



Collaborative Community Report Year End 2011

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 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.

There are different roles played by each agency, yet all three provide 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 general population, ADRC enter and update resources that serve adults with disability 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 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 communities 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 1,700 health and human services resources through three options: The call center, website and a 2-1-1 PLUS site (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. Our role is short-term, crisis intervention, however, individualized, intense follow-up via phone or face-to-face contact is a critical component of our 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 they serve. Staff is available for private, confidential options 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 Specialist 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, home and office visits range from 60-120 minutes per visit. Our role is in-depth service connection 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 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:

We have agreed to use the categories of:

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 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 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 - June 2011			July - December 2011		
2-1-1	Crisis Center	ADRC	2-1-1	Crisis Center	ADRC
Housing/Shelter	Mental Health Issues	Long Term Care Funding and Assistance	Housing/Shelter	Mental Illness	Long Term Care Funding and Assistance
Utilities	Suicide	Homecare –Medical, Personal Care and Homemaker/Chore	Utilities	Suicide	Public Benefits
Health Supportive Services	Crisis Case Management	Assistive Devices/Technology and Medical Equipment	Food	Crisis Case Management	Homecare –Medical, Personal Care and Homemaker/Chore
Food	Anxiety	Housing – Independent, Accessible, Subsidized and Assisted (not nursing homes)	Health Supportive Services	Depression	Assistive Devices/Technology and Medical Equipment
Transportation	Depression	Information & Assistance and Options Counseling	Public Assistance Programs	Relationship Issues	Housing – Independent, Accessible, Subsidized
Public Assistance Programs	Homelessness	Transportation	Legal Services	Family	Transportation
Outpatient Mental Health Care	Relationship Issues	Home Bound Meals	Individual and Family Support Services	AODA	Assisted Living
Legal Services	Family Relationship Issues	Adults-At-Risk, Abuse and Adult Protective Services	Outpatient Mental Health Care	Homeless	Home Bound Meals
Tax Organizations and Services	AODA Services	Caregiver- needs, supports and services	Transportation	Anxiety	Nursing Home
Individual and Family Support Services	Medical/Physical	Adult Day Programs	Temporary Financial Assistance	Medical/Physical	Caregiver- needs, supports and services

Top 10 Contacts Referrals

January - June 2011			July – December 2011		
2-1-1	Crisis Center	ADRC	2-1-1	Crisis Center	ADRC
The Salvation Army	Crisis Center	ADRC Programs –Loan Closet, In-Home Worker, Home Bound Meals, Benefit Specialist, Sure Step Falls Prevention	The Salvation Army	Crisis Center	ADRC Programs – Loan Closet, In-Home Worker, Home Bound Meals, Benefit Specialist, Volunteers, Powerful Tools
St Vincent DePaul Personal Service Center	Physician/ Psychiatrist	Brown County COP (publicly funded long term care)	St. Vincent DePaul Personal Service Center	Counselor/Therapist	Brown County - COP (publicly funded long term care), Economic Support, Adult Protective Services, Veteran’s Service Officer, Mental Health
Legal Action of Wisconsin	Family/Friends	Options for Independent Living	Legal Action of Wisconsin	Physician/ Psychiatrist	Unity Hospice & Palliative Care
Integrated Community Solutions - Energy Assistance	Law Enforcement	Brown County Economic Support	Integrated Community Solutions - Energy Assistance	Family/Friends	Options for Independent Living
Brown County Human Service - Change & Information	Counselor/Therapist	Unity Palliative Care Program	Family Services Crisis Center	Brown County Community Treatment Center	Red Cross Transportation
Crisis Center	Diversion	Brown County Adult Protective Services	Brown County Human Service - Change & Information	Bellin Psychiatric	GB Metro Paratransit
Forward Service Corporation	Brown County Community Treatment Center	Brown County Mental Health Services	New Community Shelter	Homeless Shelters	Clarity Care Home Health

Top 10 Contacts Referrals, cont.

