

Community Healthcare Report

HELPING HAND CENTER
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The mission of Helping Hand Center is to assist persons with disabilities to achieve their highest level of independence through quality programs and services.

1. Identify the high risk/underserved and/or disadvantaged populations in the community(ies) that you serve and describe specifically the actions you have taken, based on relevant assessment data, to increase their accessibility to health services.

Helping Hand Center serves children and adults with disabilities. We have invested significant resources in our clinical services (mental health and nursing staff) to serve children and adults with dual diagnoses (multiple disabilities and/or developmental disabilities (DD) with a mental health diagnosis). When considering our overall service reach, a large % of our clients and families fall into the low income range. In our pediatric outpatient clinic about 23% of children (225 served annually) are funded by Medicaid. About 90% of our adults in our day program (225 served annually) are funded through Medicaid programs.

Helping Hand Center completed a strategic planning process in Fall of 2013 which included review of our current client needs, clinical trends and statistics, surveys and focus groups with clients, families, school districts and community partners. This resulted in a 3 year strategic plan which initiated in January of 2014.

Goal 1: Helping Hand Center will meet more of the growing needs of youth with developmental disabilities and their families.

Objective 1.1: Helping Hand Center will increase capital resources specifically geared towards serving youth with developmental disabilities.

Objective 1.2: Enhance and implement expansion of Helping Hand Center's High School and Employment Transition programs.

Objective 1.3: Increase and enhance youth programs such as Special Recreation, and education, for clients and their families.

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Goal 2: Helping Hand Center will meet more of the housing, aging, and complex (medical, mental health, hands-on) needs of adults with developmental disabilities.

Objective 2.1: Annually Helping Hand Center will develop and pilot 1 new residential housing model to accommodate non-government funded clients.

Objective 2.2: Annually Helping Hand Center will provide homes for at least 5 current clients on our waiting list via our traditional CILA model.

Objective 2.3: Annually Helping Hand Center will open 1 home specifically designed for complex aging, medical, and/or mental health needs of clients.

Objective 2.4: Helping Hand Center's Day Program will expand capital resources to accommodate new Day Program clients, including high needs clients.

Goal 3: Helping Hand Center high school and adult clients will become more involved in, and feel a greater sense of belonging to, their local communities through Helping Hand Center programs and services.

Objective 3.1: Better understand how to develop sense of belonging for clients to their local community.

Objective 3.2: Integrate clients into the community by creating a sustainable business model that provides training and vocational opportunities for clients in their community.

Objective 3.3: Integrate clients into the community by working with local community organizations to find or create opportunities specifically for our clients:

- With higher needs to be involved with their community

To increase our capacity to serve more children, adults and families, Helping Hand purchased a 30,000 square foot building located at 6160 East Ave in Hodgkins (approximately 1 mile from 9649 W 55th Street in Countryside). This new building is 1 story (accessible) and was previously used as office space. Our plan is to relocate our Adult Services to the new building on 6160 East Avenue, and Children Services will expand at our Countryside location (currently main building). Overall, this expansion will allow us to double the size of our School for Children with Autism, expand our Pediatric Outpatient Clinic and expand all of our Adult Service lines (i.e. residential, day program, aging program, medical and behavioral health services).

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2. Describe specifically the strategies you have used to gather input from high risk, underserved and/or disadvantaged population and their leaders as a basis for program or service development.

On an annual basis we collect survey information from all our current clients and families. We also hold focus groups with community leaders (funders, mental health board members, etc), school district staff, and current and potential clients. We are part of several community networking groups and partner with local non-profits including local 708 (mental health) boards, Aging Care Connections, Intersect for ability (explained further below) local school districts, hospitals, etc. On a monthly basis we assess our referral trends including requests for services, funding sources, diagnosis, etc. We participate in advocacy networks such as the Institute on Public Policy.

3. Describe specific partnerships with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations.

Helping Hand Center is a member of the Intersect for Ability network. Intersect for Ability is a collaborative Network of ten agencies who serve persons with developmental disabilities in the greater Chicago Metropolitan area. Intersect for Ability was created to address the unmet needs of the developmental disability population. Helping Hand Center spearheaded an Intersect for Ability initiative called the Enhanced Medical Services (EMS) through this collaboration. The project brings together ten agencies in the Chicagoland area to advocate for quality healthcare service options for people with disabilities in the context of the evolving healthcare climate. In addition, we participate in the Building Bridges program through Intersect for Ability. This collaboration provides critical outreach services to high school students with disabilities and their families to link them to their next step after High School with an Adult Service provider.

