

Division of Aging & Disability Services

MISSION

The Division of Aging and of Disability Services (DADS) seeks to inspire hope, provide help, facilitate and advocate for quality of life among older persons, persons with disabilities and those with behavioral health challenges.

2015 HIGHLIGHTS

- Consumers and other stakeholders in Kenosha County and throughout the state mobilized to let legislators know the importance of local Aging & Disability Resource Centers and their wish to have a voice in the direction of community-based long term care.
- DADS secured a 2-year grant and initiated community training to become a more dementia friendly county.
- Enrollment of eligible consumers in insurance resulted in reduced 2015 HSD expenses by \$1,376,742 for outpatient counseling, psychiatry, medication and inpatient costs from 2013.
- Though emergency detentions dropped 13% and civil commitments by 9%, due to the limited capacity of our local non-IMD inpatient behavioral health provider, admissions to the state institutes grew by 71% at considerable cost.
- Use of Advanced Nurse Practitioners and tele-psychiatry helped to address the shortage of psychiatrists however the issue remains a community challenge.
- The work of the Care Transitions Coalition tracked the county's 30-day Medicare hospital readmission rate down from 19% to 9.5%, a huge accomplishment for the community



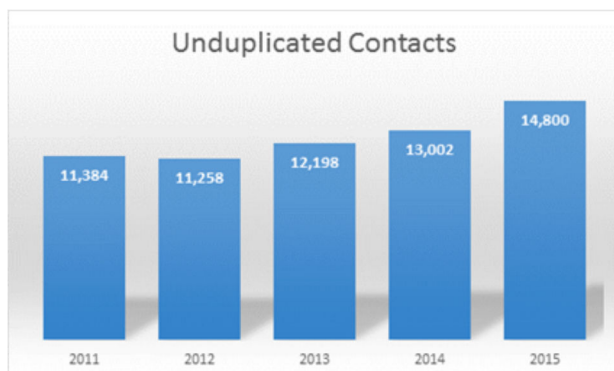
Thanks to the hard work and support of our service network staff, policy makers, volunteers, advocates and other community partners, services have been improved and expanded to meet the needs of increasing referrals despite certain community resource shortages.

LaVerne Jaros, Director

DIVISION DESCRIPTION

The Division of Aging and Disability Services manages programs for older adults and adults with disabilities, mental illness and/or alcohol-drug problems. We utilize federal, state and county funding, contracts with over 50 service providers, the support of many volunteers and dedicated staff. Three oversight committees, the Commission on Aging, Mental Health/AODA Services Committee and Aging and Disability Resource Center Board provide invaluable guidance. The Aging & Disability Resource Center in the Human Services Building and the Mental Health/Substance Abuse Resource Center on 8th Avenue are Kenosha's gateways to information and services.

Information, Assistance and Access at the ADRC



WHY PEOPLE CALL THE ADRC

Basic Needs --food, shelter	Family Caregiver Assistance	Housing/Residential Options
Financial, health insurance	Health Related Issues	Transportation
Long Term Care, in-home support	Equipment Loan Closet	Education, recreation
Housekeeping, chore services	Guardianship, power of attorney	Abuse, neglect, exploitation

SERVICES FOR OLDER PERSONS & PERSONS WITH DISABILITIES

Long Term Care Options Counseling

	2011	2012	2013	2014	2015
Home Visits	987	1139	1073	1082	1208
Enrollments	366	311	377	357	394

Short-Term Assistance

One-time purchases or short-term services such as grab bars or respite care were provided for older persons, persons with disabilities and family caregivers.

SNAP (Special Needs Assistance Program):	26
AFCSP & NFCSP/JD (Caregiver Support)	71
Elder Abuse Direct Service Grant	36
Housekeeping (JD Fund):	89

Benefit Assistance

Elder and Disability Benefit Specialists provide help with Medicare, Social Security and other benefits and Medicare workshops for the public.

	2013	2014	2015
EBS Contacts	1,181	1,266	1,034
EBS Cases	402	429	416
EBS Persons	291	303	310
Monetary Impact	\$596,268	\$548,407	\$954,403
Benefit Presentations	22	33	29
DBS Cases– PD/DD	229	290	213
Monetary Impact	\$456,184	\$709,422	\$937,454

Mr. S was facing a municipal fine for an unauthorized building on his property because it didn't have a vehicle title. Mr. S lives with a post traumatic brain injury. His trailer serves as his workshop where he can work for short periods of time, then go to his home and rest. Mr. S describes himself as "Old time Wisconsin," needing to do something with his hands and maintain skills even though he was told he could not work. Mr. S grew up working on the land and building things with his father. He called the ADRC after spending seven months trying to title the trailer. ADRC's Disability Benefit Specialist worked with the Department of Transportation and three months later Mr. S's homemade trailer received a title.



