2018 Collaborative Community Report

Patterns of need and Potential Service Gaps in Brown County
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.

211, Crisis Center, and the Aging & 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.
Agency Overview and Roles

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 at 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 Roles, cont.

211
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 multiple channels: the contact center, website, text 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. It has been our focus to increase mobility—currently, approximately 35% of our face-to-face services are provided in the field. 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 ADRC is the “one stop shop” for older adults and adults with disabilities. ADRC target populations includes adults 60 years and older, adults with physical disabilities, developmental disabilities, mental health and alcohol and drug use issues and their caregivers. 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 this older adult population will grow from 12% to 24% by the time the last of the “boomer” generation turns 65.

The 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. The total population is expected to increase by 29%; however, the population of persons age 60 plus will 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 provides functional eligibility screening for the long term care programs. 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.

**Text/Email:** All contacts that are made or received via text or email.

**Field:** 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.
Data Definitions, cont.

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 Topic/Issues

<table>
<thead>
<tr>
<th></th>
<th>Crisis Center</th>
<th>ADRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing/Shelter</td>
<td>Suicide</td>
<td>Public Benefits-Long Term Care Waivers, Medicare, Medicaid, Senior Care, Social Security, Energy Assistance, Food Share, Veterans Benefits</td>
</tr>
<tr>
<td>Utilities</td>
<td>Mental Illness</td>
<td>In-home Services- Home Health Care, Personal Care, Chore Services, Personal Emergency Response Systems</td>
</tr>
<tr>
<td>Food/Clothing/Household Needs</td>
<td>Anxiety</td>
<td>Housing-Home Repair/Modifications, Accessible Housing, Low-Income Housing, Assisted Living, Nursing Home</td>
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<tr>
<td>Mental Health/Addictions</td>
<td>Homelessness</td>
<td>Health-Dental Care, Alzheimer's and Dementias, Fall Prevention, Disease Related Support Groups, Prevention Classes</td>
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<tr>
<td>Legal, Consumer and Public Safety Services</td>
<td>Depression</td>
<td>Transportation- Public Transportation, Volunteer Transportation Programs, Medical Transport, MA Transport, Complaints</td>
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<tr>
<td>Healthcare</td>
<td>Alcohol Abuse</td>
<td>Food- Home Bound Meals, Congregate Dining Sites, Food Pantries, Senior Farmers Market Vouchers, Emergency Food Resources</td>
</tr>
<tr>
<td>Transportation</td>
<td>Homicidal</td>
<td>Caregiving-Education, Support Groups, Classes, Respite, Counseling</td>
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<tr>
<td>Individual, Family and Community Support</td>
<td>Behavioral Issues</td>
<td>Assistive Technology- Loan Closets, DME Providers, Home &amp; Vehicle Modifications</td>
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<tr>
<td>Income Support/Assistance</td>
<td>Relationship Issues</td>
<td>Legal Services-Advance Directives, Guardianship, Landlord Tenant Issues, Discrimination, Estate Planning</td>
</tr>
<tr>
<td>Disaster Services</td>
<td>Drug Abuse</td>
<td>Recreation &amp; Socialization</td>
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### Top 10 Contact Referrals

<table>
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<tr>
<td><strong>2-1-1</strong></td>
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<tr>
<td>Salvation Army</td>
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<tr>
<td>Brown County Health &amp; Human Services</td>
</tr>
<tr>
<td>Rural housing</td>
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<tr>
<td>Forward Service Corporation</td>
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<tr>
<td>St. Vincent De Paul Society - Green Bay</td>
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<tr>
<td>Family Services of Northeastern WI</td>
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<td>ADRC of Brown County</td>
</tr>
<tr>
<td>Newcap</td>
</tr>
<tr>
<td>NEW Community Shelter</td>
</tr>
<tr>
<td>Paul’s Pantry</td>
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</table>
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 9 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 and via text which affords individuals an anonymous way to explore resources instead of speaking with an Information & Referral specialist. Over the last year, the 2-1-1 online statewide website has had 2,256,912 page views.
The overall trend experienced collectively has been a significant increase in a relatively short period of time, with 2018 volume being 30% higher than 2011.

New technologies offer alternate ways for the public to access front door services i.e. texting, online chat etc.

Brown County 2-1-1 launched texting services in September 2018. By texting their zip code to TXT211 (898211), residents are newly able to start a conversation with a trained 2-1-1 Information & Referral Specialist. Texting services are available Monday-Friday from 8am-4pm. With the addition of texting, 2-1-1 is increasing the access and availability of services to those who prefer to communicate through a non-verbal medium while still getting the unique value of 2-1-1 - a response from a live, trained specialist.

