



2016

Collaborative Community Report

*Patterns of need and Potential Service Gaps
in Brown County*



Wequiock Falls

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Statement of Purpose

The intent of the data presented in this report is to demonstrate patterns of need in the Brown County community and to educate policy makers and the public about potential service gaps in order to mobilize change. 2-1-1, the Crisis Center and the Aging and Disability Resource Center (ADRC) represent agencies that have a mission to respond to consumers who are searching for needed services. All three agencies provide reliable, unbiased information and links to community providers who have valuable services to offer. Each agency provides this service at different depths.

There are different roles played by each agency, yet all three deliver front end information and support along the continuum of Information and Referral and Information and Assistance.

I & R-Information and Referral

2-1-1 offers efficient contact with consumers and quickly links people in need with agencies that provide services to address those needs.

I & A-Information and Assistance

Crisis Center and the ADRC represent specialty agencies that provide detailed and repeated contact with consumers who fall into target populations. These contacts tend to be more involved and may result in field contacts, formal referrals, and/or follow up.

Database Collaboration

2-1-1, the Crisis Center and ADRC participate in database collaboration in order to most efficiently support one community database for Brown County. This one database is housed on the United Way and ADRC website and is available to the community at large. 2-1-1 staff enters and updates community resources that serve children and the general population, ADRC enters and updates community resources that serve adults with disabilities and aging populations, and Crisis Center enters and updates mental health resources.

Together, these three organizations have created a single database with consistent resource information. The collaboration increases data-gathering efficiency and reduces requests for program updates.

**We acknowledge the reality that callers may have duplicate contacts with each of our agencies but feel strongly that working with data in collaboration, rather than in isolation, is a more comprehensive picture of our community's needs.*

Agency Overview and Role

2-1-1

The Brown County United Way 2-1-1: Get Connected, Get Answers service is an easy-to-remember and universally recognizable number that makes a critical connection between individuals and families seeking services or volunteer opportunities. 2-1-1 makes it possible for people to navigate the complex and ever-growing maze of more than 1,800 health and human services resources through three options: The call center, website and 2-1-1 PLUS sites (a physical place to access 2-1-1), available throughout Brown County.

Crisis Center

The Crisis Center provides crisis intervention services for residents of Brown County 24 hours a day, 7 days a week through telephone or in person crisis counseling anywhere in Brown County. A crisis is defined as the state of imbalance which occurs when stress exceeds an individual's or family's resources for coping. Any individual in crisis is an appropriate referral to the Crisis Center. Accessibility of the Crisis Center and its services are critical. The immediacy of response has long been recognized as a key factor in problem resolution and in the avoidance of problem escalation. All intakes are responded to as quickly as possible and when appropriate, the response is immediate. When immediate response is not warranted the Crisis Center's goal is to respond within 30 minutes of the request for service. Sometimes during the trauma of a crisis, it is impossible or unadvisable for a client and/or family to come into the Crisis Center. The Crisis Center staff is mobile and can travel to wherever the client's crisis is occurring. This could be the client's home, school or work, jail, police station, emergency room or nursing home. The Crisis Center works closely with a variety of community service providers, such as therapists, psychiatrists, and physicians to ensure continuity of care for individuals seeking assistance at the Crisis Center. Their role is short-term, crisis intervention, however, individualized, intense follow-up via phone or face-to-face contact is a critical component of these services. Incoming calls range from one minute to over four hours in duration, averaging nine minutes. Face-to-face sessions average just over one hour, occasionally lasting multiple hours in more complex situations.

ADRC

The Aging and Disability Resource Center is the "one stop shop" for older adults and adults with disabilities. Adults 60 years and older, adults with physical disabilities, developmental disabilities, mental health and alcohol and drug use issues are the target populations served. According to the 2010 Census, Brown County has 41,160 persons 60+ years of age (4,480 are low income, 1,831 are minority and 13,754 are 75+) and 13,708 adults under age 60 with disabilities. The first baby boomers turned 65 in 2011 and the older adult population in Brown County will grow from 12% to 24% by the time the last of the "boomer" generation turns 65. Brown County's proportion of people age 65 and older is projected to be 12% or less until the year 2015. Projected increases for the next 15 years include: 12-15% in year 2015; 15-18% in year 2025; and close to 24% in year 2030. Brown County's total population is expected to increase by 29%; however, the population of persons 60 years of age and older increase by 117%. The ADRC has seen an increase in requests for assistance from individuals as they become eligible for benefits and begin navigating the complex system of benefit programs and services.

