and programs, our work would be impossible. Finally, I want to thank the agencies and individuals that work alongside us to provide the care and treatment consumers need, as one agency alone cannot meet the varied needs of our area.

As I mentioned in our 2018 report, our work is often done quietly, without notice by the general community, and—as was discovered in 2019—sometimes without full understanding by the system participants themselves. We hope the pages that follow will illustrate the impact our work has had this past year, in addition to furthering your knowledge and understanding of The Human Service Center.

On behalf of The Human Service Center, it is my pleasure to bring you our 2019 Annual Report.

Respectfully Submitted,

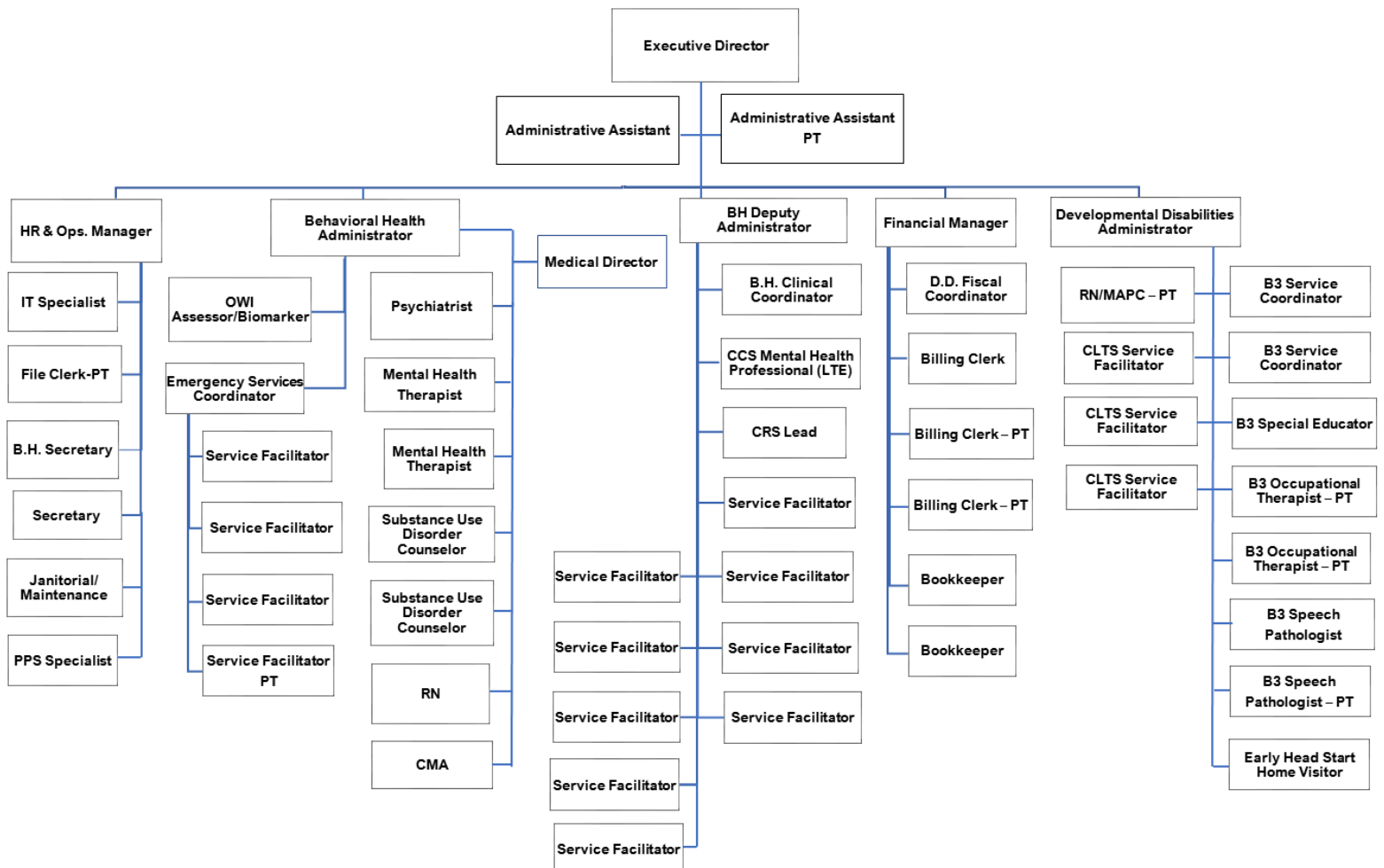
Tamara C. Feest

Tamara C. Feest, Executive Director
The Human Service Center of Forest, Oneida and Vilas Counties



It is the mission of The Human Service Center's Board to provide citizens of Forest, Oneida and Vilas Counties with chemical dependency, developmental disabilities, and mental health services. The Board is, therefore, dedicated to ensuring a range and quality of services that will:

- Assist people to free themselves from the destructive abuse of alcohol and other drugs that diminishes their ability to assume full responsibility for their own lives.
- Assist people to fulfill their human potential even though mentally challenged or otherwise developmentally disabled.
- Assist people to achieve the kind of mental health and psychological wholeness that will enable them to function more creatively and constructively, both as individuals and as members of the community.
- It is further the mission of The Human Service Center Board to encourage activities that will prevent people from becoming disabled by chemical dependency, mental illness or developmental disabilities.





ANGELA PADDOCK,
Human Resources and Operations Manager

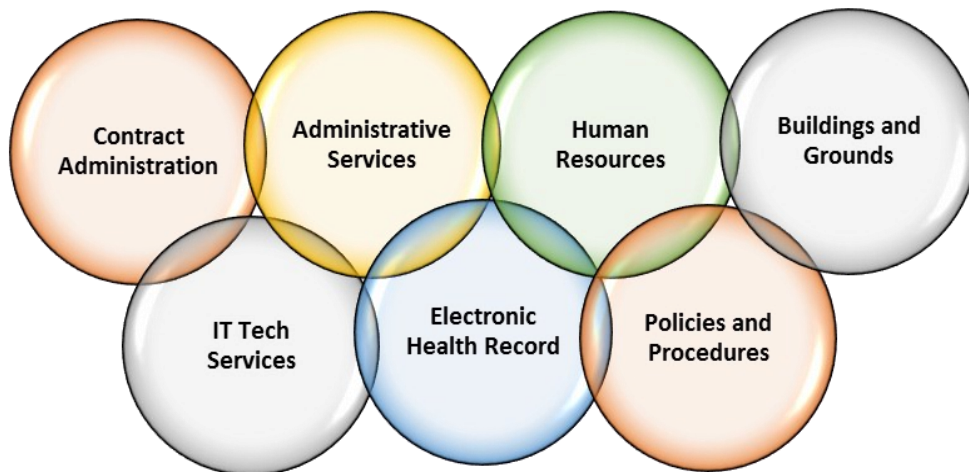
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 abb@thehumanservicecenter.org

AGENCY OPERATIONS

The staff of the diverse Operations Department strives to ensure efficient operations of the agency resources, buildings, systems and the foundation of our organization, our employees.

The goal is to attract and retain a highly qualified and effective workforce through training, development and competitive compensation and benefits.

The administrative support team provides quality customer service, both internally and externally, that supports and enhances the mission of The Human Service Center.



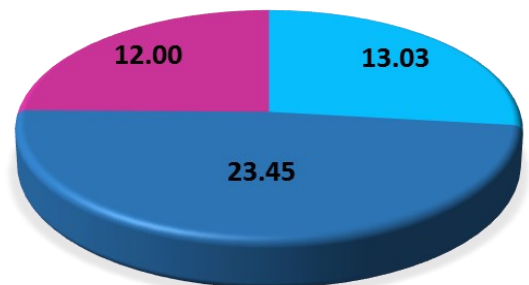
Workforce Longevity	
Less than 1 year	11
1 to 3 years	17
4 to 6 years	12
7 to 10 years	5
11 to 15 years	2
16 to 20 years	1
Over 20 years	4