Crisis Center’s volume can shift related to a few high contact customers having a change in living status or hospitalization. The Crisis Center experienced a 49% increase in face to face contacts between 2010-2014. Since then, the overall volume at Crisis Center has plateaued, but acuity has increased. This may be due to administrative efforts to prioritize the needs of community members in a mental health emergency. It is also notable that Crisis Center’s mobility of face to face services increased significantly- to approximately 35% of all face to face contacts versus the average of 19% in prior years. This increase in mobility was made possible by additional investment from Brown County Human Services which allowed for an increase in FTE in Crisis Counselors and also through system partner efforts to increase Crisis Counselor access into local emergency rooms.

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. In July 2018, Brown County fully transitioned to a managed care model of long term care. Individuals who are eligible and need Medicaid based long term care programs can access them when they need them. This has changed the landscape of services for individuals who would otherwise be living in a nursing home.
**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 2018. The one exception is that for the first time Homicidal made this list for Crisis Center. This is likely due to efforts that have been made to focus our scope as much as possible on emergency mental health issues. It could also be attributed to recent school shootings that have received a high level of media attention. 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 prior years, with mental health, meeting basic needs (including in-home services), and relationship issues being the top reasons for contact.

The referrals provided by 2-1-1 in 2018 have remained similar to prior years. Approximately 50 percent of calls are inquiries regarding basic needs such as food, shelter and transportation. Housing is the most common reason people contact 2-1-1. The vast majority of 2-1-1 calls (36%) received in the past year were requests for assistance with housing and utilities. Many low-income families pay more than 30% of their income for housing and are considered cost-burdened, meaning that they have difficulty affording necessities such as food, clothing, transportation, and medical care. Poverty rates in Brown County are highest for families with a single female head of household with children, making housing costs a significant barrier to self-sufficiency.

This year’s Top 10 provided referrals reflected a shift at the Crisis Center- homeless shelters and the Salvation Army are no longer in our Top 10- replaced by more mental health providers. This is a demonstration of effective efforts to narrow our scope to focus limited resources on mental health emergencies. This is not a reflection of change in community need- notice Crisis Center’s Top 10 identified unmet needs are still shelter and basic human needs related. 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. In 2016, 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 have been a goal for 2018 and beyond. A collaborative project to hire a Mobility Coordinator through Green Bay Metro has occurred with plans to evaluate the Brown County transportation system and look for opportunities for enhanced services. A new transportation voucher program lead by the Mobility Coordinator was launched in 2018 offering a new flexible option to purchase transportation services from private vendors when the public transportation system was not able to meet demand or was available.
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.

**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.

Despite recent reports of overall improvement in employment and gains in median incomes, the economic recovery in Wisconsin has been uneven. Many families continue to face challenges from low wages, depleted savings, and the increasing cost of basic household goods. The United Way ALICE (Asset Limited Income Constrained Employed) report places a spotlight on a growing population of residents who are working, but struggle to afford basic necessities: 38% 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. In Brown County, 1 in 3 households are ALICE. Our report shows that this is not an urban or rural issue – it affects every corner of our community. This means many of our neighbors live on a daily basis with a bare-minimum budget, sometimes working two or more jobs, but still unable to save and are highly vulnerable to unexpected expenses, which could be the cost of a new tire. 2-1-1 helps support ALICE households facing difficult choices by connecting residents in need of support or direction to local agencies and services that may be able to help with a variety of needs.
In 2018, the most frequent requests to the helpline were for help with housing and utilities including requests seeking help finding community shelters, affordable housing, paying rent and electric bills. 2-1-1 continues to see a growing number of callers seeking assistance with applying for health insurance, locating mental health, AODA, medical and dental service providers. In addition to referring callers to a wide range of health and human service resources, 2-1-1 offers specialized programs to address specific needs and situations.

The Wisconsin Addiction Recovery Helpline launched in October 2018 is a statewide free, confidential service that is available 24 hours a day by dialing 2-1-1. Callers will be connected with local treatment and recovery resources. The service is supported by the Wisconsin Department of Health Services (DHS) and managed by 2-1-1 Wisconsin. The 2-1-1 resource network serves as the backbone of help to struggling families who, when faced with an unexpected burden on their limited budget, can find themselves on the precipice of slipping to poverty.

Access to care is an important component for individuals to achieve their best health outcomes. Improving access to mental health services, information, support and education has been identified as a priority by the Brown County Community Health Improvement Plan. Linking individuals to care and resources is a challenge for our community. To improve accessibility, MyConnection website was launched in May 2018. It is an online information platform that provides critical information, communication and advocacy tools to individuals, families and agencies concerned with mental / behavioral health and emotional wellness. The Network of Care Website ensures there is "No Wrong Door" for those navigating the system of behavioral health services. The local site is developed by the Northeast Wisconsin Mental Health Connection and Connections for Mental Wellness. The resource directory is powered by United Way Fox Cities 2-1-1 and Brown County 2-1-1 Collaborative.

2-1-1 data shows a continued service gaps in the area of homelessness, utilities and rent payment assistance since 2016. 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.

