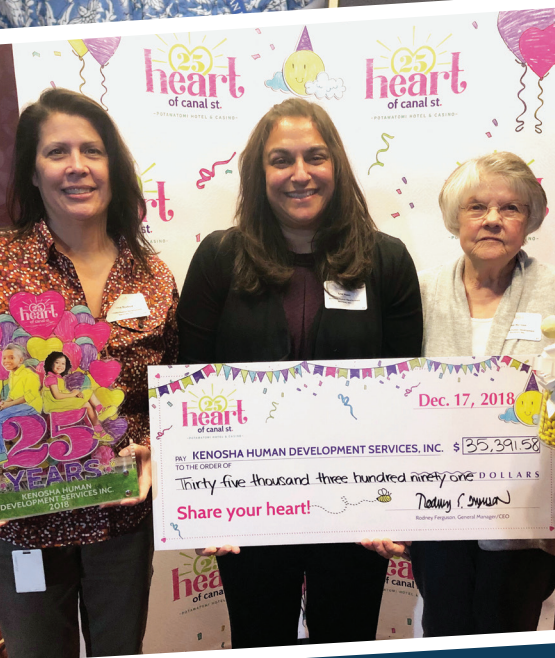




**KENOSHA HUMAN
DEVELOPMENT SERVICES**
A NONPROFIT ORGANIZATION



**ANNUAL
REPORT
2018**



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ANNUAL REPORT 2018

Kenosha Human Development Services (KHDS) works to help all people in the community lead healthy, productive lives. We are a nonprofit agency that seeks to ensure that all people—especially those with the fewest resources—have access to the opportunities and support they need to succeed in life. The major funding for our services comes from the Kenosha County Department of Human Services and its Divisions of Aging and Disability Services and Children and Family Services. We have a long, positive partnership with Kenosha County that has been essential in building a network of supportive community social services. The United Way of Kenosha County, the State of Wisconsin, the City of Kenosha and the United States Departments for Housing and Urban Development and Health and Human Services also provide significant agency revenue. People and businesses in the community also make donations that are greatly appreciated. It is a credit to KHDS's dedicated leaders and staff that we have earned the confidence of our funders and the community. We are grateful to be able to use donations of money and household goods to add positively to the quality of life in Kenosha.

EXECUTIVE DIRECTOR'S REPORT

Jeannine Field



Kenosha Human Development Services, Inc. (KHDS) continues to provide superior service to consumers in a compassionate, professional and cost-effective manner. Our commitment to the community remains strong and our mission to ensure safe, person-centered treatment remains forefront.

2018 was a busy year for KHDS. We opened the new KARE Center and Crisis Prevention Center in April and March, and continued to grow services to those with severe and chronic mental health issues. We expanded our homelessness programs; we now have 25 units of housing serving those that were chronically homeless. We also developed a regional After-care program for those youth aging out of the foster care system in Kenosha, Racine, and Walworth Counties.

As we continue to evolve, we find that we are outgrowing our current location. KHDS has accepted an offer to sell our main office building to the city. We are now beginning the development process to find a new main office site, one that will be able to house all of our program staff, serve our participants, and meet our ever-changing needs. Our board of directors has played a tremendous role in guiding KHDS in its growth and change.

Our board of directors is a voluntary board. Each comes to serve for their own reason. As I was taught by my predecessors, KHDS is made up of smart, centered, thoughtful people. Folks that are able to help guide decisions through just about any topic. This past year has been all about property and office development. But in many other years, it has been about insurance, program development, strategic

planning, and even community recognition. It is due in large part to the well-rounded, open-mindedness of this board that KHDS is able to always be moving forward and improving the quality of our programs.

KHDS could not be who we are without strong leadership from our board. This year's presentation will highlight what our board does and why they do it. I would like to share my sincerest thanks for all the hardworking members of our volunteer board.

2019 will be another year of exciting changes and challenges. Though changes and challenges can sometimes bring stress and be a bit scary, I'm confident that we are strong enough to withstand what may lie ahead. I want to thank the dedicated, professional staff that makes coming to work every day a privilege. It is through their hard work and dedication to the people of our community that our programs have flourished and our reputation as an agency who cares has grown.

Jeannine M. Field

Jeannine Field



MESSAGE FROM THE CHAIRPERSON

Mark Johnson

It has been an exciting year of energetic growth at KHDS this year. As the board chair, I'm proud of the work the always-professional staff at KHDS has done as they settled into new roles and new locations throughout the year. It was evident that although programs evolved and more staff members were added, the focus of operations was always the same—the people of our community who are in need. KHDS never lost sight of the reason they do what they do. I believe this is something to be commended. Thank you to everyone at KHDS who works so tirelessly to provide the superior services to our community.

I am equally proud of our continued strong alliance and partnership with Kenosha County Human Services, Kenosha County Division of Aging and Disability, National Alliance on Mental Illness (NAMI), Kenosha Housing Authority, local law enforcement agencies, the city of Kenosha and others. It's a testament to our administration, Executive Director Jeannine Field and Assistant Director Lisa Haen, and other division directors who have forged sincere working bonds with these entities to benefit our program participants. These alliances have allowed KHDS to move forward this year in a way that has been unprecedented, which is exciting to see!



The future of KHDS looks bright. Under the leadership of Jeannine Field, I'm confident we will continue to see evolution and growth. Soon, KHDS will be moving to a new location, a move that I am sure will bring some unique challenges. I'm sure that Jeannine and her staff will meet these challenges head-on and keep on providing the quality, professional service that they always do.

KHDS is a strong organization with a mission-based sense of service. We support, provide services, and teach skills—which are values that have made KHDS a successful agency and a vital part of the community. On behalf of the board of directors, I thank all the staff for the heart and passion they put into their work helping people face daily obstacles and achieve their goals. Your dedication makes KHDS thrive.

Mark Johnson



FOCUSING ON PEOPLE

FROM SERVICES TO SERVICE: BOBBY DEDIOS, PEER SUPPORT SPECIALIST

Bobby first came to KHDS for services around 2002 when he was having some issues at home and ended up at a mental health hospital for stabilization.

"The next thing I saw," he says, "was two people coming in telling me that I may not be able to return home again, but they had a place for me to go. They escorted me to a place called the Homeless Youth Program."