Gender	
Male	6
Female	46

Workforce Retention Rate	
83%	

Workforce Age	
20 to 29	5
30 to 39	8
40 to 49	15
50 to 59	17
60 or older	7

FTE'S BY DEPARTMENT
 48.48 TOTAL



- Agency Management and Support
- Behavioral Health
- Developmental Disabilities



AGENCY OPERATIONS

2019 ACCOMPLISHMENTS

- **NEW HIRES** - In 2019, 11 new employees were hired, 20% of our current workforce, and five of the new hires were for newly created positions within the agency.
- **ANNUAL REPORT** - The first Annual Report for The Human Service Center was completed as a group effort between Management, Administrative and Program Staff.
- **NETSMART** - New electronic health record (EHR) software, Netsmart went live on March 1, 2019 with a limited group. As of October 1, 2019 all staff were utilizing the new EHR. The Operations department played a key role in the implementation with project management, program and forms design, and IT services.
- **FRONT DESK** - As reception staff are typically the first contact our clients have with our agency, it was important to take a look at the structure of this crucial role. With the unfortunate elimination of one front desk position, HSC realigned job duties, which had a positive budget impact. The front desk now operates more effectively while providing excellent customer service to the community.
- **KEYLESS ENTRY** - After months of reviewing quotes and research, a safety vision was realized with the installation of a new keyless entry system. HSC can now limit building access and provide better security to employees during hours of operation.
- **EMPLOYEE ASSISTANCE PROGRAM (EAP)** - An initial goal of Angela Paddock was to be able to provide staff with an EAP. HSC is thankful to the Human Services Board for approving this added expense in 2019 and giving this benefit to deserving staff.
- **JOB RECLASSIFICATIONS** - Research was completed on four positions that resulted in a reclassification of the assigned wage scale. As staff retention is always in the foreground, the newly defined pay scales are more aligned with comparable wages from other counties in Wisconsin.
- **BASEMENT PROGRESS** - In 2019 an air quality test was conducted that allowed HSC to move forward with plans to once again have staff office space downstairs. A limited term EHR Scanner position was recruited to convert the client files stored downstairs to an electronic format which will free up office space.
- **WELLNESS COMMITTEE** - The HSC Wellness Committee was formed in 2019 and received a \$2,530 grant from Group Health Trust. The Committee sends out a monthly newsletter and has wellness challenges for staff to participate in. The grant also provided the opportunity to bring chair massages to the agency for one day in November. The positive feedback from staff was overwhelming.



AGENCY OPERATIONS

2019 ACCOMPLISHMENTS (cont'd)

- **STAR QUALITY IMPROVEMENT PROJECT** - The Wellness Committee was assigned to take part in the STAR QI project, a change model project that focused on the "Burdens of Burnout" with crisis screeners. The turnover rate with this grouping of staff was high in 2019, and the hope is that the project will initiate some quick changes that will help retain crisis screeners. The project started on October 1, 2019 and will end in the fall of 2020.
- **SAFETY COMMITTEE** - The Human Service Center Safety Committee was also enacted in 2019. The Committee is currently working on a Safety in the Community policy that will give staff direction on safety measures while visiting clients in their home and in the community. The policy also will develop a check-in/out procedure for staff when they are conducting home visits.
- **POLICIES AND PROCEDURES** - Multiple agency policies and procedures were created and/or updated in 2019 including, Building Access FOB Policy, Salary Administration Policy, EAP Policy, Flexible Scheduling Policy, Panic Button Policy, Acceptable Use Policy and multiple HIPAA policies and procedures.
- **PURCHASE OF SERVICE CONTRACTS** - All 2019 Purchase of Service Contracts were sent out electronically for the first time. This not only saved the agency money with the reduction in postage expense, but allowed for a more efficient process to send and monitor all agency contracts.
- **HOME SAFETY TRAINING** - In July 2019, Sgt. Brad Fogerty from Oneida County Sheriff Dept. conducted a Home Safety Training for clinical staff that visit clients in their homes. He gave ideas on ways employees can help ensure their safety and tips staff can do in their own homes.



KEITH HASELTON,
Financial Manager

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OUR MISSION

The mission of the Finance Department is to ensure fiscal integrity of The Human Service Center. The Financial Team does this by exercising due diligence and control over agency assets and resources, and providing timely and accurate reporting to department administrators and the 51.42/51.437 Board.

Additionally, Finance will provide exceptional customer service and support to internal and external customers through the efficient and effective use of sound business practices.

FINANCE OPERATIONS

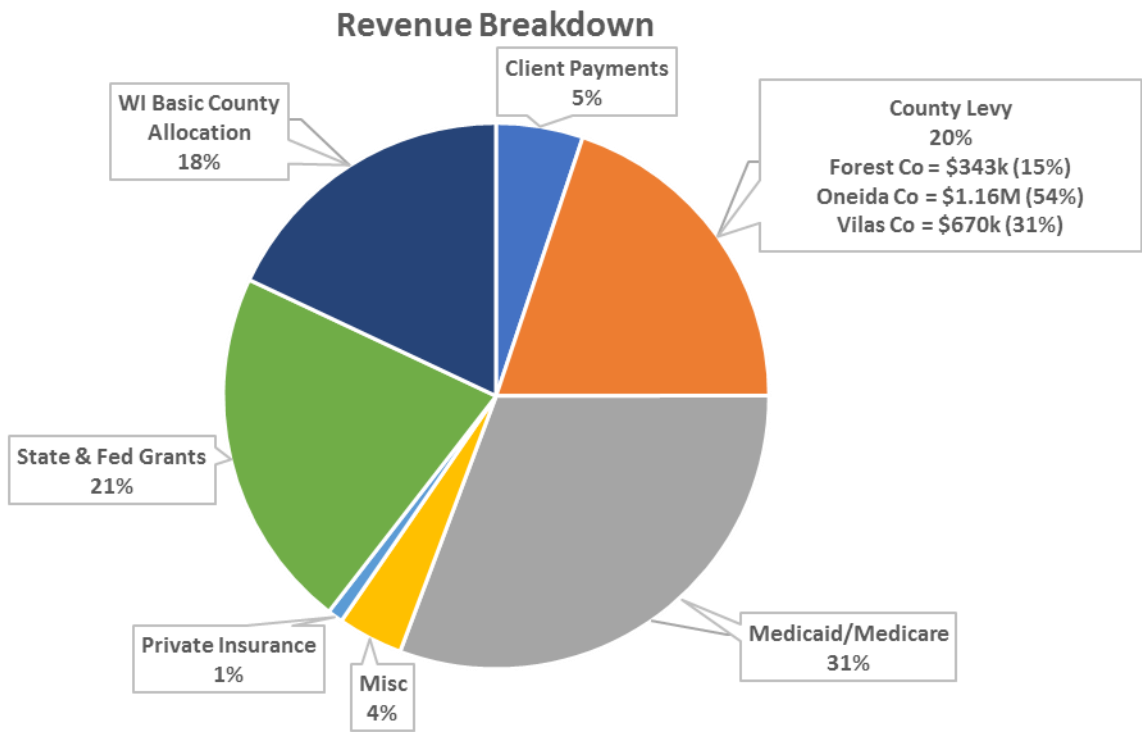
In 2019, the Finance department worked hard to utilize all available funding sources and stretch taxpayer dollars as far as possible. While the majority of agency programs operate with a deficit, the cost of involuntary placements continued to place the largest strain on the system, accounting for 25% of all program level deficits. Despite these challenges, after considering all general-purpose revenues such as WI Basic County Allocation and county tax levy, the agency did post an overall surplus of \$334,752* which was a significant improvement from the Board approved budget deficit. The primary drivers behind the improvement include increases in billable hours, significant decreases in involuntary placements, decreased wage expense due to unfilled vacancies, increased client payments, and increased interest income resulting from favorable interest rates.

* unaudited as of publication

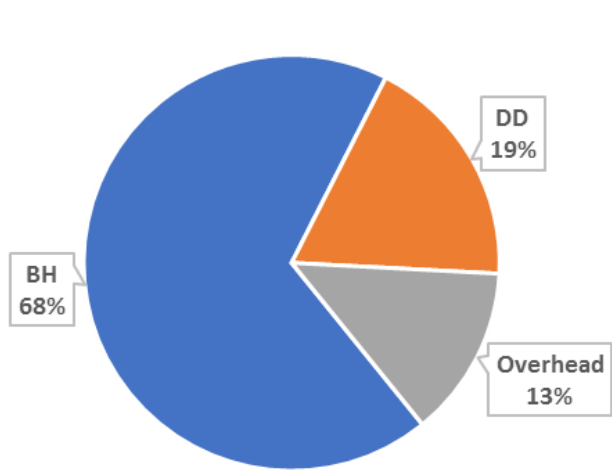
2019 ACCOMPLISHMENTS

- 2019 Audit completed with no findings
- Completed build of Netsmart EHR finance module
- Successfully transitioned to electronic timecards which syncs to payroll system
- Overhauled budget process, utilizing internally developed reimbursement based model for revenue calculation
- Managed 17 state and federal grants with 100% compliance
- Completed development and implementation of Federal Uniform Grant Guidance policies
- Developed process for county social service departments to request supplemental foster care funding for CLTS enrolled clients
- Streamlined expense review process, saving 40 labor hours per year and enabling elimination of audit committee by combining those oversight duties with finance committee
- Identified and recouped \$23k of vendor profit in excess of statutory limits
- 100% retention of tenured staff within seven-person finance department
- Increased internal controls including check writing process, cash controls, and segregation of duties

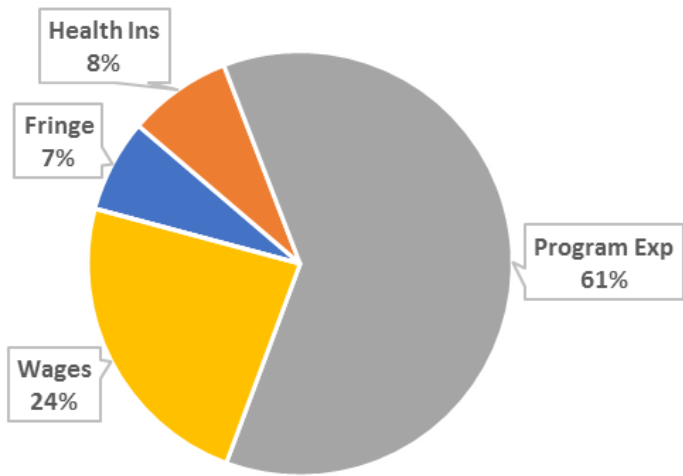
It is the policy of The Human Service Center to pursue the collection of payment for all services rendered in accordance with the Department of Health Services (DHS) Uniform Fee System and State and Federal laws. While the client is responsible for the cost of services received, the agency works with clients to reduce their liability by billing third parties such as Medicaid and private insurance companies. In the event a client is unable to pay for the full cost of services at the time service is rendered, HSC follows DHS guidelines to ensure the client's payment obligation is appropriate for their income and family size.