In 2018, the ADRC engaged in a yearlong process to develop our 3 Year Aging and Disability plan. The data collected through this report, along with community surveys, 1:1 interviews and focus groups were held to explore the challenges and opportunities within our community. Several themes emerged through this process that resulted in agency goals for the next 3 years. Some themes included: Concern over available healthy foods that individuals can afford and have access to, the need for nutritional guidance and expertise, access to affordable health and wellness programs, mental health services, isolation and loneliness, access to on demand transportation and transportation outside of the city of Green Bay, the cost of prescriptions and medical care, and affordable accessible housing.

Growing concerns exist for those individuals providing care to those they love. Stress, isolation, need for respite care, self-care, and the need for accurate information on the complex web of services top the list of issues. A grown community of grandparents raising grandchildren is emerging as our community struggles with opioid addictions as parents in the grip of addiction turn childcare over to their parents.

Out of the work of the focus groups, the need for an advocacy coalition emerged to bring the voice of older adults and adults with disabilities to the surface. Options for Independent Living, in collaboration with the ADRC and the previous Older Adult Advocacy Coalition, joined forces to launch the Brown County Advocacy Coalition. The Advocacy Coalition’s mission is “Through advocacy and education, ensure all people can access every aspect of life and community.” Through the exploration of needs, the coalition has identified four primary areas in need to advocacy: transportation, housing, accessibility and caregiving. These issues are highly reflective of this report and mirror the data collected through the calls and support provided to the 76,000 calls in 2018.
**Service Gaps, cont.**

**ADRC, cont.**

Medical Assistance and now Medicare covered dental care moved from the 8th position to the 1st-2nd. Even with several great initiatives and expanded programs, the need continues to grow.

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**

What has remained consistent in terms of service gaps identified by the Crisis Center is an overwhelming majority of these needs falling into the category of basic human needs- shelter, transportation, and financial assistance for essentials like utilities.

Youth homelessness and unaccompanied youth is an area of particular challenge as there are currently no options for service beyond a night or two in a host home offered to runaway youth. These youth are currently surviving by “couch surfing” which puts them at particularly high risk for victimization and further trauma. Another service gap felt by team members at the Crisis Center are services to meet immediate detox needs from all substances, especially substances like methamphetamines.
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.

Conclusion

- Despite recent reports of overall improvement in employment and gains in median incomes, the economic recovery in Wisconsin has been uneven. In 2017 9.7% of Brown County households lived below the poverty level. The poverty rate statewide currently sits at around 11 percent, but reaches up toward 17% for the City of Green Bay, the largest metro area in Brown County.

- The way Americans live is changing. There are more different family and living combinations than ever before, including more adults living alone, with roommates, or with their parents. The number of senior households is also increasing. Yet all types of households continue to face challenges from low wages, depleted savings, and the increasing cost of basic household goods.

- This collaborative report clearly shows that hardship in Brown County exists across boundaries of race, age, and geography. For solutions to be effective, they must be as comprehensive and as interconnected as the problems are. Soloed solutions do not work. Stakeholders — family, friends, nonprofits, businesses, policymakers, academics, and the government — will need to work together with innovation and vision.

- Ultimately, if households that are struggling can become financially stable, our economy will be stronger—improving life for everyone. The data detailed in this report can be a jumping-off point to create new and better ideas that can help households move toward this goal. And there is no one solution: A range of strategies will be needed to ensure that no one is left behind.
Activity Reports: January - December 2018

<table>
<thead>
<tr>
<th>All Contacts by Age Group</th>
<th>Total Contacts</th>
<th>Elderly 60+</th>
<th>Adults 18-60</th>
<th>Children 0-18</th>
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<td>211-(55 yrs. +)</td>
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<td>748</td>
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<td>ADRC</td>
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<td>Totals</td>
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*Crisis Center age groupings 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+ ranted includes 55+ year olds.
Activity Reports: January - December 2018

### Contact Type

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<thead>
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<th>Total Contacts</th>
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<td><strong>Total</strong></td>
<td><strong>76,973</strong></td>
<td><strong>64,858</strong></td>
<td><strong>8,448</strong></td>
<td><strong>3,643</strong></td>
<td><strong>21</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

### In-Coming: Urgency of Contact

<table>
<thead>
<tr>
<th></th>
<th>Total Contacts</th>
<th>Urgent</th>
<th>Non-Urgent</th>
</tr>
</thead>
<tbody>
<tr>
<td>211</td>
<td>5,588</td>
<td>67</td>
<td>5,521</td>
</tr>
<tr>
<td>Crisis Center</td>
<td>26,852</td>
<td>9,180</td>
<td>17,672</td>
</tr>
<tr>
<td>ADRC</td>
<td>44,533</td>
<td>2</td>
<td>44,531</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>76,973</strong></td>
<td><strong>9,249</strong></td>
<td><strong>67,724</strong></td>
</tr>
</tbody>
</table>
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