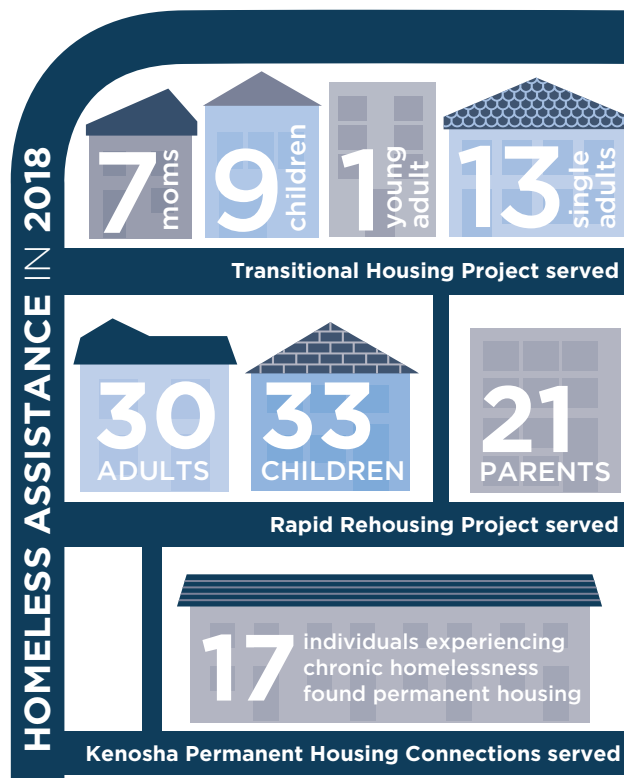
Bobby says he's been receiving services at KHDS for the past seventeen years. He was recently hired to work as a Peer Support Specialist at the Crisis Prevention/Intervention Center. He says, "I met a lot of great people right from the start at KHDS. The most help I got was right at the beginning at Homeless Youth when times were very tough. And being in the Community Support Program (CSP) helps me stay connected."

At KHDS, Bobby says he's received a "tremendous amount of encouragement" and "I was taught how to advocate for myself!" He also says, "Having my strengths pointed out for me was the turning point in my recovery and it's useful to share that with other people."

Bobby wants everyone to know that "there is HOPE! There is the hope that we can live the life we never thought we could. We are absolutely not alone! If we fall back into the dark and find ourselves struggling again, KHDS will be the lighthouse that will guide us through. KHDS does not give up on us regardless of where we are in our journey!"



"There is hope that we can live the life we never thought we could."



FOCUSING ON PEOPLE

FROM SERVICES TO SERVICE: CARRIE RUDD, PEER SUPPORT SPECIALIST

Carrie first came to KHDS in 2012 in what she calls “not my most shining moment.” She agreed to participate in the Behavioral Treatment Court program because she hoped it could help “get me out of jail sooner!” She worked through the program and graduated from it 18 months later.

Carrie says, “Stephanie Karls and Levi Stephenson were on the drug court panel at the time and were very helpful in encouraging me to move forward in recovery. By the end of drug court, I wanted to be in recovery, so I changed my behavior and thinking by utilizing all of the help offered. Levi actually suggested that I apply at KHDS when I finished school at Gateway.”

Carrie has learned from her experiences while receiving services that not everybody makes it.

“Recovery is a choice and unfortunately not everyone chooses to pursue it. It is hard work to overcome addiction, because you’re taking away the one thing that makes you feel better. All the help in the world wouldn’t have been enough, if I didn’t want to change myself. Through that experience, I don’t take it personally when people are not ready to change. I let them know we are here whenever they are ready.”

One thing Carrie would like everyone to know about KHDS, is that “we are always here to help and if we can’t help you, we will try to find someone who can.”



*“All the help in the world
wouldn’t have been enough,
if I didn’t want to change myself.”*

Carrie currently works in the Crisis Prevention Center, responding to calls from those in the community who have overdosed or are struggling with opioid abuse issues. She works in tandem with Adult Crisis and offers follow-up and support to those in recovery.

INDIVIDUALS UTILIZED TREATMENT COURT



FROM SERVICES TO SERVICE: CARRIE SZULCZUEWSKI, PEER MENTOR

Carrie Szulczewski was just a teenager when she first came to KHDS. She had moved here from Florida to live with her father but that situation did not work out and she ran away—a move that led to her being homeless.

Carrie eventually ended up in the KHDS Foster Care Program and was in a foster home for five years. She then moved on to the KHDS Independent Living Program, learning the skills she would need to live on her own as a young adult. She also enrolled in the Medication Management Program and received assistance getting her medications through KHDS and Kenosha County.







Carrie credits Pam Tenuta and Tom Ambelang as two of the people at KHDS who helped her the most during those earlier days. Pam and Tom were often the people she relied on most. Currently, Carrie says she gets support and guidance from Jeannine Field and Mary Beth Lindqvist.

Carrie has worked at KHDS for the past 19 years. Her current position is as a peer mentor at Bridges Community Center where she assists others living with mental illness and offers them support and guidance. Carrie says that she has learned a lot from her experiences as a consumer of KHDS that has helped her in her job. She says she's learned that we all share life experiences, no matter who we are—whether homeless, have a mental illness or substance abuse disorder. There are shared experiences underneath it all that come from growing up.



*"KHDS has so many resources.
All you have to do is ask!"*

One thing Carrie would like everyone to know about KHDS is that there are so many resources! People in need just have to ask and someone at KHDS will find a way. She says the people that have helped her have become her support system and, as she became an adult, she considers them her family.

IN 
2018 
KHDS **24**  LICENSED
 HAD **26**  FOSTER
and provided care for **26**  children



SPECIAL SERVICES

VICTIMS OF CRIME ACT:

A victim of a crime, whether it is domestic violence, sexual assault or something else, leaves an emotional scar that can take a lifetime to heal. Victims of Crime Act (VOCA) services at KHDS offers many ways people can find help to start the healing process from basic support to victim compensation to therapy. In 2018, VOCA services included:

- **Family Intervention Project:** This is a coordinated effort between Legal Action of Wisconsin, Women and Children's Horizons (WCH) and KHDS to address domestic violence in families. A juvenile crisis worker from KHDS and a family advocate from WCH meet with families when domestic violence is reported to provide immediate safety support, safety planning, support services, and basic child welfare assessment.
- **Community Support and Outreach:** Two VOCA workers combine efforts to identify victims in mental health crisis, homeless populations and in the rural areas of the county. Referrals come from law enforcement and via victims served. In 2018, a VOCA worker visited the Sharing Center in Trevor on a weekly basis to expand knowledge of VOCA and address the underserved population "west of the I." There were two weekly support and education groups provided: one at Bridges for trauma



recovery and one at the Behavioral Health Clinic for support in controlling relationships.

