

# Brown County, Wisconsin Community Assessment

FINAL WORKING DRAFT APPROVED 12/6/07

Brown County is the fourth largest county in the State of Wisconsin with an estimated population of 231,333, comprised of 95,000 households. Its largest city is Green Bay, estimated population 94,242, with 42,000 households. (Source: U.S. Census Bureau, 2005 projections)

## General Population Characteristics

According to 2005 U.S. Census Bureau estimates, "manufacturing" and "education, health and social services" represented the most dominant industries in the county, followed by "retail trade." Nearly 11% of the total population aged 25 years and older (16,332 people) had not earned a high school diploma or equivalency, while 26% (40,209 people) had earned a bachelor's degree or higher.

Throughout its history the Brown County area has been almost exclusively Caucasian in its makeup. However, in recent years it has seen significant growth in its ethnic and racial diversity. According to the 2000 Census, there was a 205% increase in the immigrant population in Brown County since 1990. In 2005, the U.S. Census Bureau projected the following characteristics for the total county population:

- White Non-Hispanic – 85%
- Hispanic – 5%
- Asian – 3%
- American Indian and Alaska Native – 2%
- African American – 1%
- Some other race – 4%

8.5% of the population aged five years and older (18,464 people) spoke a language other than English at home; 4.5% (9,701 people) reported speaking English "less than very well."

Brown County households vary widely from the very wealthy to the impoverished. In 2005, the median annual household income was \$48,460; 4% of total households (4,108) reported annual incomes of \$150,000 or higher; 22% of total households (21,187) were living at or near poverty with annual incomes of less than \$25,000; and 11.8% of families with related children under 18 years of age were living below the poverty level. In Green Bay, 31% of total households (12,780) had annual incomes of less than \$25,000; 18.2% of families with related children under 18 years of age were living below the poverty level.

According to data compiled by Brown County United Way's 2-1-1 program during its call center's first four months of operation (June 6, 2007 – October 15, 2007), the following represent the most prevalent requests from 1,026 callers seeking help or information:

- Housing (e.g., shelter, utilities, rental assistance)
- General Information (e.g., community centers, financial institutions, directory assistance)
- Health and Mental Health Services (e.g., dental, vision, respite care, counseling, general medical)
- Food (e.g., pantries and hot meal services, FoodShare, farmers market)
- Individual and Family Needs (e.g., adoption, adult daycare, childcare, mentoring)
- Transportation (e.g., gas, bus fare, medical, car repairs)

The following represent the top ten agencies to which callers were referred:

- The Salvation Army
- Integrated Community Services
- St. Vincent de Paul
- Brown County Human Services
- Family Services
- NEW Community Clinic
- Aging and Disability Resource Center
- Legal Action of Wisconsin
- Paul's Pantry
- Manna for Life

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The "top ten" list varies month-to-month, and will also change as more agencies update and add their information to the 2-1-1 database. There were also 8,912 hits on the 2-1-1 website during its first four months online; these hits include individuals seeking their own information and providers researching the database for their clients.

## General Characteristics of Brown County's Children and Youth

In 2000, when the decennial Census last occurred, there were 58,998 Brown County children living in households, with 20.4% in single-parent households (up from 16.1% in 1990) and 74.4% residing in married couple households (down from 80.4% in 1990). Nearly one out of four youth in Brown County lived below 200% of the poverty level. The percentage of minority children living below the poverty level was much greater than the percentage of whites in poverty. 10.1% of Brown County children aged five to 17 years old spoke a language other than English at home.

In 2005, 25% of Brown County's population was under 18 years of age; 14% of these children and youth lived below the poverty level. There were 46,582 children and youth enrolled in school, from nursery school through grade 12. Eight percent of non-institutionalized individuals aged 5 to 20 years of age reported a disability.

Wisconsin Department of Public Instruction data from the 2005-2006 school year indicated that there were a total of 2,079 suspensions and 41 expulsions from Brown County public schools (elementary through high school). The highest number of suspensions occurred in the Green Bay Area Public School District (1,513 of 20,314 students or 7.4% overall) and the highest number of expulsions occurred in the Howard-Suamico School District (12 of 5,041 students or 0.2% overall).