ADRC Staff is available for private, confidential options counseling and benefit counseling with consumers and their families/friends. Information and assistance, options counseling and decision support are offered to assist consumers to remain as independent as possible for as long as possible. The ADRC also provides functional eligibility screening for the long term care programs in the County. Information and Assistance Specialists take phone calls, provide office visits and meet consumers in their homes for these sessions. Formal and informal links to community services are provided. The average length of calls range from 20-50 minutes, and home or office visits range from 60-180 minutes per visit. Our role is in-depth service connection, benefit advocacy and follow up which may include multiple contacts over time.

Data Definitions

In order to pull our three agencies' data together, we needed to agree on definitions of the primary data we would collaborate on. Each agency uses a different database to collect caller information so the task has several challenges. The tables represent the data each agency can reproduce for this report according to agreed categories.

All Contacts:

All person-to-person contacts, whether on the phone, in office, or in homes. This can include follow up contacts with the consumer to assure service connections were made.

Contact Type:

Phone: All contacts that are made or received via telephone.

Office: Consumer or family came into the office for a scheduled visit or walked in for face-to-face meeting.

Home Visit: Staff goes into the field to meet the consumer for assessment or support. The field is defined as in the consumer's home, in a hospital, nursing home, or even coffee shop – wherever is requested or needed.

Urgency of In-Coming Contact:

Urgent: The caller identifies they are "in crisis" or is assessed by staff as in immediate (less than 1 hour) need of response.

Non-Urgent: Staff contact is appropriate as soon as possible but is not needed immediately.

Who is Contacting:

Self: The consumer themselves is making the call.

Family/Friend: The call/contact is being made by a family member of a consumer or a friend of the consumer requesting help for someone they know or care about. If the family member is asking for help for themselves as a caregiver they would be considered calling for themselves.

Professional: Professionals are considered anyone who is calling representing an agency on behalf of a consumer. For example, a case worker, doctor, hospital discharge planner, law enforcement, etc.

Top 10 Contact Topic/Issues:

Each agency logs what callers are requesting when they call in the categories of topics and issues. This represents the needs of callers and what each of our agencies is potentially discussing with them. Not all of the topics end up in referrals to agencies.

Top 10 Referrals Made:

Each agency logs formal referrals made on behalf of consumers. 2-1-1 records this when phone numbers or agency information is given to callers and Crisis Center and ADRC only log referrals that are made formally via 3-way call to connect them directly with agencies, in **person, or in the form of paper or electronic referrals.**

Service Gaps:

Each agency records needs that callers have where there is no service available to meet that need. There may be a long waiting list, barriers to eligibility, no funds, or no program in existence at all. This area represents areas of need that the community may want to address in future planning to fill these gaps.

Top 10 Contact Topics and Issues

January – December 2016		
2-1-1	Crisis Center	ADRC
Housing/Shelter	Suicide	Public Benefits -Long Term Care Waivers, Medicare, Medicaid, Senior Care, Social Security, Energy Assistance, Food Share, Veterans Benefits
Utilities	Mental Illness	In-home services - Home Health Care, Personal Care, Chore Services, Personal Emergency Response Systems
Food	Anxiety	Housing -Home Repair/Modifications, Accessible Housing, Low-Income Housing, Assisted Living, Nursing Home
Transportation	Homelessness	Health -Dental Care, Alzheimer's and Dementias, Fall Prevention, Disease Related Support Groups, Prevention Classes
Health Supportive Services	Alcohol Abuse	Transportation - Public Transportation, Volunteer Transportation Programs, Medical Transport, MA Transport, Complaints
Individual & Family Support Services	Depression	Food - Home Bound Meals, Congregate Dining Sites, Food Pantries, Senior Farmers Market Vouchers, Emergency Food Resources
Mental Health Assessment & Treatment	Relationship Issues	Caregiving -Education, Support Groups, Classes, Respite, Counseling
Material Goods	Drug Abuse	Assistive Technology - Loan Closets, DME Providers, Home & Vehicle Modifications
Substance Use Disorder Services	Medical/Physical Health	Legal Services -Advance Directives, Guardianship, Landlord Tenant Issues, Discrimination, Estate Planning
Public Assistance Programs	Behavioral Issues	Youth in Transition