- **VOCA Therapy:** Two VOCA therapists provided trauma recovery therapy. KHDS also has a Spanish-speaking therapist to provide service to those underserved victims. Additional VOCA funds were applied for and provided funding for Eye Movement Desensitization and Reprocessing (EMDR) therapy, an approach widely viewed as the most effective one to reduce the impact of trauma.

VOCA services were provided to nearly a thousand victims in 2018. Nearly 200 participated in therapy, over 600 received community-based services, and close to 300 were served by the Family Intervention Project.

“As a VOCA worker I provide emotional support, victims’ rights information, and help with finding needed resources. I try my best to be an encourager, and a support. Luckily, I work for a great agency that provides an umbrella of services that also helps victims in many different capacities.”

—Kristina Saliture
VOCA



BASIC CENTER:

There is a ongoing reorientation of basic center services at the federal level. This year, KHDS participated in grant writing at both the state and federal level and was successful in receiving funding for both the Basic Center and Street Outreach services. Street Outreach had been defunded for two years and KHDS teen talk groups were being provided as crisis stabilization for youth. This program ended in 2018, with the last two months providing a scaled-down version of the group at the behest of youth who found it vital to their ongoing ability to cope with many challenges of young adulthood. The program served over 250 youth in 2018, maintaining a group of 7 after funding was exhausted to end out the year.

In 2019, Basic Center and Street Outreach will become part of KHDS Transitional Living programs. In keeping with the Basic Center focus on homelessness services, this will provide a perfect fit.

INDEPENDENT LIVING:

KHDS Independent Living continues to be one of only three supervised independent living providers in the state. These are 17-19 year-old youth living on their own as a court-ordered placement. KHDS served thirteen youth in supervised Independent Living this year.

Independent Living also provides skill-based teaching to youth 14½ years old and older in out-of-home care. In 2018, 69 youth were provided this service.

Independent Living Aftercare includes voluntary programming for youth 18-21 years old (up to age 23, if they continue to receive education/training voucher assistance) who have aged out of care. This includes case management for youth receiving housing vouchers for at least eighteen months. Thirty-nine young adults participated in Aftercare in 2018.

KHDS was awarded the Transitional Resource Agency grant for Region IV beginning in 2019. KHDS will provide services to all youth who have aged out of care in Kenosha, Racine, and Walworth counties for the next three years. This includes: two career/education service managers to develop relationships with and provide services in housing, education, health and wellness, employment, and development of permanent connections, as well as, a Youth Advisory Council advisor to implement and coordinate Region IV's youth advisors.



“

I think something I like about IDL is youth learning their potential and what they are capable of. I feel successful in this job, when they are successful in their lives. It's challenging to see someone, especially someone so young, with SO much potential, not know they have it or how to use it. Watching that transformation and seeing hope build in the kids, is what keeps us going here.”

—Jessica Daly

Adult Skills Worker / YAC Region IV Coordinator



COMMUNITY INTERVENTION

KHDS ALCOHOL AND OTHER DRUG ABUSE SPECIALIST:

Coming to the realization you need help with a drug or alcohol problem can bring you to the lowest point in your life. Going through the withdrawal and/or detoxification can be horrible, leaving one feeling ill and not wanting to be around other people. Unfortunately, it's at that time when support is most needed. The KHDS Alcohol and Other Drug Abuse (AODA) specialist is available to provide frank, honest, caring guidance to those individuals experiencing this pivotal time in their lives.

Any individual who is admitted to the KARE Center for social detox from alcohol or drugs, other than opiates, is seen by our AODA specialist. They help the person understand the symptoms of detox. The AODA specialist informs the KARE Center staff of signs to watch for that indicate the participant needs medical attention. The AODA specialist helps the person plan for recovery treatment by providing options and making referrals to available community resources. She offers support and guidance to the individual throughout their stay. The AODA specialist also accepts appointments in the Crisis Prevention Center for people seeking support in their recovery and is available to work with their families.

CRISIS PREVENTION/INTERVENTION:

KHDS has worked cooperatively with law enforcement and local hospitals to address the immediate needs of those in crisis in our community for many years. Through the years, we've learned methods to provide safe intervention and get people appropriate care, not the least of which is effective listening. Crisis knows no time limits or age limits so we have to be able to adapt, changing our service delivery to improve the quality of our crisis services.

Historically, our crisis unit has been divided into two parts—adult crisis and juvenile crisis. In March of 2018, those divisions merged to create a unique, cross-trained crisis prevention/intervention unit. Crisis prevention/intervention units are located at the Crisis Prevention Center located at 1202 - 60th Street. This combined unit can address the emergent mental health and substance abuse needs of individuals and families in Kenosha county. KHDS provides after-hours child protective services, child protective initial assessments and child welfare services reports. The move from the separate services of adult and juvenile units, to a family systems delivery of crisis services ensures all individuals needs are met as well as best outcomes for the family unit. The crisis prevention/intervention unit also enlists the assistance



What I find most challenging about my job is meeting with someone who is chronically undecided about seeking treatment for their substance use disorder. Ironically, it is also the most rewarding because as long as he/she returns for a session, there is hope for change."

—Katrina Ware
CSAC, ICS, DOT, SAP



I love working with the crisis team, everyone works hard, and they are each compassionate and dedicated. I find the work we do to be very important for the community and it is a great thing to see so many people come to us for help. Some days are more difficult than others, but every day we get to leave knowing we gave support to someone who didn't have any before contacting us."

—Katherine Yule
Adult Crisis Administrative Assistant



2018

THERE WERE **208** ADULTS MONITORED
ON A CHAPTER 51 AT KHDS AND
168 ADULTS MONITORED
ON SETTLEMENT
AGREEMENTS.

2018

THERE WERE **12** CHILDREN MONITORED
ON A CHAPTER 51 AND **45** ON
SETTLEMENT AGREEMENTS
AT KHDS.

of certified peer support specialists in interventions for individuals in crisis due to opioid abuse.

