



2020 Collaborative Community Report

Patterns of Need and Potential Service Gaps in Brown County



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Statement of Purpose

The intent of the data presented in this report is to demonstrate patterns of need in the Brown County community and to educate policy makers and the public about potential service gaps in order to mobilize change.

211, the 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 Role

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

Database Collaboration

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

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

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

Agency Overview and Role, 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-changing matrix of the health and human services resources through multiple channels: the contact center, website, text, and chat.

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 - approximately 37% of our face-to-face services are provided in the field (this percent continues to rise*). 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, individuals, 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.

*The realities of COVID-19 derailed Crisis Center's goal of continuing to increase mobility during 2020 and early 2021 as more services are provided virtually, when possible, to reduce risk of exposure for the people served and staff.

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 2019 Census, Brown County has 41,160 persons 60+ years of age (*4,480 are low income, 1,831 are minority, and 12,754 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. 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%. 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. 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 ranges 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 had 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.

**Note: In 2020, Field includes virtual contacts as well, i.e. via ZOOM or other similar means.*

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

January – December 2020		
2-1-1	Crisis Center	ADRC
COVID-19	Suicide	Public Benefits and Long-Term Care Programs
Housing/Shelter	Mental Illness	Food Resources
Scheduling COVID-19 Testing Appointments	Anxiety	Home Care Services
Government/Legal	Homelessness	Covid-19 Information and Support
Mental Health	Alcohol Abuse	Alzheimer's and Dementia
Utilities	Depression	Private Pay Community Resources
Food	Drug Abuse	Housing Options
Employment/Income	Relationship Issues	Youth in Transition
Transportation	Behavioral Issues	Transportation
Clothing/Household Goods	Homicide	Assisted Living

Top 10 Contact Referrals

January - December 2020		
2-1-1	Crisis Center	ADRC
Brown County Emergency Management-COVID-19 Testing Scheduling	Counseling Agencies	Long Term Care Programs
Brown County Health/Human Services	Law Enforcement	Memory Screening-Alzheimer's Family Caregiver Program-National Caregiver Program
Forward Service Corporation	Hospitals	Benefit Specialist
Rural Housing	Willow Creek Behavioral Health	Homebound Meals
Brown County United Way Call Center-COVID-19 Testing and Information	Bellin Psychiatric	Foundations Counseling for Older Adults
Prevea	Homeless Shelters	Adult Protective Services
The Salvation Army	Brown County Community Treatment Center	Amani
NEWCAP	Brown County Human Service Department	Fall Screening
NEW Community Shelter	Sexual Assault Center	Newcap
WI Public Health	Support Groups	Legal Action of Wisconsin

Service Gaps

January - December 2020		
2-1-1	Crisis Center	ADRC
Timing/Capacity of COVID-19 Services and Information	Individual Homelessness	Technology Barriers
Community Shelters	Family Homelessness	Caregivers in the workforce
Rent Payment Assistance	Traveler's Aid	Housing-moving assistance, affordable
Homeless Motel Vouchers	Mental Health Services	Unemployment and employment services
COVID-19 Diagnostic Testing	Direct Client Transport	Dental Assistance-prevention and COVID-19 services
Gas Money	Financial Assistance-Other	Transportation-on demand, low cost
Electric Service Payment Assistance	Abuse Services	Mental Health Services
Grocery Delivery/Ordering	Substance Use Treatment Services	
Automobile Payment Assistance	Medical Services	
Disaster Related Cash Grants	Rental Assistance	

2020 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 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.

Together, our agencies have been collecting combined data for the past 13 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 and chat, which affords individuals an anonymous way to explore resources instead of speaking with an Information & Referral specialist. Over the last year, 2-1-1 online statewide website has had 3,370,079 page views.

2020 Trends in Community Needs, cont.

Our three agencies were unable to collect accurate data in 2019 due to data tracking technology changes impacting consistent data. In 2020, more consistent data was available, however, the pandemic certainly impacted the types of information requested, agency availability, and the flow of in-person traffic for ADRC and Crisis Center for more than 10 months.



Prior to the pandemic, 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.