Volunteer

Guardian Assistance

23 new volunteers started as guardians in 2015 ending the year with 40 volunteer guardians matched with 65 guardianships. The estimated annual monetary value of this program is over \$58,500.

Equipment Loan Closet

	2011	2012	2013	2014	2015
People Served	272	241	467	711	912
Items Borrowed	378	409	754	1,427	1,484
Items Donated	427	857	1,033	871	1,007
Cash Donations	\$643	\$244	\$654	\$1039	\$3835

Caregiver Support & Dementia Care

Dementia Care Consultations-Families	98
Memory Screens– Persons	217
Dementia education & outreach events	101
Memory Connections-Families served	6
LEEPS– Persons served	6
Powerful Tools Classes held	5

Adult Protective Services

	2012	2013	2014	2015
Referrals:	422	373	438	552
Cases Opened			381	470
Reasons for referrals:				
Physical Abuse:			9%	11%
Neglect:			2%	2%
Self-neglect			4%	3%
Financial Exploitation			14%	5%
Welfare Checks			42%	42%
Guardianship			27%	25%
Annual Reviews			214	204
Guardianships			135	126

Transportation

The Kenosha Achievement Center and KAFASI volunteers provided rides, for older persons and persons with disabilities. Western Kenosha County Transit provided trips to work, school, medical appointments, shopping and other destinations

	2013	2014	2015
Trips:			
Care-A-Van	22,766	22,695	23,349
Western Transit	14,675	12,118	15,307
Volunteer Transp	7,491	8,321	7,807

"When my vision deteriorated and I couldn't drive, I found the Volunteer Transportation. The drivers are pleasant and reliable when taking me to the doctor, dentist and shopping. I am so grateful." --Rider--



Senior Dining

28,596 nutritious noontime meals and companionship were provided for 934 persons 60+ at county and city dining sites, Monday-Friday. The program is administered by Kenosha Area Family and Aging Services..

Meal Site	Participants			Meals		
	2013	2014	2015	2013	2014	2015
Kenosha Senior Center	307	293	288	8825	9424	9204
Lakeside Towers	81	78	82	6841	7005	6688
Parkside Baptist Church	101	101	129	6896	5347	5417
Westosha Community Center	152	162	161	2943	3226	3257
Twin Lakes New Life Church	115	130	92	2375	2237	1759
Rainbow Lake Trailer Court	37	35	29	839	731	765
YMCA/Boys & Girls Club	74	88	42	711	428	551
Special Activity	255			474		
Sharing Center		70			860	955
Total	1,039	957	934	29,904	29,258	28,596

“Meals great, staff caring, volunteers great.”

“The cooks who prepare this food are outstanding!”

“Keep up the good work; and make liver & onions”

Senior Dining Participants

Home Delivered Meals

Older Americans Act funds pay for some of the meals delivered by volunteers of Kenosha Area Family and Aging Services to people 60 years of age and over who are homebound and unable to prepare their own meals.

	2012	2013	2014	2015
Meals	39,859	40,203	40,260	40,366
People	264	287	272	277



Friendly Visitor

Volunteers provided companionship and emotional support to older adults through in person visits and phone calls.

	2012	2013	2014	2015
Consumers	11	125	126	126
Volunteers	61	76	74	73
Volunteer Hours	4,283	4,700	4,207	4,035



Westosha Community Center

Older adults participated in activities offered at the Westosha Community Center in Bristol. Bingo, cards, painting, board games, billiards, Wii bowling, ceramics and crafts were among the favorites.

Health and Wellness

Classes	2014	2015
Lighten Up	3	4
Living Well	2	2
Healthy Living with Diabetes	2	4
Stepping On	3	4
Sure Step In-Home Assessments	23	23

“I learned that my health is manageable. Stress is a factor in my life and I can control it. I make better choices in my life.”

“I’ve gained a more positive attitude and outlook on my life and the motivation toward wanting to achieve my goals.”

