



Collaborative Community Report Year End 2013

Brown County United Way 2-1-1, Family Services Crisis Center,
Aging and Disability Resource Center of Brown County

Statement of Purpose

The intent of the data presented below 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 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/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 2,500 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. The average length of a call to the 2-1-1 information and referral system is 4.1 minutes.

Crisis Center

The Crisis Center provides crisis intervention services to residents of Brown County 24 hours a day, 7 days a week through telephone or in person crisis counseling. 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 possible, 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 1.25 hours, 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 services 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 schedule 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 caller/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 # of Referrals Made:

Each agency logs formal referrals made on behalf of consumers. 2-1-1 records this when phone numbers are 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.

Unmet Need:

Each agency records needs that callers have where there is no service available to meet that need. There may be a long waiting list, 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 Contacts Topics/Issues

January – December 2013		
2-1-1	Crisis Center	ADRC
Housing/Shelter	Mental Health	Public Benefits -Long Term Care Waivers, Medicare, Medicaid, Senior Care, Social Security, Energy Assistance, Food Share, Veterans Benefits
Utilities	Suicide	In-home services - Home Health Care, Personal Care, Chore Services, Personal Emergency Response Systems
Food	Homeless	Assistive Technology - Loan Closets, DME Providers, Home & Vehicle Modifications
Health Supportive Services	Anxiety	Housing - Home Repair/Modifications, Accessible Housing, Low-Income Housing, Assisted Living, Nursing Home
Mental Health Evaluation and Treatment	Depression	Health -Dental Care, Alzheimer's and Dementias, Disease Related Support Groups, Fall Prevention, Care Transitions, Prevention Classes
Legal Services	Relationship Issues	Food - Home Bound Meals, Congregate Dining Sites, Food Pantries, Senior Farmers Market Vouchers, Emergency Food Resources
Public Assistance Programs	Alcohol Abuse	Transportation - Public Transportation, Volunteer Transportation, Medical Transport, MA Transport, Complaints
Transportation	Medical/Physical	Caregiving -Education, Support Groups, Classes, Respite, Counseling
Individual and Family Support Services	Family Relationships	Legal Services -Advance Directives, Guardianship, Landlord Tenant Issues, Discrimination, Estate Planning
Temporary Financial Assistance	Behavioral Issues	Financial Assistance - Budget Counseling, Prescription Assistance, Representative Payee, Rent/Mortgage Assistance, Reverse Mortgage

Top 10 Contacts Referrals

January - December 2013		
2-1-1	Crisis Center	ADRC
The Salvation Army	Counseling Agencies	ADRC Programs – <i>Loan Closet, Long Term Care Options Counseling, In-Home Worker, Home Bound Meals, Benefit Specialist, Volunteers, Prevention Programs, Caregiver Support Classes and AddLife Center</i>
Brown County Human Services	Homeless Shelters	Brown County Human Services - <i>COP (publicly funded long term care), Economic Support, Adult Protective Services, Veteran's Service Officer, Mental Health</i>
Society of St. Vincent DePaul	Law Enforcement	Options for Independent Living
Family Services of Northeast Wisconsin	Bellin Psychiatric Center	Clarity Care Home Health
Aging & Disability Resource Center of Brown County.	Brown County Community Treatment Center	Non-Emergency Medical Transportation-MTM/Logisticare
New Community Shelter	Brown County-CTP, CSP, Outpatient	American Red Cross Transportation
Forward Services Corporation	Salvation Army	Unity Hospice
Manna for Life Ministries	Diversion Facility	Bellevue VFW-Loan Closet
City of Green Bay	Family or Friends	NEW Curative Rehabilitation
Legal Action of Wisconsin	Physician/Psychiatrist/ Psychologist	Alzheimer's Association of Greater WI (Green Bay)

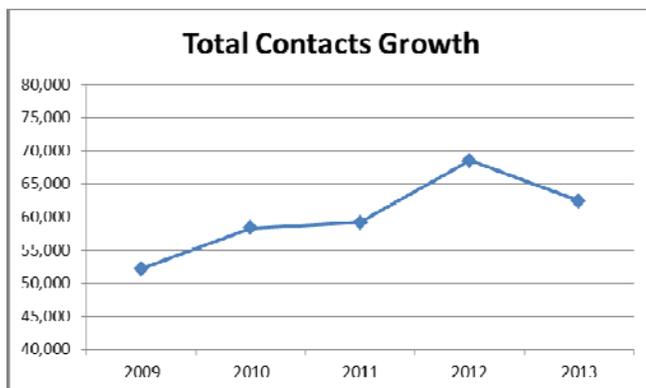
Unmet Needs

January - December 2013		
2-1-1	Crisis Center	ADRC
Electric Service Payment Assistance	Family Homelessness	Long Term Care Funding
Rent Payment Assistance	Individual Homelessness	Low Income Housing (Subsidized/HCV)
Community Shelters	Traveler's Aid	Transportation
Food Pantries	Mental Health Services	Health Insurance & Gaps in Coverage
Gas Money	Gas Vouchers	Dental Care for Individuals with Medicaid
Undesignated Temporary Financial Assistance	Financial Assistance-Not Rental	Mental Health Case Management
Automobile Repair Loans	AODA Services	Employment
Community Clinics	Direct Client Transportation	Prescription Drug Assistance
Automobile Purchase Loans	Rental Assistance	Home Care –MA Personal Care
Water Service Payment Assistance	Medical/Physical Health Services	Rent/Mortgage Assistance

2013 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 5 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. 211 also markets itself as “the place to start” and does not have a specific population target group.



