

Vision: Next 2021-2026

Contents

Letter from the Director	3
Introduction	5
Creating the Plan.....	5
Dane County by the Numbers.....	6
Growing Population and Diversity	7
Income and Disparities	7
Needs	8
Meeting Root-Cause Challenges	9
Putting it all Together	10
Vision, Mission, and Values.....	11
DCDHS 2021- 2026 Strategic Priorities	13
Priority 1 - Advance Racial Justice.....	14
Priority 2 - Promote Organizational Culture	15
Priority 3 - Modernize Internal Infrastructure	16
Priority 4 - Strengthen Our Partnerships	17
Priority 5 - Innovate and Build Systemic Solutions to Our Communities’ Challenges	18
Conclusion and Next Steps.....	19
Appendix A - Vision, Mission, and Values Process Details.....	20
Appendix B - Stakeholder Interview Details	27
Appendix C - Community and Stakeholder Survey Details	32
Appendix D - Community Listening Sessions Details	44
Appendix E - DCDHS SWOT Lists	47
Appendix F - Employee SWOT Survey Details.....	52
Appendix G - Data Compilation.....	61
Appendix H - 2020 SMART Goals	62

Letter from the Director

The year 2020 demanded that we examine the underlying systems and structures that have perpetuated disparate outcomes for people of color across nearly every measure – higher infant mortality, higher rates of arrest and incarceration, lower rates of educational attainment, lower rates of home ownership, and higher rates of poverty are just a few examples. The murder of George Floyd in May 2020 sparked protests demanding racial justice with a fervor that our communities have not seen in many years.

At the same time, the COVID-19 pandemic has raged across the U.S. killing over 544,000¹ people

as of late March 2021. Across the country in a matter of weeks, millions of people filed initial unemployment claims as their places of employment and children’s schools closed, immediate consequences of having to “shelter in place”. In Dane County, over 89,000 people filed initial unemployment claims in 2020². Creative problem solving was required to meet immediate needs such as helping people sign up for BadgerCare as they lost employee-sponsored health care, rapidly transitioning our DCDHS workforce to work remotely, and ensuring the safety of children and older adults while maintaining social distancing. The pandemic has highlighted the need for the human services safety net to be flexible and nimble. It has also highlighted great inequities in our economic system – a system in which often the lowest-paid jobs are considered essential, are nearly impossible to do remotely, and disproportionately employ people of color (i.e. janitorial services, grocery store cashiers and stockers, food service workers, and delivery drivers to name just a few). The pandemic, because of inequitable economic and health systems, has disproportionately affected communities of color³.

A traditional strategic planning process enables communities, employees, partners, and leaders to have a conversation about what could be. Questions like “If you had a magic wand...” encourage building

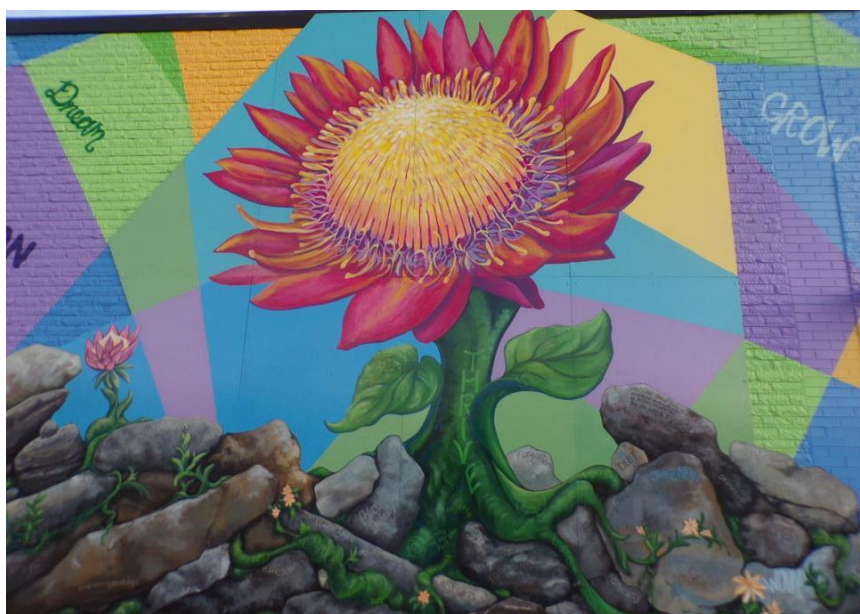


Figure 1: Madison Northside youth, through Dane Arts Mural Arts (DAMA), created this mural, installed outside the Dane County Job Center. The vibrant King Protea flower stands for diversity, courage, and strength breaking through and thriving in hardship. A powerful symbol of hope.

¹ Center for Disease Control and Prevention, U.S. Department of Health & Human Services. (March 3, 2021). *COVID Data Tracker*. <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

² Wisconsin Department of Workforce Development. (March 3, 2021). *2020 Unemployment Insurance Claims by County*. <https://dwd.wisconsin.gov/uistats/>

³ Gracia, J.N., (November/December 2020). *COVID-19's Disproportionate Impact on Communities of Color Spotlights the Nation's Systemic Inequities*. *Journal of Public Health Management and Practice*. November/December 2020, Vol 26, Issue 6, p 518-521.

visions that are aspirational and developing plans to get there. These types of questions encourage individuals to dream about their future community and the services and resources that support that future. Those dreams coalesce into aspirational goals that the community gets excited about and works toward. That is the scenario we imagined when we kicked off the *Vision: Next* strategic planning process in early 2020.

Instead, a worldwide pandemic happened. Our community did not tell us about a dream world or ideal state at some point in the future. Instead, we heard urgent calls to examine all our policies, programs, and processes with a racial equity lens and a charge to eliminate racial disparities in our programs and services; to shift funding from police responses to mental health responses for many emergency calls; to develop prevention or early intervention responses that mitigate the need for mental health crisis or police responses; and to address the affordable housing crisis in Dane County. There was a great sense of urgency around all these needs because of the realities of the situation we found ourselves in.

The pandemic has also highlighted DCDHS' areas for improvement. We have systems and processes that are outdated. We have aging technology supporting our various programs. Data from one program all too often cannot be connected to data from another program, limiting our ability to answer systemic questions or efficiently address root causes. We recognize that in order to provide holistic, person-centered services that meet individuals' needs in a timely way, we need to fundamentally transform how we operate. We need to build the capacity internally, and across our communities, to effect transformational outcomes for people, families, and communities. That requires breaking down silos through better processes, communication, and information systems. It requires ensuring our employees have the necessary support, resources, knowledge, and time to build these connections with the families and individuals with whom they work. It requires changing our business model – fundamentally shifting how we provide services.

This strategic plan presents our five priorities for the next five years. It outlines where the Department will prioritize time, attention, and resources to achieve our vision and meet the needs of all stakeholders. There is a lot of work to be done. We believe that through articulating this clear high-level plan, we can make incremental and impactful positive changes. We look forward to continuing to share our progress on these priorities with you in the coming years.

Thank you,



Shawn Tessmann

Director, Dane County Department of Human Services



Introduction

Dane County Department of Human Services (DCDHS) works with hundreds of partners across Dane County to provide access to *Effective, innovative, and evidence-based services and resources that support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds.*

Vision: Next, our strategic plan for 2021-2026, will guide the Department in this work over the coming five years. The strategic priorities focus on internal changes that will enable us to be more effective, innovative, and evidence-based; as well as external programming and partnership enhancements necessary to support wellbeing, opportunities to thrive, safety, and justice for all people. Each priority identifies four or five initiatives necessary to advance the priority. These initiatives are likely to shift over the next five years, while we expect our priorities to remain stable. Likewise, the Department will identify actionable short-term tactics that will be refreshed annually.

The services and resources we offer to customers/clients will remain broad. This plan is not a comprehensive listing of all the services and resources that DCDHS funds and/or provides. Rather, this plan highlights the areas where DCDHS intends to prioritize investment – time, money, skills, and effort – in order to make impactful changes. The plan also offers an explanation as to why those systemic changes are important to all Dane County residents, even those who do not use our services.



Creating the Plan

Vision: Next, the Department's strategic planning process, began in late 2019 with Department leadership committing to a process that was fundamentally different from previous strategic planning processes. The goal was to seek feedback and insight from partners, stakeholders, elected officials, communities, clients, and employees.

The Department created the Strategic Advocate Workgroup (SAWG) to do the bulk of the discovery work that typically accompanies a strategic plan. This group of employees from across the Department met from April through mid-December 2020 and created surveys, drafted the new Vision, Mission, and Value statements, conducted stakeholder interviews, and held community listening sessions. The SAWG work, and the synthesis of that learning, was guided by three consultants hired by DCDHS; Jeff Russell of Russell Consulting, Inc., Deborah Biddle of The People Company, and Mark Richardson of Unfinished Business, LLC. The Department's Management Team (M-Team) was able to move forward final Vision, Mission, and Value statements as well as craft the strategic priorities presented here due to the groundwork of the Strategic Advocate Workgroup and the consultants.

The learning process that the Strategic Advocate Workgroup elicited on behalf of the Department was significant and took many months. Through the process, DCDHS heard from hundreds of stakeholders, community members, and employees. The appendices to this report describe each step in more detail and summarize what the Department learned as part of that step.

Table 1: *Vision: Next* List of Appendices

When	What	Appendix
May - July, 2020	Creation of the new Vision, Mission, and Values	Appendix A
July - September, 2020	Stakeholder Interviews	Appendix B
September - October, 2020	Stakeholder and Community Surveys	Appendix C
November, 2020	Community Listening Sessions	Appendix D
November, 2020	SWOT List Compilation	Appendix E
December, 2020	Employee SWOT Survey	Appendix F
September - December, 2020	Data Compilation	Appendix G

The Department is deeply appreciative of everyone who participated in our process and took the time to provide their feedback and insights. We confirmed that most stakeholders envision a Dane County human services system that is equitable and inclusive, built on communication and collaboration, in which access is easy and there are few service gaps. Repeatedly, housing and mental health were raised as issues the Department should prioritize in the coming years. Stakeholders shared their views about the Department's role in addressing and eliminating disparate outcomes for communities of color. Many stakeholders also encouraged the Department to improve coordination, communication, and collaboration to achieve these priorities.

Often, employees and stakeholders expressed a desire for a human services system that meets the needs of individuals at the time those needs are communicated with fewer barriers to service. In describing this ideal future state, stakeholders used phrases like: holistic, person-centered, root causes, no wrong door, warm handoffs, and collaboration.

Dane County by the Numbers

Data trends and community demographics set an organization's planning context. Organizations attempt to plan for a future that is somewhat predictable in terms of economics and population growth, and anticipate needs that may arise with these factors. Appendix G includes a large set of data describing trends in Dane County in depth. This report highlights just a few noteworthy trends.

Growing Population and Diversity

Wisconsin's population grew approximately 2.95% since the 2010 Census. Dane County grew by 11.34% during this period, making it the fastest growing county in Wisconsin.⁴ By 2040, Dane County is expected to have a population of nearly 700,000 individuals. The "Silver Wave" will affect Dane County, with the largest proportional growth among adults over age 60, as shown in Figure 2.⁵ Dane County will

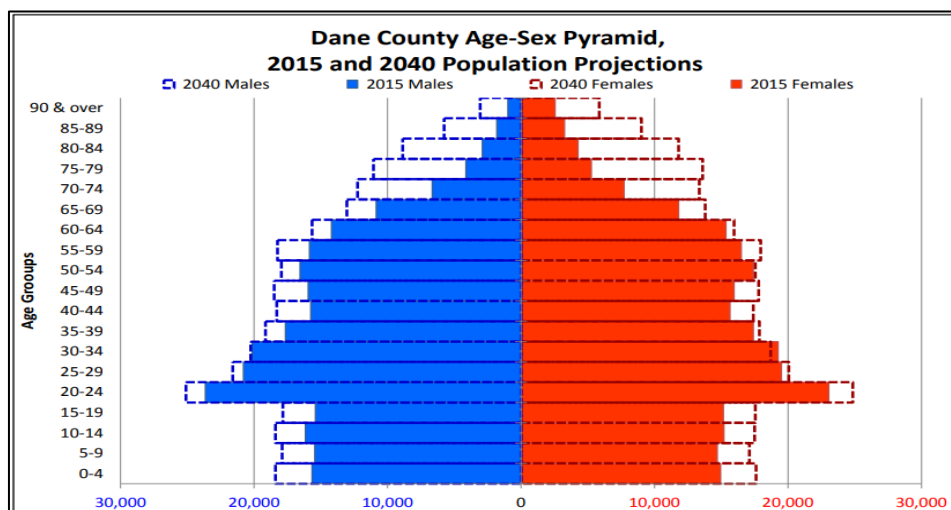


Figure 2: Dane County Age-Sex Pyramid

also become more diverse, primarily through large growth in the number of youth of color. This population growth will continue to impact the City of Madison, but surrounding cities and villages may likely continue to experience larger growth rates than the City of Madison⁶.