Total Expenditures = \$10.74M



Program & Staff Investment



Revenue	\$10,740,090
Expense	\$10,405,338
Surplus	\$334,752



DONNA SHIMECK,
Behavioral Health Administrator

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CHUCK LECHMAIER,
**Behavioral Health
Deputy Administrator**

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BEHAVIORAL HEALTH DEPARTMENT

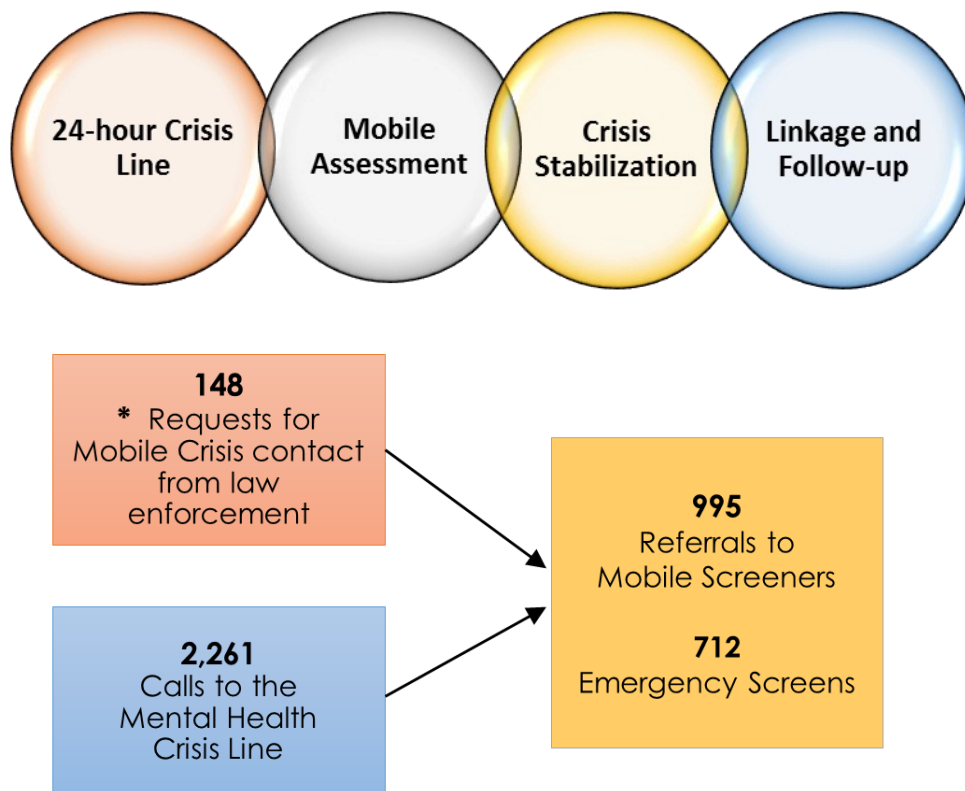
It is the mission of the Behavioral Health Department to collaborate with individuals, families, and the community to offer a recovery-oriented, seamless system of care that addresses mental illness and substance use disorders.

2019 ACCOMPLISHMENTS

- Applied for the Early Serious Mental Illness Grant (ESMI) and were awarded in February, allowing for start up funding of a recovery worker. In October 2019, a year-long extension to this grant was awarded
- Hired 4-year RN for the Behavioral Health Department – a position that sat vacant for an extended period. The position works/bills in both the CSP and CCS programs
- Received a 2-year certification for the Community Support Program (CSP)
- Diverted a high-cost placement (ranging from \$1,400 to \$3,000+/day cost) to an appropriate placement facility at a much lower cost
- Applied for the Urban Rural Women's Grant for 2020 and were awarded the grant
- Fully integrated Netsmart, a new electronic health record (EHR)
- Implemented Community Recovery Services Policies and developed a handbook for providers
- Completed State CRS Monitoring Site Survey which resulted in no funds being reclaimed by the State
- Ensured that all current CSP Providers completed their orientation and training
- Continued to enhance Behavioral Health employee onboarding. Piloted a 90-day review, which is being implemented for all new hires across the agency
- Received an extension of the Emergency Services Quality Improvement Grant, resulting in strengthened relationships with schools and a reduction in the number of crisis screens that have occurred within the school setting during the 2019-2020 school year
- Developed an Access Database to track all contracted providers' initial training, on-going training, and personnel requirements
- Collaborated with Lac du Flambeau Sokaogon Chippewa Tribe and assisted in problem solving issues for enhancement of their Comprehensive Community Service (CCS) program
- Met with Potawatomi Health & Wellness to share information on programming and how to best coordinate services
- Collaborated with Coalitions on Prevention activities and became more involved in the Community Coalition of Forest County (CCFC)
- Hosted interns from Nicolet College in the Outpatient Clinic
- Worked with the State on meeting Federal requirements of Capacity Waitlists for Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

EMERGENCY SERVICES PROGRAM (ESP)

The Human Service Center holds a certificate from the State of Wisconsin to provide crisis intervention services through the Emergency Services Program. The agency provides 24/7 support to individuals in crisis, utilizing person-centered planning and motivational interviewing to de-escalate the crisis and help the individual and their family feel safe. Staff use a variety of interventions and resources to ensure that members of the tri-county area have access to support while in crisis. HSC provides services that are goal-oriented, least-restrictive, and financially responsible to the client.



Information and referral calls to assist people getting connected with services - **283**

All other calls managed by the Crisis Line – **1,266**

2019 ESP Program Highlights

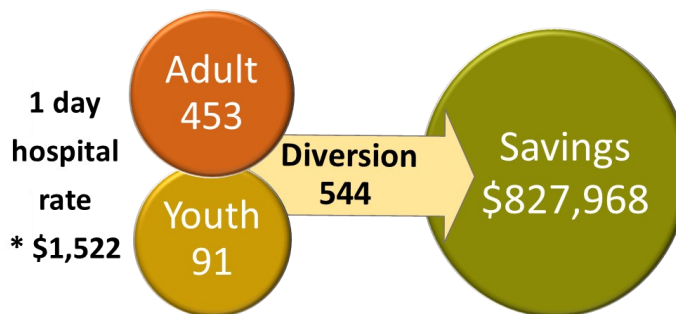
- Realized a significant reduction in youth crisis calls from schools. This was a goal set in 2018, when HSC collaborated with area schools to provide prevention and crisis support to students
- Displayed HSC's grant project at the annual Crisis Conference
- Partnered with the Children's Office of Mental Health Access workgroup and Northland Pines High School to pilot the state's first youth crisis card program.
- Continued outreach and education to law enforcement agencies, Dept. of Social Services and managed care organizations (MCOs).