2020 was not only the year of the pandemic but also the year of racial divide across the country. Divisions across political parties and tensions within the Black communities and law enforcement heightened as several events across the country occurred involving fatal police shootings of Black persons. In Green Bay, several protests were organized to call attention to the systemic racism identified by individuals, advocates, and community members. Health disparities rose to the top of priorities for healthcare systems and human service networks as the pandemic elevated and accelerated issues of health equity. 2-1-1, Crisis Center, and ADRC are working collaboratively to cultivate community partnerships with local resources that serve people of color, providing more equitable paths to accessing service and opportunities.

According to the Department of Health Services, 2020 was a year of great disruption for older persons and persons of color. As the pandemic raged, the need for financial, social, and emotional support increased. Older persons in Wisconsin comprise 23% of all the COVID-19 cases and 87% of all deaths. They are 18x more likely to die than their younger counterparts.

Those of color are more likely to be diagnosed:

- Older Black persons are diagnosed at 9x the rate of white persons
- Older Hispanics 10x the rate of white persons
- Older Asians 4x the rate of white persons

Those of color are more likely to die:

- Older Black persons die at 10x the rate of white persons
- Older Hispanics 5x the rate of white persons
- Older Asians 3x the rate of white persons

In Wisconsin, Black people comprise 7% of the state's population, but make up 20% of all COVID-19 cases and 25% of all deaths.

2020 Trends in Community Needs, cont.

All of this complicates an already widening gap of life expectancy. The largest disparity is between the subgroups of educated whites and low educated African-Americans, a disparity of 14.2 years. Being old, poor, and Black in this state and all others is the most vulnerable demographic to be born into.

Our commitment to listening first, instead of solving first, is where we want to start. 2-1-1 and ADRC signed the community resolution declaring Racism as a Public Health Crisis through the City of Green Bay and Brown County Government. There is a lot of work ahead and commitment by our three front end agencies can continue to be committed to providing information, resources, and increased access to resource for people who are underserved and face greater barriers.

Brown County 2-1-1 experienced an increase in contacts during, and since, the onset of the worldwide COVID-10 pandemic beginning in March 2020. The trends prior to March 2020 remained consistent with past years, focused on housing and basic needs assistance. Since the onset of COVID-19, Brown County 2-1-1 has helped assist callers searching for information about COVID-19, relief assistance programs, and in scheduling for testing when it became available in spring of 2020. While most of the calls taken in 2020 were related to COVID-19, the continuing trend of housing, food, mental health, and basic needs assistance continued and were intensified by the onset of the pandemic and related emergencies.

Crisis Center's volume can shift related to a few high-contact customers having a change in living status or hospitalization. The Crisis Center has been putting significant effort into realigning limited services available to meet the emergency mental health needs of our community - focusing on those services - this shows in the increased percent of high acuity contacts over recent years. It is also notable that Crisis Center's mobility of face-to-face services increased significantly - to approximately 37% 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 hospital emergency rooms.

**The realities of COVID-19 derailed Crisis Center's goal of continuing to increase mobility during 2020 and early 2021 as more services were provided virtually, when possible, to reduce risk of exposure for staff and clients.*

In July 2020, Family Services was awarded a contract from the Department of Health Services to provide Lifeline services for the State of Wisconsin. A dedicated program and team were developed to deliver this service, called Wisconsin Lifeline. This project design includes the Crisis Center as a provider of back-up surge coverage for the Lifeline calls. In May or June of 2021, the Crisis Center will be relocating to 3150 Gershwin Drive Green Bay, WI 54311 to a new facility constructed on the Brown County Human Service Department's Community Treatment Center campus. The Wisconsin Lifeline team will then operate out of the existing Crisis Center space at 300 Crooks Street.

ADRC was required to stop in-person gather of customers in March 2020 due to the anticipated spread of COVID-19 and the highly vulnerable populations it serves. All in-agency programming, walk-in traffic, and congregate dining were put on hold. The federal government shifted eligibility for in-home meals and redefined "homebound" status so any older person who needed meals were able to obtain them not matter their driving status. Encouraging all older adults to stay at home during the majority of 2020 with limited outside contact was the message from the federal government. Other issues became more dominant as the year progressed and the impact of the pandemic deepened.