Income and Disparities

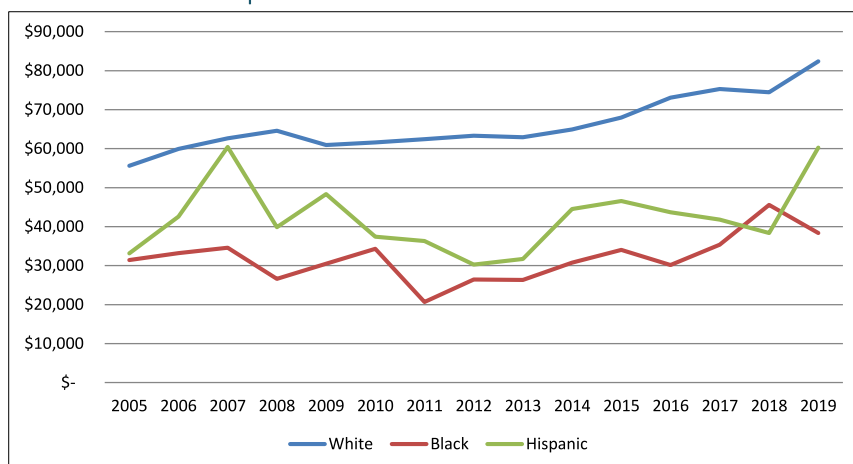


Figure 3: Dane County Median Household Income by Race

As shown in Figure 3, in Dane County there continues to be significant disparities between median household income for White households (\$82,387) and those that identify as Black (\$38,365) or Latino/a (\$60,254)⁷. Nationally, these disparities persist over time, educational achievement, employment status, gender, age, household size, and other factors⁸.

Likewise, there continues to be racial disparities in the rate of poverty experienced by families in Dane County. About 10% of Whites experience poverty, while about 20% of Asians and 28% of Black or African

⁴ State of Wisconsin, Department of Administration, Demographic Services Center (2020). *Demographic Services Center's 2020 Population Estimates: Wisconsin's Moderate Growth Continues*. https://doa.wi.gov/DIR/Final_Ests_Summary_2020.pdf

⁵ Projections: Demographic Services Center, Division of Intergovernmental Relations, WI Department of Administration: https://doa.wi.gov/Pages/LocalGovtsGrants/Population_Projections.aspx

⁶ Capital Area Regional Planning Commission. (May 2016). *Regional Trends in Population and Housing*. https://danedocs.countyofdane.com/webdocs/PDF/capd/RegionalTrends/2016_RegionalTrends_PopHousing.pdf

⁷ U.S. Census Bureau, American Community Survey 1-Year Estimates, Table S1903, *Median Income in the Past 12 Months*, <https://data.census.gov/cedsci/table?q=S1903&tid=ACST1Y2019.S1903>

⁸ Patten, E. (July 2016). *Racial, Gender Wage Gaps Persist in U.S. Despite Some Progress*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2016/07/01/racial-gender-wage-gaps-persist-in-u-s-despite-some-progress/>

Americans experience poverty⁹. From 2014 through 2018, the poverty rate for Black or African Americans decreased by about 12%, while remaining relatively stable for the other groups.

Poverty often determines eligibility for DCDHS services and programs, or is closely correlated with such services and programs. While the relative decline in the overall poverty rate over the past four years is good news, it is possible it will not continue in the coming years. The long-term economic consequences of the pandemic response has the potential to disproportionately affect low-income individuals and families across Dane County, even those just above the poverty threshold¹⁰.

Therefore, due to population growth and unpredictable changes in the poverty rate, DCDHS is likely to experience a greater demand for services in the future.

Needs

DCDHS heard from many stakeholders throughout our *Vision: Next* process that behavioral health needs and housing access and affordability were important foundational root causes that needed to be addressed in order to achieve our vision of **Empowered people thriving in safe, just, and caring communities**.

Thousands of Dane County low-income families struggle to pay rent every month. Nearly 21% of all renters in Dane County are spending over 50% of their gross income on rent, according to 2019 data, with another 13% of renters spending between 35-49.9% of their gross income on rent¹¹. Low-income families are spending the greatest portion of their income on rent, meaning eviction is too often just one missed paycheck away.

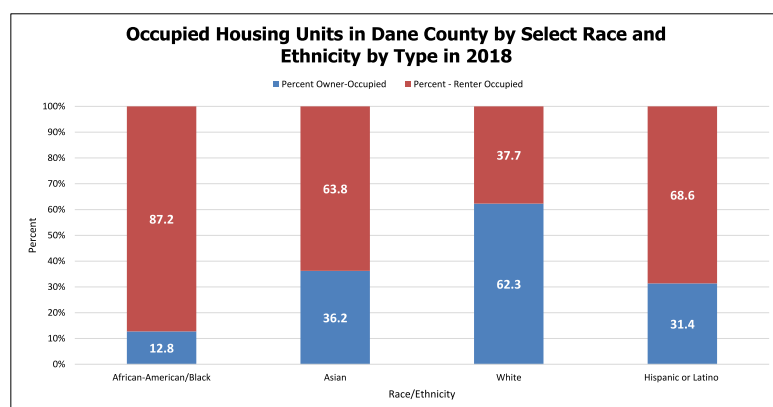


Figure 4: Occupied Housing Units in Dane County by Race and Ethnicity

Further, about 42.7% of households rent, rather than own their own home. There continues to be racial disparity in home ownership rates, as shown in Figure 4, with 62.3% of Whites owning their home, while only 12.8% of Black or African Americans, 31.4% of Hispanic or Latino, and 36.2% of Asian households own their home¹². Housing insecurity, often combined with other challenges, results in about 600 individuals experiencing homelessness at any given time in Dane County.¹³

⁹ U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1701, *Poverty Status in the Past 12 Months*, <https://data.census.gov/cedsci/table?q=S1701&tid=ACST1Y2019.S1701>

¹⁰ Horowitz, J.M., Brown, A., and Minkin, R. (March 5, 2021). *A Year Into the Pandemic, Long-Term Financial Impact Weighs Heavily on Many Americans*. Pew Research Center. <https://www.pewresearch.org/social-trends/2021/03/05/a-year-into-the-pandemic-long-term-financial-impact-weighs-heavily-on-many-americans/>

¹¹ US Census Bureau, American Community Survey, Table B25070, *Gross Rent as a Percentage of Household Income in the Past 12 Months*, 5 Year Estimates Detailed Tables, accessed 2 February 2021.

<https://data.census.gov/cedsci/table?q=B25070&g=0500000US55025&tid=ACSDT1Y2019.B25070&hidePreview=false>

¹² U.S Census Bureau, American Community Survey, Table S2502, *Demographic Characteristics for Occupied Housing Units*

<https://data.census.gov/cedsci/table?q=ACSST1Y2019.S2502&g=0500000US55025&tid=ACSST1Y2019.S2502&hidePreview=true>

¹³ Homeless Services Consortium. (January 2019). *Point-In-Time County of Homelessness Madison/Dane County*. https://0dae4f91-4a77-41b6-8005-0e9000834ebd.filesusr.com/ugd/73dee7_0b8de62f766f4c58959646551ca62140.pdf

Mental health, substance abuse, and other behavioral health needs continue to increase for individuals and families across Dane County, especially as routines are disrupted and financial stressors of the pandemic impact low-income households. Even prior to the pandemic, youth reported increased measures of depression, anxiety, and suicidal thoughts¹⁴; the number of suicides was trending slightly upward¹⁵, as were opioid-related emergency room use¹⁶ and alcohol-related hospitalizations¹⁷. These general trends have been compounded by the COVID-19 pandemic and the resulting economic recession. “Four in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder¹⁸”. Dane County mirrors the U.S. population in this regard, with individuals experiencing more concerning levels of stress, while simultaneously, the pandemic has increased barriers to service. These trends point to a growing need to deliver timely and responsive behavioral health interventions across the life span and across diverse racial and ethnic communities.

Given this data, DCDHS generally expects that the growing diverse population and the potential for increasing poverty rates will result in increased demands and needs for all services in the next several years. Behavioral health and housing needs will continue to be root-cause challenges facing many Dane County households.

Meeting Root-Cause Challenges

While we heard from stakeholders that focusing on housing and behavioral health are very important to all communities in Dane County, we also heard stories about the gaps in the existing safety net. Stories emerged of individuals being given yet another phone number to call or website to visit to get assistance with a challenge they expressed to a service provider. This results in too many families or individuals needing to make multiple contacts with the Department or service providers across the county. Holes in the safety net emerge when these families retreat, often due to frustration or lack of knowledge in how to navigate the complex human services system.

Conversations with stakeholders, employees, and community members highlighted the need and desire to create a person-centered **system** that meets all needs of all individuals in a timely manner, with fewer doors to enter or phone numbers to call. When asked about needs that were not being met, responses were often not about **what** was missing, but about **how** those services and resources were provided.

Through the conversations, surveys, listening sessions, and interviews themes emerged about the types of changes needed in order to develop the person-centered approach necessary to fulfill our vision of **Empowered people thriving in safe, just, and caring communities**. We heard that we should:

- Improve **coordination** and **communication** in order to enable community organizations to deliver services better, break down silos, increase community awareness of resources available,

¹⁴ Dane County Youth Commission. Dane County Youth Assessments (2013, 2015, 2018) <https://danecountyhumanservices.org/yth/>

¹⁵ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Wisconsin Interactive Statistics on Health (WISH) data query system, Mortality Module, accessed 9/11/2020, <https://www.dhs.wisconsin.gov/wish/index.htm>

¹⁶ Wisconsin Department of Health Services. Data Direct, Opioid Hospitalizations Module [web query]. Data last updated 9/11/2020. Accessed 9.11.2020

¹⁷ Wisconsin Department of Health Services, DHS Interactive Dashboards (data query), Alcohol Hospitalizations Module, data last updated 7.1.2020. Accessed 9.10.2020.

¹⁸ Panchal, N., Kamal, R., Cox, C., Garfield, R., (February 10, 2021). *The Implications of COVID-19 for Mental Health and Substance Use*. Kaiser Family Foundation (KFF) <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

make services more accessible to ALL people, make those programs and resources meet all needs that individuals or families identify without “revolving doors”, and understand if services and resources are meeting needs. Stakeholders often talked about communication as the foundation of collaboration.

- **Collaborate by** inviting communities to “the table” to discuss issues and innovate solutions; convening community experts and trusting their feedback; listening to the expertise of the communities we serve; and being genuinely open to feedback.

Stakeholders, partners, and employees also encouraged DCDHS to examine programs, policies, procedures, and partnerships with a **racial equity and social justice** lens and to make changes necessary to reduce disparate outcomes for communities of color. Recommendations included:

- Hire more staff with lived experience and/or hire more people of color.
- Mandate implicit bias training, staff reflection, and facilitated conversations.
- Contract with more agencies staffed and lead by people of color, and with organizations that are already in communities doing this work.
- Provide information, resources, and services through websites, phone numbers, and in-person, in Spanish and Hmong. Ensure there is adequate resources and training to use professional translation and interpretation services when needed, not children.
- Build partnerships and collaborations with communities by first building trust. Ask communities what they need, how they are already addressing their community needs, trust that they know this, and then do it.
- Honor the Latinx community as a multifaceted, complex group. There are many Latinx individuals and families with diverse experiences, languages, needs, etc. Take the time to hear from them all.
- Examine RFP, funding, and contracting processes to ensure greater equity.
- Share resources, subject matter expertise, and funding with community organizations to enable them to do their work better.

Putting it all Together

Again, we are deeply appreciative of what we learned from discussions with stakeholders, employees, policy makers, and community members. As the result, this plan presents a few internally facing strategic priorities. We recognize that DCDHS staff, programs, and partners already achieve valuable short-term outcomes, but all too often our systems, structures, information, and/or allocation of resources are not optimally aligned, limiting our ability to achieve greater long-term outcomes that address root causes. By focusing on internal priorities such as improving organizational culture and modernizing internal infrastructure, we expect to increase and strengthen our capacity to be innovative, responsive, and effective. It will also enable us to more effectively achieve our more externally facing

priorities of advancing racial justice, strengthening partnerships, and building innovative and systemic solutions to our communities' challenges.

Our strategic priorities reflect intent to address the systemic changes requested by stakeholders, employees, and community members, which is supported by our data. They demonstrate our understanding of the changes necessary to address root-causes with families and individuals we serve as well as everyone in Dane County. These priorities are presented as five-year priorities because to achieve significant systemic alignment and positive outcomes, we likely will need to work at them in some way for many years to come.