School attendance problems exist across all grade levels and schools in Brown County. The Green Bay Area Chamber of Commerce's Partners in Education Attendance Task Force collects annual data on the number of student absences within its 10 partner school districts (45,413 children): Ashwaubenon, Denmark, De Pere, Green Bay Area, Howard-Suamico, Luxemburg-Casco, Pulaski Community, Seymour, West De Pere and Wrightstown Community. During the 2005-2006 school year of the children enrolled in kindergarten through grade 12 during 176 average days of instruction there were:

- 12,121 students absent during more than 10 full days of school (26.69%)
- 4,091 students absent during more than 20 full days of school (9.01%)
- 4,679 students classified as truant (absent without an acceptable excuse) (10.3%)

The task force is in the process of collecting detailed information on the reasons for these absences, which include but are not limited to student illness, family crisis, and scheduled vacation.

According to the *WisKids Count 2005* report by the Wisconsin Council on Children and Families, in 2003, per 1,000 children, there were 86.8 total juvenile arrests; 0.5 violent arrests; 4.0 drug arrests; and 16.4 status offenses. There were 2.7 placements in correctional institutions per 10,000 children.

According to Start Smart's *State of Brown County's Children Report 2006*:

- In 2005 32% of all births in Brown County were to single women.
- Brown County ranked fourth statewide in the percentage of births to teen parents.
- Only seven percent of all regulated child care programs (17 programs) in Brown County have received national accreditation from the National Association for Education of Young Children.

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- The average annual cost of infant childcare was \$11,855, the fourth highest in the nation.
- 20% of minority children lived below poverty compared to 5.6% of white children.
- Ten Green Bay Area Public Schools (GBAPS) had an average of 86% of enrolled children who qualify for free or reduced-price lunch; Brown County schools located outside of Green Bay average only 16%.
- From January to June 2006, Brown County Human Services received 1,766 reports of abuse and/or neglect; 29% of all referrals are investigated on average. There were 14 staff managing approximately 250 families.

The following are selected highlights from *Community Conditions 2005*, commissioned by the Brown County United Way:

- GBAPS' prevalence rate for all disabilities increased by over 2.5% from 1998-99 to 2003-04.
- The percentage of Women, Infants, and Children (WIC) program-enrolled households who were food insecure with hunger in 2002 was 23%, significantly greater than the averages of surrounding counties and the state. In 2004, the percentage of eligible persons served by WIC was over 107%.
- The *Search Institute Profiles of Student Life: Attitudes and Behaviors* survey was administered in March 2004 to 1,160 students in Green Bay middle and high schools. Overall, these students reported an average of 18.2 of the 40 developmental assets.
- Research indicates that one of the biggest factors that can hinder the development of young children is poverty. Faced with increased exposure to multiple negative aspects of poverty, poor children under the age of three are more likely to experience impaired development as a result.

The challenges faced by parents, particularly those who are at-risk, are significant. Data collected through the Brown County United Way from hospitals participating in its Community Partnership for Children initiative is revealing. Of 2,394 babies born between July 2005 and April 2006, 1,058 or 44% of their parents reported risk factors such as the lack of a support system, homelessness, or history of domestic abuse. 187 of these parents, a small sampling of those at highest risk, received in-depth assessments through a professional family support coordinator; a breakdown of their risk factors included:

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|--|---|
| ▪ Single/separated/divorced/widowed: 91%   | ▪ Inadequate emergency contacts: 15%                |
| ▪ Partner unemployed/no known partner: 32% | ▪ Substance abuse: 16%                              |
| ▪ Low-income: 72%                          | ▪ Late prenatal care: 21%                           |
| ▪ Unstable housing: 26%                    | ▪ Psychiatric care (history of/current): 11%        |
| ▪ No phone: 14%                            | ▪ Marital or family problems (including abuse): 11% |
| ▪ Education under 12 years: 41%            | ▪ Depression (history of/current): 28%              |

## Broad Overview of the Current System of Care

Compared to many other counties in Wisconsin, Brown County is typically described as "resource rich." Among the broad range of government-funded services available to all populations, Brown County Human Services, the Brown County Health Department and the De Pere Health Department administer many programs for children and youth. Brown County Human Services is by far the largest public provider.

"Brown County's Department of Human Services administers a vast array of social service and counseling programs. Generally, these programs are creatures of the federal government with funds distributed by the state to pay for delivery personnel (social workers, economic support workers etc.);" the county tax levy

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substantially supplements these dollars. Poverty-level families and children are primarily served through the following programs.

