



Division of Aging and Disability Services

Mission Statement

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 challenged by mental illness and/or alcohol and other drug abuse.



2016 Highlights

- Emergency detentions dropped by 24%, to 398 in 2016 and civil commitments by 31%, to 164. However, with shrinking local inpatient capacity, admissions to the state institutes remained high, at considerable cost.
- The Comprehensive Alcohol and Drug Treatment Program was launched in 2016 surpassing referral goals. 44 people received injections of Vivitrol, an evidence-based, medication-assisted treatment for addiction. 95% have not recidivated.
- County-funded outpatient psychiatric services dropped from 287 clients in 2014 to only five in 2016 due to the availability of health insurance through the Affordable Care Act and Medicaid.
- A campaign to create a dementia friendly community included training for families, business employees, caregivers and emergency responders.
- Benefit Specialist staff helped 189 people during Medicare's Part D Open Enrollment period – 130% increase over 2015.
- Western Transit ridership grew 27% and Care-A-Van trips increased 18% over 2015 figures improving the mobility of elders, persons with disability and rural Kenosha County residents

We are so grateful to our division and contracted service network staff; to policy makers, volunteers, advocates and other community partners. Through these partnerships services continue to improve and expanded to meet the needs of our vulnerable populations. It is such an honor to serve this community.

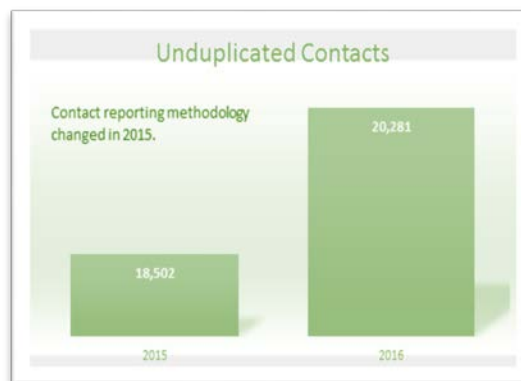
LaVerne Jaros
Director

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; and 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.

SERVICES FOR OLDER PERSONS AND PERSONS WITH DISABILITIES

Information, Assistance and Access at the ADRC



Why People Call the ADRC

Basic Needs --food, shelter
Financial, health insurance
Long Term, in-home care
Housekeeping, chore services

Family Caregiver Assistance
Health Related Issues
Equipment Loan Closet
Guardianship, power of attorney

Housing/Residential Options
Transportation
Education, recreation
Abuse, neglect, exploitation

Long Term Care Options Counseling

	2012	2013	2014	2015	2016
Home Visits	1,139	1,073	1,082	1,208	1,210
Enrollments	311	377	357	394	384

"I was amazed by the help we received for my sister. Every person we talked to was very understanding and gave us all we needed - thank you and God bless - keep up your awesome customer services."

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.

	2015	2016
SNAP – Special Needs Assistance Program	26	18
AFCSP & NFCSP / JD – Caregiver Support	71	61
Elder Abuse Direct Service Grant	36	19
Housekeeping – JD Fund	89	51

Equipment Loan Closet

	2012	2013	2014	2015	2016
People Served	241	467	711	912	989
Items Borrowed	409	754	1,427	1,484	1,962
Items Donated	857	1,033	871	1,007	1,306
Cash Donations	\$244	\$654	\$1,039	\$3,835	\$2,009

Caregiver & Dementia Support

Dementia Care Consultations-Families	110
Memory Screens– Persons	121
Dementia education & outreach events	38
Memory Connections-Families served	5
LEEPS– Persons served	10
Powerful Tools Classes held	3

Adult Protective Services

	2014	2015	2016
Referrals	438	552	568
Cases Opened	381	470	459
Reason			
Physical Abuse	9%	11%	10%
Neglect	2%	2%	1%
Self-neglect	4%	3%	1%
Financial Exploitation	14%	5%	14%
Welfare Checks	42%	42%	48%
Guardianship	27%	25%	26%
Annual Reviews	214	204	200
Guardianships	135	126	123

"Thank you for the assistance, support and compassion!"