EMERGENCY SERVICES PROGRAM—DIVERSIONS AND SAFETY PLANNING

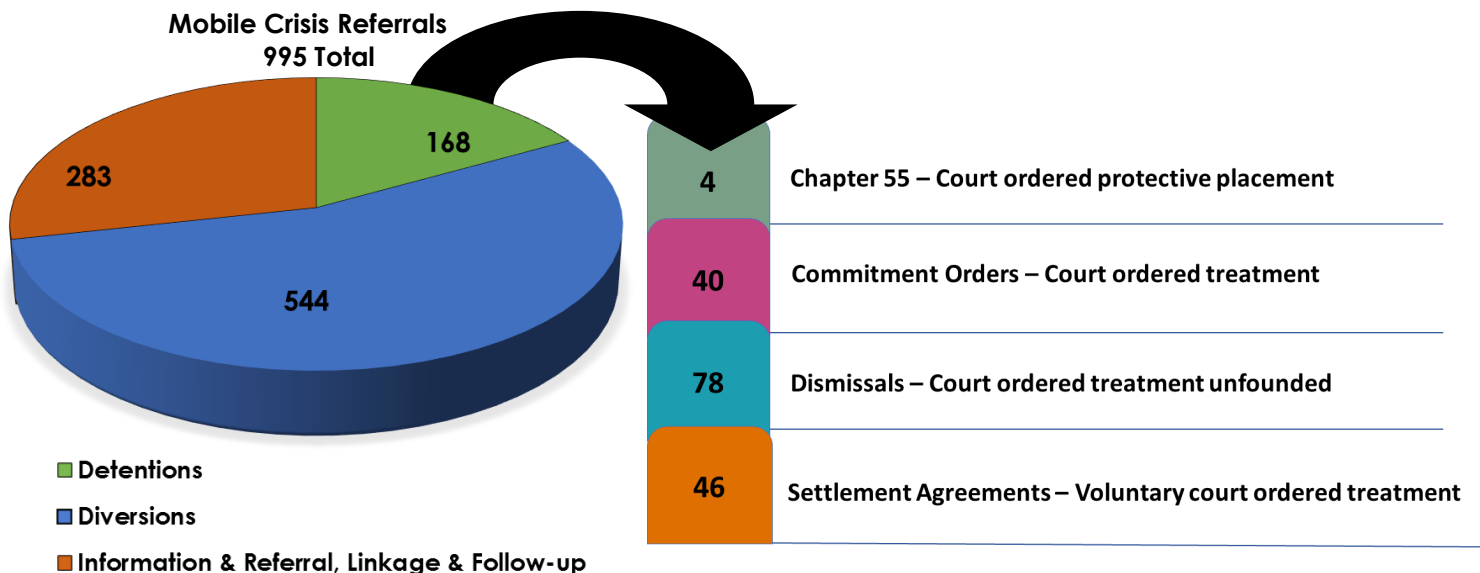
When assessing if a client needs involuntary inpatient hospitalization, the HSC mobile crisis team identifies what supports can be accessed in the community that allow the person to remain in the least restrictive environment. There are times when staying in the community is not possible, but HSC crisis team staff are very creative in developing safety plans that best meet the person's needs and avoid hospitalizations.

Possible diversions include, but are not limited to:

- Home with family, friends, neighbors, etc.
- Ongoing voluntary linkage and follow-up with ESP
- Referral to other community programs
- Referral to psychiatric care, medication management or therapy
- Authorization to use the crisis bed located at Koinonia Treatment Center
- Voluntary residential substance use treatment
- Voluntary inpatient hospitalization



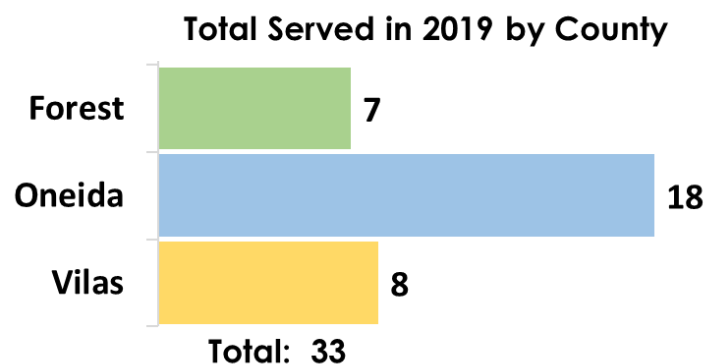
* Average across 15 counties that are included in the Northern Regional Crisis Grant



TARGETED CASE MANAGEMENT (TCM)

Targeted Case Management (TCM) is the least restrictive case management program that The Human Service Center offers persons with mental illness. TCM is a Medicaid funded program.

People are referred to TCM through self-referrals, outside agency referrals, or through the emergency detention process. TCM is designed for clients who need minimal support to become established with providers and manage their mental health, or clients that have basic needs to establish stability. TCM is not designed to be an intensive case management program.



Under 18	0
18 – 59	20
Over 60	13

Female	20
Male	13

Services that may be provided, as defined by the Medicaid Handbook, include:

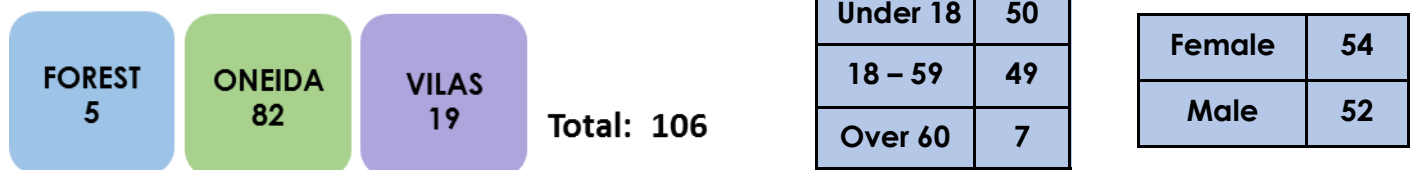
- An Assessment of Needs
- Development of a Recovery Plan
- Ongoing Monitoring and Service Coordination
- Providing Recommendations and Referrals
- Assisting Individuals in accessing Energy Assistance, Social Security, Food Share, and more

COMPREHENSIVE COMMUNITY SERVICES PROGRAM (CCS)

The Comprehensive Community Services Program is a recovery-oriented team process that assists clients of mental health services in reaching their maximum potential in life. This process involves using a strength-based team approach to wellness. Friends and family members are encouraged to be part of the client's recovery process whenever possible. This recovery process is driven by the goals and desires of the client and is a voluntary program.

Recovery encompasses an individual's whole self, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, addiction treatment, spirituality, creativity, social networks, and family supports.

CCS Consumers

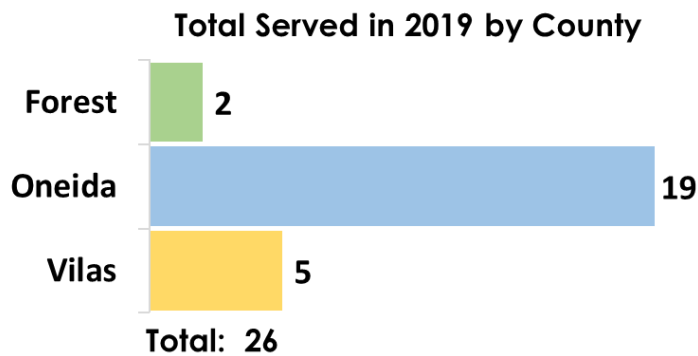


COMMUNITY SUPPORT PROGRAM (CSP)

The Community Support Program is for adults living with serious and persistent mental illness. The Program is often referred to as a “hospital without walls” as the purpose is to provide effective and easily accessible treatment, rehabilitation, support, and recovery services in the community setting to people with serious and persistent mental illness.

HSC's goal is to help service participants live as independently as possible in the community and to reduce the frequency and duration of hospitalizations and other institutional placements. Case management is also provided to ensure coordinated access to services within the community.

HSC staff's role is to work in partnership with service participants to organize treatment in a way which honors individual needs and supports people's efforts to manage their own affairs and make decisions for themselves. Because severe, prolonged mental illness affects all aspects of a person's life, the CSP focuses interventions on the needs of the *whole person*, not just the mental illness. CSP staff include a psychiatrist, Clinical Supervisor, an RN, three Case Managers as well as contracted Mental Health Technicians.



Top 3 Diagnoses of Clients Served
F25.9 Schizoaffective Disorder
F20.0 Paranoid Schizophrenia
F20.9 Bipolar Disorder, Current Episode Mixed

CSP Clients admitted for Psychiatric Hospitalizations: 6

Under 18	0
18 – 59	18
Over 60	8

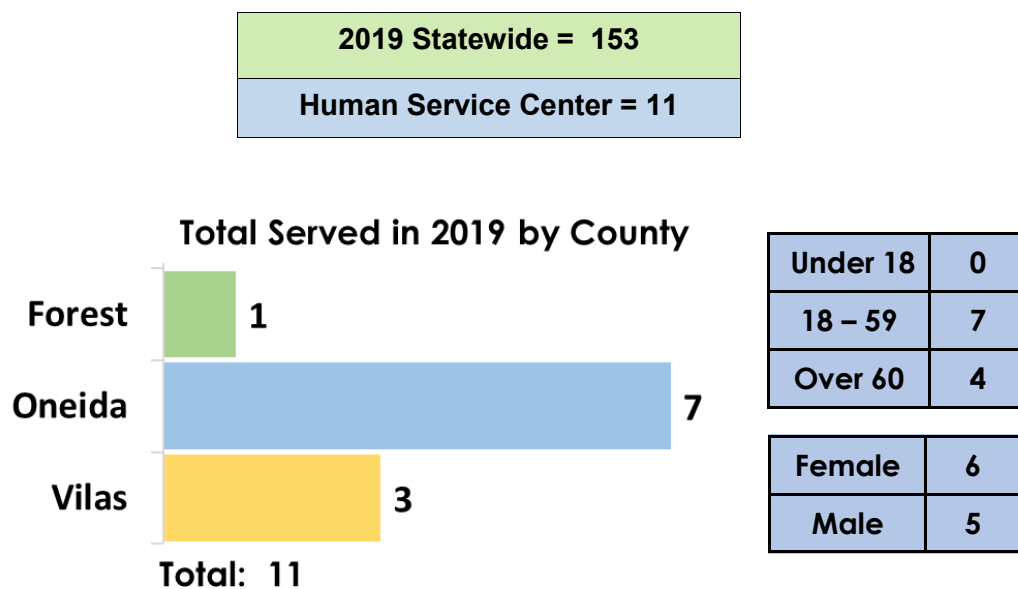
Female	14
Male	12

2019 CSP Program Highlights

- Partnered with Northern Alliance for Mental Illness (NAMI) Northern Lakes Drop-In Center to connect participants with people and resources in a supportive environment
- Offered numerous opportunities for participants to socialize in a safe and non-stigmatized environment. Participating in these activities provides the opportunity to rebuild skills so that healthier relationships can be made, reducing participant loneliness and increasing social independence

COMMUNITY RECOVERY SERVICES (CRS)

The Community Recovery Services 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 individualized goals as documented in their Individual Service Plan. CRS services are geared towards helping those with a severe mental illness improve their lives in ways that are meaningful.