Outside of the year 2013, overall the past 5 years, these three agencies saw a collective increase in contacts: 62,451 (2013), 68,514 (2012), 59,196 (2011) 58,348 (2010), 52,191 (2009). Crisis Center experienced a 15% increase in face to face contacts in 2012 a pattern that continued in 2013. They did experience a reduction in phone contacts, due directly to their discontinuation of their contract with Lifelines (1-800-273- TALK and 1-800-Suicide) because call volume was greater than available staffing. The ADRC included Benefits Counseling contacts in the data the past 2 years to demonstrate the true volume of inquiries and to collect a

more comprehensive picture of unmet needs and trends. While ADRC continued to see an increase in calls in 2013, overall, the largest jump in demand was in 2012 to date.

Topic and Service Referral Trends:

What people ask for:

The topics individuals call about have remained fairly consistent in 2013. Housing, mental health services/supports and public benefits are the top issues our 3 agencies address. 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 and 211 top ten contacts and referrals remained very consistent from those of last year, with mental health, meeting basic needs, and relationship issues being the top reasons for contact.

The ADRC saw an increase in requests for in-home care, particularly Medicaid (MA) Personal Care, and caregiver supports. Many callers and professionals reported difficulty finding a MA personal care provider. Assistive Technology and adaptive aides, to be used in the home, continue to be a large request topic. The ADRC also continued to see an increase in referrals/requests for short term home bound meals. The increase appears greater with individuals starting the program while recovering from a short term health crisis than from those who are already very frail when they start homebound meals. Thus turnover has increased in the program. Medical Assistance transportation again experienced an additional transition to a new statewide non-urgent medical provider: Logisticare to MTM in August 2013. This transition did not generate the high level of calls as the previous year's transition did. Accessible and low income Housing and homeless services moved up in requests. Requests for information on Alzheimer's disease and supports made the top 10 list for the ADRC, most likely the result of a new memory screening program offered.

Unmet Needs/Services

211

- 2-1-1 data for 2013 reflects a stronger need for public assistance programs and temporary financial assistance compared to 2011 data. This may be in part due to the rising cost of living within Brown County.
- The top ten contacts resulting in referrals reflect a continued unmet need in the area of homelessness.
- The unmet need continues to be identified as basic needs in our community. Basic needs such as food, housing, transportation and temporary financial assistance for individuals with low or fixed incomes.
- Length of time on a call has increased about 20% (callers may want/need more resources)
- There has been a large increase of late night callers (10-midnight)

ADRC

- ADRC continues to support individuals who are waiting for long term care services as the wait list for funding remains. Progress on expansion of Family Care is still an unknown, however the Department of Health Services, provided a report in support of expansion to our area in the next few years. The need for long term care services remains the largest unmet need of callers to the ADRC.
- Finding Medicaid In-Home Care providers made the unmet need list this year
- Gaps in medical insurance made the list in 2013. Insurance gaps highlighting eligibility and affordability
- Increasing contacts and requests for assistance challenge our agency to keep up with the growing need. The complexity of calls, need for home visits, and the challenges of supporting individuals living in high risk situations is in constant balance. Several difficult situations were presented to the ADRC of older adults and adults with disabilities that had long term care needs and were in domestic violence situations, abuse and neglect situations, and homeless shelters.
- Employment Support is a new unmet need category that made the list: finding work, having supportive employment opportunities without a long term care benefit, and difficulty maintaining employment.

Crisis Center

- The top ten unmet needs are with basic human needs with shelter and transportation topping the list. Crisis Center has tracked multiple years of the same top 10 unmet needs in Brown County.
- Individual and family shelter still tops the unmet need list for 2013.

Looking at all of the data for unmet needs collected by the three agencies, it is clear that several areas of need continue to exist in the Brown County community:

Housing and Shelter:

- Homelessness-this year family homeless shelters moved up in unmet needs
- Rental assistance and finding affordable accessible housing

Benefits/funds that support people in poverty:

- Utility assistance
- Gas money
- Medication assistance
- Food

Mental Health and Alcohol and Drug Programs (AODA)

- Case management for mental health
- Psychiatric outpatient appointments
- Residential treatment facilities(AODA) –funding/need

Long Term Care Funding for individuals functionally and financially eligible for programs to help them remain at home.

Transportation:

- Rural access
- Local transportation due to time and cost
- Bus fare assistance, tokens, vouchers to return home to another community

Dental Care for individuals with Medical Assistance

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.