Topic and Service Referral Trends

What people ask for:

The Crisis Center, ADRC, and 2-1-1 utilize referral data and other information to explore issues affecting Brown County residents. All three 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.

Outside of COVID-19, the topics individuals call about have remained fairly consistent in 2020. Housing, mental health services/supports, and public benefits are the top issues our three 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, 2-1-1, the Crisis Center, ADRC's 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 2020 focused on meeting the community's COVID-19 needs. Almost half the referrals in 2020 were related to COVID-19 information and testing. Approximately 50% of calls were inquiries regarding basic needs such as food, shelter, and transportation. Outside of COVID-19 specific calls, housing was the most common reason people contacted 2-1-1 in 2020. Of the nearly 7,400 inquiries 2-1-1 received from Brown County callers, 2,400 were directly related to housing/rental assistance. Many low-income families pay more than 30% of their income for housing and are considered cost-burdened, meaning they have difficulty affording necessities such as food, clothing, transportation, and medical care. Poverty rates in Brown County are the highest for families with a single female head of household with children, making housing costs a significant barrier to self-sufficiency.

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. Curative Connections, one of the major transportation providers, committed to and delivered on increasing rural transportation rides. Late in 2020, transportation became a critical issue for persons needing to get access to the vaccine. Older adults were categorized in the first group of eligible populations for the vaccine, but needed assistance to remove barriers to access the vaccine at large community vaccination clinics. A local service group helped fund rides through Curative Connects so financial barriers could be reduced. ADRC saw an increase in requests for information and support, particularly in the area of dementia-related services and dental care. A focus on creating a Dementia Friendly Community and introducing memory screening services are a contributing factor. In 2018, ADRC participated in a collaborative project with Foundations Health & Wholeness to bring mental health counseling services to underserved older adults and adults with disabilities at the downtown ADRC location. With the pandemic, in-person counseling sessions were moved to online services. These services were accessed but not at the rate hoped due to technology literacy and hardware that was suddenly needed. In 2021, in-person mental health services will be critical for this population as the toll of the pandemic, isolation and loneliness, and depression has increased over the past 10 months.

Service Gaps

The theme of the pandemic's impact continues in the service gap area of this report. The pandemic pulled back the covers of community need that was highlighted during this stressful year. During 2020, many state and federal programs put a moratorium on eviction or discontinuation of benefits. It is anticipated that many additional needs that have been built over the year will create a flood of need in 2021. Collectively, 2-1-1, Crisis Center, and 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 nonprofit 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 gap 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. As we learned about and responded to the pandemic in 2020, there was a need for testing and answers specific to COVID-19 and later, to seeking financial assistance relief because many people who hadn't known food and housing insecurities in the past began experiencing them. This continues the trend of the most prevalent unmet needs are related to housing, utility assistance, and general financial assistance.

Despite trending towards overall improvement in employment and gains in median incomes, prior to COVID-19, the economic recovery in Wisconsin has been uneven. With the onset of the pandemic many families faced challenges from lost jobs, low wages, depleted savings, and the increasing cost of basic household goods. The United Way ALICE (**A**sset **L**imited **I**ncome **C**onstrained **E**mloyed) 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. And these numbers are likely to increase as our nation and community first experienced the COVID-19 pandemic and society had to re-adjust to the changes that have impacted our safety and stability and will continue to affect our society for the foreseeable future. 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 2020, the most frequent requests to the helpline were for help with COVID-19 information and assistance with scheduling testing followed by 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 locating mental health, AODA, transportation, and income assistance. 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 get 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.

Service Gaps, cont.

211, cont.

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. 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. There has been an increase in funds directly related to housing assistance during the COVID-19 pandemic. There has been an increase in those needing to utilize the funds. Housing continues to be the largest issue residents in Brown County face. 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.