CRS began in 2010 and offers three services: Community Living Supportive Services (CLSS), Peer Support, and IPS Supported Employment.

Activities are intended to ensure successful community living through utilization of skills training, cueing and/or supervision as identified by the person-centered assessment. Community living support services consist of:

- Meal planning/preparation
- Personal hygiene
- Community resources access
- Crisis coping skills
- Financial Management
- Household cleaning
- Medication and symptom monitoring
- Emotional regulation skills
- Recovery management skills
- Enhancement of interpersonal skills

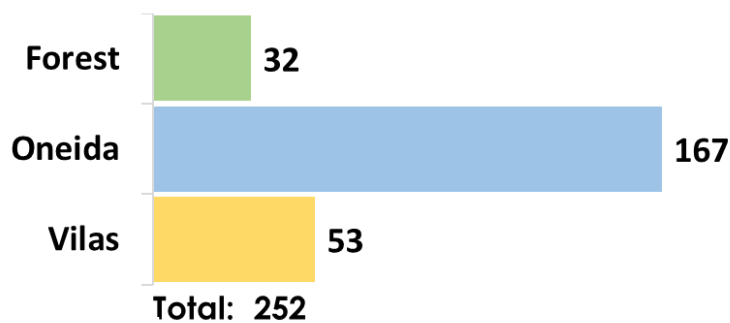
BEHAVIORAL HEALTH OUTPATIENT - MENTAL HEALTH

Mental health treatment is offered through The Human Service Center's Outpatient Clinic. HSC is fortunate to contract with one psychiatric provider, Dr. Koti Mannem.

The clinic offers psychiatric evaluations, medication evaluations, and medication monitoring. The nursing staff assist clients with health monitoring, medication injections, and Telehealth sessions. The Outpatient Clinic employs one Mental Health Therapist.

In addition, outpatient services are contracted for by the 51.42/51.437 Board to provide mental health and outpatient therapy at various locations in the community to individuals with limited ability or no ability to pay.

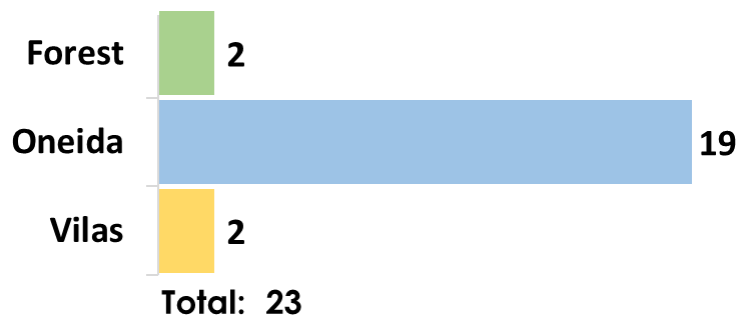
Psychiatry Services by County



Under 18	8
18 – 59	180
Over 60	64

Female	124
Male	128

MH Therapy Services by County



Under 18	0
18 – 59	19
Over 60	4

Female	14
Male	9

Top 3 Diagnoses of Outpatient Clients

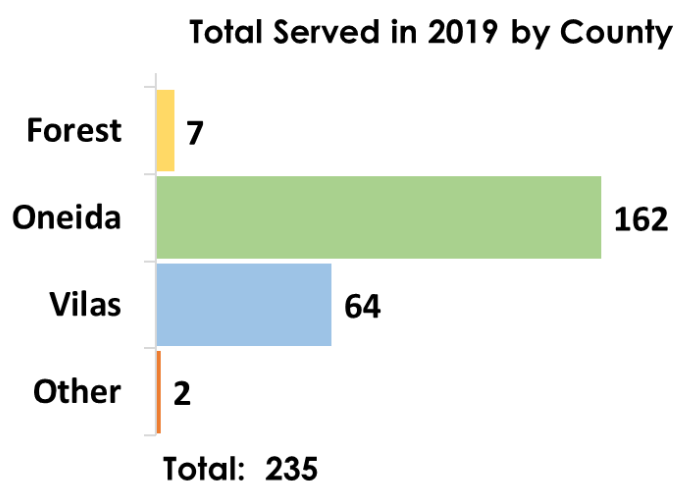
Schizophrenia, unspecified

Major Depressive Disorder

Paranoid Schizophrenia

BEHAVIORAL HEALTH OUTPATIENT - SUBSTANCE USE DISORDER

The Outpatient Clinic at The Human Service Center offers substance use disorder treatment, which includes screening and assessment, individual and group therapy, and aftercare planning. The Outpatient Clinic employs two full-time substance use disorder therapists. In addition, outpatient services are contracted for by the 51.42/51.437 Board to provide substance use outpatient therapy at various locations in the community to individuals with limited ability or no ability to pay.



Under 18	0
18 – 59	214
Over 60	21

Female	82
Male	153

Top 3 AODA Outpatient Diagnoses of Outpatient Clients

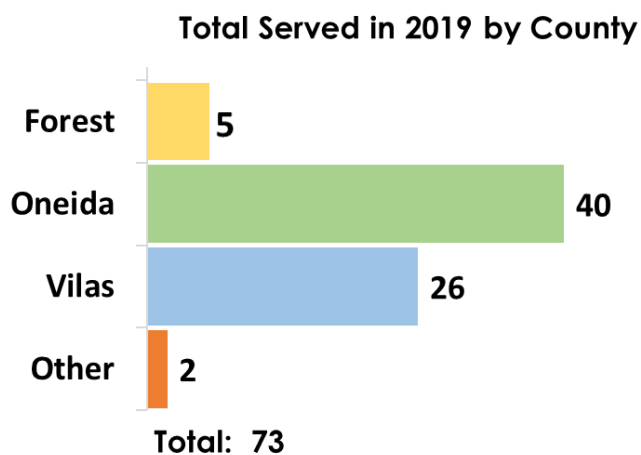
Alcohol Use Disorder

Cannabis Use Disorder

Methamphetamine

BEHAVIORAL HEALTH OUTPATIENT - SUBSTANCE USE DISORDER RESIDENTIAL SERVICES

Residential services are a substantial part of the continuum of care for tri-county residents in need of substance use disorder treatment. HSC holds purchase-of-service contracts with local and statewide providers for residential substance use disorder services. The HSC first conducts assessments to determine the level of care needed and financial eligibility, and then makes referrals to appropriate providers.



Under 18	0
18 – 59	69
Over 60	4

Female	34
Male	39

Top 3 AODA Residential Diagnoses of Outpatient Clients

Alcohol Use Disorder

Methamphetamine

Opioid Dependence

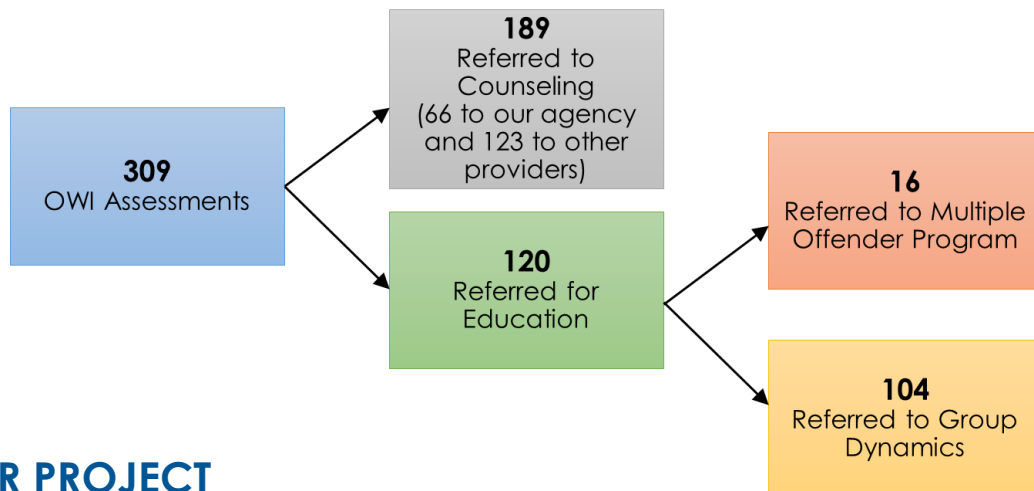
INTOXICATED DRIVER PROGRAM

The State Intoxicated Driver Program (IDP) was created to reduce the number of impaired driving crashes and related injuries, deaths, and property damage. There are two parts to the program: an assessment and a driver safety plan. County-designated IDP assessment agencies are responsible for assessing drivers.