January - June 2011			July - December 2011		
2-1-1	Crisis Center	ADRC	2-1-1	Crisis Center	ADRC
Aging & Disability Resource Center of Brown County	Homeless Shelters	Red Cross Transportation	Aging & Disability Resource Center of Brown County	Salvation Army	Monroe Plaza
New Community Shelter	The Salvation Army	Clarity Care	St. Patrick's Food Pantry	Diversion	NEW Community Shelter
Wisconsin Job Center	ICS-Integrated Community Solutions	Family Services Crisis Center	Wisconsin Job Center	ICS- Integrated Community Solutions	Family Services-Crisis Center

Unmet Needs

January - June 2011			July - December 2011		
2-1-1	Crisis Center	ADRC	2-1-1	Crisis Center	ADRC
Housing/Shelter	Homeless Family	Long Term Care Funding	Utilities	Homeless family	Long Term Care Funding
Utilities	Homeless Individual Adult	MA Dental Care	Housing/Shelter	Homeless adult	MA Dental Care
Health Supportive Services	Traveler's Aid	Access to Health Insurance	Transportation	Traveler's Aid	Access to Health Insurance
Food	Mental Health Services	Housing Subsidized/HCV	Individual and Family Support Services	AODA	Low Income Housing (Subsidized/HCV)
Transportation	AODA Services	Transportation Off Routes/Rural	Health Supportive Services	Gas Vouchers	Medicare Gaps in Coverage
Public Assistance Programs	Utility Assistance	Utilities	Food	Utility Assistance	Housing Accessible
Outpatient Mental Health Care	Local Transportation	Assistive Technology	Legal Services	Financial Non Rent	Utility Assistance
Legal Services	Financial Non Rent	Medicare Gaps in Coverage	Employment	Local Transportation	MH Case Management
Tax Organizations and Services	Rental Assistance	Psychiatric Services	Outpatient Mental Health Care	Family Relations	Psychiatric Services
Individual and Family Support Services	Medical Financial Assistance	MH Case Management	Material Goods	Relationship Issues	Rural Transportation

2011 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 3 years and reporting the call volume, caller information, top request for information, top referrals made, and common identified unmet need. 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 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 target group of the population.

Over the past 3 years, the three agencies saw a collective increase in contacts: 59,196 (2011) 58, 348 (2010), 52,191 (2009). In 2011, after significant increases were managed in the previous 2 years of collecting data, 211 and the Crisis Center stabilized in the growth of call volume. This is a trend experienced by all of the 211 Call Centers as they move into a new service area. The ADRC, on the other hand, continued to see climbing contact growth, in part, anticipated by the public attention given to the potential expansion of Family Care to our area. The waiting list for long term care services continues to grow and more unmet needs stress our informal and non-profit resources.

The complexity of calls and variety of needs of those individuals requiring repeated contact has increased. For 2-1-1, 40 % of callers are first time callers down from 2012. The lengths of calls for 2-1-1 have stabilized in 2011, demonstrating the continued complexity of navigating the system. ADRC, not only experienced an increase in call volume, but also saw a larger variety of request on complex information where the caller had multiple issues or needs. Crisis Center averaged 6%, overall, more face to face suicide assessment sessions each month in 2011 compared with 2010.

Topic and Service Referral Trends:

Topics-What people ask for:

For the first time for Crisis Center, requests for medical/physical information and support made the top 10 list of requests and financial assistance dropped off the list. While financial need for public assistance programs continued to be in the top 5 for 211 and the ADRC. Referrals to non-profit organizations that provide financial support with unmet needs continue to be the top referral sources for 211.

Unmet Needs/Services- What staff have trouble finding programs for:

Looking at all of the data for unmet needs collected by the three agencies, it is clear that several areas of need exist in the Brown County community. These unmet needs continue to show up on our 2011 top 10 lists as the needs remain unfilled.

- Housing and Shelter:
 - Homelessness
 - Rental Assistance, utility assistance, affordable housing
- 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
- Dental Care for individuals with Medical Assistance
- Mental Health and Alcohol and Drug Programs (AODA)
 - Case management for mental health
 - Psychiatric outpatient appointments
 - Residential treatment facilities(AODA) –funding/need