Top 10 Contacts Referrals

January - December 2016		
2-1-1	Crisis Center	ADRC
The Salvation Army	Counseling Agencies	ADRC of Brown Co- Options Counseling, Benefits Consultations, In-Home Worker, Home Bound Meals, Loan Closet, Volunteers, Prevention Programs, Caregiver Supports, AddLife Center
Brown County Human Services	Homeless Shelters	Family Care & IRIS Long Term Care Programs – Lakeland Care, Care Wisconsin, TMG, Connections
Society of St. Vincent de Paul	Brown County Community Treatment Center	Brown County Human Services- Adult Protective Services, AODA, Mental Health, Child Protective Services, Long Term Care, Economic Support/Bay Lakes Consortium, Veteran’s Service Office
Forward Service Corporation	Bellin Psychiatric Center	Options For Independent Living
New Community Shelter	Law Enforcement	Curative Connections
Ageing and Disability Resource Center (ADRC)	Brown County- CTP, CSP, Outpatient	ADRCs outside of Brown County
Legal Action of Wisconsin	Hospitals	Integrated Community Solutions
Family Services of Northeast Wisconsin	Diversion	Office for the Blind & Visually Impaired
Manna For Life Ministries	Salvation Army	Volunteer Center
Freedom House Ministries	Support Groups	Crisis Center

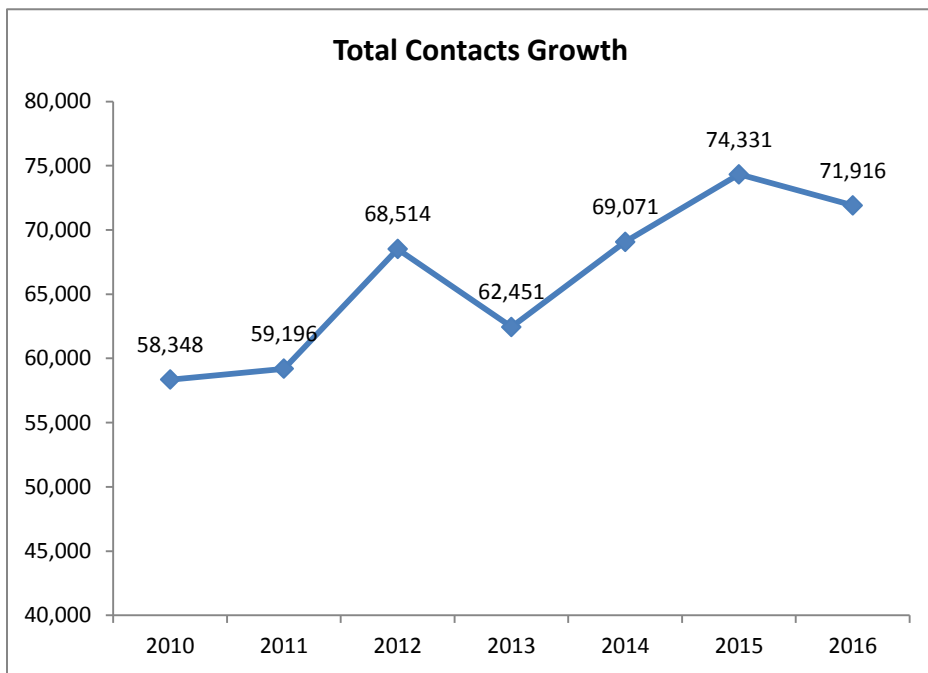
Service Gaps

January - December 2016		
2-1-1	Crisis Center	ADRC
Electric Service Payment Assistance	Family Homelessness	Housing
Community Shelters	Individual Homelessness	Dental Care for those on Medicaid
Rent Payment Assistance	Traveler's Aid	Miscellaneous 1 times needs
Directory Assistance	Mental Health Services	Accessible Housing
Homeless Motel Vouchers	AODA Services	Rent/Mortgage Assistance
Food Pantries	Rental Assistance	Funding-Long Term Care Services
Water Service Payment Assistance	Direct Client Transportation	Home Care
Gas Money	Relationship Issues	Mental Health Services Case Management
Undesignated Temporary Financial Assistance	Medical/Physical Health Services	Prescription Drug Assistance
Bus Vouchers	Prescription Drug Refills	Transportation

2016 Trends in Community Needs

The intent of the data presented above is to demonstrate patterns of need in the Brown County community and to educate policy makers and the public about potential services gaps in order to mobilize change. 2-1-1, the Crisis Center and the Aging and Disability Resource Center (ADRC) represent agencies that have a mission to respond to consumers who are searching for needed services. All three agencies provide reliable, unbiased information and links to community providers who have valuable services to offer. Each agency provides this service at different depths.