As our priorities speak to *what* we will do differently, our new Vision statement serves as our aspirational “North Star”, or the *why*. In a perfect world, *Empowered people thriving in safe, just, and caring communities* would not need interventions from human services. In a perfect world, we would work ourselves out of existence. To do that, we must achieve our mission: *Provide access to effective, innovative, and evidence-based services and resources that support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds*.

Finally, our value statements are aspirational statements of *how* we intend to work with each other, our partners, our community, and our clients. The list is certainly not comprehensive. The selection of these words was intentional. For instance, DCDHS has chosen to pursue racial *justice* instead of racial *equity*. There were many conversations across the Department about equality, equity, and justice throughout our process. These conversations were at times challenging, but this challenge helped us grow and learn. Figure 6, on page 14 effectively encapsulates the differences between these words that informed our thinking on these values. The value of racial justice, by definition requires us to hold the value of equity, yet justice is a bolder concept. Similarly, you will see the word diversity emphasized in the values, but not the word inclusion. We encourage you to look more closely at the commitment we make to demonstrate the value of diversity. We value the diversity that all people of various genders, sex, races, ethnicities, sexualities, economic status, abilities, religions, ages, and experiences bring to our work. In valuing this diversity, we are committing to inclusion of different voices and perspectives to inform our work in deep and authentic ways.

By aspiring to these values every day, in every decision we make, we will be able to make progress on each of the strategic priorities and fulfill our mission. We look forward to going on this purposeful journey with you. We look forward to a future of *Empowered people thriving in safe, just, and caring communities*.

Vision, Mission, and Values

The new Vision, Mission, and Value statements were developed during the summer of 2020 in a collaborative process involving our Strategic Advocate Workgroup and the input of hundreds of DCDHS employees. For more information on the process used to arrive at these statements, refer to Appendix A.

VISION: Empowered people thriving in safe, just, and caring communities.

MISSION: Provide access to effective, innovative, and evidence-based services and resources that support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds.



VALUES

ACCOUNTABILITY AND TRANSPARENCY

We are stewards of public resources. We commit to the evaluation and review of our services and programs. We will be as transparent as possible through open communication within our own organization, with our partners, and with the communities we serve.

COLLABORATION

We commit to building collaborative, inclusive, and informed relationships with staff, clients, partners, and the larger community to foster trust, respect, and effective partnerships across all programs and services.

Figure 5: Our values support our Vision

RACIAL JUSTICE

We commit to pursuing racial justice through institutional change to actively dismantle policies, practices, messages, and attitudes that both perpetuate and fail to eliminate racism and differential outcomes by race.

DIVERSITY

We celebrate our differences, recognizing diversity as a strength that will help us effectively tackle the challenges we collectively face. We strive to create an inclusive culture by authentically bringing diverse voices and perspectives into discussions and decision-making.

EMPATHY

We recognize the existence of generational, historical, community and personal trauma. We approach every interaction, with clients and staff, with the empathy and compassion necessary to address trauma and repair harm.

GROWTH AND LEARNING

We commit to organizational learning and growth by listening, training, collaborating, and innovating, to ensure that our work is responsive, current, engaged, and focused on positive change.

DCDHS acknowledges the harm caused by systems that contribute to socio-economic and other disparities and inequitable outcomes, especially among communities of color. DCDHS understands that these systems still exist and seeks to chart a path of improvement by committing to a new aspirational vision, mission, and set of values.

DCDHS 2021- 2026 Strategic Priorities

1 Advance Racial Justice	<i>Advance racial justice in Dane County through the programs we fund, the services and resources we provide, and how we recruit and retain staff of color.</i>
2 Promote Organizational Culture	<i>Create, strengthen, and support an organizational culture that exemplifies our core values in which employees feel empowered, respected, and valued.</i>
3 Modernize Internal Infrastructure	<i>Enhance computer systems, program evaluation infrastructure, contract management processes, and communications strategy to enable and facilitate data driven decision-making and effective collaboration.</i>
4 Strengthen Our Partnerships	<i>Build trusting collaborative partnerships, internally and externally, to ensure the Department meets the needs of all communities in innovative and effective ways.</i>
5 Innovate and Build Systemic Solutions to Our Communities' Challenges	<i>Innovate and build systemic solutions that reduce multi-system involvement for individuals with behavioral health needs or facing housing instability, in which individuals receive culturally competent and person-centered services.</i>

The strategic priorities presented here will be the focus for the rest of 2021 through the end of 2026. The pages to follow provide greater discussion on each strategic priority and the desired outcome we are hoping to achieve. Within each **priority**, there are four or five **initiatives**, or goals, that will assist DCDHS in achieving the priority. These initiatives will likely evolve over the coming five years. **Tactics**, the measurable action or deliverable to achieve the initiative, will be updated and modified at least annually. Tactics for 2021 are presented within Appendix H of the *Vision: Next* plan.

Priority 1 - Advance Racial Justice

People of color in Dane County experience significant racial disparities across a variety of measures. DCDHS acknowledges the harm caused by systems that contribute to socio-economic and other disparities and inequitable outcomes, especially among communities of

color. DCDHS understands that these systems still exist and seeks to chart a path of improvement by disrupting these systems to create just communities for everyone.

DCDHS' first strategic priority is to **Advance racial justice in Dane County through the programs we fund, the services and resources we provide, and how we recruit and retain staff of color.**

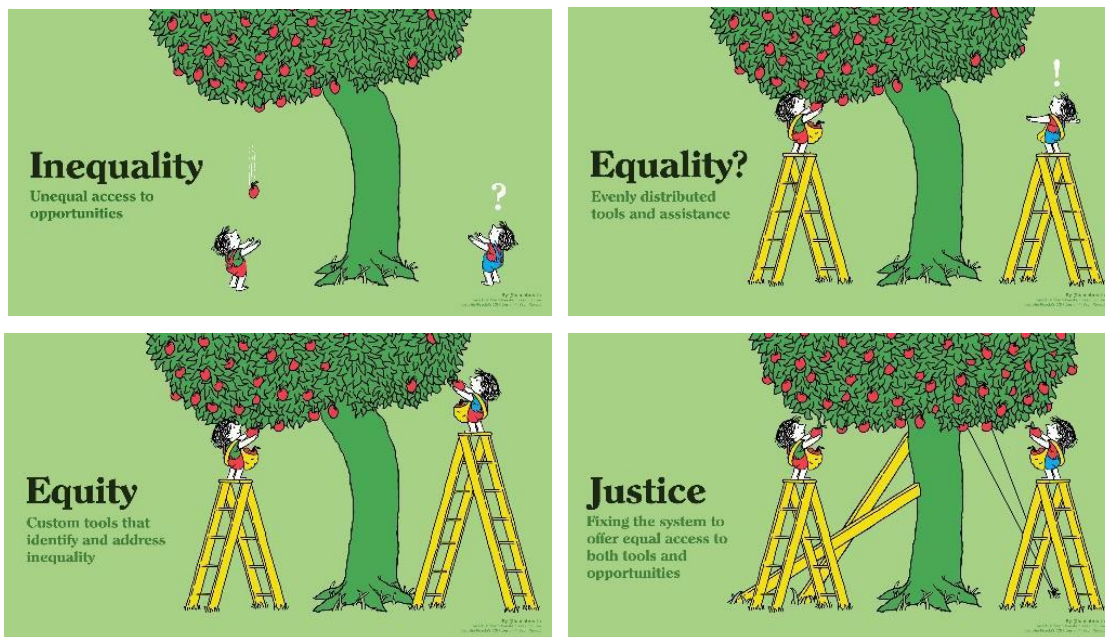


Figure 6: Advance Racial Justice

Created by Tony Ruth for John Maeda's 2019 *Design in Tech Report*. Images retrieved from <https://cx.report/2020/06/02/equity/> with use permission.

We will achieve this through the following initiatives:

1. Enhance organizational commitment and focus on racial equity through department-wide trainings and conversations to develop shared understanding, enhance individual commitment, and build staff and organizational capacity.
2. Make changes to recruitment and hiring policies and procedures to increase retention, trust, and racial and ethnic diversity of staff.
3. Apply a racial justice lens to decision-making.
4. Expand the Purchase of Service (POS) network to include more providers of color.
5. Examine our policies and procedures for interpretation and translation to improve access for all members of the community.

Priority 2 - Promote Organizational Culture

The second priority is to *Create, strengthen, and support an organizational culture that exemplifies our core values in which employees feel empowered, respected, and valued.* The values DCDHS adopted over the summer of 2020, presented earlier in this document, were in many ways aspirational. Our intention is to do the work necessary internally to change that and make DCDHS the best workplace in Dane County. Our employees do amazing work every day and they are the backbone of the services and resources we provide to thousands of individuals every year. Without about 740 talented, dedicated, and resourceful employees, DCDHS cannot fulfill our mission. Therefore, we are prioritizing our employees in the coming years.

We will achieve this through the following initiatives:

1. Engage employees in policy and process development in meaningful and intentional ways that breaks down programmatic silos and effectively utilizes their skills, knowledge, and abilities.
2. Enhance internal communications for increased accountability and transparency.
3. Ensure performance reviews are timely, meaningful, and encourage employee professional development.
4. Develop, formalize, and implement on-boarding and off-boarding procedures.
5. Develop and implement recognition practices that increase staff engagement and retention.



Figure 7: Promote Organizational Culture

Priority 3 - Modernize Internal Infrastructure

DCDHS will **Enhance computer systems, program evaluation infrastructure, contract management processes, and communications strategy to enable and facilitate data driven decision-making and effective collaboration.** Information is key to breaking down silos within DCDHS and between DCDHS and our partners. Too often, individuals have multiple contacts with different programs and organizations to address multiple issues. No one provider in that system can see the “full picture” because no one provider in that system has all the information needed to paint that picture. Working on this priority will help DCDHS enhance internal infrastructure necessary to start painting the larger systemic picture of the world of our clients, coordinate efforts to build holistic services, and communicate internally and externally.

We will achieve this through the following initiatives:

1. Create a project management approach to effectively prioritize our portfolio of projects (both IT and non-IT) and provide infrastructure necessary for innovation and collaboration.
2. Evaluate information technology (IT) infrastructure needs to reduce manual work, enhance data analytics, and support innovation.
3. Design a department-wide communications approach and develop internal and external communications protocols.
4. Strengthen contract management best practices.
5. Enhance program and outcome evaluation infrastructure.

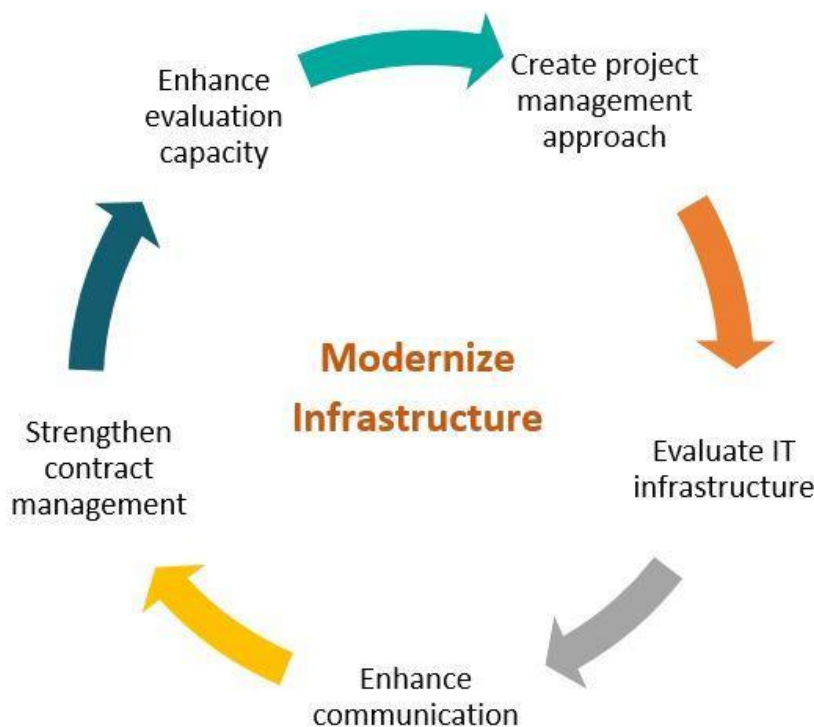


Figure 8: Modernize Internal Infrastructure

Priority 4 - Strengthen Our Partnerships

Person-centered and holistic services require collaboration across the system, both with programs and partners DCDHS funds as well as those system providers that do not receive funding from DCDHS. This collaboration starts with greater awareness among all system stakeholders about the services and resources available and provided by each player, and builds over time to a “no-wrong-door” system in which a customer/client can talk to one person or provider and find the resources necessary to meet all their needs.