ADRC

Nationally, COVID-19 has been an accelerator for services gaps, programming, and innovation. Brown County is no different. ADRC had to quickly move all of their regular programs to an online forum, learning where the challenges, barriers, and opportunities existed. Older Adults and adults with disabilities needing connection to services were offered services via phone and virtual meetings. For long distance caregivers, this virtual option was a silver lining to programs that have been inaccessible to them from a distance. ADRC staff learned quickly to work remotely as the call centers was moved to a virtual platform. Services were never interrupted and new opportunities for online offerings will be a long-term option moving forward. Persons with poor internet connectivity, technology literacy limitation, and hardware affordability will continue to be a focus for many human service organizations. "One size fits all" will not be a strategy that will work to remove service gaps. Educational support, affordable technology, and broad ban access will dominate discussions in the years to come.

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 growing 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. Grandparents and parents with disabilities had to suddenly shift to at-home learning for their children and grandchildren. This was something most people were ill prepared to do. The lack of affordable childcare and the challenge of needing to quarantine made consistent employment a great concern.

Unemployment rose to the service gaps list this year, as older adults and their caregivers experienced furloughs and needed support to understand and access unemployment benefits. The complexity of having a disability, having disability benefits, and the need for unemployment complicated the conversations. Requests for basic needs increased as a result: food, housing assistance, vehicle repair, etc.

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

Service Gaps, cont.

ADRC, cont.

In 2020, ADRC worked to reach racially diverse populations. With all the efforts, our outcomes fell short of our goals. Our data reflects our agency serving 2% American Indian, 1% Asian, 3% African American, and 2% White/Hispanic individuals. 91% of the persons served were White-Non-Hispanic. These demographics challenge us to increase our reach in new and creative ways. ADRC has committed to employing bi-lingual/bi-cultural staff that reflect the community we serve. ADRC has moved forward with internal training and action plans to address this disparity in our service and will be committed to closing the gaps in the years to come.

ADRC understands it has a critical role in addressing issues of health equity that have become so clear during the 2020 pandemic. It is apparent that many racial and ethnic minority populations have higher incidents of contracting COVID-19 and greater barriers to receiving the vaccine. These barriers are complex, but for older persons, access to technology, transportation, internet services and literacy are only a few. Persons unable to leave their home have few opportunities to receive the vaccine at the time of this report. Persons of color are family and paid caregivers at a much higher rate and often on the front lines of service provision, creating greater exposure to the virus. We have much work to do to have a collective impact.

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. These basic needs going unmet put additional pressure on the people we are serving who are trying to stabilize their mental health. Until their basic needs are met, a human must prioritize survival. For the people we serve who are constantly in a position of needing to prioritize survival in addition to facing mental health challenges, mental health stabilization may be an unrealistic goal. Mental health services gap is related to access to counseling services. This is likely due to increased demand on an already strained system of care due to capacity issues.

In 2020, Crisis Center served many traditionally underserved populations at a proportion higher than our community make up (9% American Indian versus 3% community make up; 8% Black versus 3% community make up; 4.5% Multiracial versus 3% community make up). Further, 92% of clients who completed satisfaction surveys following in-person counseling reported their Crisis Counselor was sensitive to the specific needs and issues related to their cultural background. Still, we know we have work to do in ensuring a crisis service that is both accessible and effective in meeting the needs of all of our community members and continuing to enhance our services.

The Crisis Center prioritizes hiring a diverse workforce who reflect our community in order to best serve our community. Currently, our Crisis Services includes a number of staff who are bilingual and bicultural in addition to staff who identify with traditionally underserved populations racially, ethnically, and in terms of gender identity. We believe a diverse workforce results in consumers feeling more welcome and better served. Training is another strategy we have implemented, having staff trained in racial trauma, cultural humility, and implicit bias.

We hope as our workforce diversifies, we will see progress in serving more Hispanic and Asian clients. In 2020, we served 1.3% of clients of Asian background compared to 3% community make up and 7% Hispanic versus 9% community make up. *Note: This data set included 12% unknown race or ethnicity.*

We are committed to continue to strive towards a workforce that represents our community as a whole, a workforce understanding implicit bias and structural racism and their potential negative impacts on service delivery, and to continue to expand our Spanish speaking capabilities.

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 1,534 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 \$334,112 annually in the workforce alone. This doesn't take into account the statewide efforts that support national initiatives in information and assistance.