As always, crisis services, whether they are in person or by phone, are provided 24 hours per day, 365 days per year. There is never an answering service for a crisis call.

KENOSHA ADULT RESIDENTIAL EMERGENCY CENTER (KARE CENTER):

Perhaps the biggest change at for the KARE Center in 2018 was the move to the Crisis Prevention Center, located at 1202 - 60th Street which, through the generosity of the city of Kenosha and the combined partnership of the city and county governments, we have a new “home” as of April 17, 2018.

The KARE Center has a long history of providing community mental health and social detoxification services for those individuals who do not need or meet a hospital level of care. Licensed for up to 16 residents, the KARE Center is equipped to provide trained, caring mental health professionals to address their needs.

Our IVDU recovery coordinator and AODA specialist see those people who are admitted for drug or alcohol detox, and Dr. Matt McCarthy and APN Heidi Eckelberg see people at the KARE Center who are in need of psychiatric care but who have not yet been able to find a community provider. The shared location of the KARE Center at the Crisis Prevention Center means that crisis workers are available immediately should a resident express suicidal ideation or need that level of support.

The KARE Center is not a locked facility or a hospital-like setting. It has always been important that the KARE Center feel homelike and comfortable. Those who have visited the KARE Center have been amazed

at how comfortable and relaxed the atmosphere is. The staff monitors medications and helps with crisis planning. They assist residents in accessing other community resources as needed and link them to their other services, such as case management, probation and parole, and outpatient counseling. KARE Center services, like crisis prevention/intervention, are available 365 days per year and accessible by contacting the crisis unit.



COURT LIAISONS: ADULT AND JUVENILE:

Individuals, adults, or juveniles, who are causing harm to themselves or others due to a mental health crisis, may be detained to a psychiatric hospital and held there for up to 72 hours. At that time, the court will decide if the individual will require a court order for treatment. This is called a chapter. KHDS court liaisons provide guidance and case management to each person for the duration of the court order. The liaisons monitor the individuals progress and compliance with treatment and report back to the court.

Based on the individual's progress and the reports to the court, the commitment order can either be dropped, if progress is made, or extended, if further monitoring is necessary.



HOMELESS ASSISTANCE SERVICES

DURING 2
PROGRAM
1 SING
ADULTS
HEAL
H

Consider what it takes to become homeless, the circumstances which may occur where one would suddenly find themselves without a roof overhead. What could lead a person to this? A failed or abusive relationship? A chronic illness or addiction disorder that has gotten too much to manage alone? Loss of job? No immediate family or friends for support? For most the thought of becoming homeless is alien and something that happens to other people. For those “other people” it is a harsh reality that is meted out with hard nights living on the streets, in tent cities, in parks and out of the public eye. Because homelessness affects so many and brings with it a unique subset of conditions, stigma and obstacles, KHDS strives to meet individuals where they are and understands that every person has the possibility for success once the door is opened to them.

For over 25 years KHDS has followed a housing first approach to successfully connect individuals and families experiencing homelessness to housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.

“*The most important thing that I would like for the community to know about Homelessness is that Homelessness does not have a face. It affects all ages, races and genders. The homeless community are a tight knit community of kindhearted human beings who look out for each other. They are the same as you and I, but most times lack the supports, resources and the know how to get on their feet again. A lot of society is simply one paycheck away from being Homeless themselves.*”

—Harriet Agee
Homeless Programs

COORDINATED ENTRY:

Individuals and families experiencing homelessness may find housing and connect to community resources through the Coordinated Entry Program. With funding through the Wisconsin Balance of State Continuum of Care, KHDS acts as the lead for the four collaborating agencies (KHDS, Shalom Center, Sharing Center and Women and Children’s Horizons) to assess people for eligibility and direct them to the most appropriate resources to meet their needs.

PROJECTS FOR ASSISTANCE IN THE TRANSITION FROM HOMELESSNESS:

Providing outreach and case management to homeless individuals is the first step in getting them the services they need to eventually end the cycle of homelessness. The Projects for Assistance in the Transition from Homelessness (PATH) program provides that outreach, going into the community and engaging with people experiencing homelessness who are living with mental illness or co-occurring substance abuse disorders. Our PATH case management service helps connect individuals to housing, resources and mental health and substance abuse services available through the KHDS Mental Health and Substance Abuse Resource Center. The PATH worker follows the individuals through those services, connecting with the service providers and assisting the individuals in navigating the service delivery system.

TRANSITIONAL HOUSING PROGRAM:

KHDS Transitional Housing program was started in 1991 to provide stable housing options in our com-



2018

2018, KHDS TRANSITIONAL HOUSING
SERVED 7 MOMS AND 9 CHILDREN,
LE YOUNG ADULT AND 13 SINGLE
LIVING WITH PERSISTENT MENTAL
LTH ISSUES IN SCATTERED-SITE
HOUSING IN THE COMMUNITY.

2018

30 SINGLE ADULTS, 33 CHILDREN
AND 21 PARENTS WERE
PROVIDED RAPID REHOUSING
SERVICES.

2018

17 INDIVIDUALS EXPERIENCING
CHRONIC HOMELESSNESS FOUND
PERMANENT HOUSING.

munity. It was initially funded by the Family Youth Services Bureau, the United Way, The Department of Housing and Urban Development (HUD), and generous community donations. Today, KHDS participates in the statewide HUD Continuum of Care, which collaboratively and competitively writes new project and renewal grants to support itself. KHDS Transitional Housing program serves three target populations: single and parenting young adults ages 18–24, and adults living with mental health and/or substance abuse disorders. We believe helping people obtain and maintain permanent housing allows them the opportunity to work on their goals that will assist in ending homelessness. The Transitional Housing program provides hands-on support, rental assistance, individual housing stability and employment plans, access to community resources, life skills training, parenting education and support system development.

KHDS RAPID REHOUSING PROGRAM:

HUD considers rapid rehousing critical to a community's homeless response plan and is designed to help people exit homelessness as quickly as possible. Helping people find stable, affordable housing options in scattered site units in the community and offering individual supportive services is the key to success. This program serves ten single individuals at any point in time with a focus on working with people who are living with a severe and persistent mental illness.