To achieve this, our fourth priority is to ***Build trusting collaborative partnerships, internally and externally, to ensure the Department meets the needs of all communities in innovative and effective ways.***

We will achieve this through the following initiatives:

1. Assess the health of our current partnerships and identify ways to strengthen or expand those partnerships.
2. Seek feedback on the experience of our clients to broaden the community and lived-experience voice in service delivery.
3. Support training and development needs of contracted and non-contracted providers across the county to strengthen their performance.
4. Redesign our website as an engagement and information-sharing tool for clients, DCDHS staff, and others throughout the community.

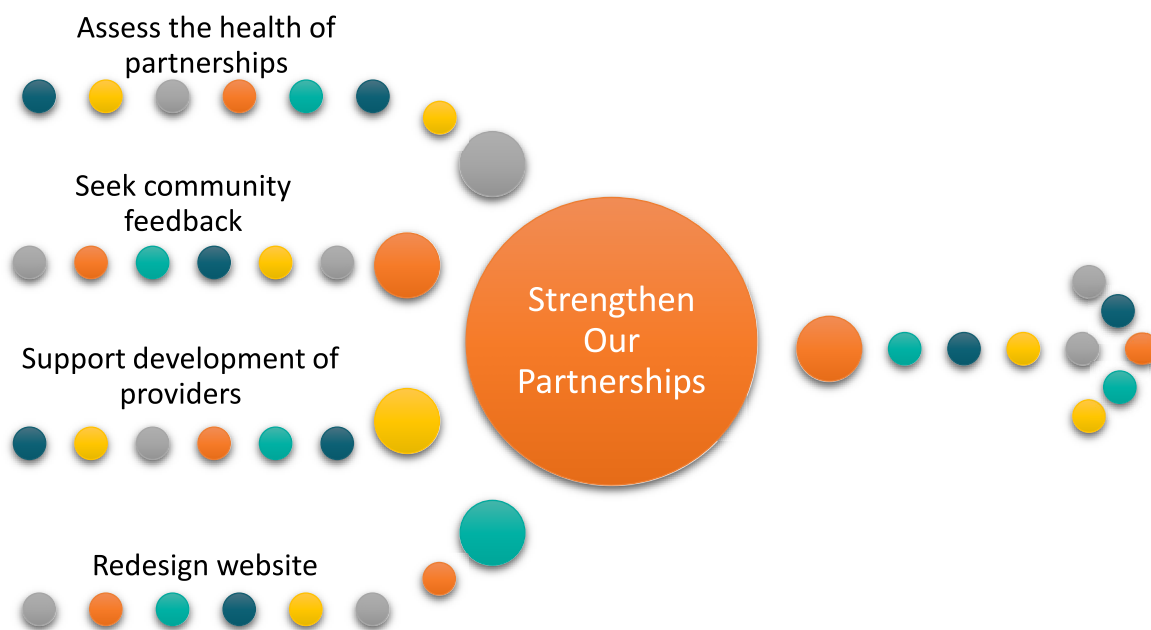


Figure 9: Strengthen Our Partnerships

Priority 5 - Innovate and Build Systemic Solutions to Our Communities' Challenges

Behavioral health and housing are foundational for families across Dane County. If families lack access to stable or well-coordinated resources in these areas it too often leads to involvement in other systems. One person could have multiple people from multiple systems working with them at the same time, and those partners may not know who else is assisting their client. Through community engagement, we learned that focusing attention and resources on housing and behavioral health would have the greatest positive impact for the community.

Our fifth priority is to ***Innovate and build systemic solutions that reduce multi-system involvement for individuals with behavioral health needs or facing housing instability, in which individuals receive culturally competent and person-centered services.***

Our focus on our other strategic priorities will help us build these systemic solutions over time and help us address the pressing needs around behavioral health and housing.

We will achieve this through the following initiatives:

1. Design and launch a Behavioral Health Triage and Restoration Center¹⁹.
2. Partner to develop a purpose-built shelter for those experiencing homelessness with adequate case management services and resource connections²⁰.
3. Increase the number of affordable housing units and make those units more accessible to people with a less-than-perfect housing history.
4. Build staff awareness of programs and resources across the Department to enable appropriate referrals and warm handoffs.
5. Create and implement a holistic approach that connects individuals to preventive services and resources at the time they are needed.



Figure 10: Innovate and Build Systemic Solutions to Our Communities' Challenges

¹⁹ This initiative is in anticipation of policy direction and resource allocation by the County Executive and Dane County Board of Supervisors.

²⁰ This initiative is in anticipation of policy direction and resource allocation by the County Executive and Dane County Board of Supervisors.

Conclusion and Next Steps

As stated earlier, this plan provides a broad outline of the changes DCDHS will pursue in the coming years. It remains purposefully silent on programs, resources, and operations for which we either do not expect or cannot anticipate significant changes. The priorities outlined will necessitate change in all Department Divisions. They are large and aspirational and will require a great deal of focus, intention, and resources in the coming years.

Likewise, we have offered a preview of the initiatives that we will move forward to make progress on each of the five strategic priorities. We will continue to work with DCDHS staff to identify actionable tactics, a more detailed road map, to achieve our vision. DCDHS anticipates publishing annual updated “road maps” of actionable tactics, starting in early 2022.

In the meantime, in Appendix H you will find DCDHS’ 2020 SMART goals and 2021 Tactics that the Department is already working on. The tactics presented for 2021 reflect the listening, learning, and decision-making that the Department’s leadership was able to make through the *Vision: Next* process.

We look forward to working with our staff, our stakeholders, our community partners, our elected officials, and all Dane County communities to build a human services system that ***Provides access to effective, innovative and evidence-based services and resources that support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds.*** Through achievement of these priorities, we envision ***Empowered people thriving in safe, just, and caring communities.***

Appendix A - Vision, Mission, and Values Process Details

Timeline

Start	End	Activity
5/1/20	5/12/20	Conduct employee survey
5/13/20	6/3/20	Compile employee survey
6/22/20	6/23/20	Hold VMV workshops with employees
6/24/20	7/1/20	Compile notes from workshops
7/7/20	7/8/20	Strategic Advocate workshop to create draft Vision, Mission, and Value statements
7/22/20	7/22/20	M-team review and finalize vision and mission statements. Agree on value words.
7/23/20	8/12/20	Small group draft value statements based on M-team guidance
8/13/20	8/19/20	SAWG review and approve the drafted value statements from small group
8/24/20	9/8/20	M-team review, edit, and approve final vision statements
8/27/20	8/27/20	Share new vision and mission statements with DCDHS employees
9/29/20	9/29/20	Share new vision statements with DCDHS employees

Participants

- Two-hundred eighty-eight (288) employees responded to the Employee survey in early May. DCDHS has about 740 employees, so this was a response rate of about 39%.
- About 24 employees participated in workshops on 6/22 and 6/23.
- Approximately 26 employees in the SAWG group combined these statements during work in early and mid-July.
- Three (3) strategic advocates created draft value statements 8/1 through 8/19.
- DCDHS' Leadership Team (M-team) finalized the Vision and Mission statements 7/22 through mid-August. The value statements were finalized 8/24 through 9/8.

Process

Employee Survey

In early May a survey was open to all DCDHS employees. The purpose was to gather thoughts and feedback on the things important to DCHDS, what drove our mission, and where employees felt inspiration.

The survey themes presented were compiled by two DCDHS employees independently through pre-determined deductive coding.

Survey Themes:

Q1: It is 15 years from now. The media is featuring DCDHS because of the great work DCDHS has done for the community since 2020.

What are community members and leaders raving about?



THEMES

- 1. Service Delivery Across Multiple Subject Areas** – Approximately 55% of responses were about the services provided by DCDHS and changes in outcomes through these services (particularly in regard to homelessness and poverty, services to children and youth, and mental health needs). Respondents described increases in resources and partnerships, systemic changes that expanded and streamlined access to support, and great customer service by DCDHS that cultivated a more trustworthy relationship with consumers.
- 2. Changes within DCDHS** – Approximately 20% of responses were about internal operations of DCDHS including the diversity of employees, staff retention and satisfaction, and again, customer service by DCDHS.
- 3. Progress in Achieving Equity and Inclusion** – Approximately 15% of responses called out programs or areas where issues of equity and inclusion were addressed within the community. There were also a sizable number of responses that mentioned DCDHS' commitment to equity through a more diverse workforce.

What work do community members and leaders still say needs to be done?



- 1. Equity and Inclusion** – In spite of the progress mentioned in question one, approximately 25% of respondents felt issues of equity and inclusion would still need to be addressed. This included disparities in the community and within the DCDHS workforce.
- 2. Housing and Economic Assistance** – Approximately 20% of respondents noted continuing challenges with homelessness, affordable housing, poverty, or basic economic security.
- 3. Systems and Service Delivery** – More than 30% of respondents mentioned issues of systems or service delivery such as the siloed nature of the Department and the necessity for the integration of services; more funding for appropriate resources; better communication between DCDHS and the community; and easier access to support for community members who need it.

community member individual value of self
 effective services community safety
 public assistance benefits
 influence of drug word support diversity best services self determination
 principles of services dane county mission people
 hierarchy of need badger prairie health lot of word type of services
 diversity of thought part of doaths
 county mission long way word independence
 message of understanding part of human work
 good customer services safety services client
 emergency housing assistance ideas of community kit of life family quality of life
 lot of room way of life cost of community
 division of doaths community everyone place of employment
 dane county services goal statement normal daily activities
 independent living team mission statement human services
 internal support department
 safety of people better place
 current mission statement vulnerable population safe parenting practice
 providing effective services diverse community inspiring mission statement
 current doaths mission concept of community children protective services effective enough jobs

- 1. Most people indicated inspiration** – In response to the question, which assumes inspiration, approximately 70% of respondents described at least one way that they were inspired by the current mission statement. The other 30% of respondents expressly stated being uninspired or neutral.
- 2. Alignment** – Over half of respondents' level of inspiration was connected to whether or not they felt the statement aligned with their values and/or work tasks.
- 3. Definition** – More than 10% of respondents commented on whether DCDHS' current mission statement was memorable, succinct, action-oriented, and indicative of how to achieve a vision like any mission statement should be, and how this impacted their level of inspiration.
- 4. Word Choice** – Nearly 30% of respondents commented on how a specific word in the statement impacted their level of inspiration. For example, some felt that the word "effective" is subjective and functional, while others appreciated the word because it emphasized "positive, efficient, and equitable" care that is "evidence-based" and individualized.

Q4: What else inspires you about the work you do?



THEMES

1. **Providing Services** – Approximately 30% of respondents highlighted their role in providing services as a source of inspiration; doing their part to help individuals and families meet needs and goals.
 2. **Relationships** – Approximately 20% of respondents indicated relationships as a source of inspiration. Of this group, approximately 20% specified their relationships with managers and supervisors (i.e. leadership, support, guidance, autonomy, etc.); approximately 45% specified their relationships with clients; and approximately 50% specified their relationships with their co-workers and the level of dedication, compassion, and care their co-workers show.
 3. **Outcomes** – Nearly 20% of respondents described outcomes as a source of inspiration. Seeing tangible improvements, growth, change, and positive results for clients; knowing that the impact of their work made a meaningful difference in the lives and communities of people.
-

Q5: CHOOSE FIVE VALUES YOU FEEL BEST INFORM OUR THOUGHTS, WORDS, AND ACTIONS ABOUT THE WORK WE DO.

Word	Frequency	Percent
Ethics	68	25%
Compassion	66	24%
Respect	64	23%
Collaboration	60	22%
Accountability	59	21%
Equity	58	21%
Empathy	53	19%
Adaptability	47	17%
Community	47	17%
Teamwork	45	16%
Diversity	41	15%

Employee Workshops

There were four employee workshops held 6/22 and 6/23. Each workshop was 90 minutes and held via Zoom. There were originally 44 individuals registered for one of the workshops.

On 6/15, about one week prior to the workshops, all participants were sent an email with the compiled Employee Survey Themes document and instructions on writing Vision, Mission, and Value statements. They were asked to send draft VMV statements to workshop facilitators by 6/18.

For each workshop session, a document was created showing the vision, mission, and value statements that were developed by individuals that were registered for the workshop. With this document as a starting point, through a facilitated conversation, participants developed one vision, one mission, and a set of value statements.

Overall, in drafting these statements, the following themes emerged.

- All groups touched on the importance of safety in discussing either the vision or the mission statements.
- There was some discussion about whether we are providing services or facilitating services. Are the services to help individuals thrive or just get by? Do we want individuals to simply have access to services, or the support to follow through on utilizing and benefiting from services?
- Equity, equality, and justice were important ideas discussed by all groups in connection with all statements (vision, mission, values).
- Many groups tried to put a lot of words in the vision and mission statements, because the work we do is so varied and there are many important facets to the work. Groups struggled to limit

their words because so much of what we do is so important.

- There was agreement that the value statements should inform our actions and interactions on a daily basis with our co-workers, staff and management, and with clients.