“Economic Support Services: These services are available to Brown County residents who meet non-financial and financial eligibility criteria. The programs are Medical Assistance (including Healthy Start and BadgerCare), FoodShare (food stamps), and Low-Income Child Care Assistance. These are entitlement programs and there is no waiting list for benefits or services. The FoodShare program serves eligible families up to 135% (or \$32,000 for a family of four) of the federal poverty level and the Medical Assistance program up to 200% (or \$39,000), however these families are expected to make some payment. The FoodShare program currently covers about 5,164 families in Brown County and Medical Assistance between 11,100 to 11,500 families. In addition, about 1,000 families take advantage of dollars available for childcare, whether through licensed childcare centers, like Encompass or licensed or certified in-home operators. This is a major proportion of the services and monies dispensed to low-income people. Energy assistance dollars both federal and state are contracted through BCHS to Integrated Community Services.”

“The role of the Economic Support department personnel is to determine eligibility for families and educate them as to what they must do so that they receive the dollars for which they qualify. Generally, when fully staffed an Economic Support worker handles 400 families. They are also active in referring people to the Wisconsin Job Center, where they can both apply for jobs and receive interview skills and take work culture classes.”

“The county is largely responsible for implementing programs in accordance with state and federal rules and applicable law. The county figures out how to implement these procedures. The state is trying to make the process as simple as possible and do marketing outreach on the Internet. One can now receive Medical Assistance by mail and telephone so as not to interfere with families’ work obligations or necessitate burdensome transportation. The county’s goal is to make this entire process seamless for the user. ”

“ACCESS: The ACCESS Unit serves as the initial point of contact and entryway for the Human Services Department and the Aging and Disability Resource Center,” with the exception of juvenile justice and child protective services, which have their own intake points. “There are two social workers in the ACCESS Unit and one paraprofessional. The ACCESS Unit provides information and referral, intake into county programs, provides links to external community resources and is available for phone and office consultation. The ACCESS Unit remains current on general community resources and provides a specific intake role within department programs:

- Community Options Program and Waiver related services – children to adult/elderly
- Community treatment psychiatric/case management appointments/referrals – adults with mental illness
- Birth to Three – Children under the age of three with developmental concerns
- Alcohol and drug – Adults with addiction issues needing assessment and treatment
- Parent/child issues – Parents needing support relating to children with disabilities and/or challenging behaviors
- Adult Protection Services and Elder Abuse – Services for vulnerable adults in need of protection
- Aging and Disability Resource Center (ADRC) – Older adults over 60 years and adults with physical disabilities. The ADRC has been marketing itself by reaching out to community providers and through an updated website, which has resulted in an increase in referrals to the ACCESS Unit which handles approximately 800 contacts per month.

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- Child and Adult Long Term Care Programs – Eligibility for these programs is determined by target group, financial and functional status by each program. Home and community based services are available to persons experiencing difficulties with infirmities of aging, physical and developmental disabilities, chronic mental illness, and alcohol or other drug abuse. Service plans are written based on eligibility and assessed need. Staff case managers assist in developing plans, assessing resources, making referrals to contracted provider agencies and monitoring services to assure progress and satisfaction with care. Participant cost sharing may be involved and service or funding lists may apply. There is insufficient funding available to meet the needs of approximately 800 individuals (children and adults) currently on the long-term care waiting list. On a positive note, there is funding available through the Nursing Home and Intermediate Care Facility (ICF) Relocation Initiatives, Transitional Services and Intensive In-Home Programming for Autism.”

“Brown County Human Services’ current focus is two-fold: community living and early intervention. The department has been successful in relocating individuals from institutional settings into the community through a variety of state relocation initiatives. Additionally, the department continues to focus on early intervention with families using a strength-based model to keep the family intact whenever possible. In 2007 funds are being planned for neighborhood resources to build on the strengths of the family unit to support children in the community. This plan includes a partnership between the department and the community to develop/expand skills training, prevention and other programs designed to create stronger families.”