Together our agencies have been collecting combined data for the past 8 years and reporting the call volume, caller information, top requests for information, top referrals made, and common identified unmet needs. All three agencies would be considered “front door” services within the human service system. While the Crisis Center and ADRC are also service providers, and have specific target populations, they have highly published phone numbers that market themselves as “the place to start” to seek assistance within Brown County. 2-1-1 also markets itself as “the place to start” and does not have a specific population target group. 2-1-1 database can also be accessed online which affords individuals an anonymous way to explore resources instead of speaking with a call specialist. Over the last 2 years, the 2-1-1 online resource directory has had an average of 11,000 searches.



The overall trend experienced collectively has been a significant increase in a relatively short period of time, with 2016 volume being 23% higher than 2010. New technologies offer alternate ways for the public to access front door services i.e. texting, online chat etc. Younger generations of information seekers use online resources at a higher rate that may impact the phone call volumes of traditional services. Crisis Center's volume can shift related to a few high contact customers having a change in living status or hospitalization.

Brown County services do not yet have the financial resources to implement several of these features but we are watching carefully the trends and options to meeting this need. The Crisis Center experienced a 49% increase in face to face contacts between 2010-2014.

In 2015, the rates of face to face contacts has stabilized and continue at the increased volume, in 2016 there was some plateauing of quantity of demand, but an increase in the urgency of contacts (38% increase in most acute contacts).

The ADRC included Benefits Counseling contacts to the data the past 3 years to demonstrate the true volume of inquiries and collect a more compressive picture of unmet needs and trends. The ADRC saw a 266 increase in contacts that occurred in all locations and modalities.

In 2015 Brown County experienced a major shift in how public long term care (COP Waiver) was administered. Brown County Human Services no longer administered this set of programs as of November 2015. In July, 2015, the transition to the new program Family Care began. This major shift in providers of these programs shifted referrals coming to and from the Brown County Human Service agency. A burst in contacts occurred as 1,500 people needed to be engaged by the ADRC as it functions as the entryway to all adult long term care Family Care programs.

In 2016, the ADRC anticipated a reduction in contacts as the major Family Care transition occurred in the previous year. Surprisingly, the contacts not only kept pace but increased by a small amount. So, even though the major transition occurred, contacts continue to grow. There continuous to be a wait list for long term care services in Brown County until July 2018.

Topic and Service Referral Trends

What people ask for:

The Crisis Center, ADRC and 2-1-1 utilizes referral data and other information to explore issues affecting Brown County residents. All 3 agencies track the type of information callers are looking for and the referrals that are made, creating a database that serves as a barometer of the needs present in the community.

The topics individuals call about have remained fairly consistent in 2016. Housing, mental health services/ supports and public benefits are the top issues our 3 agencies address. Housing and homelessness has been one of the top service gaps since our agencies began developing this collaborative report. Each agency's topic list reflects the primary work they do as our programs have nicely evolved into non-duplicative roles.

Overall, the Crisis Center, ADRC and 2-1-1 top ten contacts and referrals remained very consistent from those of last year, with mental health, meeting basic needs (including in-home services), and relationship issues being the top reasons for contact.

Transportation for elderly, blind and disabled passengers is a topic that is requested frequently as navigation of the transportation system continues to be a challenge. A rural transportation study was conducted through Brown County Planning identifying "hot spot" of older adult and adults with disability populations that may be underserved. Plans to address these needs and coordinate existing transportation services will be a goal for 2017 and beyond. A collaborative project to hire a Mobility Manager through Green Bay Metro has occurred with plans to evaluate the Brown County transportation system and look for opportunities for enhanced services.

While Human Service referrals in the area of economic support, mental health and protective services continue to be high; the referrals to long term care have dramatically reduced due to implementation of the Family Care program outside of the Human Service Department. The ADRC saw an increase in requests for information and support particularly in the area of dementia related services and dental care. A focus on creating a Dementia Friendly Community and introducing memory screening services are a contributing factor.

Caregiving support and education increased, moving this topic up the list. Finally, Youth in Transition contacts that include eligibility for services, employment support and planning for the future made the list for the first time.