“I have learned to accept myself for who I am. I have learned to be more positive than negative! It makes a big difference!”

Outreach and Education

Outreach to consumers, families, health and service organizations is a significant component of the Aging & Disability Resource Center.

Website

With the redesign of the Kenosha County website, consumers and their caregivers have greater access to information, events, and resources.

Presentations

	2011	2012	2013	2014	2015
Presentations	111	80	62	123	96
Attendance	4,337	2,946	2,182	14,814	3,191

Reaching Out to Persons of Color

The Minority and Hispanic Outreach Specialists focus on reaching African-American and Hispanic or Latino residents. About 28 individuals participated in the monthly meetings of the Ethnic Elders Group.



Publications

	2013	2014	2015
My Life		148,050	266,400
Ads	33	39	48
PSAs	13	9	45

Events

Older Americans Month Luncheon
Direct Care Worker Recognition Luncheon
Elder Abuse Awareness Month Forum
Fun N Fit Disability Resource Fair
Senior and community expos



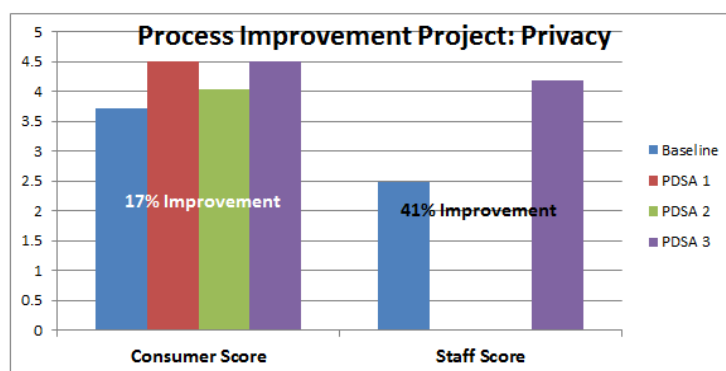
Community Coalitions Support.

Care Transitions Coalition
Aging & Disability Consortium
Long Term Care Workforce Alliance*
Falls Prevention Coalition
Caregiver Coalition

**Turnover of direct care workers affects availability and quality of care for vulnerable citizens. The Kenosha Long Term Care Workforce Alliance We Care campaign is educating policy makers on the need for better wages and benefits for care workers. Collaboration with the Food Share Employment Training Program provided CBRF training for participants, 85% of whom obtained employment in healthcare. Additional recognition, recruitment and training events were provided by the Alliance.*

Assuring and Improving Quality

ADRC is committed to the principle of continuous quality improvement. At least two quality initiatives are completed each year. The ADRC Board has a Quality Subcommittee that meets quarterly to review the resource center's annual quality plan and progress. As a result of QI projects in 2015 donations to the equipment loan closet increased and the satisfaction of staff and consumers with customer \ privacy increased.

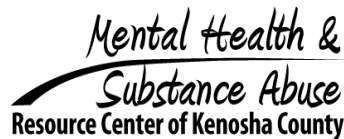


2015 BEHAVIORAL HEALTH SERVICES

The Community Intervention Center at Kenosha Human Development Services, including the Mental Health Resource Center and Crisis Intervention is the front door to most of our behavioral health (mental health & substance use disorder) services.

Mental Health/Substance Abuse Resource Center

The Resource Center averaged 222 contacts a month in 2015 and conducted 137 screens to determine eligibility for behavioral health services. The center helps individuals access behavioral health resources while assisting with applications for health insurance through Badger Care or the Health Insurance Marketplace. The impact has been dramatic, 158 people were enrolled in insurance and benefit assistance was provided for 75 persons, with a financial impact of \$518,742



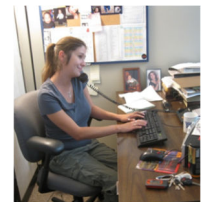
Medication Assistance

143 people were helped with medication prescribed for serious and persistent mental illness. 335 prescriptions were filled at a cost of \$16,157.

Adult Crisis Intervention

Adult Crisis provides 24-hour/seven day/week intervention to de-escalate, stabilize and improve the immediate situation of persons with mental illness, suicidal feelings, alcohol and drug abuse problems and other issues. Staff also conduct suicide assessments of persons referred by the Kenosha County Detention Center & Jail.