Anyone convicted of an operating while intoxicated (OWI) related offense is required to contact the approved assessment facility for their county of residence within 72 hours of conviction or immediately upon receipt of an order from the Department of Transportation (DOT).

The assessment evaluates an individual's alcohol and/or other drug use. Assessors use the Wisconsin Assessment of the Impaired Driver to determine whether drivers need education, treatment, or both to reduce the likelihood they will drive impaired in the future.

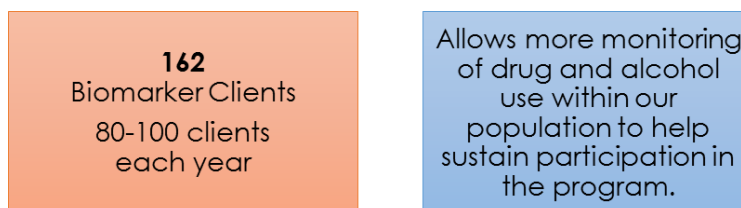
A driver safety plan is prepared following the assessment. Completion of the driver safety plan is required to have driving privileges restored.



BIOMARKER PROJECT

In 2012, The Human Service Center implemented biomarker testing as a best practice for identifying appropriate levels of care and treatment for repeat intoxicated drivers. This evidence-based strategy is used to monitor alcohol and other drug consumption to determine an appropriate treatment plan while on a Driver's Safety Plan.

This project promotes safety for the entire community, improved employment, reduction in criminal activity, reduction in homelessness, improved social supports and more prolonged periods of sobriety.



OWI TREATMENT COURT

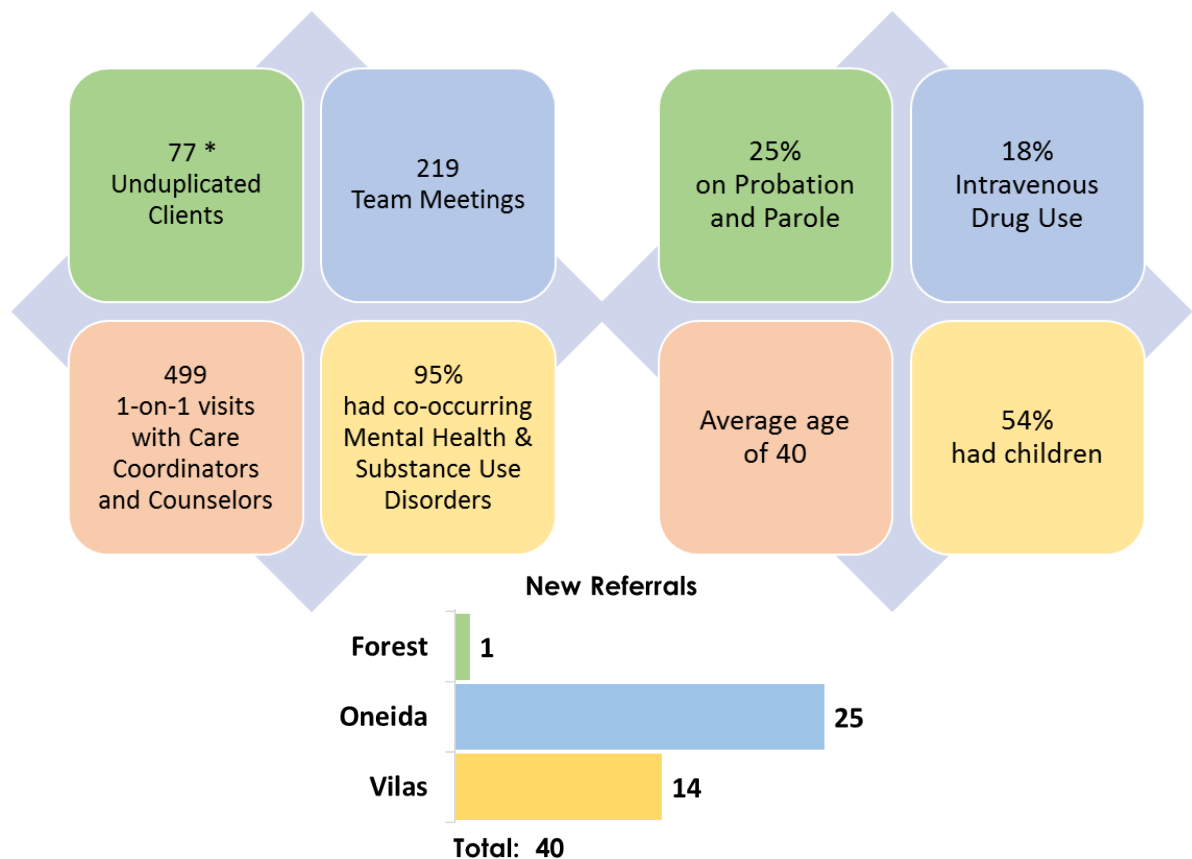
The OWI Treatment Court, offered in Oneida County, in conjunction with the local probation and parole office, promotes public safety by using case management, treatment, and judicial oversight to ensure offenders receive the necessary treatment and eliminate further drinking and driving events. From May 2012 through 2019, the program has had a total of 70 participants.

TRI-COUNTY WOMEN'S OUTREACH

Tri-County Women's Outreach is operated through Ascension under a purchase-of-service contract with The Human Service Center. An innovative and extensive outreach model is offered to meet the unique and complex needs of women who have substance use disorders.

Women's Outreach utilizes the wraparound approach in providing strength-based services. These services promote empowerment of women to develop necessary skills for an increased quality of life.

The goal is the development of a comprehensive service coordination plan that is defined by each woman in the program. This plan may include support from community resources, employment, education, health services, treatment services, and child-care services. The plan may also include improving family communication, interaction, and functioning.



* 37 clients continued service from 2018 into 2019. TOTAL: 77

What helped you the most while you were with this program?

"Just knowing that I don't have to work on my recovery alone. I have been, and still am, being supported by the courage and strength of women helping other women."

"If it weren't for Women's Outreach I don't know how I'd manage my recovery process."

"The connection with my worker and the support she offered (I don't have many outside support people.)"

"The support and no fear of judgement, EVER! It was ACES in my opinion!"

"Women's Outreach helped change my life for the better going on 4 years of sobriety."

"Being able to talk to someone who doesn't look to use this information to hurt me or judge me is very beneficial."

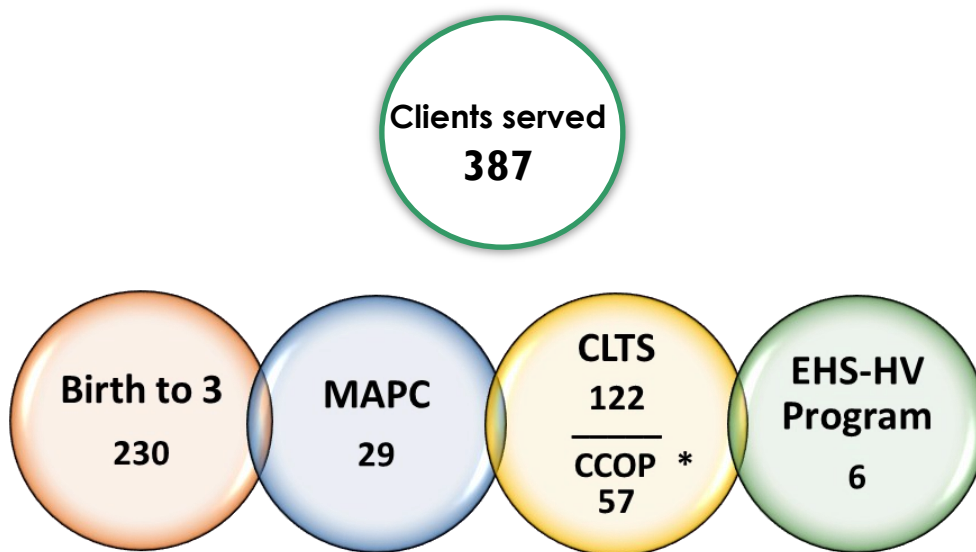


KELLY VON OEPEN,
Developmental Disabilities Administrator

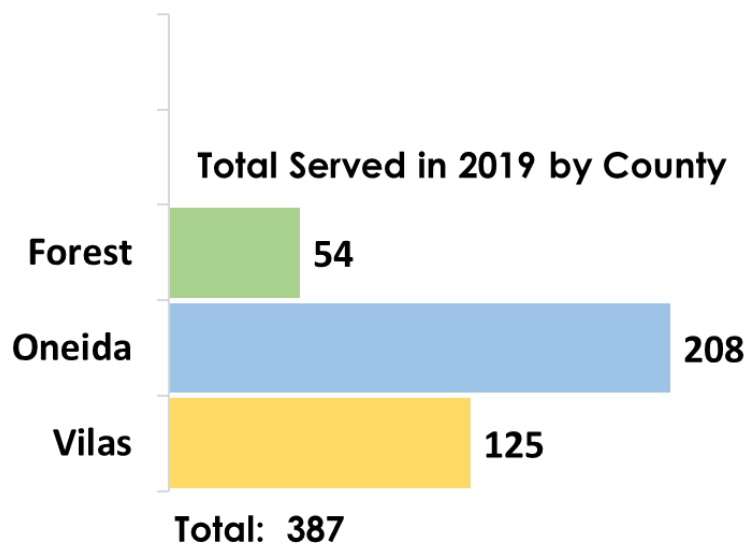
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DEVELOPMENTAL DISABILITIES DEPARTMENT

It is the mission of the Developmental Disabilities Department to advocate, inspire, and enhance the quality of life of individuals with disabilities and provide support for those who care for them.