Service Gaps

Collectively, 2-1-1, Crisis Center, and the ADRC have found a pattern of service gaps throughout the Brown County community. People living in poverty, without financial or informal supports, struggle to access formal services provided by our many community agencies to meet their basic needs. There is an expectation that they demonstrate a plan for self-sufficiency. The image of the person “sitting on welfare” for many years or moving to the Brown County area to take advantage of our unique abundant resources is not something our agencies could substantiate. Eligibility for most public benefits is the same threshold as in any other community. Brown County does have a strong network of non-profit organizations that have worked to fill unmet needs. They have strengthened in number and service, so they have worked to try and fill gaps while still having the philosophy of a “hand up” not a “hand out”-yet unmet needs remain.

2-1-1

- The top areas of service gaps needs continue to be related to basic needs. Basic needs include food, housing, transportation and temporary financial assistance for individuals with low or fixed incomes. The most prevalent unmet needs are related to housing, utility assistance and general financial assistance. This may be reflective of the rising cost of living in Brown County. The 2016 United Way ALICE (**A**sset **L**imited **I**ncome **C**onstrained **E**mloyed) report provides a current look at households in Wisconsin that are struggling financially: 42% of Wisconsin households are living on the edge of financial insecurity. This includes both households living below the Federal Poverty Level (FPL) and those living above that level but who still struggle to afford basic household needs like housing, food, childcare and transportation. The ALICE population represents individuals and households who are working, but are struggling to afford life’s basic necessities and are living paycheck to paycheck. In Brown County, 11 percent of households live in poverty and 27 percent are ALICE
- Similar to 2015, the top service gap in 2016 was electric service payment assistance. Callers seeking utility assistance needed help paying for heating fuel, ensuring that their electricity or gas will not be turned off during the winter and applying for financial assistance for overdue bills. In most cases callers had exhausted all available resources and therefore found ineligible to receive assistance.
- 2-1-1 data shows a continued service gaps in the area of homelessness and rent payment assistance in 2016. From 2013-2016, 2-1-1 data shows a 30% increase in housing/shelter related calls. Callers seeking assistance with rent payment have often experienced a temporary hardship which has made it difficult for them to make a rental payment. Callers are often referred to social service agencies that may offer rent assistance. However, these programs have limited funding and callers are required to have an eviction or foreclosure notice to qualify. Callers may also be referred to subsidized or Section 8 housing options in their area but often have a 1 year waiting list. Housing is difficult to access and maintain for a large swath of Brown County residents due to a lack of affordable housing units combined with poor rental/credit histories and insufficient incomes. When housing costs too much, people with low or limited income don’t have enough left to cover other basic needs such as transportation, food and health care, or to cope with emergencies.

Service Gaps, cont.

ADRC

Long Term Care funding is back on the service gap list for the ADRC. This may not necessarily reflect a need for publicly funded long term care, but as the ALICE report indicates, older adults and persons with disability may need, but be ineligible for many programs. Older adults may have too many assets or be just over the income levels to qualify for services. A few community sliding fee programs have either stopped taking referrals or changed their eligibility criteria in the past year. Older adults often have high costs for prescriptions and care while still being ineligible for long term care services.

With the implementation of the Affordable Care Act and its requirement for health insurance coverage for all community members, access to medical care has remained off the list of service gaps.

The ADRC saw an increase in callers unable to access services that are basic needs programs such as utility assistance, housing, rent/mortgage assistance, and prescription drug assistance. Several of these services gaps made the list for the first time for the ADRC.

Medical Assistance dental care moved from the 8th position to the 2rd. Even with several great initiatives and expanded programs, the need continues to grow.

Mental health case management remains on the list as a requested service that has limited service options available.

Transportation has consistently been identified by the public as service gap. Routes outside of the paratransit and Curative Connections range are limited- 3rd shift, and weekend, and on demand service has been again mentioned as not meeting community needs.

Crisis Center

The service gaps of the people served by the Crisis Center continues to remain consistent over a number of years, with a majority falling into the category of basic human needs. Beyond basic needs, mental health services also ranked high and prescription drug refills hit the list this year for the first time.

Also notable, is that Drug Abuse ranked high in Crisis Center's Top Ten Contact Topics/Issues, this is a first time since the beginning of this report creation that Drug Abuse has been in the Top Ten as a stand-alone topic.

Financial Impact of Collaborative Database

The collaborative efforts of our community database has resulted in saved time, saved money, and saved frustration. Prior to our partnership, community agencies received multiple requests for updated information from each agency for our separate databases. Not only were agencies frustrated, but they wasted staff time completing multiple forms. Because agencies were overburdened, they often returned inaccurate information resulting in poor quality data loaded into the database.