SAWG Drafting of Statements

The Strategic Advocate workgroup received the draft statements from the four workgroup groups, the survey summary, and the above bullets on the themes of the VMV workshop discussions on 6/30 in preparation for their 7/7 workshop. During the 2.5-hour workshop, the group spent a lot of time in discussion about racial equity and racial justice. The conversations continued into additional meetings and the group was able to draft statements for M-team review and editing by the end of 7/13.

M-team Retreat

M-team set aside 3 hours on the afternoon of 7/22 to meet in-person and discuss the Vision, Mission, and Value statements drafted by employees and the SAWG. The M-team members were presented with draft statements nearly one week prior to the workshop and were asked to reflect on them. The statements were the basis of the conversation facilitated by Jeff Russell on 7/22.

During this time the M-team was able to agree on the final vision statement, final mission statement, value words (but not statements), and the racism acknowledgement statement and its location relative to the other statements. These items were presented by Director Shawn Tessmann to County Executive Joe Parisi, who made a few additional changes.

Value Statement Work

The value words that M-team decided upon on 7/22 were given back to the SAWG to work on statements. Jeff Russell encouraged the department to make them shorter and read less like definitions, and to make them parallel in construction (word choice, length, etc.). M-team provided additional thoughts on why they chose some words and not others, or added some.

A small group of volunteers for this work was recruited from the SAWG. The value statements this small group worked on were presented to the full SAWG on 8/19 and moved forward for M-team consideration on 8/24. Additional discussions occurred on 8/31 and the work was wrapped up via email by 9/8. The goals of the M-team were to craft statements that were:

- Short and memorable.
- Relatable and understandable to all people (clients, community, etc.).
- Framed as commitments.
- Created ownership. The word “we” was chosen.
- Aspirational.

Appendix B - Stakeholder Interview Details

Stakeholder Interview Themes

- Most stakeholders **envision** a Dane County human services system that is equitable and inclusive, built on communication and collaboration, in which there are few (if any) service gaps and individuals can access services easily.
- In the coming five years stakeholders wanted DCDHS to **prioritize** the following service areas:
 - Creating affordable housing options or assistance and ending homelessness.
 - Building a comprehensive mental health system with capacity to meet the needs of all individuals in a trauma responsive and holistic way.
- Many stakeholders encouraged DCDHS to examine programs, policies, procedures, and partnerships with a **racial equity and social justice** lens and make changes necessary to reduce disparate outcomes for communities of color. Their recommendations included:
 - Hire more staff with lived experience and/or hire more people of color.
 - Implicit bias training, staff reflection, and facilitated conversations; require training to be mandatory.
 - Contract with more agencies staffed and lead by people of color, and with organizations that are already in communities doing this work.
 - Provide information, resources, and services through websites, phone numbers, and in-person, in Spanish and Hmong. Ensure there is adequate resources and training to use professional translation services when needed, not children.
 - Build partnerships and collaborations with communities by first building trust. Ask communities what they need, how they are already addressing their community needs, trust that they know this, and then do it.
 - Honor the Latinx community as a multifaceted, complex group. There are many Latinx individuals and families with diverse experiences, languages, needs, etc. Take the time to hear from them all.
 - Examine RFP, funding, and contracting processes to ensure greater equity.
 - Share resources, subject matter expertise, and funding with community organizations to enable them to do their work better.
- Many stakeholders spoke about prevention and **reducing barriers** to services families experience through offering holistic or person-centered approaches.
- Stakeholders told DCDHS that improved **coordination** and **communication** is necessary to: enable community organizations to do their jobs better, break down silos, increase community awareness of resources available, make services more accessible to ALL people, make those programs and resources meet all needs that individuals or families identify without “revolving doors”, and understand if services and resources are meeting needs. Stakeholders often talked about communication as the foundation of collaboration.
- Likewise, stakeholders asked DCDHS to **collaborate**. DCDHS should: invite communities to the table to discuss issues and innovate solutions; be at those tables, in communities; convene community experts and trust their feedback; listen to the expertise of the communities we serve; and be genuinely open to feedback.

Timeline

Start	End	Activity
2/3/20	5/8/20	Determine which stakeholders to interview
5/11/20	5/18/20	Develop interview introduction
5/13/20	5/27/20	Develop list of questions and narrow down
5/28/20	6/11/20	Review and finalize interview questions
6/24/20	6/24/20	Train SWAG on conducting interviews
6/12/20	6/26/20	Reach out and set up interviews
6/30/20	9/8/20	Conduct interviews
8/27/20	8/27/20	Thank stakeholders that were interviewed, announce new Vision and Mission, let them know what we are doing with the information they shared
8/24/20	9/1/20	Compile one-pager of themes from stakeholder interviews for M-team and Co Exec briefings
9/8/20	9/21/20	Discussion with M-team about themes heard in stakeholder interviews

Participants

DCDHS aimed to invite about 50 stakeholders to complete an interview, or about 10% of the total list of stakeholders compiled by DCDHS M-team and staff. DCDHS M-team agreed that interviews should focus on elected leaders who will influence the direction of DCDHS through legislation, municipalities who can speak on broad topics affecting their residents, advocacy organizations that seek to make legislative changes, and coalitions of agencies that can elevate many voices simultaneously. Through a stakeholder analysis process and multiple reviews of the stakeholder list, M-team identified 58 stakeholders they felt were necessary to talk with. Fifty-one (51) interviews were conducted. About 129 individuals from these organizations participated in the interviews. Twenty-seven (27) DCHDS staff participated in the interviews as either lead interviewer or notetaker.

In many cases, though not all, the interview was with multiple individuals from each organization. DCDHS did send the invite out to more than one individual at an organization in many cases. Those who received the outreach were encouraged to include up to three others they thought would be useful to the conversation.

The following organizations or groups were interviewed between 6/30 and 9/8.

- AAA Board
- ADRC Governing Board
- Assistant State Public Defender
- Behavioral Health Resource Center Workgroup
- CDBG Commission
- Centro Hispano
- City of Madison Planning and Community & Economic Development
- Commission on Sensitive Crimes
- Dane County Board - Health and Human Needs Committee (HHN)
- Dane County Board - Public Protection & Judiciary (PP&J)
- Dane County Board of Supervisors
- Dane County Corporation Counsel
- Dane County Delegation - State Legislators
- Dane County Department of Administration
- Dane County Executive
- Dane County Judges
- Dane County Office of Equity and Inclusion
- Dane County Sheriff Office
- Dane County Specialized Transportation Commission
- Dane County Towns Association
- Dane County Youth Commission
- District Attorney
- Fitchburg, city
- Juvenile Reception Center
- La Sup (Latino Support Network)
- Latinx Mental Health Coalition
- Latino Chamber of Commerce
- Madison Black Chamber of Commerce
- Madison Metropolitan School District
- Madison Police Department
- Madison, city
- Middleton, city
- Monona, city
- NAMI Dane County Inc
- Nehemiah: Center for Urban Leadership Development
- POS - Children, Youth, and Families Coalition
- POS - Elderly Service Network
- POS - Homeless Services Consortium
- POS - Physical Disabilities Coalition
- POS - Recovery Coalition of Dane County
- POS Leadership group
- Southeast Asian Healing Center
- Stoughton, city
- Sun Prairie, city
- United Way of Dane County
- UW Madison Institute for Research on Poverty (IRP)
- Verona, city
- WI Department of Children and Families
- WI Department of Health Services
- Wisconsin Partnership Program Grant
- Workforce Development Board of Southcentral Wisconsin

Process

Developing the interview questions

Questions were open-ended and designed to get the interviewee to tell us a story. The intention was to use the information we heard from the stakeholder interviews to build our SWOT (strengths, weaknesses, opportunities, and threats) analysis and therefore we also focused on questions that help us identify strengths and weaknesses, from the perspective of the stakeholders. All interviews used the same set of questions in order to capture similar themes. The questions were created by:

- 5/20/20 - SAWG members were sent a 4-page document that provided an overview of the interview process, who was being interviewed, and what were considered good interview questions.
- 5/26/20 - Each SAWG member brainstormed interview questions and emailed those to the Planning & Evaluation Manager. The full list was 73 different questions, categorized by topics.
- 5/27/20 - A SAWG meeting narrowed down the list to 17 questions covering all topics.
- 6/8/20 - SAWG members completed a survey identifying their favorite three questions. The eight questions below were chosen from the survey data.
- 6/16/20 - A smaller group of SAWG members drafted the introduction that would be used to start the interview. It was important that the message be consistent about what we were hoping to hear and what we would do with the information.

Final Interview Questions



1. What is your vision for our community?
2. In terms of community issues and needs, what should our department's top 3 priorities be, and why?
3. What services do you think are needed that currently don't exist?
4. Given the diverse needs and demographics of our community, what populations continue to be underserved and what ideas do you have for Dane County Department of Human Services to help those populations thrive?
5. How do you think the DCDHS can play a role in reducing the disparities experienced by our communities of color?
6. How would you describe your current collaborative partnership with DCDHS? What are your current goals for that collaborative partnership? What are the ways in which Dane County Department of Human Services could more effectively collaborate with your agency/organization in order to better meet the needs of our communities?
7. If you could change one thing about the Department what would it be?
8. Are there other thoughts you would like to offer that we/I haven't asked about?

The Interview Invite

DCDHS sent an individual email addressed to each interviewee on 6/18/20.

Wrapping up the Interview Process

On 8/27, all organizations that participated in an interview received an individualized thank you email. In most cases the email was sent by the individual who was the notetaker.

The thank you email included, as an attachment, a signed memo from Director Tessmann thanking them for their time and insights, and announced our new vision and mission statements.

Interview Documentation and Summarization

During the interviews, the notetaker was asked to record the content and the message of the conversation that was had between the interviewer and the interviewee.

To compile the themes heard from the interviews, presented at the start of this Appendix, one DCDHS staff person reviewed the notes for every interview on two different dates. The SAWG reviewed the summary and provided edits to ensure that it accurately summarized the messages and themes they heard during the interviews.

Appendix C - Community and Stakeholder Survey Details

Community and Stakeholder Survey Key Takeaways²¹

Client Community Survey

- The survey was sent to about 330 organizations on 9/25 and DCDHS asked them to forward it to clients on their email lists
- The survey was open 9/25 through 10/12
- 237 responses were received; 152 respondents indicated using at least one type of human service
- 71% of services “fully” met needs (agreed or strongly agreed)
- 44% of respondents who had used some services, found NO barriers to service; of those that identified barriers
 - How to start or access services
 - The wait time to receive services
 - The information they needed to provide in order to receive services
- 77% reported the provider exhibited qualities they found important (empathetic, responsive, respectful)
- Top information sources that individuals look to:
 - General web search
 - Case worker
 - Family member or friend

Stakeholder Survey

- The survey was sent to 368 organizations on 9/25 and was open for 2 weeks. It closed around noon on 10/12
- 44 responses were received
- Funding – about 68% of respondents currently received funding from DCDHS; 20% had never received funding from DCDHS
- Survey respondents were asked to rank the top 5 things they hope the Department will continue or improve in the coming years:
 - #1 - DCDHS prioritizes services that effectively reduce inequities experienced by communities of color
 - #2 - DCDHS has built and maintained strong collaborative partnerships with organizations
 - #3 - DCDHS prioritizes prevention and early intervention services
- Agreement on critical community needs:
 - Access to mental health/behavioral health services
 - Safe and affordable housing that promotes housing security
 - Voluntary services to children, youth, and their families that are proactive/preventative

²¹ Neither survey should be considered a statistically valid sample.

Community Client Survey Process

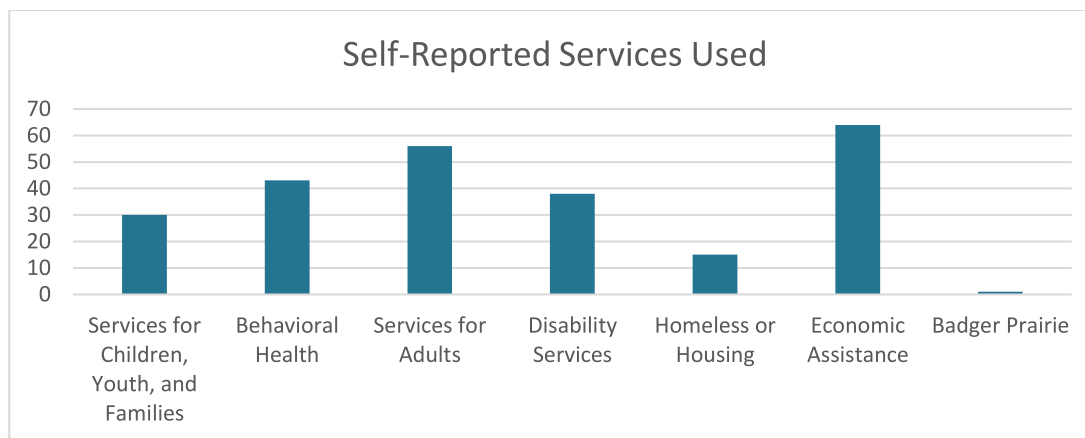
Community Client Survey Data Compilation

- 232 English responses and 5 Spanish responses for 237 total responses
- Assuming the Department serves about 65,000 people annually, the return rate on the survey represents only 0.36% of clients.
- Given the low rate of return the data cannot be considered representative of opinions and experiences of all Dane County community members or past clients. This sample data cannot and should not be extrapolated to represent the population.