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

- **Secondary service providers like Crisis Center and ADRC had to quickly create virtual platforms** to assure access for individuals as our services traditionally have a heavy walk-in and community based in-person service delivery, approaches that were temporarily not safe.
- **2-1-1 saw a rapid increase on contacts as they stepped into the role of emergency management** and provided relief to families needing testing and accessing resources for families in financial crisis.
- **Many benefit programs and government services lifted long standing restrictions and eligibility requirements temporarily**, providing relief for many and delaying the crisis of eviction, utility shut offs, and food share reductions. When the restrictions return, new and complex problems for families will likely emerge.
- **Individuals and families had not faced economic hardships in their lifetimes** and were experiencing layoffs, furloughs, and financial instabilities that were very new. As a result, people needed to navigate systems they had not before which elevated the need for human service information and assistance programs that provide easy access to information when people need it.
- **Health Equity will be a future focus for our three agencies and a commitment in the community. The work our three agencies do is important to the health of our community as we are unique position to call attention to needs, services available, gaps, and opportunities.** Access to information, education and service information is a principle all three organization recognize need to be a focus. We want to be agents of change toward a more inclusive world. The voice of populations who are underserved and have barriers to our institutions.

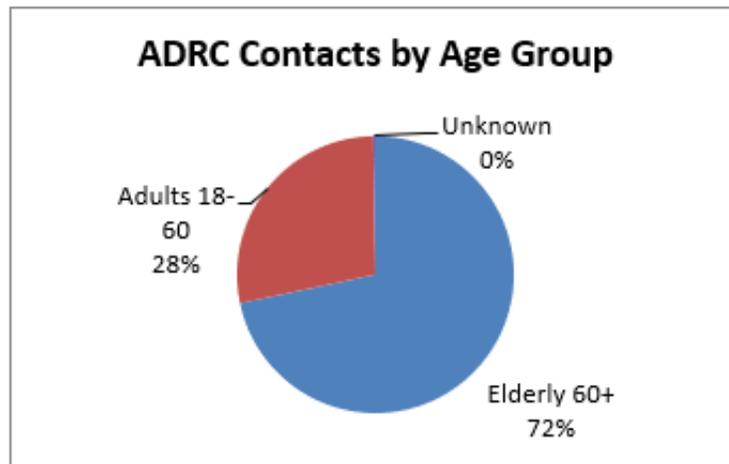
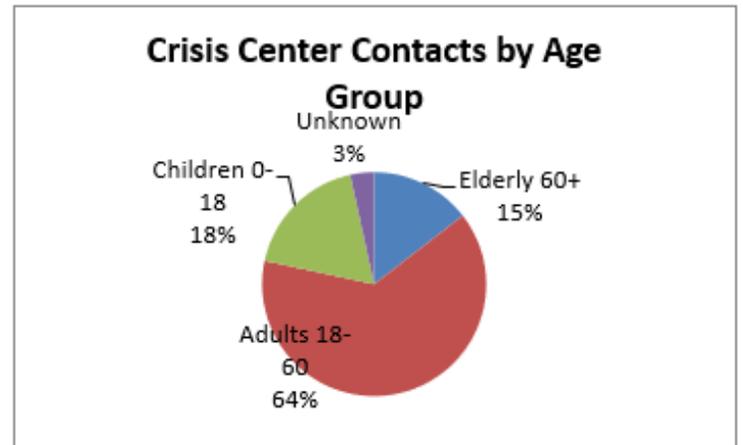
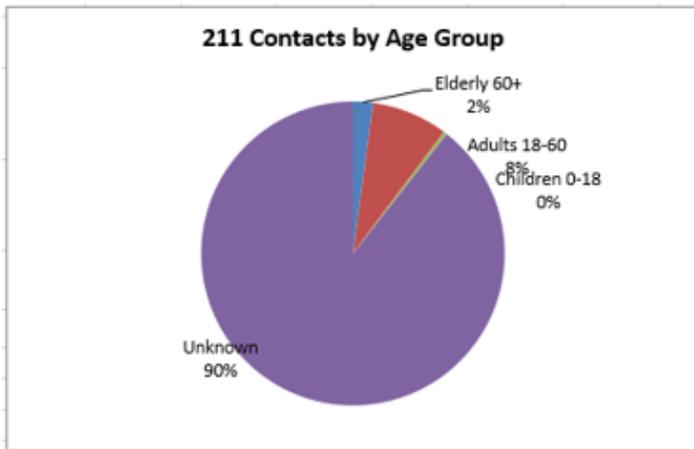
Conclusion, cont.