The cost of the software itself is a savings as only one license is purchased instead of three.

Each partner agency has saved money and staff time. Each partner agency was updating resources in triplicate. Prior to this partnership, each partner needed to update 1,877 agencies and programs individually, now the responsibility is split between three agencies. Thanks to this collaborative program, we all enjoy the cost benefit of not supporting three different databases, three different full time staff persons, and the program operations, such as mailings and maintenance that go with it. We estimate our agencies save at least \$138,000 annually.

2-1-1 acts as the main point of contact during emergencies or natural disasters. Collection and dissemination of temporary resource information around recovery efforts is made available in a streamlined fashion saving critical response time. This preserves and maximizes these scarce resources in a time of crisis.

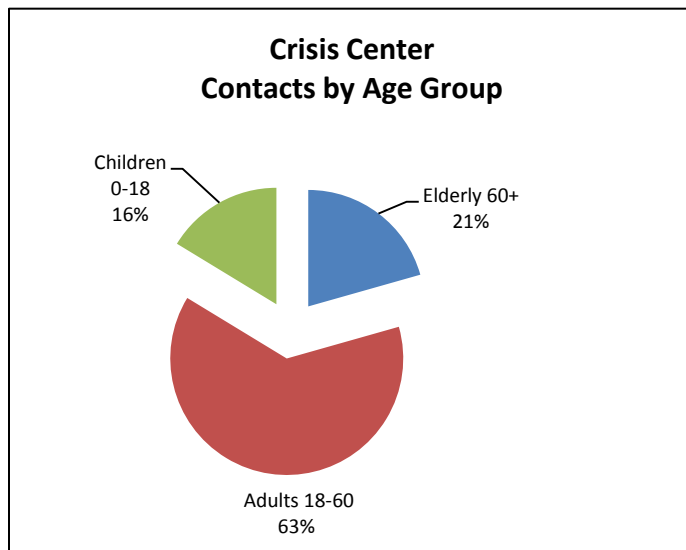
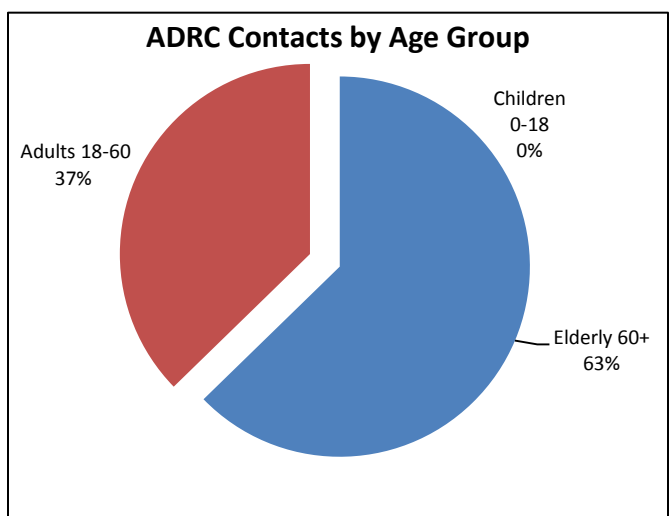
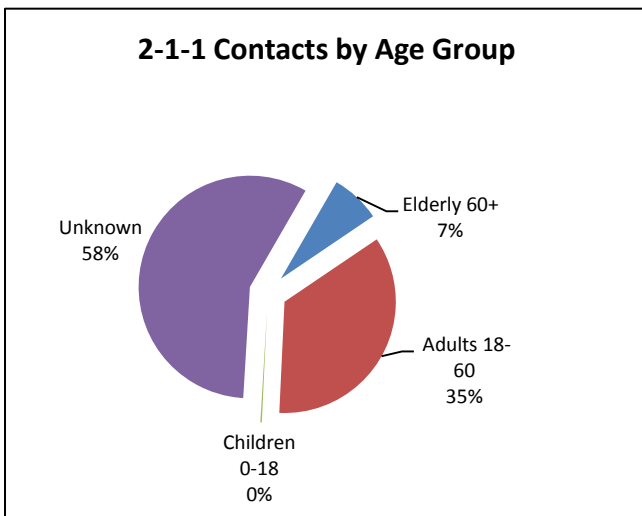
Efficiencies in looking for resources and handling calls that were better served by the agency with the most expertise have been invaluable for staff and most importantly for consumers. For example, 2-1-1 does not try to answer questions regarding aging and disability programs or mental health but quickly connects consumers to the specialty agency in a 3-way call.