Most recently, Helping Hand is leading a collaborative grant to help address the shortage of residential options for people with disabilities in Illinois. This collaborative effort brings together 10 agencies that serve people with disabilities to outline best practices for opening new residential options. The shortage in housing can be contributed to many reasons including aging parents (sons and daughters with disabilities need emergency placements), people with disabilities life expectancies are increasing and state operated facilities are closing.

Helping Hand Center maintains partnerships with several local special education cooperatives and high schools. Most recently Helping Hand Center launched a collaborative effort with LADSE (special education cooperative), LaGrange Adventist Memorial Hospital, the Department of Rehab Services (DRS) and the Department of Commerce and Economic Development (DCEO) to train High School students with disabilities through an initiative called Project SEARCH. Helping Hand has representation on the steering and advisory committee that launched this program.

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Helping Hand Center recently joined the Infinitec workgroup to increase online training opportunities for our staff. We also maintain partnerships with local businesses and major corporations in the community including Flying High, UPS, Home Depot, Lowes, Starbucks, Target, etc. We also work with community organizations such as our local chambers of commerce, Rotary, Kiwanis, and Greater LaGrange YMCA.

Helping Hand's board of directors has two physicians from the local community who provide a solid perspective of the changing healthcare climate in Illinois. In addition, key staff from Helping Hand participate in committees and workgroups in the community to address these concerns.

4. Provide two examples of how you have used the community-oriented approach to program development specified in the attached principles to develop a program of service for high risk/underserved and/or disadvantaged populations specified in the guidelines. Include in each description components of the current program and the following quantitative information for the most recent year available:

Helping Hand spearheaded a collaborative grant, sponsored by the Coleman Foundation, called Enhanced Medical Services through Collaboration (EMS). This grant brought together 10+ agencies and multiple community partners and perspectives to assess the availability of quality healthcare for people with disabilities. Two healthcare coordinators were hired (for a north and south region specific focus in Chicagoland) to research the healthcare climate and work with agencies to identify needs of participants. The goal of the grant was to develop a network of medical service providers that 1) are effective in working with people with disabilities (dual diagnosis, high behavioral needs, complex medical needs) 2) accept Medicaid insurance or insurance as it changes with the ACA. The grant resulted with a hard and online version of a list of quality providers.

Clients and staff from agencies were surveyed regarding the quality of medical providers. Gaps in healthcare were identified including psychiatric and dental services. Community partnerships were formed to fill these gaps. In Helping Hand's catchment area Community Nurse was identified as a primary partner to fill dental needs, and Riveredge Hospital was identified as a quality provider of in-patient psychiatric services. Outcomes were measured to identify increase in access to service providers and partnerships. The current grant proposal is an extension of this work. We are improving holistic healthcare access and approaches as we have new space available to implement this program.

Last year, Helping Hand in collaboration with LADSE (LaGrange Area Special Education) and Adventist Lagrange Memorial Hospital developed and launched Project SEARCH. Project SEARCH is a work immersion program to prepare youth with disabilities for jobs in the community. This program is an empirically validated approach to preparing youth with disabilities for community employment. Project SEARCH has been successful across the world and in over 40 states, and it was imperative to bring this effective program to Illinois. The need for the program was identified by gaps in employment for youth with disabilities. In addition, LADSE and Helping Hand gather input from high school transition families and school professionals who identified a need for this type of program.

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The launch of the program followed a formal implementation process, including a year prep time that involved a consulting from the Project SEARCH credentialing body. A steering committee met on a monthly basis to prepare for the program launch (launched in Fall, 2014). The steering committee consisted of representation from Helping Hand, LADSE, Department of Rehabilitation Services and Department of Commerce and Economic Opportunity (DCEO) (funding sources), business advisory committee members, parent and student liaisons. Outcomes were established at the beginning of the program launch, and a job placement rate of 75% + is the overall program expectation.

The program is financially viable due to multiple funding sources or a “braided funding” model including DRS, DCEO and DD (Medicaid waiver support).

5. Number of clients served

We currently serve more than 70 communities in the west Cook County, east DuPage County and the greater Chicagoland areas.

6. Total amount budgeted by your organization for the program

The budget for clinical services for our adult clients, in its entirety, is \$1,074,670. This includes case management services, behavioral analysts, intake coordinators, nursing services, medical coordinators, 1:1 support staff (for clients with intense clinical needs).

7. Percent that program budget is of total agency budget

Our adult clinical budget is about 6.5% of our entire agency budget.

8. Percent of program budget that is directly reimbursed by third party payers

50% of the clinical budget is reimbursed through billing.

9. Percent of program budget that is covered by public/private grant

About 25% of our clinical services are covered through local mental health board grant funds. This leaves a 25% funding gap for these services.