KENOSHA PERMANENT HOUSING CONNECTIONS:

Working on mental health or substance abuse recovery is difficult enough without having to worry about finding shelter every night. Chronic homelessness

not only affects an individual living with a disability but influences the community. Kenosha Permanent Housing Connections is a program funded by a HUD Continuum of Care grant that allowed KHDS to lease 10 units at any point in time for single individuals who are experiencing chronic homelessness for a variety of reasons. This program works with those in the most need who are living with a disability and have experienced homelessness. We look forward to increasing the number of people we provide services to in 2019 when we expand the program to include an additional 15 units of housing!

EMERGENCY SOLUTIONS GRANT/SHARES FUNDING:

The Emergency Solutions Grant (ESG) is a collaborative grant that provides funds for emergency shelter and rental assistance for people experiencing homelessness. KHDS participates as the lead agency in this grant application with the Shalom Center, and Women and Children's Horizons. ESG funds provide short-term rental assistance to people who have to leave emergency shelters. SHARES funding, provided by Kenosha County, is for single individuals and families who are literally homeless.



INTRVENOUS DRUG USER PROGRAM

As the opioid epidemic continues to grow in our communities, probably no program has taken on so much as the Intravenous Drug User (IVDU) program. Funded through a grant from the State of Wisconsin our IVDU Program collaborates with and shares duties with two other local agencies. The Kenosha County Division of Health provides NARCAN training and Vivitrol injections for those seeking opioid treatment. Oakwood and Associates provides ongoing counseling and recovery coach services to others. Our own recovery coordinator sees people who have come through our adult crisis process seeking help with their addiction. They may be admitted to the KARE Center for stabilization and at that time are assessed and referred for follow up care and treatment. The KHDS recovery coordinator also facilitates support groups at the KARE Center and at Bridges Community Center. She also networks with other providers and does outreach to the recovery community. Three times each year, she hosts an open discussion on heroin use in our community which are open to the public.

In 2018, the IV Recovery Coordinator hosted 4 Community Discussions on Opioid Use at KHDS. 249 people attended in total. 78% of those self-identified as in recovery from substance abuse disorders. Other agencies represented and/or presenting at these discussions were the AIDS Resource Center of WI, Kenosha County Department of Health, Oxford Houses, Kenosha Police Department, Aurora Health, Froedtert Hospital Systems, and more.



249 PEOPLE ATTENDED COMMUNITY
DISCUSSIONS ON OPIOID USE
78% SELF-IDENTIFIED AS BEING IN RECOVERY
FROM SUBSTANCE ABUSE DISORDERS

The text is set against a background of overlapping circles in shades of blue and red.



KHDS BEHAVIORAL HEALTH CLINIC

2018

THE KHDS BEHAVIORAL CLINIC
SERVED 912 PATIENTS.

As psychiatric resources saw a significant shortage in the Kenosha area, KHDS and Kenosha County recognized a need for services for those who often are unable to access any available services due to their lack of insurance, lack of insight into their illness, or lack of control over their emotions and behaviors. The KHDS Behavioral Health Clinic was created to address these issues and provide quality psychiatric service to those finding it difficult finding treatment in the community. The clinic is staffed by Dr. Matt McCarthy, APN Heidi Eckelberg and three Victims of Crime Act (VOCA) therapists. Additionally, we offer an injection clinic for those individuals who have been prescribed long-lasting psychiatric intramuscular medication but do not have a provider to administer the injection at this time.

In 2018, through a partner grant from Aurora Health Care, KHDS was able to license a telehealth service and began providing this essential service to our community in the past year. Barbara Logan, APNP provides 30 hours a week of psychiatric services from her home in Maine. Alexia Smith, APNP, a Michigan resident, provides 20 hours a week of psychiatric services to children and adolescents. Patients meet with their provider via computer screen in our office and a connector works with patients and families to ensure efficient, effective services.



WE ADDED 50 HOURS OF TELEPSYCH SERVICES



MENTAL, BEHAVIORAL, AND DEVELOPMENTAL DISORDERS BEGIN IN EARLY CHILDHOOD

1 IN 6

U.S. children aged **2-8 YEARS** (17.4%) had a diagnosed mental, behavioral, or developmental disorder.⁵



RATES OF MENTAL DISORDERS CHANGE WITH AGE

Diagnoses of depression and anxiety are more common with increased age.³

Behavior problems are more common among children aged **6-11 YEARS** than children younger or older.³



SOME OF THESE CONDITIONS OCCUR TOGETHER. FOR EXAMPLE:

HAVING ANOTHER DISORDER IS MOST COMMON IN CHILDREN WITH DEPRESSION:

ABOUT 3 IN 4

children aged **3-17 YEARS** with depression also have anxiety (73.8%) and almost **1 IN 2** have behavior problems (47.2%).³



For children aged **3-17 YEARS** with anxiety, more than **1 IN 3** also have behavior problems (37.9%) and about **1 IN 3** also have depression (32.3%).³

1 IN 3

1 IN 3

For children aged **3-17 YEARS** with behavior problems, more than **1 IN 3** also have anxiety (36.6%) and about **1 IN 5** also have depression (20.3%).³

Source: Centers for Disease Control & Prevention



RESIDENTIAL CARE SERVICES

It is a basic human need to want to feel safe, loved, and cared for. KHDS Residential Care Services works to meet this basic need for so many. Through Shelter Care and Foster Care, children who, for a variety of reasons, find themselves outside of their own family home, can find caring adults who will listen and teach them new skills to be able to cope with feelings and emotions that prove difficult. The children are often high need, acting out of past trauma and behaving in ways that take special training and constant patience.

The KHDS Independent Living Adult Family Home offers the same safety and warmth to four wonderful adult men living with development and cognitive disabilities. The staff work to give the gentlemen their best lives while encouraging independence and self-management of the home.

SHELTER CARE:

Shelter Care is an eight-bed facility for children between the ages of 12 and 17. Children are typically referred to the program through the Kenosha County Division of Children & Family Services for a variety of reasons that include court involvement and family conflict. The program is short term and provides structure and skill building opportunities for the youth placed in care. The teaching parents are trained in the Teaching Family Model, focusing on teaching social, academic, and maintenance skills to the youth. These skills can be used by the youth

during their stay at Shelter Care, as well as, in the community. Each child also identifies a target goal that they work towards during their admission. The maximum time that youth can be placed in Shelter Care is 60 days. All youth maintain their treatment and educational programming while at the facility, as well as, participating in recreational events. The program employs five full-time teaching parents and six part-time teaching parents.