- ***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. Siloed solutions do not work. Stakeholders - family, friends, nonprofits, businesses, policymakers, academics, and the government - will need to work together with innovation and vision.
- ***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.
- ***In Brown County, the economic disparities between the majority Caucasian and people of color population are dramatic.*** In Brown County 79% of Black and 47% of Hispanic households lived below the ALICE threshold compared to 33% of Caucasian households. In 2018, poverty decreased over previous years, but the ALICE population increased 42%. 10% of household are living on the cusp of falling into the ALICE threshold. 53% of household with persons 65 years of age and older and 48% of households headed by persons 25 and younger are living below the ALICE threshold. Today, we are uncertain of the pandemic's impact on financial stability for individuals and families. The impact of government interventions on poverty will be clearer in the year to come.
- ***Ultimately, if households currently 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. There is no one solution, a range of strategies will be needed to ensure that no one is left behind.

Activity Reports: January - December 2020

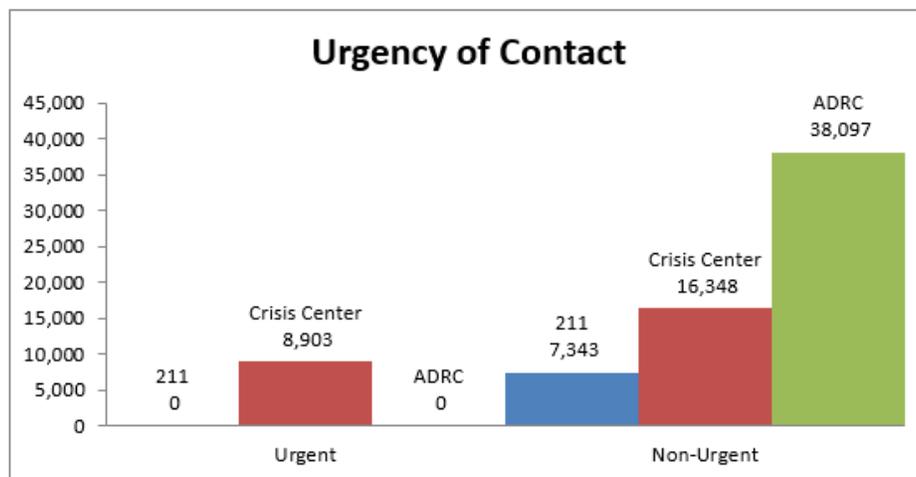
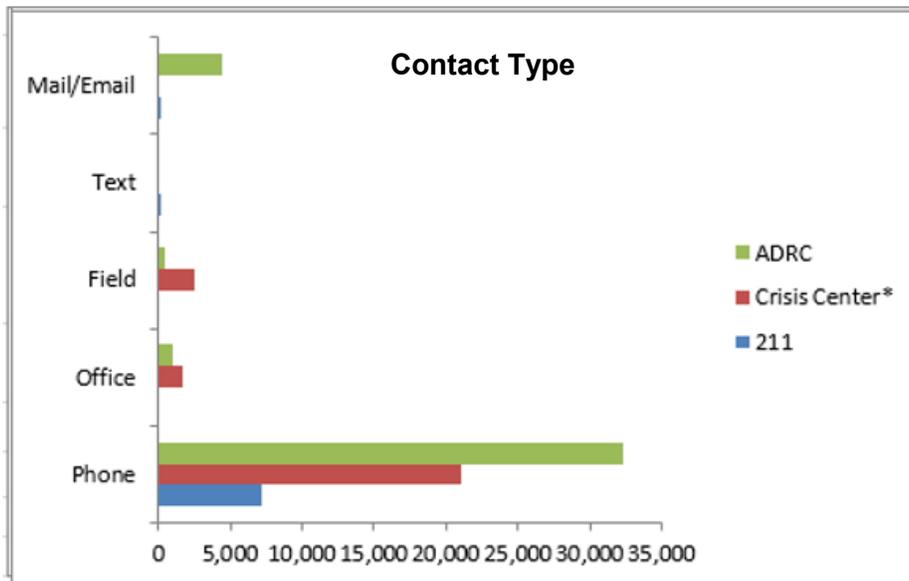
Contacts by Age					
2020	Total Contacts	Elderly 60+	Adults 18-60	Children 0-18	Unknown
211-(55 yrs +)	7,343	156	597	26	6,564
Crisis Center (55yrs+)	25,251	3,663	16,120	4,604	864
ADRC	38,097	27,309	10,678	0	110
Totals	70,691	31,128	27,395	4,630	7,538