"I don't know what our family would have done without your help with our mother."

Volunteer Guardian Assistance

With 11 new volunteers in 2016 ending 41 volunteer guardians were matched with 63 wards. The estimated annual monetary value of this program is over \$105,588.

Friendly Visitors

	2013	2014	2015	2016
Consumers	125	126	126	124
Volunteers	76	74	73	89
Volunteer Hours	4,700	4,207	4,035	4,062



Benefit Assistance

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

15 "Welcome to Medicare" workshops were held for 170 people new to Medicare. The ADRC partnered with Walgreens Pharmacies to have a Benefit Specialist on site during Senior Days and Medicare's Open Enrollment period. Material will be permanently displayed in all stores next year.



"Your staff helped me keep my shop trailer. She saved my happiness."

"Thank God I had your staff to help me with Medicare and Medicaid. I was lost and it was taking a toll on my life. Thanks ADRC for helping people like me and others to find their way in life."

	2014	2015	2016
EBS Cases	429	416	NA
EBS Persons	303	310	426
Presentations	33	29	28
Monetary Impact	\$548,407	\$954,403	\$1,309,545
DBS Cases – PD / DD	290	213	277
Monetary Impact	\$709,422	\$937,454	\$1,231,865

Senior Dining

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

"Food is great, wonderful volunteers, very friendly & kind."

"Soo good. It was a special meal for me because I'm the last in my family to come from Germany. It gave me a good feeling (bratwurst, German potato salad, & red cabbage)"

Meal Site	Participants			Meals		
	2014	2015	2016	2014	2015	2016
Kenosha Senior Center	293	288	258	9,424	9,204	9,537
Lakeside Towers	78	82	94	7,005	6,688	5,649
Parkside Baptist Church	101	129	115	5,347	5,417	4,909
Westosha Community Center	162	161	173	3,226	3,257	3,515
Twin Lakes New Life Church	130	92	68	2,237	1,759	1,686
Rainbow Lake Trailer Court*	35	29	25	731	765	417
YMCA / Boys & Girls Club	88	83	67	428	551	397
Sharing Center	70	-	59	860	955	1,110
Total	957	934	859	29,258	28,596	27,220

* Site closed August 2016.

Home Delivered Meals

Older Americans Act funds pay for many 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.

	2013	2014	2015	2016
Meals	40,203	40,260	40,366	42,362
People	287	272	277	248



Westosha Community Center

Older adults participated in activities offered at the Westosha Community Center in Bristol. Bingo, line dancing, chair yoga and exercises, pool, ceramics, birthday celebrations were among the favorites. About 88 people benefited from donated bread distribution and 21 persons participated in a new Aging Mastery Program class.

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.



Trips	2014	2015	2016
Care-A-Van	22,695	23,349	27,483
Western Transit	12,118	15,307	19,432
Volunteer Transportation	8,321	7,807	8,278

*"I'd be lost without bus service."
"Amazing drivers. Don't change a thing."
"Everyone is so patient. They are so great."*

Outreach and Education Presentations

	2012	2013	2014	2015	2016
Presentations	80	62	123	96	117
Attendance	2,946	2,182	2,814	3,191	3,191

Publications

	2014	2015	2016
My Life	148,050	266,400	266,400
Ads/PSAs	48	93	83



Events

- Older Americans Month Luncheon
- Care Worker Recognition Lunch
- Senior and community expos
- Senior Advocacy Training



Coalition Support

- Care Transitions Coalition
- Aging & Disability Consortium
- Long Term Care Workforce Alliance
- Falls CoalitionsCare Giver Coalition



Reaching Persons of Color

Minority and Hispanic Outreach Specialists reach out to African-American and Hispanic residents and support meetings of the Ethnic Elders Group.