Services Used

Number of Service Used		
	Count	Percent
None	85	35.9%
1	93	39.2%
2	31	13.1%
3	22	9.3%
4	5	2.1%
5	0	0.0%
6	1	0.4%
	237	

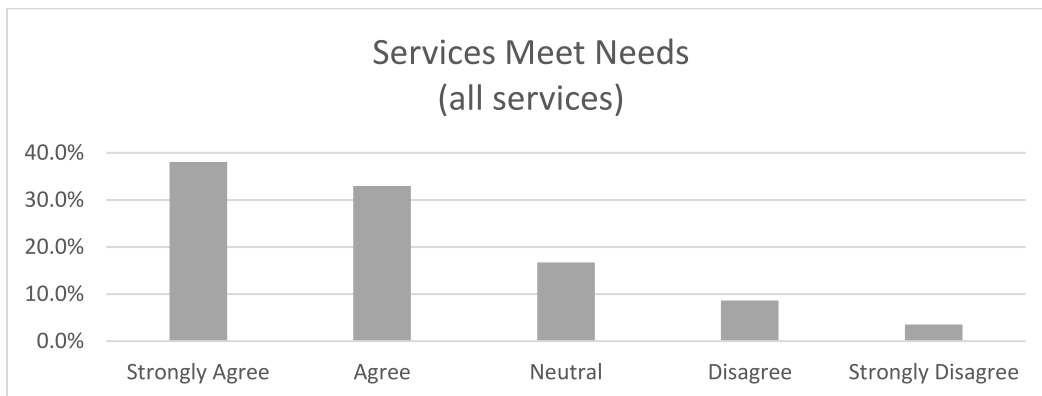
Type of Service Used		
	Count	Percent
Services for Children, Youth, and Families	30	12.1%
Behavioral Health	43	17.4%
Services for Adults	56	22.7%
Disability Services	38	15.4%
Homeless or Housing	15	6.1%
Economic Assistance	64	25.9%
Badger Prairie	1	0.4%
	247	



- 36% of respondents indicated they had not used a service area. Of those that self-identified using a service, over 80% identified only using one or two services. A handful of respondents identified using more than two services.
- Badger Prairie services only received one response. Otherwise, services did receive multiple responses.
- 152 survey respondents identified using 247 services.

Services Meet Need

- 246 services were identified and respondents were asked to agree or disagree with the statement “the services I received fully met my or my family’s needs”²².
- This question was answered by 81.4% of those who identified using a service.



- 71% of respondents agreed or strongly agreed that the services received met their needs, 16.8% of respondents were neutral about this statement, while 12.2%²³ of clients disagreed or strongly disagreed.
- A follow-up question about agreement or disagreement with this statement was not included in the survey.

Services Meet Needs	
	Average Agreement
Services for Children, Youth, and Families	3.70
Behavioral Health	3.97
Services for Adults	3.95
Disability Services	4.00
Homeless or Housing	3.77
Economic Assistance	3.98
All Services	3.93

- This general agreement that services met needs was consistent across all the self-identified service possibilities.

Barriers

- Of the 152 survey respondents who indicated they had used one or more services, 107 (70.4%) respondents answered the question about barriers. Five respondents did not identify using services but did answer the barriers questions, for a total of 112 responses to this question.
- 44.6% of respondents indicated there were no barriers to services.

²² Badger Prairie is not included because there is only one response.

²³ 24 respondents disagreed or strongly disagreed with this statement

- The top three barriers identified were: understanding who to call or how to start services (21.2%), the time they had to wait to get services (19%), and the information a client needed to provide (13.1%)

Overall Barrier Frequency		
	Count	Percent
How to start	29	21.2%
Wait	26	19.0%
Information I needed to provide	18	13.1%
Hours	13	9.5%
Transportation	13	9.5%
Staff	10	7.3%
Location	8	5.8%
Stigma	8	5.8%
Information availability	0	0.0%

- The barriers question was only asked once, regardless of the number or type of services a client indicated they had used. Deeper analysis did not reveal any notable differences in barriers between the various program areas.

Personal Characteristics

- 191, or about 81% of respondents, answered this question

Characteristics		
	Count	Percent
Empathetic	103	53.9%
Responsive	103	53.9%
Respectful	80	41.9%
Reliable	71	37.2%
Transparent	62	32.5%
Empowering	55	28.8%
Treats as Equal	40	20.9%
Similar to Me	19	9.9%

- Respondents wanted the professionals they worked with to be empathetic, responsive, and respectful.
- Like barriers, qualities in a professional was only asked once. Deeper analysis did not uncover any notable differences between program areas.
- 77% of respondents reported that the provider they or their family worked with did a good/very good job of demonstrating the characteristics they found important.
- Only 3.6% (7) of respondents reported that the provider they or their family worked with did a poor/very poor job demonstrating the characteristics they found important.

- There was no notable difference in client rating of characteristics across different types of programs.

Information Sources

Public Information Sources		
	Count	Percent
General web search	87	25.6%
case worker	71	20.9%
family member or friend	61	17.9%
DCDHS Website	26	7.6%
community organization	20	5.9%
place of worship	18	5.3%
Facebook or social media	17	5.0%
child's school	12	3.5%
211	12	3.5%
I don't know	9	2.6%
Other	7	2.1%
	340	

- Five of the seven individuals who selected “other” indicated that they received information or a referral from their doctor or therapist.

Community Client Survey Timeline

Start	End	Activity
5/13/20	5/13/20	Recommendation about conducting community survey and clarify the purpose of those surveys
5/14/20	6/1/20	Approve conducting community surveys
7/14/20	9/2/20	Develop community survey questions
9/3/20	9/23/20	Review and finalize the list of questions for community surveys
9/24/20	9/25/20	Create survey in Survey Monkey
9/28/20	10/11/20	Survey open
10/12/20	10/19/20	Compile survey results

Community Client Survey Process

DCDHS staff worked with a consultant in August to create a survey draft. SWAG members provided feedback in late August. In September, M-team members made significant changes to make it much shorter.

This final survey was loaded into Survey Monkey and opened to the public on 9/25/20. The survey was publicized in partnership with DCDHS POS agencies and other stakeholders. They received an email with a second attached email for them to send to their clients.

The survey was open two weeks, 9/28-10/11.

One DCDHS staff person did the data analysis and summarization, which was completed on 10/19/20. These summaries were shared with the SAWG and they were able to fold them into their compilation of lists of strengths, weaknesses, opportunities, and threats.

Final Community Client Survey Tool

This survey is to collect feedback on services you or your family may have received from Dane County Department of Human Services, one of our partners, or another organization.

This feedback will help the Department of Human Services make improvements to the services we offer and fund.

1. What types of services have you or your family used in the last two years:
 - **Services for children, youth and families** (Child protection, out of home care, youth justice, Joining Forces for Families, home visiting services, etc.)
 - **Behavioral Health** (Mental Health services, alcohol or drug treatment, AODA, Comprehensive Community Services (CCS), etc.)
 - **Services for adults** (Aging and Disability Resource Center (ADRC), Long term care, adult protective services, guardianship, etc.)
 - **Disability Services for individuals of any age** (Children's Long Term Support Waiver, Birth to 3, Aging and Disability Resource Center (ADRC), etc.)
 - **Homelessness services or housing assistance**
 - **Economic Assistance/Employment** (Badger Care, FoodShare, child care assistance (Wisconsin Shares), FoodShare Employment and Training (FSET), WIOA, Wisconsin Works (W-2), Job Center services, etc.)
 - **Badger Prairie Healthcare Center**
 - I have not used any type of services listed above
 - **Other:** _____ (please describe)

Tell us about the services you've received

2. The services I received fully met my or my family's needs:
 - Strongly disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly agree
3. What issues or barriers did you have in accessing services? Please select all that might apply:
 - Understanding who to call or how to start services
 - The time I had to wait to get services
 - Location of services
 - Hours of access
 - Transportation
 - Information/documents requested of me
 - The information or service wasn't available in my language

- Staff not helpful/friendly
 - Stigma in asking for help
 - Other (please describe)
 - There were not barriers or issues
- 4. Please choose the three most important characteristics that you want people working with you or your family to demonstrate.
 - **Empathetic** – I want them to listen to me and really understand my issue/concern/need.
 - **Responsive** – I want them to provide the specific service or support that I need/that I am requesting.
 - **Transparent** – I want them to explain things clearly so I understand my options and decisions that are made.
 - **Reliable** – I want to be able to depend upon them being there for me.
 - **Respectful** – I want to be respected as a person who is capable and knowledgeable.
 - **Someone Similar to/Like Me** – I want to be able to work with someone who shares some similar life experiences with me (i.e. race, language, culture, etc.)
 - **Treats Me as an Equal** – I want to be treated as an equal vs. being talked down to.
 - **Empowering** – I want to feel that I have a say in the services I receive.
- 5. To what extent did the person or people who helped you or your family demonstrate the characteristics that you find most important?
 - Very poor
 - Poor
 - Fair
 - Good
 - Very good
- 6. When you or someone in your family has a need, where do you typically go to get information about the services or resources that might be available to help? Please select all that might apply:
 - The Dane County Department of Human Services website
 - General web search (i.e. “I Google it”)
 - Facebook or other social media
 - A case worker that I am already working with
 - A community organization (ex. Boys and Girls Club, Urban League, etc.)
 - Church, Synagogue, Mosque, or other place of worship
 - My child’s school
 - Family member, friend, neighbor, or other trusted person
 - 211
 - I don’t know
 - Other (please describe)
- 7. Would you like to share more with the Department of Human Services through an online listening session in November?
 - Yes
 - No

Community Listening Session

Thank you for your interest in possibly telling the Department more about your experience during a listening session in November. Please provide your name and email address so we can send you more information about the listening sessions.

Your name and email will not be stored or shared with your survey responses. Providing your name and email will not affect any services you may be getting.

8. Name

9. Email address

Stakeholder Survey Process

Stakeholder Survey Data Compilation

- The survey was sent to 368 organizations on 9/25 and was open for 2 weeks. It closed around noon on 10/12.
- Forty-four (44) responses were received, for a response rate of 11.9%. Given the low response rate, the data presented within this analysis should not be assumed to be representative of all stakeholder agencies in Dane County.
- The survey was designed so that only one response per IP address could be completed. But, if an organization has multiple IP addresses, it could have completed the survey multiple times.

I am affiliated with a community organization or business that...		
	Count	Percent
Has never received DCDHS funding	9	20.5%
Currently receives DCDHS funding	30	68.2%
I'm unsure if we receive DCDHS funding	3	6.8%
Has received DCDHS funding in the past	2	4.5%
	44	

Organization's primary focus		
	Count	Percent
Behavioral Health	14	31.8%
Disability Services	1	2.3%
Economic Assistance/Employment	3	6.8%
Homeless services or housing assistance	6	13.6%
Services for adults	6	13.6%
Services for children, youth, and families	7	15.9%
other	7	15.9%
	44	

- Of the seven responses that indicated "other", most could have been categorized into one of the above service focus areas.

Primary service area		
	Count	Percent
City of Madison (only)	4	9.1%
City of Madison & suburban area outside Madison	5	11.4%
All of Dane County (only)	15	34.1%
All of Dane County and outside county	12	27.3%
Suburban areas (only)	5	11.4%
Rural Dane County (only)	3	6.8%
	44	

- Twelve (12) of the 44 organizations work in only one of the identified geographies. All others work in multiple geographies. Most organizations (61.4%) work in all parts of Dane County.
- Survey respondents were asked to rank the top 5 things they hope the Department will continue or improve in the coming years from most important (#1) to least important (#5).
 - #1 - DCDHS prioritizes services that effectively reduce inequities experienced by communities of color.
 - #2 - DCDHS has built and maintained strong collaborative partnerships with organizations (i.e. alignment in goals, clear roles, open communication, and shared problem solving and decision-making).
 - #3 - DCDHS prioritizes prevention and early intervention services.
 - #4 - DCDHS facilitates and coordinates across programs and funding silos to address complex individual and family circumstances.
 - #5 - DCDHS seeks the input of community members, including communities of color and the organizations that serve those communities, in service design and delivery.
 - #6 - DCDHS employees and purchase of service staff reflect the racial, ethnic, and cultural diversity of the communities served.
 - #7 - DCDHS effectively measures service outcomes.
 - #8 - DCDHS has a single point of entry or offers information by phone/e-mail/web-based contact (bilingual Spanish, Hmong) to assist community members in navigating resource systems and finding information (similar to ADRC).
 - #9 - DCDHS services are as readily available to rural Dane County residents as to Madison-area residents.
 - #10 - Information about DCDHS is readily available to the general public in English, Spanish and Hmong
- Respondents were asked to indicate the extent to which they agree or disagree that the following issues are a critical need in the communities they serve. The needs are listed below from strongest agreement to weakest agreement on the survey²⁴.
 - Access to mental health/behavioral health services.
 - Safe and affordable housing that promotes housing security.