*(Source of above information on Brown County Human Services: “Poverty in Brown County,” a report by the Bay Area Community Council 2007)*

Examples of the wide range of nonprofit agencies providing health and human services in Brown County to children and youth (although in most cases not exclusively) include but are not limited to:

- ASPIRO
- Big Brothers Big Sisters
- Boy Scouts and Girl Scouts
- Boys & Girls Club of Green Bay
- Cerebral Palsy Center
- Encompass
- Family resource centers
- Family Services
- Golden House
- NEW Community Clinic/WIC program
- The Salvation Army
- YMCA and YWCA

There are 13 ZIP code areas in Brown County; within these areas are eight public school districts, 37 parochial schools, one school for children with disabilities and a school operated by the Wisconsin Department of Corrections that provide services to children and youth, serving a total of 44,333 children:

- De Pere, Wisconsin 54115
  - De Pere School District: five schools; 3,123 students
  - Syble Hopp School: 154 students
  - Parochial schools: two schools; 444 students
  - West De Pere School District: three schools; 1,916 students
- Denmark, Wisconsin 54209
  - Denmark School District: five schools; 1,688 students
  - Parochial schools: one school; 110 students
- Green Bay, Wisconsin 54301 – 54302 – 54303 – 54304 – 54307 – 54311 – 54313

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- Green Bay Area School District: 36 schools; 20,474 students
- Ashwaubenon School District: five schools; 3,126 students
- Howard-Suamico School District: seven schools; 4,599 students
- Parochial schools: 29 schools; 3,566 students
- Greenleaf, Wisconsin 54126
  - Parochial schools: three schools; 302 students
- Kaukauna, Wisconsin 54130
  - Parochial schools: one school; 37 students
- Pulaski, Wisconsin 54162
  - Pulaski Community Schools: seven schools; 3,493 students
  - Parochial schools: one school; 177 students
- Wrightstown, Wisconsin 54180
  - Wrightstown Community Schools: three schools; 1,034 students

Due to "overlapping" school district boundaries, a small number of children who reside in the Luxemburg-Casco and Seymour areas attend Brown County schools and vice versa.

Schools often provide services to children and youth outside of the regular school day. For example, the Green Bay Area Public School District (GBAPS) is the largest school district in Brown County and the fourth largest in the State of Wisconsin. GBAPS offers a variety of free programming for parents typical of many school districts, including the Even Start Family Literacy Program, GED classes, Asian Immersion English as a Second Language (ESL) and general ESL classes. There are staff persons available to assist families who are homeless or at-risk of becoming homeless, after-school programs for students, as well as established partnerships with the Howe Neighborhood and Fort Howard Family Resource Centers. Comprehensive Head Start services are available for 347 at-risk families of children three and four years of age.

The reservation boundaries of the Oneida Tribe of Indians of Wisconsin are located partly within Brown County. There are currently 4,166 enrolled members residing in Brown County; 1,483 are aged 21 and below. The Oneida Tribe of Indians is a sovereign nation that maintains and supports a well-developed infrastructure of services to its members. A brief listing of these services includes:

- Medical, dental, optical
- Outpatient mental health and AODA
- TANF, financial and employment assistance
- Elderly services
- Child welfare, foster care, domestic violence
- Housing

Oneida Tribal members residing in Brown County have access to both the Tribe's and Brown County's systems of care.

## Demands on the Current System of Care

Since 2000 the use of social services has, as a whole, increased in Brown County. Wisconsin Works (W-2) had an increase in caseloads of nearly 600%; area providers have observed that with recent changes to W-2, childcare in particular can be unaffordable even if a family qualifies for assistance. Paid-out food stamp benefits

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have increased 40%. The percent of the population receiving food stamps in Brown County has been greater than the average of surrounding counties, but less than the state average. The N.E.W. Community Clinic provided care for 1,098 patients in 2005. All of these patients had income below the poverty level, 72% were uninsured, and 27% were covered by Medicaid. Access to basic and restorative dental care is limited for low-income uninsured and underinsured individuals.

County human services staff have observed "increased complexity and/or intensity of child and parental service needs; increasing incidence of serious behavioral, emotional acting out of children at younger ages; and (a growing number of referrals) for children and families in need (and in) crisis. Growth is partially due to the influx of needy families from urban areas such as Milwaukee and surrounding communities in that area. School districts are experiencing an increase in seriously behaviorally and emotionally disturbed children that are much more difficult to manage." (*Source: Brown County Human Services Community Programs, Child and Family Support Unit, Narrative Executive Summary 2007*)

Greater demand for some services has necessitated increases in assistance to counter economic deficiencies. Other services have been reduced, while some programs have merely shifted existing resources to those most in need. In several areas, the number of people being served has decreased, or the amount of assistance they receive has been decreased. The burdens of a lower median household incomes and diminishing resources have markedly intensified the strains on those in or near poverty, and the programs designed to assist them.