Health and Wellness

Classes	2014	2015	2016
Lighten Up	3	4	5
Living Well	2	2	2
Healthy Living with Diabetes	2	4	3
Stepping On	3	4	4

"I learned that I have strengths I have used throughout my life I didn't know I had. " The class helped me to hear how

Toward a Dementia Friendly Kenosha

The number of persons with dementia is growing. Through grants and support from community partners DADS facilitated several initiatives to help individuals with dementia live in safety and dignity.

- Church choir for persons with dementia
- SPARK programs at the museum and Pringle Nature Center
- Dementia friendly environmental assessments for banks, libraries, restaurants, churches and others
- Staff and volunteer training for transit drivers, church groups, library and bank staff
- 1:1 counseling with families
- Training for care workers and crisis responders to avoid behavioral challenges.
- LEEPS exercise program for persons with early dementia

Continuous Quality Improvement in Aging & Disability Services

DADS is committed to continuous improvement.

- "Mission Possible" was an effort to increase participation in the ADRC's evidence-based health and wellness classes. Project class registration increased 45% from the previous year and the attendance rate, 38%.
- Facilitated by the ADRC's QA Specialist, Care Transitions Coalition member efforts have resulted in lower Medicare hospital re-admissions.
- The ADRC started providing Wednesday morning assistance with Powers of Attorney for Health Care.
- "Hearing loops" were installed in two meeting rooms to help people with hearing aids more fully participate in classes and meetings.



Caring for the People Who Care

DADS provides staff support for the Kenosha County Long Term Care Workforce Alliance which promotes recognition for direct care workers and advocates with policy makers for improved compensation to reduce the turnover in such an important service.

Customer Service

"I had the most, amazing experience ever!!!!!! To begin with I received the warmest welcome that I can ever remember in a business office. The ladies were polite, courteous, loving, interested, instant, caring, personal, and no one looked down on me (tears). I did not have to wait long, before I was seen. I felt comfortable waiting. I felt like it was one of my closest family members or closest friends, taking care of my needs. I would pray and hope that this organization, would last forever. It is very needful, useful and helpful. I pray and hope that everything good comes to the staff at ADRC because I believe that they put their utmost of everything good for people in what they do!!!!!! I am a better person for knowing you. God bless you."

2016 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 181 contacts per month in 2016 and conducted 190 screens, a 39% increase over 2015, to determine eligibility for behavioral health services. The center helps individuals to access behavioral health resources while assisting with applications for health insurance through Badger Care or the Health Insurance Marketplace. The impact has been dramatic with 230 people were enrolled in insurance and benefit assistance provided for 124 persons, with a financial impact of \$331,841.

*Mental Health &
Substance Abuse*
Resource Center of Kenosha County

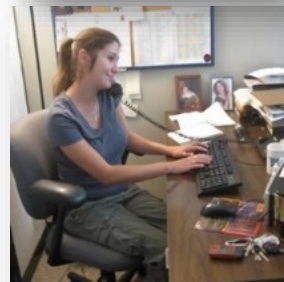


Medication Management

108 people received medication prescribed for serious and persistent mental illness.

Adult Crisis Intervention

Adult Crisis provides 24-hour/seven day/week intervention to de-escalate, stabilize and optimally improve the immediate situation of persons with mental illness, suicidal feelings, alcohol and drug abuse problems and other issues. Referrals from the Detention Center and Jail have gone down as the jail has increased its mental health staff.



	2009	2010	2011	2012	2013	2014	2015	2016
Contacts	5,980	6,015	5,985	7,930	8,878	9,015	8,973	8,563
Jail Assessments	437	399	469	527	608	846	793	187

Emergency Detention/Protective Services

Wisconsin counties incur 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, alcohol or drug issues. In 2016 there were reductions in emergency detentions by 24% to 398 and new Chapter 51 commitments by 31% to 164 from 2015.