²⁴ With the exception of two surveys, respondents rated all services areas as neutral, agree, or strongly agree. Two survey respondents strongly disagreed with every need presented. It could represent a misunderstanding of the question asked rather than actual disagreement. These respondents' answer to the question "Please describe disagreement with any of the high priority needs listed above" was non-informative.

- Voluntary services to children, youth, and their families that are proactive/preventative.
- Employment training services that lead to quality jobs at a living wage.
- Services for older adults that allow them to live where they choose.
- An open-ended question asked respondents: “What needs exist that are currently not being met by DCDHS or other service providers?”
 - 25 responses to this question
 - Generally, responses aligned with what was heard in the stakeholder interviews.
 - Multiple respondents talked about needed behavioral health services, often in relation to specific services (i.e. crisis interventions and warm handoffs) or specific populations (i.e. Latinx and communities of color).
 - Multiple respondents also discussed a lack of affordable housing as an issue, often in relation to needs to specific services (i.e. housing for mentally ill) or specific populations (i.e. LGBTQ clients).
 - Topics of racial equity and food security were mentioned by two respondents.
 - All responses to this question are included in the next section.
- An open-ended question asked respondents: “If you could change one thing about DCDHS, what would it be?”
 - Twenty (20) responses to this question
 - No clear themes from the responses, but good feedback that was relatively consistent with what was heard in the stakeholder interviews
 - All responses to this question included in the next section.

Stakeholder Survey Timeline

Start	End	Activity
8/3/20	8/18/20	Small group - develop stakeholder survey questions (based on the brainstorming of questions for the stakeholder interviews)
8/19/20	9/2/20	Review survey draft and provide input
9/2/20	9/23/20	Review and finalize questions for stakeholder surveys
8/20/20	9/23/20	Draft email and website communications for survey, get approval, send out
9/24/20	9/25/20	Create survey in Survey Monkey
9/25/20	10/12/20	Survey open
10/13/20	10/19/20	Compile survey results

Stakeholder Survey Process

Survey questions were developed by a small group of volunteers from the Strategic Advocate workgroup in early August. They consulted the list of brainstormed questions for the stakeholder interviews to identify questions that could be appropriately answered in a survey. The survey was intended to validate what the Department had heard in the stakeholder interviews with a larger group of stakeholders.

The SAWG draft was reviewed by the full M-team in early September. There were significant concerns about the length of the survey and the potential that agencies would not complete the survey because of its length. The M-team made significant edits to the survey tool. The final survey was just seven questions long and appears below.

The survey was distributed via email on 9/25 to a list of 368 organizations on our stakeholder list, many of which were POS agencies. The email list also contained those agencies that we had engaged in stakeholder interviews. The survey was also available on our website and therefore could be accessed by agencies who had not received the email.

The survey was closed on 10/12 and the data was analyzed and written into the data compilation, presented earlier in this document, on 10/19. This information was shared with the SAWG, who folded it into the lists of strengths, weaknesses, opportunities, and threats they were working on.

Final Stakeholder Survey Tool

1. I am affiliated with a community organization or business that... (please check one)
 - Has received DCDHS funding in the past
 - Currently receives DCDHS funding
 - Has never received DCDHS funding
 - I'm unsure if we receive DCDHS funding
2. What is your organization's primary focus? (please check one)
 - **Services for children, youth and families** (Child protection, out of home care, youth justice, youth development, home visiting services, etc.)
 - **Behavioral Health** (Mental Health services, alcohol or drug treatment (AODA), Comprehensive Community Services (CCS), etc.)
 - **Services for adults** (Aging and Disability Resource Center (ADRC), Long term care, adult protective services, guardianship, etc.)
 - **Disability Services for individuals of any age** (Children's Long Term Support Waiver, Birth to 3, Aging and Disability Resource Center (ADRC), etc.)
 - **Homelessness services or housing assistance**
 - **Economic Assistance/Employment** (Badger Care, FoodShare, child care assistance (Wisconsin Shares), FoodShare Employment and Training (FSET), WIOA, Wisconsin Works (W-2), etc.)
 - **Badger Prairie Healthcare Center**
 - Other: _____ please describe
3. Please indicate your service area(s) (please check all that apply)

- City of Madison
 - Suburban area(s) outside of Madison (i.e. Sun Prairie, Middleton, Fitchburg, Verona, etc.)
 - Rural Dane County (i.e. villages, towns, and townships)
 - Other areas outside of Dane County
4. Please rank the top 5 things you hope the Department will continue or improve in the coming years from most important (#1) to least important (#5).
 - Information about DCDHS is readily available to the general public in English, Spanish and Hmong
 - DCDHS has a single point of entry or offers information by phone/e-mail/web-based contact (bilingual Spanish, Hmong) to assist community members in navigating resource systems and finding information (similar to ADRC).
 - DCDHS employees and purchase of service staff reflect the racial, ethnic, and cultural diversity of the communities served.
 - DCDHS services are as readily available to rural Dane County residents as to Madison area residents.
 - DCDHS prioritizes services that effectively reduce inequities experienced by communities of color.
 - DCDHS has built and maintained strong collaborative partnerships with organizations. (i.e. alignment in goals, clear roles, open communication, and shared problem solving and decision-making.)
 - DCDHS facilitates and coordinates across programs and funding silos to address complex individual and family circumstances.
 - DCDHS seeks the input of community members, including communities of color and the organizations that serve those communities, in service design and delivery.
 - DCDHS prioritizes prevention and early intervention services.
 - DCDHS effectively measures service outcomes.
 5. Participants in Vision Next interview identified the following services as being the highest priority needs in the community. Indicate the extent to which you agree or disagree that this issue is a critical need in the communities you serve.
 - Access to mental health/behavioral health services.
 - Safe and affordable housing that promotes housing security.
 - Employment training services that lead to quality jobs at a living wage.
 - Services for older adults that allow them to live where they choose.
 - Voluntary services to children, youth, and their families that are proactive/preventative.
 6. What needs exist in the communities you serve that are currently not being met by DCDHS or other service providers?
 7. If you could change one thing about DCDHS, what would it be?

Appendix D - Community Listening Sessions Details

Community Listening Session Themes

- Generally, participants expressed appreciation for the opportunity to provide feedback to the Department.
- The services for individuals with developmental disabilities have declined with the transition to the state.
- Case management services through CCF and CCS are highly valued. The community would like more case management services for all individuals to help them navigate complex and confusing programs, help ensure services meet needs, and are delivered timely.
- Communities need more information about the services available and how to access those services. This includes professionals working in the field like school social workers as well as individuals seeking services.
- The safety net provided by various federal, state, county, and non-profit programs creates confusion, gaps, and general system opacity that makes the system challenging for individuals to navigate. This is especially true for individuals who struggle with mental health issues, families that are at or near income level cut offs, individuals leaving jail/prison, individuals with disabilities, and individuals with multiple intersecting needs.
- Where there is the option for worker discretion or flexibility, this should be exercised. The County should assume that individuals are being honest in stating their needs and providing and verifying necessary eligibility information. A more compassionate approach to customer service is needed.
- The department should invest more resources in preventative services and reach out to families and offer these services to prevent out-of-home placements, youth justice involvement, or the need for other more intensive and costly interventions.
- DCDHS plays an important role in reducing racial disparity and should prioritize early intervention to address generational poverty, low educational achievement, and high rates of police involvement and incarceration experienced by communities of color.

Timeline

Start	End	Activity
2/3/20	5/18/20	Identify stakeholders to partner with for community listening sessions
2/24/20	4/29/20	Develop community listening session questions
4/30/20	5/21/20	Review and finalize community listening session questions
5/21/20	9/25/20	Reach out to stakeholder partners to request assistance in distributing community survey
10/10/20	10/22/20	Follow up with individuals who expressed interest in listening session participation as part of community survey response
10/23/20	11/13/20	Publicize community listening sessions
11/17/20	11/19/20	Host community listening sessions
11/20/20	11/30/20	Compile notes from community listening sessions and ID themes

Purpose of Listening Sessions

The intention of the community listening sessions was to hear from community members generally, with a focus on individuals or communities DCDHS has interacted with or may interact with in the future. DCDHS hoped to hear from our community members about what their experience has been with programs the Department provides or similar types of programs offered throughout the county. We wanted to know the barriers they have experienced in our systems, not just programs. We wanted to know about what services in our system array they have found valuable, and what they wish is available.

The Original Plan

Originally, DCDHS intended to do all community listening sessions in-person at community organizations across the county, hoping to piggyback with events community partners were already scheduling. June and July were targeted because this tends to be when there are community gatherings, festivals, and celebrations. The intention was to be able to access community members more likely to intersect with the human services system in Dane County and ensure that we heard as many voices, of individuals we have or may interact with, as possible.

The Department envisioned sessions that were focused on one of five topic areas: Ensuring affordable housing and economic security, providing services for children and youth, providing services for adults, access to behavioral health services, and dedication to equity and inclusion. It was intended that there would be two or three sessions per topic area offered at various partner sites and different times of the day. Individuals would be asked to pick a topic to speak about and then would be facilitated through a discussion of five questions.

Listening session questions were drafted in early February 2020. The Strategic Advocate group worked on drafting introductions for each session and tweaking and refining the questions in late April and early May.

Timeline Shifts

We learned by late May, through a quick survey of targeted organizations, that many organizations were cancelling or suspending all normal or originally planned public or client events and gatherings due to COVID-19. Based on continued guidance from Public Health Madison and Dane to limit in-person events, in August DCDHS made the decision to move all community listening sessions online using Zoom. Both in-person and online listening sessions present challenges for hearing from community members, especially low-income individuals.

Community Survey

DCDHS originally intended to run a community survey at the same time as the community listening sessions. The two activities were loosely correlated, but it was intended that community listening session attendees would be encouraged to also take the survey as they did collect different information.

In August, DCDHS moved the community survey to before the listening sessions in the process, enabling the survey to be used as an opportunity for the Department to target outreach for the community listening sessions. At the end of the survey respondents were asked if they have other thoughts about human services in Dane County that they would want to share with the Department via a community listening session over Zoom. If they choose yes, we asked for their name and email address to send more information.

Two-hundred thirty-seven (237) people took the survey (see Appendix C - Community and Stakeholder Survey Details). Twenty-six (26) people indicated interest in participating in a listening session.

Publicity and Outreach

The publicity and outreach for the listening sessions focused on asking and encouraging individuals across Dane County to complete the community survey. To accomplish this we leaned heavily on our community partners.

DCDHS followed up with the 26 individuals who expressed interest in the listening session on 10/23 via email. That same day DCDHS posted the events online, and sent an email to the same community partner list that received the community survey, asking them to forward the events to their clients and email lists.

Participants

Date & Time	# People Registered	# People who Attended	# People who Spoke
Tues 11/17 2:00 PM	18	3	2
Tues 11/17 5:00 PM	4	2	2
Wed 11/18 5:00 PM	16	6	4
Thurs 11/19 2:00 PM	20	12	4

Many of the registrants were individuals who were associated with or employed by an organization affiliated with the human services system or educational system, based on information shared with the Department and the email addresses used to register.

Of the people who spoke, only one was not working in a professional or volunteer capacity with a human service organization or advocacy group. Two or three individuals who spoke had some personal involvement with the system but also now worked or volunteered in a human service organization or advocacy organization.

Appendix E - DCDHS SWOT Lists

The Strategic Advocate Workgroup (SAWG) was asked to compile lists of strengths, weaknesses, opportunities, and threats that will impact DCDHS' ability to achieve our vision of *Empowered people thriving in safe, just, and caring communities* in the coming five years.