A priceless partnership has been established between three primary agencies that now collaborate on unmet needs, communicating to the community and being a voice for consumers and agencies.

Activity Reports: January — December 2016

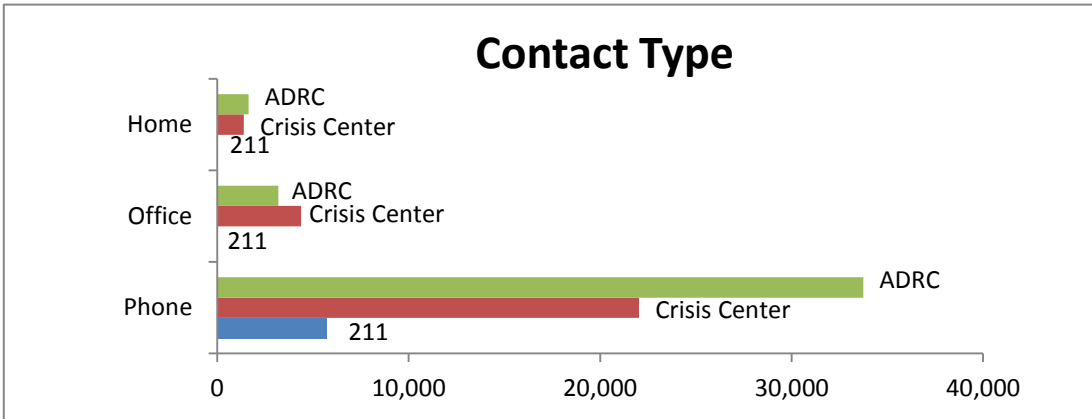
January - December 2016					
All Contacts By Age group	Total Contacts	Elderly 60+	Adults 18-60	Children 0-18	Unknown
211-(55 yrs. +)	5,722	412	2,015	12	3,283
Crisis Center (55yrs+)*	27,615	5,542	16,964	4,384	725
ADRC	38,579	24,038	14,292	0	249
All Agency Totals	71,916	29,992	33,271	4,396	4,257

* Crisis Center age grouping are recorded in the following categories as requested by United Way. 0-18 range includes 0- 19 year olds; 18-60 range includes 20-54 year olds; and 60+ range includes 55+ year olds.

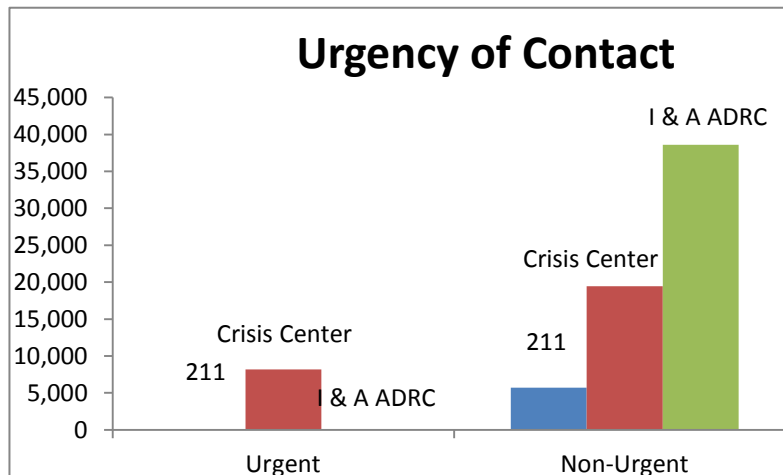


Activity Reports: January — December 2016

January - December 2016				
Contact Type	Total Contacts	Phone	Office	Home
211	5,722	5,722	0	0
Crisis Center*	27,615	22,035	4,373	1,207
ADRC	38,579	33,742	3,193	1,644
All Agency Totals	71,916	61,499	7,566	2,851