KARE Center

A licensed 11-bed community based residential facility, the KARE Center provides a safe, supportive, short-term environment for people with mental health or AODA issues who are in crisis or transition. Plans are underway for a new, larger and more accessible site for the center.

	2009	2010	2011	2012	2013	2014	2015	2016
Admissions	665	717	665	735	793	767	702	728
Average Length of Stay	3.25	3.37	4.39	3.52	3.04	3.42	3.64	3.36



Inpatient Services

Inpatient care for psychiatric emergencies and medical detoxification are a significant portion of the division's budget and thus is reviewed thoroughly. Emergency Detention (ED) hospital admissions include state mental health institutes and other mental health hospitals.

	2009	2010	2011	2012	2013	2014	2015	2016
ED Hospital Admits	504	413	391	461	495	558	494	398
Total Paid Beds	1,757	1,849	1,414	1,975	2,353	2,172	3,113	3,143
Average stay-days	3.48	4.47	3.61	4.28	4.75	3.89	6.30	7.89

Psychiatric Services

County-funded outpatient psychiatric services continued for only 5 clients in 2016, down from 287 in 2014 due to the availability of health insurance for many of our clients through the Affordable Care Act and Badger Care (Medicaid) for single adults.

Counseling

Oakwood Clinic provides behavioral health assessment and goal-centered therapy, individually and in groups. Again, the impact of Badger Care expansion is evident from the reduced reliance on county funding for therapy.

County Funded Counseling		
Year	Patients	Sessions
2011	289	2,488
2012	424	4,323
2013	436	4,095
2014	161	1,066
2015	48	356
2016	10	49



"... 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.

Comprehensive Alcohol & Drug Treatment Program

The new "Vivitrol Program" facilitated by the Professional Services Group in partnership with the Division of Health and DADS combined Medication Assisted Treatment, intensive case management and other evidenced based interventions to reduce relapse and recidivism of persons with addiction coming out of jail. The program received 40 referrals from the Detention Center and 103 from the community, completing 90 intakes and providing 44 people with Vivitrol (naltrexone) injections. 95% have not recidivated or relapsed, 90% were in stable housing, 76% are employed, and 93% report significant reductions in cravings.

Intoxicated Driver Program

The Hope Council served 548 clients through its Intoxicated Driver Program. The program used biomarker testing as an effective way to test for abstinence and provided Recovery Coaches to assist clients and their families or significant others.

Community Support Program & Comprehensive Community Services

169 persons with serious and persistent mental illness received CSP services through Kenosha County and another 23 through Family Care in 2016, involving intensive case management, vocational services, medication management and other comprehensive services. 203 persons received CCS, a strength-based, recovery oriented intervention.

CSP	2012	2013	2014	2015	2016
People Served	162	148	159	169	169
Contacts	36,293	31,993	38,547	38,692	36,622
Family Care					
People Served	18	20	19	13	23
Contacts	5,891	5,239	4,198	4,531	5,113
CCS					
People Served	75	88	90	123	203
Contacts	10,233	11,528	14,421	19,156	23,709



118 participants completed the Recovery Oriented Systems Indicator survey. The tool was developed by consumers with 44 outcome measures important to recovery. Among many positive responses 97% felt that staff respected them as a whole person. And 95% said that they have at least one person who believes in them.

Supported Apartments and Residential Services

56 people, unable to live independently, were supported in residential facilities or adult family homes. Another 80 participated in KHDS Supported Apartment Program. SAP provides 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 services or are no longer in crisis. PALS (Partnership for Autonomous Living) provided additional support to 58 CSP consumers who without extra help, would have a very difficult time living independently. The program helps them 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 health diagnosis. In 2016 Bridges had a total membership of 506 consumers, up 38% from 2015, an average daily attendance of 41 people and an unduplicated monthly attendance of 159 people up 16%. Bridges conducts various groups focused on recovery and wellness as well as art and leisure. There were 863 group sessions in 2016 and lunch was served to an average 41 people, providing a structured setting for peer support and socialization.