* Clients receiving both CLTS & CCOP services





DEVELOPMENTAL DISABILITIES DEPARTMENT

2019 ACCOMPLISHMENTS

- Added a Part-time Speech Language Pathologist to the Birth to Three team
- Began meeting with local providers about upcoming changes in CLTS regarding the State's rate setting initiative and goal of no waiting lists for youth in need of long-term care services
- Birth to 3 Team participated in 15 Child Find events with six school districts and three daycare settings in the tri-county area. The purpose was to identify youth that may be in need of Birth to 3 services. Program descriptions and eligibility requirements, along with updated referral documents for CLTS/CCOP & Birth to 3 were provided to the school districts
- Transitioned all department programs to the new Electronic Health Record System, Netsmart
- Hosted two student interns from UW-Whitewater in the Birth to 3 Program
- Made agency space available to the Autism Society of Central Wisconsin for meetings and assisted in advertising family social events in the area
- Provided presentations to five area organizations/groups in 2019 to offer education about youth services
- Updated the Medical Assistance Personal Care (MAPC) Plan and met with providers to review guidelines and staff training requirements
- In collaboration with the Behavioral Health Department, conducted presentations for staff regarding programs that youth may be dually eligible for and how to ensure continuity of care for these clients
- Completed a State CLTS Compliance Audit and Birth to 3 Quality Audit, which demonstrated positive compliance and quality outcomes for both programs
- Implemented Program Team meetings with both the Birth to 3 Team and CLTS Support and Service Coordinators to ensure continuity of care for youth transitioning from Birth to 3 into CLTS
- Birth to 3 Program received a \$4,000.00 donation from the Sokaogon Chippewa Community Services Director to be used for Birth to 3 program testing tools
- Participated in many area coalitions throughout the tri-county area, aiding in collaboration efforts for youth
- Early Head Start Home Visitor Program and staff started in November 2019

BIRTH TO 3

Birth to 3 is an early intervention program serving children from birth to three years of age. Program staff work in partnership with parents and caregivers to develop an individualized service plan for each child and family.

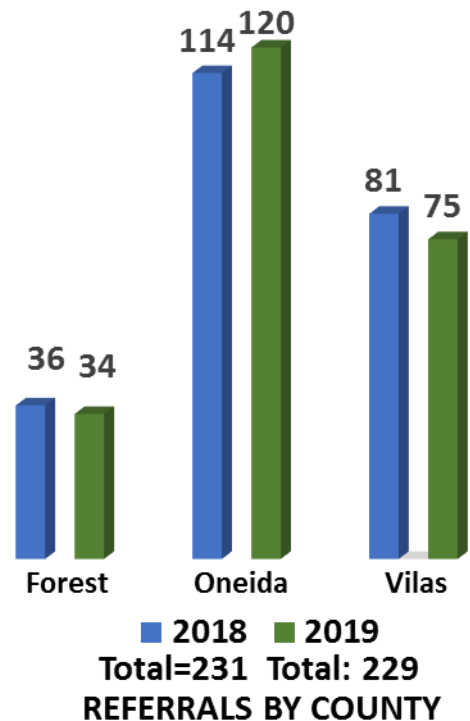
Eligible children qualify through a medical diagnosis, or a delay of 25% in one or more areas of development as determined through an evaluation by a Speech Language Therapist, Occupational Therapist, Physical Therapist, or Special Educator.

The program's priority is to utilize the PCATT (Primary Coaching Approach To Teaming) philosophy. PCATT is a family-centered, capacity building, early intervention method that uses a primary coach as the liaison between the team members and family members.

Program components may include occupational therapy, early childhood education, physical therapy and speech therapy.

It has also afforded more opportunities for children and their families through referrals to many of the other programs operated by HSC.

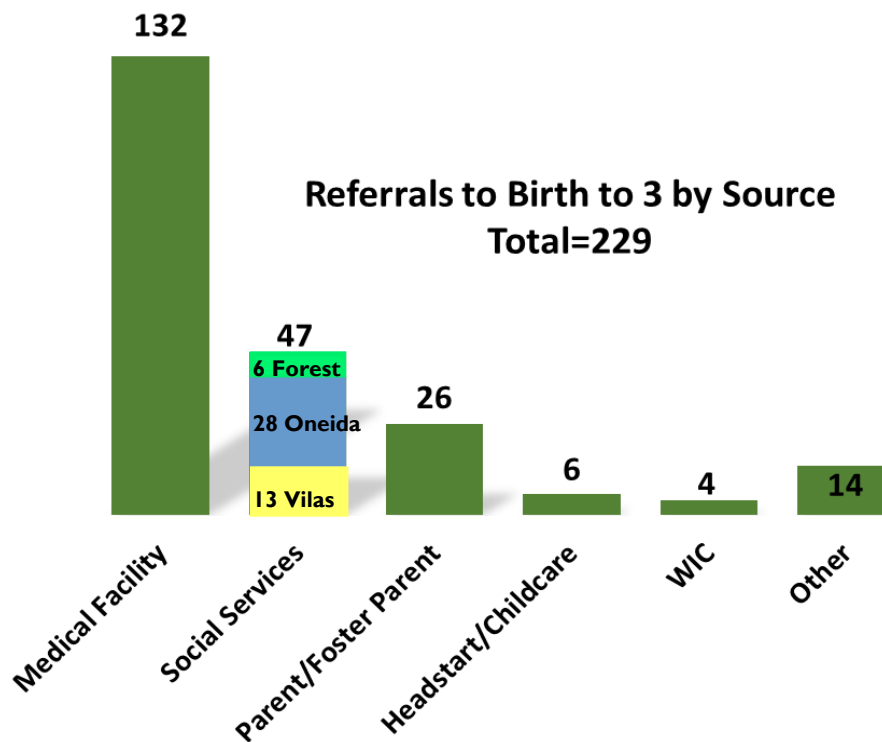
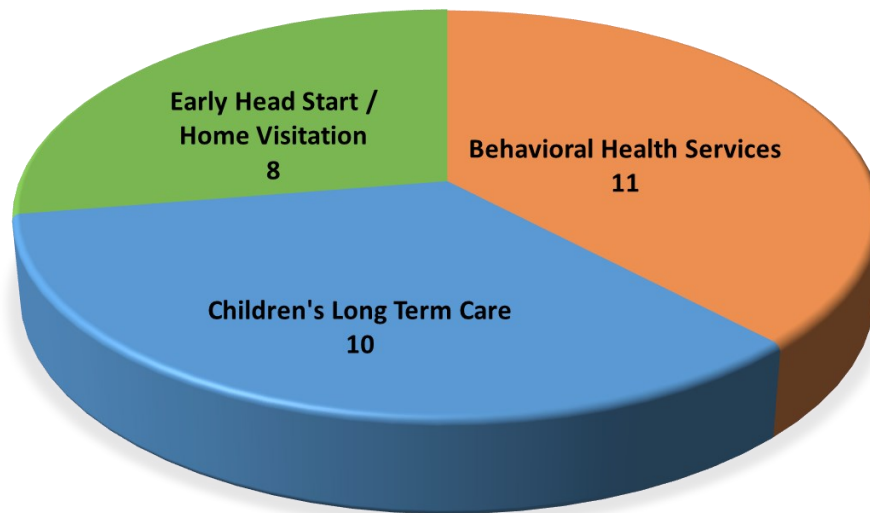
Female	41
Male	95



BIRTH TO 3

Referrals are accepted from a variety of sources. Children who have a 25% delay in any of the five developmental areas as defined by the State are to be enrolled in the program.