	2008	2009	2010	2011	2012	2013	2014	2015
Contacts	6,777	5,980	6,015	5,985	7,930	8,878	9,015	8,973
Jail Assessments	417	437	399	469	527	608	846	793



Emergency Detention/Protective Services

Wisconsin counties are responsible for the cost of emergency and protective hospital placement for persons who don't have insurance and are at risk of harm to themselves or others due to mental illness or alcohol or drug issues. In 2015 there were reductions in emergency detentions (494 total, -12%) and new Chapter 51 commitments (215 total, -9%) from 2014.

KARE Center

A licensed 11-bed community based residential facility, the KARE Center provides a safe, supportive, short-term environment for people with issues who are in crisis and transition.

	2009	2010	2011	2012	2013	2014	2015
Admissions	665	717	665	735	793	767	702



Average stay—days	3.25	3.37	4.39	3.52	3.04	3.42	3.64
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Inpatient Services

Inpatient care for psychiatric emergencies are a significant portion of the division's budget and thus is reviewed thoroughly. Admissions include state mental health institutes and other mental health hospitals. Note increase in Badger Care IMD admits.

	2009	2010	2011	2012	2013	2014	2015
Hospital Admits	259	276	252	377	349	240	268
Total Paid Beds	1757	1849	1414	1975	2353	2172	3113

2015 Behavioral Health Services

Psychiatric Services

County-funded outpatient psychiatric services were provided for only 5 clients in 2015, down from 287 clients in 2014. This decrease from the previous year is due to the availability of health insurance for many of our clients through the Badger Care expansion and the Affordable Care Act.

Counseling

Oakwood Clinic provides behavioral health assessment and goal-centered therapy, individually and in groups. Again, the impact of Badger Care expansion is evident with

County Funded Counseling		
Year	Patients	Sessions
2010	305	3240
2011	289	2488
2012	424	4323
2013	436	4095
2014	161	1066
2015	48	356

"... I'm so glad to have someone like you here...I knew I was supposed to meet you because you've been where I've been...Tell Keri thank you..."

Program participant of the newly developed Recovery Coach.

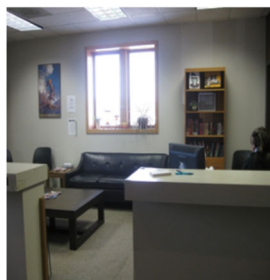


Intoxicated Driver Program

The Hope Council served 546 clients (-5%) through its Intoxicated Driver Program. In partnership with our division a state grant enhanced the program with biomarkers, a more effective way of testing for abstinence, and peer recovery coaches who assisted clients in recovery.

Community Support Program & Comprehensive Community Services

169 persons with serious and persistent mental illness received CSP services through Kenosha County and another 13 through Family Care in 2015, involving intensive case management, vocational services, medication management and other comprehensive services. 123 persons received CCS, a strength-based, recovery oriented intervention.



CSP	2011	2012	2013	2014	2015
People served	163	162	148	159	169
Contacts	35,282	36,293	31,993	38,547	38,692
CSP Family Care					
People served	14	18	20	19	13
Contacts	3,950	5,891	5,239	4,198	4,531
CCS					
People served	70	75	88	90	123
Contacts	9,853	10,233	11,528	14,421	19,156

130 participants completed the Recovery Oriented Systems Indicator (ROSI) survey. The tool was developed by consumers with 44 outcome measures important to recovery. Among many positive responses:

- 95% felt that staff treated them with respect regarding their cultural background.
- 92% felt that staff respected them as a whole person.
- 95% said that they have at least one person who believes in them.



Supported Apartments and Residential Services

59 people who are unable to live independently were supported in residential facilities or adult family homes.

67 persons participated in KHDS Supported Apartment Program. SAP provides fairly intense, short-term stabilization services to consumers who have experienced a crisis and are in need of stabilization and support until they can be linked to ongoing service like CSP or until they are no longer in crisis. PALS (Partnership for Autonomous Living) provided additional support to 41 CSP consumers who without the extra help, would have a very difficult time living independently. The program works with consumers to learn the skills they need to live independently. Likewise Crabtree Residential Supported Apartments provided support to CSP participants.



Bridges Community Center

Bridges is a consumer-lead drop in center open for persons living with a severe and persistence mental illness. In 2015 Bridges had a membership of 366 (+19%) consumers and an average daily attendance of 41 people and an unduplicated monthly attendance of 137. Bridges conducts various groups focused on recovery and wellness as well as art and leisure. There were 922 (+7%) group sessions in 2015. Bridges also provides lunch to on average 35 (+66%) people per day and provides a structured setting for peer support and socialization.