INDEPENDENT LIVING ADULT FAMILY HOME:

The Independent Living Adult Family Home (ILAFH) is home to four adult men diagnosed with cognitive disabilities, including Down's Syndrome. Two of the men are long-term residents of the ILAFH while the other two men have been with the program for a shorter time. The program is staffed by two full-time teaching companions who reside in the home during their shift. They are assisted by two part-time teaching companions that work throughout the week. The teaching companions provide a family style home environment for the men that includes home cooked meals, chores, daily activities, and vacations. The Teaching Companions provide structure within the home and work on building skills that the men can use both in the home and out in the community. All four men work at community sites that include the YMCA and Kenosha Achievement Center (KAC). Over the past year, the men have participated in Special Olympics, celebrated holidays and birthdays with each other and even took a vacation to see Graceland. The teaching companions are very committed to these men and consider them to be family.



One of the most challenging parts of my job is building a strong, trusting relationship with youth, knowing that once they leave, you will be yet another person who is no longer around to help them through their struggles."

—Casey Harpeneau

Group Care Consultant and Program Manager



2018

SHELTER CARE WAS ABLE TO SERVE **81** YOUTH IN KENOSHA COUNTY WITH THE AVERAGE STAY BEING **14.59** DAYS. **77.67%** OF THOSE YOUTH SERVED WERE ABLE TO BE DISCHARGED TO A LESS SECURE SETTING.

SPECIALIZED FOSTER CARE:

KHDS Foster Care currently has 24 licensed homes with 26 children in the program. Our foster parents receive 32 hours of training specifically in the Teaching Family Model. The Teaching Family Model provides our foster parents with a set of tools that they can utilize to teach skills to their foster children. Each foster home has an assigned foster care consultant to support the families through training, in-home meetings, monthly support groups, and 24/7 phone availability. Consultants help the foster parents to problem solve and encourage skill development. Consultants often act as a liaison between the foster parents and the social worker or community service provider.

With the increasing need for foster homes, our trained foster parents have made a commitment to help children who have been exposed to trauma in their lives and offer them a safe and nurturing environment. Sometimes these placements are short term, but they can also be longer term placements leading to adoption. Foster parents often work closely with the biological parents to promote the children's safe return home.

Over the last year, the Specialized Foster Care program has increased recruiting efforts in the community by participating in the Kenosha Expo, Harbor Market, and church presentations. The program has advertised in the Kenosha News and the Happenings Magazine, as well as, posting flyers and yard signs throughout the community. The program continually works towards increasing awareness that we need more full-time and respite care foster parents.



24

**LICENSED
SPECIALIZED
FOSTER
HOMES**

4

**RESPITE
CARE
PROVIDER
HOMES**

212

**REFERRALS
TO FOSTER
CARE IN
KENOSHA
COUNTY**

6

**FULL-TIME
PLACEMENTS
INTO SPECIALIZED
FOSTER PROGRAM**

10

**YOUTH DISCHARGED
FROM THE
SPECIALIZED FOSTER
PROGRAM**



COMMUNITY RESOURCE CENTER

The Community Resource Center is often the first stop for those in need of information and assistance. Staff model skills and provide information that allows for easier access to needed services. Resource Center staff provide assistance in beginning the process to accessing services, helping individuals understand what those services can provide and what will be expected of them while receiving services. Hopefully, this leads to actual engagement in a service and having needs met, not just receiving information.



The Mental Health and Substance Abuse Resource Center also offers a certified benefits specialist who assists individuals in accessing Medicaid insurance coverage. The benefits specialist meets with people, assists with applying for benefits, follows their application process through all the stages of approval and/or denial. The specialist can also get legal advice from a benefit attorney, if necessary, which helps those we serve.

REPRESENTATIVE PAYEE PROGRAM:

The Social Security Administration determines when people are unable to manage their own benefits and require a representative payee. The idea that someone else is now managing your money is not always met with good cheer, but the designated payees work diligently to make sure that all those in the program have the basics in life. The Representative Payee program helps individuals pay their bills and budget their money with the goal of maintaining housing, meeting medical needs, and other basic needs for food and clothing. By helping people meet these needs, the Representative Payee program can help ensure that these benefits are used as intended. The program is authorized to assist those with

“Applying for social security benefits is a daunting task for any individual, let alone one with mental illness. My role as an advocate is challenging but rewarding. Each consumer has a unique situation that requires a plan tailored to their individual needs. I champion along with them and nothing beats the thrill of someone being awarded the benefits they deserve.”

—Tracy French
Benefit Specialist

COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCE CENTER:

Finding resources that accept a particular health insurance or knowing what to ask for when contacting that resource can be a daunting task. The Mental Health and Substance Abuse Resource Center assists individuals in finding and obtaining those that meet their needs. The staff is trained to provide information and assistance related to mental health and substance abuse in Kenosha County, including help with enrolling in Marketplace insurance and obtaining BadgerCare. Staff are also trained to utilize the Mental Health and Substance Abuse Screen, which determines eligibility for the Community Support Program and Comprehensive Community Services.



2018

A TOTAL OF **659** PEOPLE
WERE SERVED BY THE
REPRESENTATIVE
PAYEE PROGRAM

Social Security, Supplemental Security Income or Social Security Disability Income. Each year the Representative Payee program must report to the Social Security Administration exactly how the individual's money was spent and/or saved. Anyone in need of a representative payee should first start by contacting the Social Security office in Kenosha.

GUARDIAN ASSISTANCE PROGRAM:

Every year guardians are required to report to the court an annual accounting of their wards' assets and income. The KHDS Guardian Assistance Program holds training classes and offers private appointments to help guardians with the required court paperwork. The program assisted 73 guardians to complete their guardian of estate accounting.

CHILDREN'S LONG-TERM SUPPORT WAIVER:

The Children's Long-Term Support Waiver (CLTS) is a state and federally funded program that supports children with severe physical, cognitive and emotional disabilities. All staff attended six protective factors trainings which focuses on building supports (protective factors) in families so that there is less likelihood of abuse or neglect. The items and services these children and families need to live safely in their home is often extremely costly. This program helps families to receive and maintain support that would otherwise not be available to them. The CLTS service coordinators work with the families to create service plans that address the needs of the children, provide information on community services for the whole family and advocate for effective services and programming.