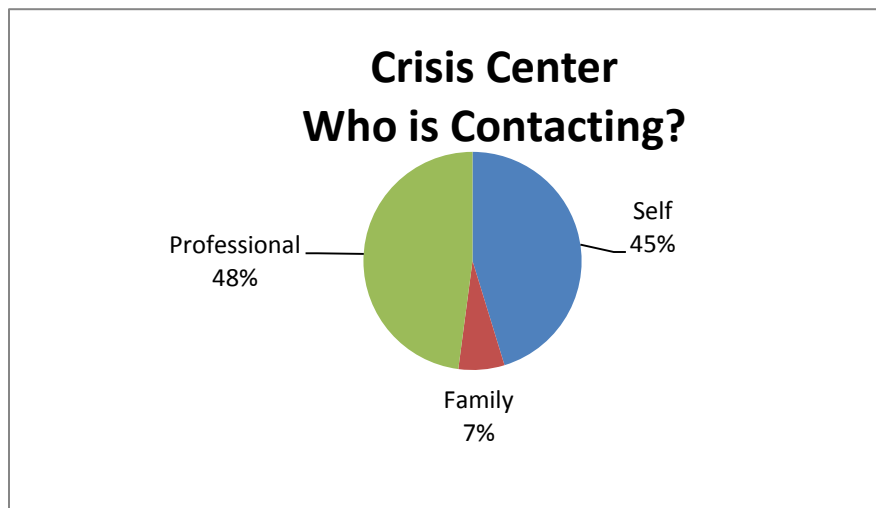
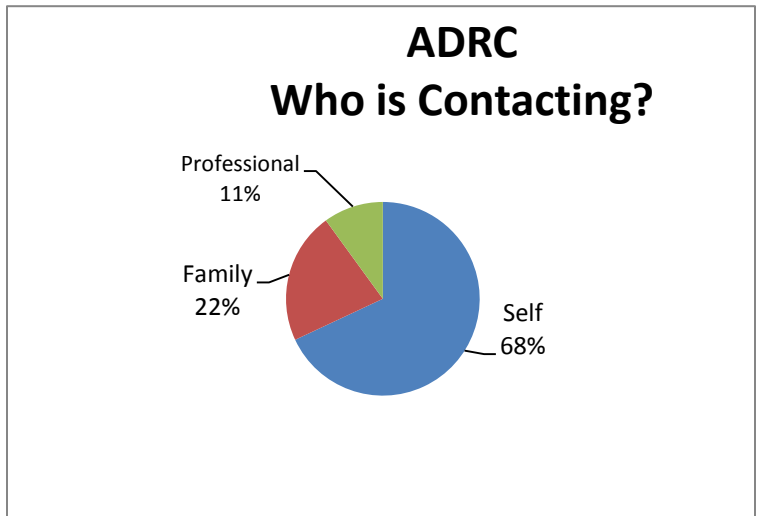
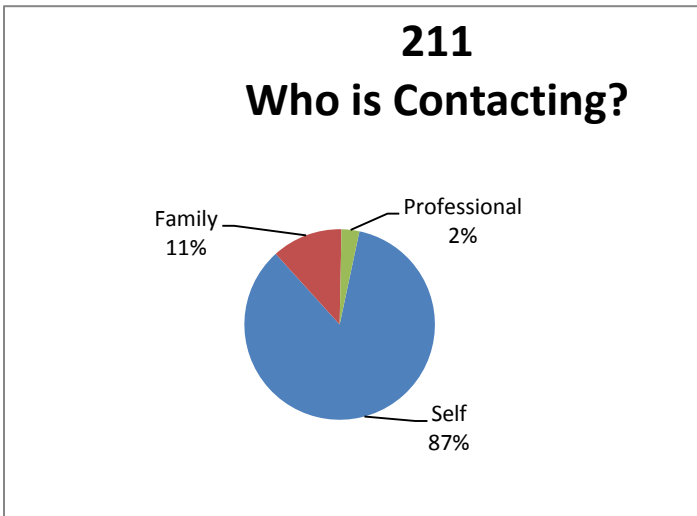


January - December 2016			
In-Coming Urgency of Contact	Total Contacts	Urgent	Non-Urgent
211	5,722	16	5,706
Crisis Center	27,615	8,162	19,453
ADRC	38,579	4	38,575
All Agency Totals	71,916	8,182	63,734



Activity Reports: January — December 2016

January - December 2016				
Who is Contacting	Total Contacts	Self	Family	Professional
211	5,722	4,861	688	173
Crisis Center	27,615	12,498	1,885	13,232
ADRC	38,579	26,247	8,472	3,860
All Agency Totals	71,916	43,606	11,045	17,265



**Crisis Center also provides intensive follow-up services. In 2015, 30,220 follow-up contacts were made with consumers of our services.



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