Crisis Intervention Training & Crisis Partner Training

Crisis Intervention Training is a 5 day intensive training for law enforcement, giving officers additional knowledge and tools to diffuse a crisis involving someone with a mental illness. In partnership with NAMI Kenosha, the Kenosha Police Department and Gateway Technical College, 165 officers from departments in Kenosha County were trained through 2015. Measured outcomes included 97% felt better prepared to respond crisis, 82% could recognize symptoms, 82% acquired skills, and 93% of law enforcement knew how to link citizens with behavioral health issues to services. The public can now request a CIP officer be assigned to a call. Through 2015, 538 people participated in two 2-day Crisis Intervention Partnership trainings held for other professionals and volunteers.

Specialty Court Services: Providing Hope, Purpose, A Chance for Recovery

BEHAVIORAL HEALTH JAIL DIVERSION PROGRAM

The Behavioral Health Jail Diversion Program (BHJD) is for individuals with a mental health diagnosis who have incurred criminal charges. Program participants enter a 12 month Hold Open Agreement with the court system in which they agree to participate in this behavioral health treatment program while their criminal charges remain open. They meet weekly with the program coordinator who ensures they are linked to mental health services. 28 clients were served through the BHJD program in 2015, with eight successful program completions .

“David” is a young married man with a child who entered the Behavioral Health Jail Diversion Program following an incident with his parents resulting in his criminal charges. David has Bipolar Disorder. He experiences night terrors, auditory and visual hallucinations, and seizures. Due to his symptoms he had lost employment. These stressors were enhanced by his inability to afford co-pays for mental health treatment, resulting in mounting medical debt and missed treatment. David had been hospitalized twice within a few months prior to entering BHJD. The program coordinator helped him access Medicaid to cover medical co-pays and transportation. The Benefit Specialist helped him apply for SSI. He entered the Partial Hospitalization Program at Rogers Memorial Hospital for intense treatment. David appreciates the treatment and structure. Medication monitoring and a case worker were arranged through the Community Support Program (CSP). The lives David and his family have benefited. He is now medically stable, visibly happier and hopeful about his future.

DRUG TREATMENT COURT PROGRAM

Individuals referred to the Drug Treatment Court (DTC) are in need of treatment as a result of a conviction for drug related offenses. The DTC team recommends individuals with the District Attorney as the final gatekeeper. Those accepted are placed in the program as a condition of a court imposed sentence resulting in a negotiated plea agreement. In 2015 33 individuals were referred to DTC, nine accepted and three pending. Participant Offenses included Possession of drugs (43%), Burglary (33%) and Retail Theft (24%). Among 951 urinalysis tests only 48 (5%) were positive for illicit drugs or alcohol. Sanctions included writing assignments, increased treatment, increased community support meetings, increased court appearances, community service, work crew and jail.

“Theresa” entered the Drug and Alcohol Treatment Court program on February 12, 2015 and hit the ground running. She met all of her many requirements early on. During her time in phase one she attended her five weekly community support meetings, attended her treatment as recommended, worked with a Sponsor, made it to all of her weekly court appearances and probation appointments. She never missed any of her random urinalysis tests or weekend breathalyzer tests. She did all of these things while working full time and complying with all of her requirements to get her daughter back in 2016, which she is looking forward to.