2018

265 CHILDREN ENROLLED IN THE
CHILDREN'S LONG-TERM SUPPORT
WAIVER AND **41** CHILDREN ARE
ON THE WAIT LIST.

"The CLTS Waiver provides valuable services to children with special needs and their families. As a service coordinator implementing this program it is immensely rewarding to see the growth the children have from visit to visit and help the families celebrate these successes. My favorite part is getting to work with a family long term and watching their child grow from primary age to adulthood. Not only do you get to see who the child becomes but from a clinical standpoint it is also fascinating to watch how their condition changes and interacts with their daily life. The job can present with frustrating challenges due to constant program changes, lack of available services to offer families, and at times the inability to do anything for a family to help change their child's current status. Despite that, the job is never boring and children with special needs will always teach you a new way to look at life."

—Sarah Dimmer
Benefit Specialist

CHILDREN'S COMMUNITY OPTIONS PROGRAM:

Children's Community Options Program (CCOP) is a program that supplies funds to families caring for children with severe physical, cognitive, and emotional disabilities. These funds can be used while the family is waiting to be enrolled in the more robust Children's Waiver program or for items or services not funded by the Children's Waiver program. Some of the services CCOP provides include respite care, transportation and recreation. Most of the families in the CCOP receive the funds for a one-time purchase that helps them better care for their children at home. CCOP served 70 families in 2018.



COMMUNITY RECOVERY SERVICES

2018

THERE WERE **249** ADULTS
ENROLLED IN THE KHDS
CCS PROGRAM.

COMPREHENSIVE COMMUNITY SERVICES:

Comprehensive Community Services (CCS) provides psycho-social interaction and care management to persons living with a persistent mental illness or substance abuse disorder. Participants in the program work with their assigned CCS service facilitator to create a working service plan of meaningful goals and objectives. The person chooses the services they desire to assist in achieving those goals and working through the stages of change. The CCS service plan is fluid and changes as the goals are met and the participant moves towards independence, learning to manage their illness or addiction without the help of the program.

COMMUNITY SUPPORT PROGRAM:

Community Support Program (CSP) is a care management program which focuses on a person's skills and uses a coordinated network of care providers including case managers, nurses, and psychiatrists. Person-centered goals revolve around learning to recognize and reduce the intensity of mental health symptoms, creating and relying on a support network, peer mentoring, social skills, and daily living skills. The participants strengths are key to their success and the CSP care manager draws on those strengths to create the individualized service plan. Every participants' needs are unique and are met by a team of professionals using a broad array of wraparound services. Every need presents a new opportunity to teach a new skill and every new skill learned is one more self-directed step in the journey of recovery.

PARTNERS FOR AUTONOMOUS LIVING:

Living independently in the community requires skills that help to maintain a home, be a good neighbor, keep to a budget, and even navigate a bus route. Some people may need some additional assistance in learning these skills. Partners for Autonomous Living (PALS) staff go into the home and teach, hand-over-hand, daily living skills, helping the participants to live their best lives. Sometimes the participants will have spent extended time in an in-patient or institutional setting and will have to regain confidence in their abilities. PALS staff is there to help them relearn and embrace the nuances of daily life while managing their illness and symptoms. PALS works closely with care management team and is part of the participants individualized treatment plan.

“Community Recovery Services works to help the people of Kenosha County by supporting them on their journey to lead healthy, independent, and productive lives. We partner with consumers to develop goals and a comprehensive plan so consumers are able to take steps reach their goals. We remain person-centered and promote autonomy, healthy relationships, and help our consumers develop skills that will help them in their recovery and beyond. We are able to be part of the change process and equip people to live their best lives. As part of the leadership team, I am able to help problem solve, guide, support, and teach staff in order to enhance their skillset. It is fulfilling to be a part of a program and agency that impacts the lives of so many.”

—Christine Sharp

CCS Clinical Services Director



FRONT END OPERATIONAL SERVICES

*“KHDS Crisis and Resource Center,
how may I direct your call?”*

It's not lost on any of us how important the job of operations manager really is when it comes to keeping KHDS moving forward. Our operations manager is the go-to person for all employees and she can answer any question and solve any work-related issue and never miss a beat. She keeps us stocked in staples and copy paper and makes sure that the county gets monthly program reports on time. Without our operations manager, the well-oiled machine of KHDS would likely grind to a slow halt!

Our fiscal and workflow specialist maintains our payroll and assists programs with spreadsheets and other reporting needs. He helps employees understand how to use the system to track client data and is also our timeclock wizard!

Our HR recruiter/trainer keeps the new hires coming in! As our programs grow we always need new people and new people need to be trained quickly and efficiently. Our HR recruiter/trainer keeps a steady stream of training available both live and online, so all employees have the most up-to-date training possible.

Our building and grounds worker, possibly the hardest working man at KHDS, answers endless requests for assistance to repair, replace, move, and help both employees and program participants daily. And he does it all with a smile!

Our licensing and quality assurance specialist works quietly to ensure that all our programs requiring licensure are current and that we are always working on quality assurance. This allows KHDS to always be working towards excellence in service provision.

Finally, our Data and Communication Strategist works non-stop on ways to improve our means of data collection, dissemination, and storage that is HIPAA compliant, easy-to-use, and forward thinking. He creates applications that are unique to KHDS and assures that information about the work we do is accessible only to those who need it. He also creates training utilities for all employees so using these new tools is easy.

“Many of our programs at KHDS continued to grow in 2018, requiring our hiring and training process to become even more efficient to keep up with the pace. During this time we changed our applicant tracking system which allowed us to reach a broader candidate pool and continued to refine and streamline our onboarding system through the help of QuikHire and a greater utilization of Sharepoint which has helped us keep the lines of communication and teamwork clearer.”

—Jamey Roman
Director of Human Resources

All these people comprise our front-line of services. Without them, we could not do what we do daily. They work tirelessly behind the scenes so that we can serve our participants.



KENOSHA HUMAN DEVELOPMENT SERVICES, INC.