Overall, there are more than 1,000 federal, state and local public and nonprofit programs serving the community. Still, there are significant waiting lists. A number of public and nonprofit agencies currently report maintaining lists that can exceed a 10-year waiting period. By the time some children reach the top of the list, they are too old to meet program eligibility requirements. For instance:

- The waiting list for the Brown County Family Support program (for families of children with severe disabilities) was at 188 as of October 2005.
- By the end of June 2005, ASPIRO's respite care program for children with disabilities enrolled 144 persons and had a waiting list of 184.

*(Source: Brown County United Way Community Conditions Report 2005)*

Children with physical, cognitive and/or mental disabilities and their parents face huge barriers to receiving care because of the limited service capacities of available programs; moreover, the rates of children being diagnosed with bipolar disorder and autism have increased over the years. In addition, there is a shortage of child psychiatrists in the area, and no public outpatient mental health program for children comparable to what is available for adults. Psychiatric in-patient care for children primarily goes through Bellin Health; some children are required to travel outside of Brown County to other locations such as Winnebago County.

The Brown County community as a whole lacks a coordinated response to families' needs, resulting in competition for an increasingly limited pool of resources and families in need and/or at-risk falling through the cracks in the current, complex system.

"Brown County does not have a set of agreed-upon and shared outcomes that it wants to achieve for its at-risk

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youth and their families. (It also lacks) a community governance structure, composed of representatives of the child-serving systems and family members that takes action to address the needs of at-risk children and youth and their families." (Source: *Brown County System of Care Practice Review 2005*)

## Preliminary Identification of Gaps in Services

Four sources were utilized for the purpose of preliminary service gaps identification for this community assessment: two Community Partnership for Children workgroups convened by the Brown County United Way, United Way Provider Summit attendees and the Brown County Child Mental Health Partnership.

Experts working in the field of human services have first-hand knowledge of the community options available to people most in need. The following list of "missing" or insufficient services (particularly for low-income individuals and families) was gleaned from three primary sources: two workgroups of child and family service providers who have been meeting monthly at the Brown County United Way for more than two years, as well as from the United Way's biannual Provider Summits:

- Limited transportation options
- A shortage of affordable housing
- Limited access to dental care for the uninsured and underinsured
- Insufficient energy assistance options
- Limited access to essential services for children who were not born in Brown County
- Very few licensed evening childcare options
- Highly limited program availability for both parents and children with mental health needs
- A limited capacity to provide intensive home visiting services for at-risk, first-time parents
- An absence of intensive home visiting services for high-risk families with multiple children
- Inadequate assistance for single parents, teen parents, homeless parents, and incarcerated parents
- A lack of support for parents with physical disabilities
- Limited respite care availability for children with disabilities
- Insufficient capacity to provide home visits to parents with cognitive disabilities
- A shortage of baby basics classes and fathers' support groups
- Insufficient programming for mothers with postpartum depression
- Limited translation assistance for both providers and clients (language barrier)
- Insufficient child safety supplies and car seats (especially for obese children and children with disabilities) for low-income, at-risk families
- A lack of summer programming for children with special needs as well as older children in general

In September 2007, the aforementioned workgroups began researching current Child Find efforts. (Child Find is a continuous process of public awareness activities, screening and evaluation designed to locate, identify and refer as early as possible all young children with disabilities and their families who are in need of Early Intervention Program (Part C) or Preschool Special Education (Part B/619) services of the Individuals with Disabilities Education Act (IDEA). IDEA requires all states to have a "comprehensive Child Find system" to assure that all children who are in need of early intervention or special education services are identified and referred.) Based on their research, the workgroups identified the absence of a large-scale public awareness campaign to better communicate to parents the Child Find efforts that are available to them in this community. Such a campaign could include normalizing the occurrence of biannual screenings for all Brown County children before they reach age four.

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The Brown County Child Mental Health Partnership (BCCMHP), a volunteer group whose mission is to enhance community awareness and sensitivity regarding children's mental health issues, also researched service gaps.