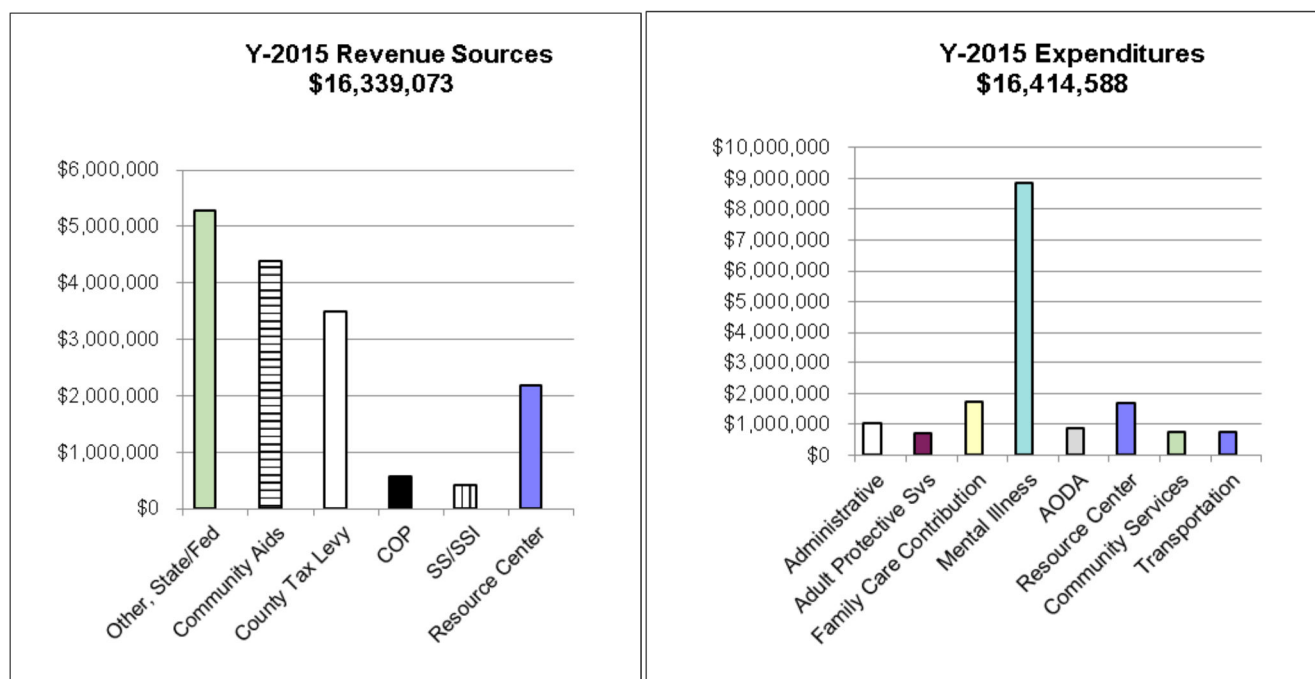
BEHAVIORAL HEALTH TREATMENT COURT

Behavioral Health Treatment Court, supervised by a team of court and treatment professionals, involves individuals with a mental illness or co-occurring disorder. It accepts Alternative To Revocation cases and Deferred Prosecution Agreements. Participants are placed on Probation for two years, checking in weekly with agent and case manager. They are subject to random urinalysis and linked to support and employment services.

“Marquita,” 24, entered Behavioral Health Treatment Court (BHTC) in December 2013, and graduated September 2015. Marquita was unstable and non-compliant with medications when she began BHTC. Her physical appearance and apartment up-keep had declined. She isolated herself, fearful of coming out into the community. BHTC linked her to a psychiatrist, case management and medication monitoring through the Community Support Program. Marquita participated in an Obsessive Compulsive Disorder program at Roger’s Memorial Hospital. She became more stable and less symptomatic. Marquita eventually enrolled in the Division of Vocational Rehabilitation (DVR) and began working part-time. At one point she had two part-time jobs, was able to move into a new apartment she always wanted, began participating in support meetings and living a stable and sober life. Six months after graduation, Marquita is working full-time, has been crime free, sober, mentally stable. “I feel like I’m a better citizen of society. When I started the treatment court, I really didn’t want to participate, but I’m glad that I didn’t give up, and glad the treatment court didn’t give up on me. I didn’t think I was going to graduate. I could not have done this on my own. I thank the treatment court for everything. My mom still has a daughter, and I am alive. You saved my life. I feel like I have a new mindset, and outlook on life, and treatment court is the reason.”

Funding for DADS Services

Division, departmental and provider staff work hard to generate funding for the service needs of our vulnerable populations while trying to minimize local financial burden. Only 21% of DADS budget is funded with county levy. County expenses for psychiatric treatment, pharmacy and other mental health services decreased as eligible individuals were enrolled in health insurance under the Affordable Care Act. However hospital expenses increased significantly as the availability of local mental health beds shrunk requiring the use of state mental health institutes with county dollars, for stabilization and treatment for persons experiencing serious behavioral health episodes.



Mental Health Access Study

Kenosha County like communities throughout the country, is suffering a shortage of psychiatrists and mental health hospital beds for persons in crisis. A study was initiated in 2015 to determine the extent of the problem and what community stakeholders can do to improve access to needed care. Work groups will be engaged in 2016 to address the recommendations of the study.