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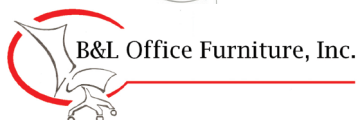
Lt. Joseph Riesselmann

Heather Spencer

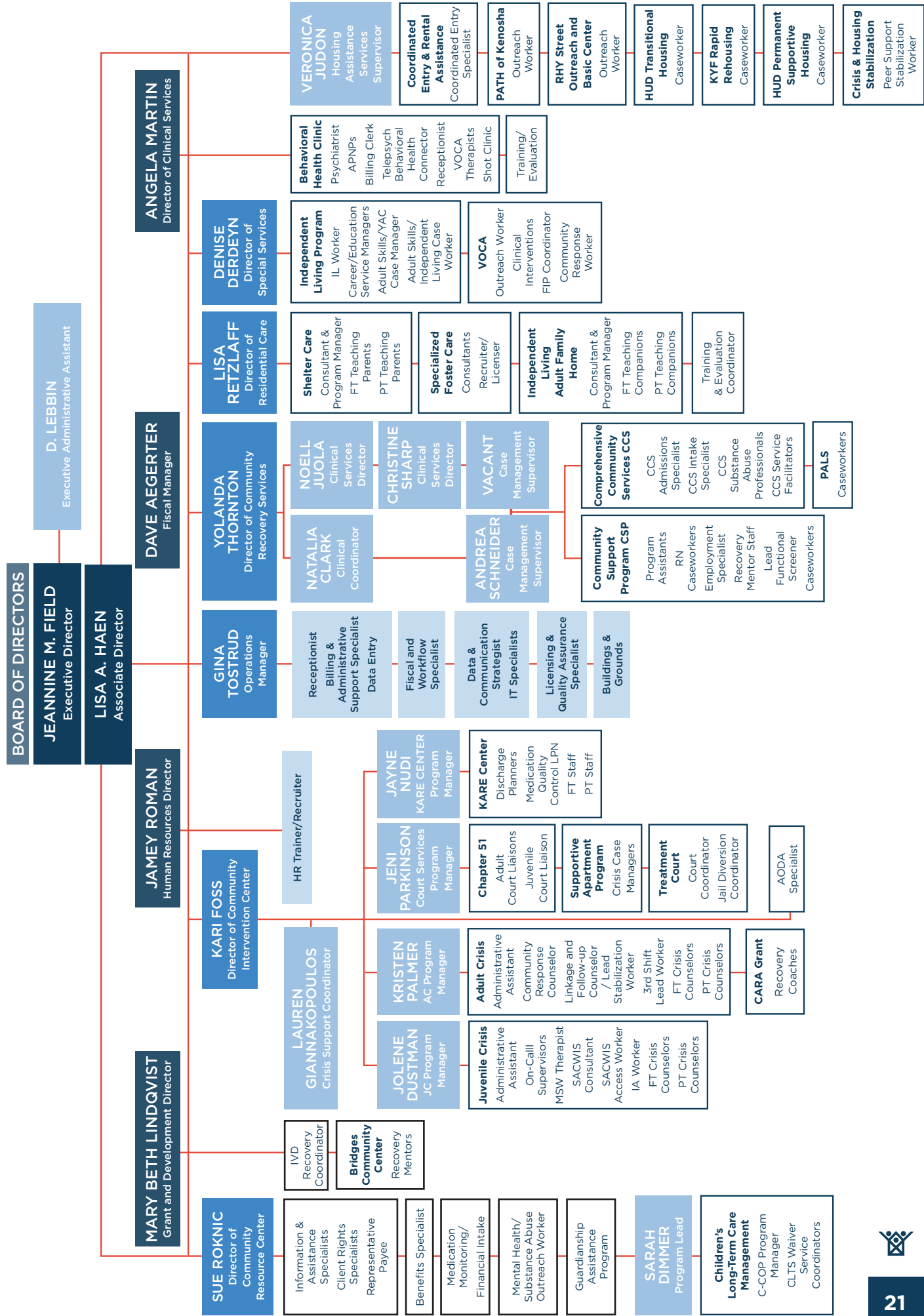
BALANCE SHEET AS OF DECEMBER 31, 2018

ASSETS		LIABILITIES & FUND BALANCE	
CURRENT ASSETS		CURRENT LIABILITIES	
CASH IN HAND	\$1,066,589	CONTRACT ADJUSTMENT	\$124,982
MONEY MARKET	\$360,878	ACCOUNTS PAYABLE	\$11,006
ACCOUNTS RECEIVABLE	\$816,468	WAGES PAYABLE	\$564,172
PREPAID EXPENSES	\$283,275	TAXES PAYABLE	\$258,151
PREPAID INSURANCE	\$3,655	FRINGE PAYABLE	\$2,077
TOTAL CURRENT ASSETS	\$2,530,865	TOTAL CURRENT LIABILITIES	\$960,298
PROPERTY, PLANT & EQUIPMENT		LONG-TERM LIABILITIES	
LAND	\$240,450	MORTGAGE PAYABLE	\$326,345
FURNITURE & FIXTURES	\$505,381	TOTAL LONG-TERM LIABILITIES	\$326,345
BUILDINGS	\$2,617,031	TOTAL LIABILITIES	\$1,286,643
VEHICLES	\$118,403	TEMP. RESTRICTED	\$320,478
SUBTOTAL	\$3,481,265	FUND BALANCE	\$3,237,189
LESS: ACCUM DEPRECIATION	\$1,167,820		
TOTAL FIXED ASSETS	\$2,313,445		
TOTAL ASSETS	\$4,844,310	TOTAL LIABILITIES & FUND BALANCE	\$4,844,310

SPONSORS



ORGANIZATIONAL CHART





**KENOSHA HUMAN
DEVELOPMENT SERVICES**
A NONPROFIT ORGANIZATION

We are a nonprofit organization that works to help all people in the community lead healthy, productive lives. We seek to ensure that all people—especially those with the fewest resources—have access to the opportunities and support they need to succeed in life.

KHDS OFFICE LINE
262-764-8555

CRISIS HOTLINE
262-657-7188

MAIN OFFICE
5407 8th Avenue, Kenosha, WI 53140

BEHAVIORAL HEALTH CLINIC
712 55th Street, Kenosha, WI 53140

KARE CENTER / CRISIS PREVENTION CENTER
1202 60th Street, Kenosha, WI 53140

KHDS.ORG