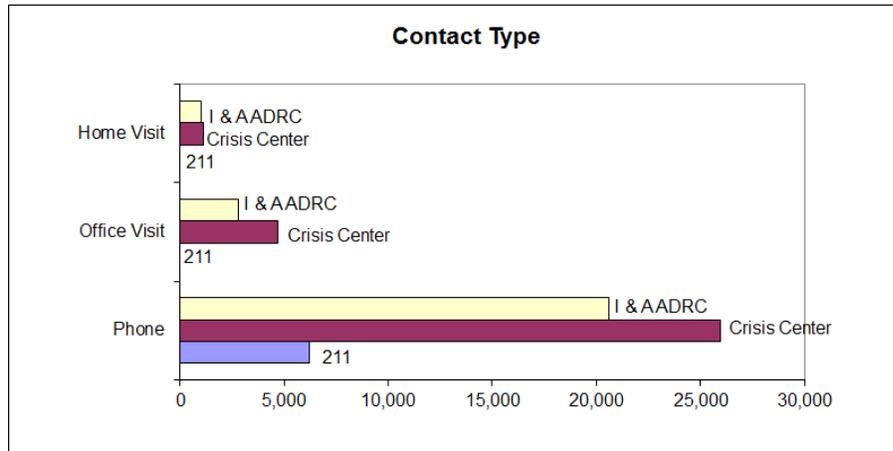
The cost of the software itself is a savings as only one license is purchased instead of 3.

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 2,500 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 \$61,875 annually.

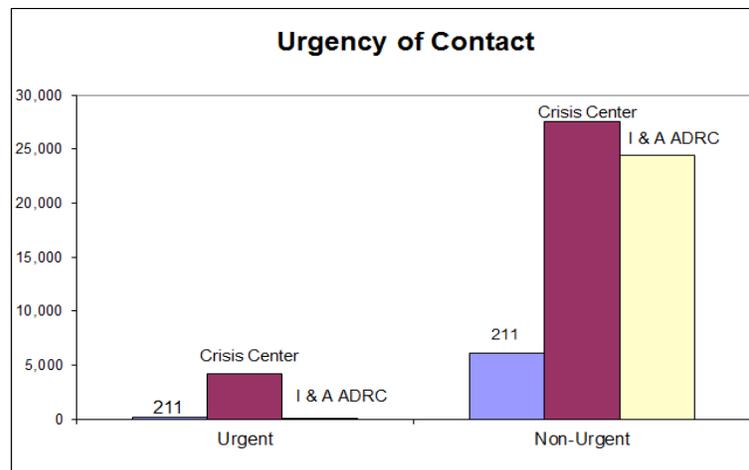
Efficiencies in looking for resources and handling calls that were better served by the agency with the most expertise have been invaluable for staff and most importantly for consumers. For example, 211 does not try to answer questions regarding aging and disability programs or mental health but quickly 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 2013



Contact Type	Total Contacts	Phone	Office Visit	Home Visit
211	6,230	6,230	0	0
Crisis Center	31,796	25,982	4,672	1,142
I & A ADRC	24,425	20,625	2,801	999
All Agency Totals	62,451	52,837	7,473	2,141

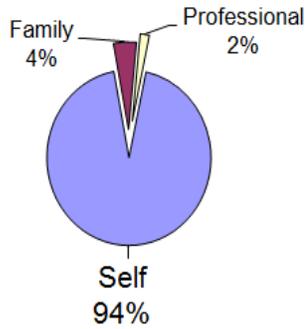


In-Coming Urgency of Contact	Total Contacts	Urgent	Non-Urgent
211	6,230	127	6,103
Crisis Center	31,796	4,234	27,562
I & A ADRC	24,425	9	24,416
All Agency Totals	62,451	4,370	58,081

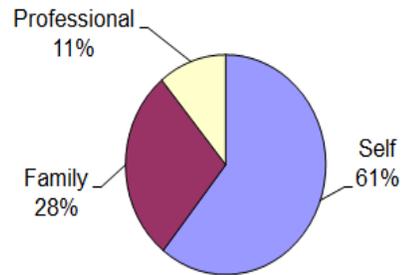
Activity Reports: January - December 2013

Who is Contacting	Total Contacts	Self	Family	Professional
211	6,230	5,838	280	112
Crisis Center	31,796	18,923	2,547	10,326
I & A ADRC	24,425	14,834	6,897	2,694
All Agency Totals	62,451	39,595	9,724	13,132

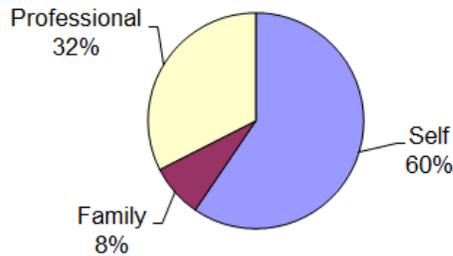
**211
Who is Contacting?**



**ADRC I&A
Who is Contacting?**



**Crisis Center
Who is Contacting?**



Activity Reports: January – December 2013

All Contacts By Age group	Total Contacts	Elderly 60+	Adults 18-60	Children 0-18	Unknown
211	6,230	546	5,333	69	282
Crisis Center	31,796	5,093	22,435	4,268	0
I & A ADRC	24,425	16,095	8,044	5	281
All Agency Totals	62,451	21,734	35,812	4,342	563