Crisis Intervention 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 194 officers throughout Kenosha County have been trained through 2016. Evaluations found that 97% felt better prepared to respond to a crisis, 82% could recognize symptoms, and 93% 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 2016, 634 other professionals and volunteers participated in the 2 day Crisis Intervention Partnership trainings.



SPECIALTY COURT SERVICES: PROVIDING HOPE, PURPOSE, A CHANCE FOR RECOVERY

The Behavioral Health Jail Diversion Program

(BHJD) is for people with a mental illness who have incurred criminal charges. Participants enter a 12 month Hold Open Agreement with the court system in which they agree to participate in this treatment program while their criminal charges remain open. 26 clients were served through the BHJD program in 2016, with 8 successful program completions.

"Mary," 58, was referred to BHJD after incurring retail theft and disorderly conduct charges. Self-identifying as an alcoholic, she had been in recovery for about 10 years until she started taking prescribed narcotic pain medication. She then supplemented her medication with opiates. Mary was treated for depression, which worsened as her dependence on opiates increased. Upon entry into the BHJD, Mary was in severe pain. She had completed opiate withdrawal in jail, and did not have access to anti-depressants. She was reluctant to begin treatment but with the insistence of BHJD, Mary enrolled in partial-hospitalization at Rogers Memorial Hospital. Upon successfully completing that program, she became active in physical therapy, AODA recovery groups, and Comprehensive Community Services. Mary kept active and engaged through groups and community activities. She took her medications regularly and met with BHJD weekly. Her improvement was remarkable.

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 district attorney agreement. Those accepted are placed in the program as a condition of a court imposed sentence resulting in a negotiated plea agreement. In 2016 33 individuals were referred to DTC, five accepted, 2 pending. Of those not accepted, 5 were denied due to jurisdictional issues, 5 were denied due to lack of criminal history, 4 revoked by their agents, 4 for inability to engage in the assessment process, 3 due to delivery for profit, 3 due to past violent offenses, and 2 due to conflict of interest. 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, and increased community support meetings, increased court appearances, community service work crew and jail.



“Theresa” entered the Drug Treatment Court program on February 12, 2015 and hit the ground running. 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

This Court accepts Alternative to Revocation cases and Deferred Prosecution Agreements. Participants are placed on probation for two years, checking in weekly with an agent and case manager. They are subject to random urinalysis and linked to support and employment services. In 2016, seven individuals successfully graduated from the BHTC program.

“Elizabeth,” 38, was charged with substantial battery-intended bodily harm and disorderly conduct. The treatment team felt that her crime was the result of her inadequately treated diagnosis of schizoaffective disorder and she was accepted into BHTC. Throughout her participation, “Elizabeth” had negative UA results, attended meetings and support groups, met regularly with her Community Support Case Manager, was consistent in following up using her own calendar, and routinely checked in to report taking her medications as prescribed. After 18 months, she successfully graduated from BHTC with no further in-patient hospitalization stays, continued psychiatric and therapeutic services, on-going participation in support groups and services, and no additional criminal activity.

Continuous Quality Improvement in Behavioral Health Services

DADS and its partners in behavioral health services are committed to quality improvement in service to our customers as demonstrated by a number of initiatives.

- The Evidenced Based Practices of Moral Reconciliation Therapy (MRT) and Motivation Interviewing (MI) were embedded in the newly developed Treatment Court.
- Motivational Interviewing training was provided to providers of Comprehensive Community Services (CCS).
- Wait time was reduced and enrollment increased for Comprehensive Community Services.
- DADS applied for and received a grant to equip adult and juvenile crisis workers with tablets to access needed information while in the field.
- DADS applied for and received a state technical assistance grant to reduce mental health institute admissions which resulted in improved crisis-law enforcement protocol and reduced hospitalizations.

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.