Among its 2007 findings were:

- A lack of overall mental health providers, services and resources
- The need for better system of care coordination/case management
- Insurance issues – coverage and access (private and public)
- Poor communication among mental health providers
- A lack of knowledge by customers and providers of community resources
- The clear presence of a social stigma regarding mental health
- Socioeconomic barriers for those with mental health conditions
- Medication concerns – access, management and over- and under-prescribing

The BCCMHP surveyed families who identified the top six services they were currently seeking (and not finding). These services were:

1. Child psychiatrists
2. Emotional, peer or school support
3. Mentoring and summer programming
4. Financial support
5. Parent/group support and social skills programs
6. Outpatient therapy/counseling

## Brown County System of Care Practice Review

In September 2005 Brown County Human Services released an independent System of Care Practice Review conducted by the University of South Florida. Key system-level recommendations from this practice review included:

- Create a community governance structure to oversee a system of care for children with or at-risk of mental health problems and their families.
- Create a community-level structure for parents and family members to come together to problem-solve, offer support, and advocate for better support and services.
- Define a set of shared community outcomes for children with mental health problems and their families.
- Develop a set of cross-agency training and technical assistance activities regarding system of care responsiveness to families with different racial, ethnic and socioeconomic backgrounds and differing lifestyles.

## State-Level Recommendations Relating to Children and Youth

In 2006, the State of Wisconsin issued a Plan to Prevent Child Abuse and Maltreatment, which was comprised of 26 recommendations from the State Call to Action Workgroups and Governor Jim Doyle's Summit to Prevent Child Abuse and Neglect. Workgroups were charged with identifying short- and long-term strategies to prevent child maltreatment. These recommendations included, but were not limited to:

- Form uniform, comprehensive systems of family support, comprised of elements such as the establishment of local community coordinating councils to build non-stigmatizing systems of prevention; a universally accessible continuum of family support, beginning before or at the birth of an infant; and a system of county-level Family Response Teams to foster critical circles of support for challenged, new families and their infants and young children.
- Relating specifically to children's mental health, promote and implement collaborative systems of care to provide comprehensive mental health screening, assessment, early intervention and treatment.

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Increase the availability of respite care services for families that include children with mental, emotional or behavioral disorders.

- Relating to child abuse and domestic violence, promote and support the development of multidisciplinary teams within communities.

In light of these recommendations, it is encouraging to note that in recent years the Brown County community has come together in a renewed spirit of collaboration to proactively work toward solutions for children, youth and families. From social service agencies, schools and childcare centers, to businesses, nonprofits and volunteer groups, innovative partnerships have formed. These partnerships are tackling issues such as communitywide information and referral coordination (2-1-1: Get Connected, Get Answers), dental care access (the Brown County Oral Health Partnership), primary prevention and parenting support (the Community Partnership for Children), children's mental health (Brown County Child Mental Health Partnership), school attendance (Partners in Education and its Attendance Task Force), adolescent pregnancy prevention (Adolescent Parenting Coalition), homelessness (the Brown County Homeless and Housing Coalition and the Brown County Food and Hunger Network) and poverty (Bay Area Community Council). Most recently, in 2007, the Brown County System of Care Coordinating Committee was formed, in tandem with the receipt of state grant dollars to form Coordinated Service Teams within Brown County Human Services to better serve families enrolled in the current system.

Such efforts are at the forefront of federal and state movements toward resource coordination and communitywide response. The challenge for the System of Care Coordinating Committee, upon refining its mission, vision and goals, is to help bring together the efforts and organizations which most closely align with its purpose to minimize duplication, formulate shared strategies, and develop a collaborative, communitywide action plan to achieve broad systems change for children and youth aged 0-21 who are in need of services.

## **Brown County System of Care Coordinating Committee Members as of December 2007**

Jim Hermans, Brown County Human Services, Interim Chair

Marilyn Bennin, CASA of Brown County

Tom Blankenheim, Green Bay Area Public Schools

Linda Carmody, Professional Family Resources/Consumer Representative

Carol Conway-Gerhardt, CESA 7

Grace Fleming, Ashwaubenon School District/Brown County Child Mental Health Partnership

Jim Golembeski, Bay Area Workforce Development

Bridgett Golman, Northeast Wisconsin Technical College

Bonnie Hoelt, Foster Parent/Consumer Representative

Sarah Inman, Brown County United Way

Ricki Krautkramer, Brown County Health Department

Judge J.D. McKay, Brown County Circuit Courts (ex-officio)

Deborah Moutry, American Foundation of Counseling Services/Consumer Representative

Jessie Raymaker, Start Smart of Brown County/The Early Childhood Council

George Skenandore, Oneida Nation Social Services

Dan Squires, Boys & Girls Club of Green Bay

Jeff Vandeleest, Family Services of Northeast Wisconsin

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