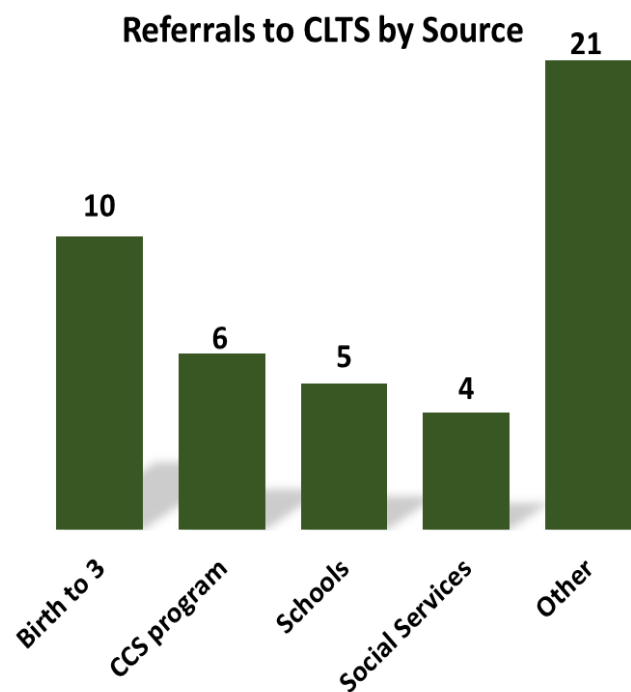
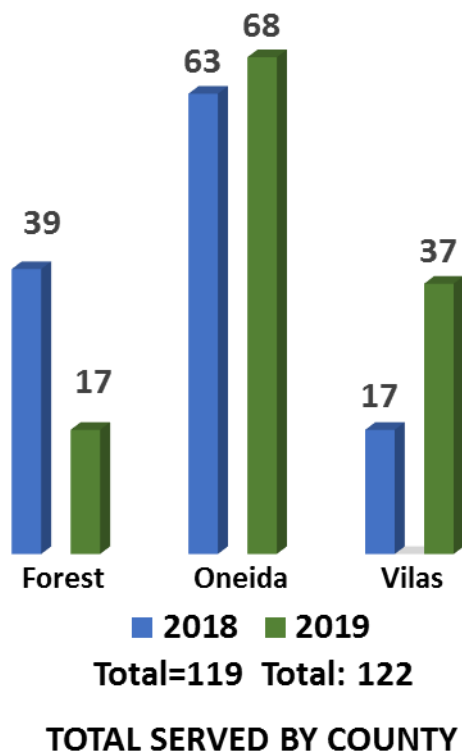
REFERRALS FROM B-3 TO OTHER HSC PROGRAMS



CHILDREN'S LONG-TERM SUPPORT PROGRAM (CLTS)

The purpose of Wisconsin's CLTS Waiver Program is to support children birth to age 22 who have substantial developmental, emotional, and/or physical disabilities and are living at home or in the community. The program aims to build on the capacity, resiliency, and unique abilities of children and their families to maximize inclusion in all facets of community and family life.

CLTS makes Medicaid funding available to support children with substantial limitations due to developmental, physical, or severe emotional disabilities. Funding may be used to support a range of services based on an assessment of a child's and family's specific needs and identified goals or outcomes.



Birth to 6 years	31
7 to 12 years	49
13 to 20 years	42

Female	46
Male	76

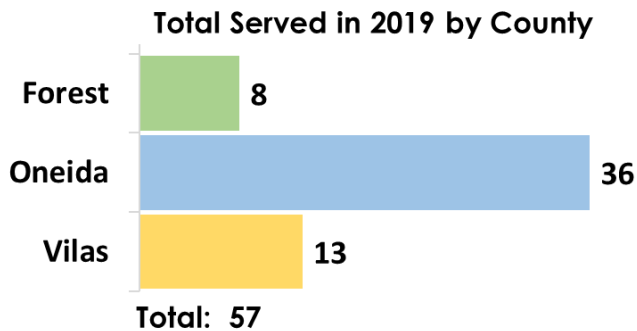
Referrals are accepted from a variety of sources. Children and their families must meet financial and functional eligibility, as defined by the State, to be enrolled in the program.

CHILDREN'S COMMUNITY OPTIONS PROGRAM (CCOP)

The Children's Community Options Program (CCOP) is a state funded, county operated program created to assist families in meeting the needs of their children with significant impairments due to developmental, emotional, and/or physical disabilities.

Funding may be used to support a range of different services that are identified based on each child's specific needs and identified goals and outcomes.

CCOP helps families obtain the kind of services and supports necessary to live in the least restrictive environment, address health and safety concerns, and maintain a quality family life.



Some examples of services that could be covered with CCOP funding include:

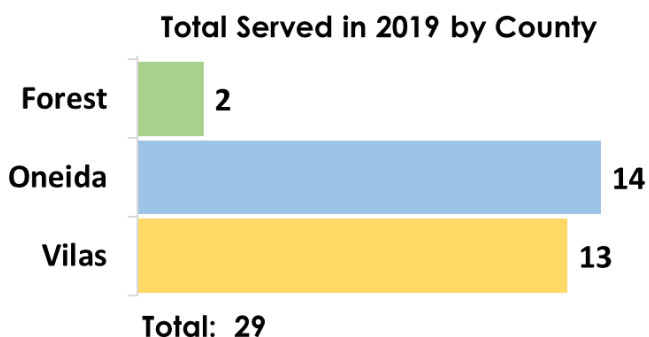
Home modifications	Respite care
Vehicle modifications	Specialized nutrition and clothing
Home training/parent courses	Other specialized goods and services

MEDICAL ASSISTANCE PERSONAL CARE PROGRAM (MAPC)

The Human Service Center Medical Assistance Personal Care Program provides services to clients from Forest, Oneida, and Vilas counties. With the implementation of Family Care, the MAPC program provides services to include those with physical disabilities, mental illness, and children enrolled in the Children's Long Term Support (CLTS) program.

Wisconsin Medicaid-covered personal care services are related to assisting a client with activities of daily living necessary to live in the community. These services must be provided by individuals who are trained in a manner that is in compliance with licensing and certification requirements.

The Personal Care Program complies with the Federal law, which states people with disabilities have the right to be treated in the least restrictive setting possible and to receive treatment that will maximize their abilities and potential.



3 to 10 years	14
11 to 19 years	12
20 and older	3

Female	14
Male	15



EARLY HEAD START - HOME VISITATION PROGRAM

Early Head Start (EHS) programs serve infants, toddlers (under the age of three), and pregnant women.

EHS programs provide intensive, comprehensive child development and family support services to low-income infants and toddlers and their families and to pregnant women and their families. These programs, tailored for the unique needs of infants and toddlers, are designed to promote the development of the children and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency.

Early Head Start programs promote the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving. This prepares these children for continued growth and development and eventual success in school and life.

While supporting parents (both mothers and fathers) in their role as primary caregivers, programs assist families in meeting their own personal goals and achieving self-sufficiency across a wide variety of domains, such as housing stability, continued education, and financial security. Early Head Start programs also mobilize the local community to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for children and families.

The full range of Early Head Start services are provided through weekly home visits to each enrolled child and family. The home visitor provides child-focused visits that promote the parents' ability to support their child's development. These visits last about an hour and a half. About twice per month, the program offers opportunities for parents and children to come together as a group for learning, discussion, and social activity.

The EHS-HV Program began 11/25/2019.

6 infants/toddlers **enrolled** into the EHS-HV Program by 12/31/2019.
5 were from Oneida County and 1 from Forest County.

- School Readiness Skills
- Mental Health
- Health and Nutrition
- Nutritious Meals and Snacks
- Developmental Assessment
- Special Needs Services
- Family Activities
- Family Support Services
- Parent Meetings and Training
- Transportation
- Approaches to Learning
- Social Development
- Language and Literacy
- Cognition
- Positive relationships

HUMAN SERVICE CENTER - PUBLIC OUTREACH

- In January, HSC joined a planning committee for the Public Health Emergency Preparedness Family Assistance Center (FAC) for a future disaster management exercise.
- In January, Department Administrators participated in a Community Mapping event conducted by the Oneida County Department of Social Services to identify service gaps for youth in the area.
- Beginning in January, management participated in Ascension St. Mary's Hospital Community Health Improvement Plan development.
- In February the Human Service Center partnered to be a Host Site for the Access to Mental Health Services for people with Autism Spectrum Disorder and other Developmental Disabilities presentation.
- In April, members of the management team and Board attended the Wisconsin Counties Association Human Services Day at the Capitol. This event provided a venue to meet with legislators and discuss the Governor's budget and needs of our area.
- In May, HSC took part in a multi-agency exercise to practice how we would open a county Family Assistance Center (FAC). The exercise was designed around a large structure fire that displaced a large number of people. The "victims" and "family members" were played by about 60 volunteer actors. Agency staff each practiced a role in assisting "victims" and "family members." In the event of a real disaster, a centralized location is chosen in order to provide information and resources to both families, and potentially victims, experiencing a local disaster.



- In August, staff provided a training presentation to each of the county departments of Social Services staff on program offerings and referral procedures.
- In September, HSC staff attended the Ripple Effect presentation in collaboration with the Public Health departments and respective coalitions. The mental health event at Nicolet College was well attended, with approximately 60 participants. HSC was able to discuss services to numerous people who stopped by the table to learn more about the agency.



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