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



Activity Reports: January - December 2020

Contacts by Type						
2020	Total Contacts	Phone	Office	Field	Text	Mail/Email
211	7,343	7,240	0	0	58	45
Crisis Center*	25,251	21,057	1,673	2,521	0	0
ADRC	38,097	32,293	926	397	0	4,481
Totals	70,691	60,590	2,599	2,918	58	4,526

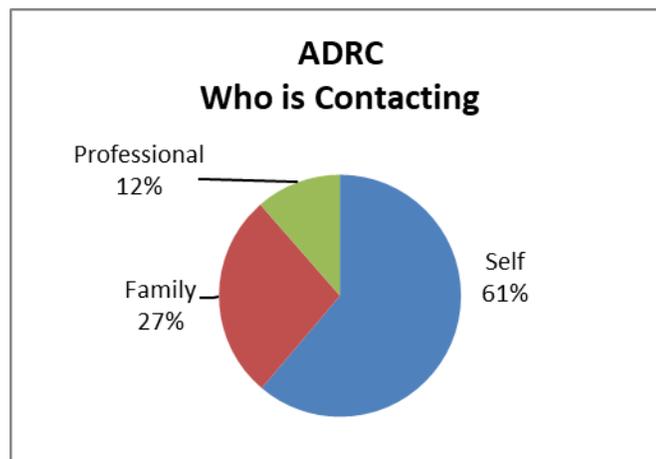
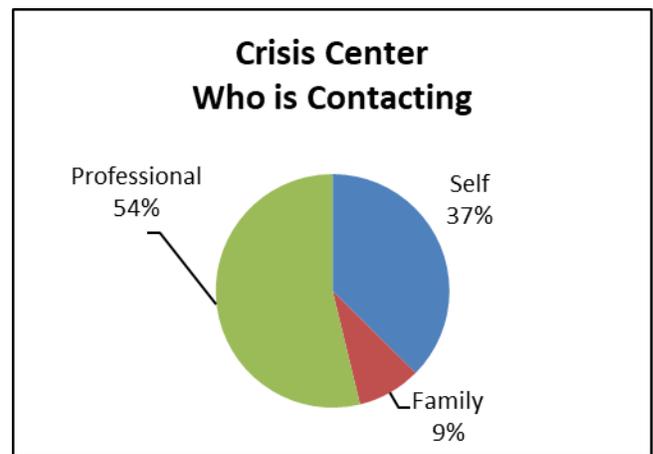


Incoming: Urgency of Contact			
2020	Urgent	Non-Urgent	Total Contacts
211	0	7,343	7,343
Crisis Center	8,903	16,348	25,251
ADRC	0	38,097	38,097
Totals	8,903	61,788	70,691

Activity Reports: January - December 2020

Who is Contacting				
2020	Total Contacts	Self	Family	Professional
211	7,343	5,765	1,520	58
Crisis Center	25,251	9,445	2,225	13,581
ADRC	38,097	23,310	10,432	4,355
Totals	70,691	38,520	14,177	17,994

**Crisis Center also provides intensive follow-up services. In 2017, 16,879 follow-up contacts were made with consumers of our services.





Get Connected. Get Help.™

United Way (920) 432-3393



Crisis Center

(920) 436-4360

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