The lists are summaries of feedback and opinions gathered through:

- Employee feedback collected as part of our employee Vision, Mission, and Value survey in May
- 50 stakeholder interviews conducted July through early September
- 288 community member responses to a survey in October
- 44 stakeholder responses to a survey in October
- Employee recommendations as part of the CYF climate workgroup, RACE committee, and from CPS employees
- Data compiled by the Planning & Evaluation unit and discussed with the SAWG

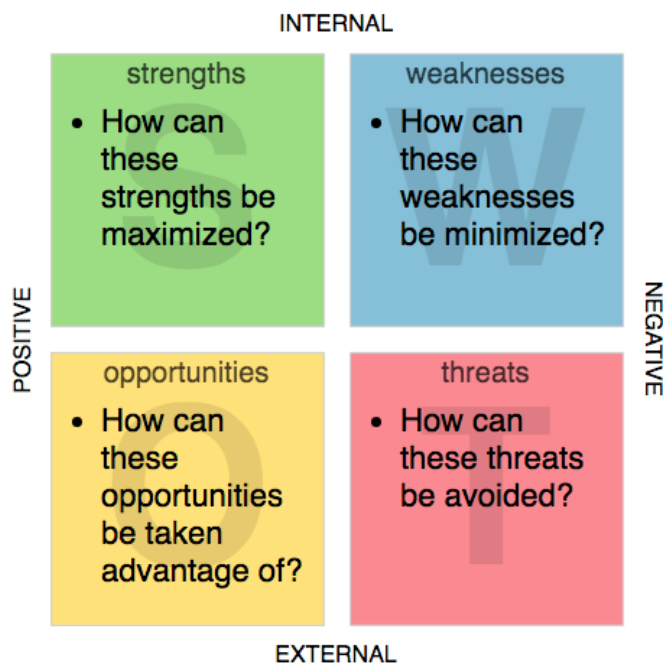


Figure 11: SWOT Quadrants

Each list represents a summarization of the thoughts, feedback, and opinions that were gathered over 5 months. Not everything we heard appears on this list, but we attempted to compile the lists to present themes of things we heard frequently. Items on this list may seem to contradict each other due to the various viewpoints that were presented over the course of five months. These lists were informative for developing our strategic priorities.

The list of strengths is shorter than the list of weaknesses because interviews were generally deficit-based. Participants were asked about their vision for Dane County,

what their top three priorities were, what services were needed that don't exist, how DCDHS can better address racial disparities, how DCDHS could more effectively collaborate, and what one thing they would change about the Department. In addition, other sources also tended to be deficit based.

Strengths

Collaboration & Relationships

1. Staff are encouraged to collaborate with POS agencies.
2. There are strong relationships with some stakeholders and providers.
3. Collaborative partnerships are valued.
4. DCDHS serves as a hub of connection for surrounding communities.
5. Staff are adept at cross-department collaboration.

Resources & Adaptability to Crisis

6. DCDHS is able to be responsive during a crisis and demonstrates flexibility and leadership to meet immediate needs of Dane County residents.
7. Dane County is well-resourced compared to other Wisconsin counties.

Staff & Management

8. Staff are motivated and inspired by the relationships they develop with customers/clients.
9. DCDHS staff are professional, talented, mission-driven, and are capable and motivated to complete their job duties.
10. Some line staff report feeling strong support from their peers and immediate supervisors.
11. Supporting workgroups to address significant weaknesses is seen as positive by staff.

Racial Equity & Inclusion

12. DCDHS has some diverse staff, including bilingual and bicultural staff, whose lived experience and expertise can be leveraged.
13. Staff state they value racial equity and social justice.

Weaknesses

Collaboration & Communication

1. DCDHS could do a better job of outreach, information sharing, and marketing to increase knowledge.
2. Coordination and communication with partners is necessary to enable community organizations to do their jobs better, break down silos, increase community awareness of resources available, make services more accessible to ALL people, and make those programs and resources meet all needs.
3. Reach out to organizations led by communities of color and connect with specific communities about what solutions they believe are best for their community. Build genuine collaborative relationships with these organizations to lead the work in the community.
4. There are not enough frequent and meaningful opportunities to collect client feedback on programs and services or worker performance.
5. Program information and forms are not translated or sufficiently in languages other than English.

Resources & Adaptability

6. The RFP process should be examined and include community voice.
7. Reimbursement rates limit POS agencies' ability to hire and train staff of color with lived experiences, reduce turnover, and compete with the private sector and State in hiring staff.
8. Policies, expectations, and funding rigidity can all create barriers to effective service delivery.

Staff & Management

9. A clear framework or process for line staff to make concerns known to DCDHS leadership and management would help employees feel heard and improve communication.
10. Staff would like formal process and structures to address micro-aggressions, bullying, and harassment in the workplace.
11. Employees often feel the effects of a slow hiring process and high turnover through increased caseloads/workloads, resulting in putting off non-essential functions.
12. Consistent and routine employee performance evaluations, with feedback from clients, supervisors, and peers, should be used to hold staff accountable.

Racial Equity & Inclusion

13. Formalize processes to identify and uproot internal processes that lead to continued disparate outcomes and inequitable allocation of resources.
14. Offer training in areas like implicit bias, racial justice, and cultural competencies.
15. DCDHS should attract, retain, grow, and promote staff of color.

Programs & Services

16. Reliable internet can be a barrier for rural communities, older adults, and individuals experiencing poverty.
17. Current systems are often built to meet the need the individual or family presents with, in a piecemeal way, without addressing other symptoms or root causes.
18. Many DCDHS programs and offices are centrally located, rather than within the communities served.
19. DCDHS is not consistently viewed as a place community members can look to for help.
20. DCDHS' knowledge of the issues and needs the County's diverse immigrant population faces is often lacking and incomplete.
21. Supportive services and resources for undocumented immigrants is lacking/insufficient.
22. Bilingual, bicultural behavioral health providers (staff and POS) are insufficient to meet community needs.

Opportunities

Racial Equity & Inclusion

1. Further integrate equity and inclusion into our organizational culture by using a racial equity lens in every aspect of our work.
2. Review position descriptions, hiring practices, credential requirements, and transfer and promotion opportunities to increase staff diversity and retain staff of color.
3. Improve public access to information through use of languages other than English on our website, clearly communicating service options to all community stakeholders, and making our public spaces inviting.

Collaboration & Communication

4. Eliminate service silos by adopting effective collaborative models both within the department and with external partners.
5. Cross-train DCDHS employees and POS service providers to increase awareness of available resources and to foster collaboration.
6. Modernize the way the Department collects data both internally and with our external providers. Use the data to identify resource allocation strategies that improve our effectiveness and efficiency.
7. Learn from those we serve. Use their expertise and feedback to improve policies and procedures (e.g. through community advisory boards).
8. Train DCDHS staff in conjunction with community based partner agencies.
9. Utilize spaces within the community that are seen as “safe, comfortable, inviting”, and co-locate a variety of staff there. Use a JFF model of decentralization.

Resources & Adaptability

10. There is momentum in the community, among the county board, and other stakeholder organizations to do things in a new and different way. There is a growing recognition that current policies and practices will not meet the challenges facing our communities.
11. Dane County is home to many nonprofit organizations, more per capita than many places. County funding has helped many of these nonprofits grow.

Programs & Services

12. Emulate the community restorative court model for family violence situations to avoid Child Protective Services (CPS) and Youth Justice (YJ) involvement.
13. Identify community resources to help parents cope with stress and prevent formal court involvement; if such resources are not available, create them (e.g. a Parental Stress line, Family Preservation Program, mentoring, etc.).
14. Expand mentorship opportunities to prevent isolation and engage youth.
15. Expand preventative services to reduce criminal justice involvement
16. Improve access to transportation and affordable housing.
17. Integrate behavioral health services to ensure a continuum of care to include crisis prevention, early intervention, and specialized treatment/recovery. Explore strategies to keep providers in the service network (e.g. service reimbursement rates).
18. Work closely with law enforcement and other partners on crisis response strategies.

Threats

Racial Equity & Inclusion

1. Communities of color continue to experience multi-generational and highly racialized inequities. DCDHS stakeholders consistently demand that DCDHS take an active role in reducing these inequities and move towards racial justice.
2. Government/non-governmental human service systems may not be prepared to address policies and practices that perpetuate racial disparity and socio-economic disadvantage.

Demographic Issues and Our Urban Environment

3. The abundance of college graduates in Dane County may contribute to hiring practices that set educational requirements for jobs at unnecessarily high levels.
4. Hiring practices often disqualify capable applicants of color who have less opportunity to obtain educational credentials but often have a wealth of lived experience.
5. Dane County's Black households are concentrated in widely dispersed and mostly low-income rental properties that often lack access to basic services.
6. Communities of color in Dane County often experience "low social cohesion, a limited political voice, and disproportionately high rates of emergency calls, child welfare placements, arrests and convictions...."

Programs & Services

7. In Dane County's expensive housing market, there is inadequate access to income-based affordable housing and related support services, which contributes to housing insecurity.
8. Inadequate access to countywide transportation limits access to higher paying employment opportunities, affordable housing, mental health services, as well as medical/dental services.
9. Inadequate access to early childhood programming and quality childcare puts children, especially children of color, at greater risk of lower educational achievement as they age.
10. Inadequate access to a comprehensive, culturally and trauma responsive mental health system across the lifespan contributes to higher rates of evictions, homelessness, police calls and incarcerations.
11. Inadequate access to responsive and effective youth intervention services (e.g. restorative justice, AODA, mental health) contributes to higher rates of juvenile crime and incarceration, particularly of African American males.

Governmental and Human Services Systems

12. DCDHS programs are often constrained by funding source and statutory requirements.
13. Ineffective collaboration across systems beyond DCDHS (e.g. with City of Madison and other municipalities) leads to fragmented delivery of services and poorer outcomes.
14. Failure to build leadership capacity at BIPOC-led community organizations affects their ability to address the needs of communities of color.
15. Failure to support community organizations to hire more staff of color and bilingual/bicultural staff adversely affects their service delivery within communities of color.

Appendix F - Employee SWOT Survey Details

Employee SWOT Survey Data Summary

Strengths Statement	Agreement Rating ²⁵
Staff are professional, talented, mission-driven, and motivated to complete their job duties.	4.24
Staff demonstrate flexibility and initiative necessary to meet the immediate needs of individuals, families, and communities during a crisis.	4.2
Staff feel strong support from their peers and co-workers.	3.99
Staff value racial equity and social justice.	3.95
Staff are encouraged to collaborate with POS agencies.	3.76
We have strong collaborative partnerships with stakeholders and providers.	3.72
New leadership within DCDHS has enabled us to question standard operating models and innovate.	3.65

Weakness Statement	Agreement Rating
There is inadequate recruitment and retention of diverse staff with lived experience.	3.87
We have insufficient formal processes to identify and change procedures and policies that lead to continued disparate outcomes and inequities for communities of color.	3.85
Policies and funding rigidity create barriers to effective service delivery.	3.85
Services and resources for individuals and families are often delivered piecemeal, rather than holistically.	3.84
There is not a process for individuals or the community to have decision-making power in program development or delivery.	3.74
There are not enough non-mandated preventative services that are flexible, individualized, and community-based offered by DCDHS.	3.74
We do not sufficiently reach out to organizations led by communities of color about what solutions they believe are best for their community.	3.71
Program information and forms are not translated or distributed sufficiently in languages other than English. Services are often not delivered by bilingual staff.	3.64
Staff morale is low, employees do not feel heard, and interpersonal communication is poor.	3.58
Individuals and families are hesitant to access our services due to fear or lack of knowledge.	3.51
We cannot effectively measure outcomes for our programs.	3.5
Processes and structures do not exist to create and maintain a safe and inclusive workplace environment.	3.5

²⁵ Ratings are on a 5-point scale where 5 = strongly agree and 1 = strongly disagree.

Opportunities Statement	% Employees Selected item as a priority
Learn from those we serve. Use their expertise and feedback to improve policies and procedures.	38.6%
Expand preventative services and resources through collaborative partnerships, to reduce criminal justice involvement for youth and adults.	33.9%
Increase DCDHS staff diversity through new certification programs, external partnerships, review of job descriptions, and other innovative methods.	33.2%
Direct more resources towards behavioral health services to ensure a continuum of care, ensure services are culturally competent, are delivered in clients' preferred language, and reduce wait lists.	33.2%
Eliminate service silos by adopting effective collaborative models, both within the department and with external partners.	32.9%
Expand access to and resources for transportation and affordable housing.	32.9%
Examine all policies, processes, and procedures with a racial equity lens.	31.2%
Create a "No Wrong Door" approach so that individuals who need services can access information about services from any point of initial contact.	27.5%
Modernize the way we collect data both internally and with our external partners. Use the data to improve our effectiveness and efficiency.	22.4%
Broaden knowledge sharing and collaboration with partners for grants, pilot programs, and best practices.	10.8%

Challenges Statement	% Employees Selected item as a priority
Communities of color continue to experience multi-generational and highly racialized inequities.	52.5%
Inadequate access to income-based affordable housing and related support services contributes to housing insecurity.	47.5%
Inadequate access to a comprehensive, culturally-sensitive and trauma-responsive mental health system across the lifespan, contributes to higher rates of evictions, homelessness, police calls and incarcerations.	45.8%
Ineffective collaboration across systems beyond DCDHS leads to fragmented delivery of services and poorer outcomes.	25.1%
Hiring practices throughout Dane County reduce opportunity for applicants of color who have less formal education but often have a wealth of lived experience.	24.7%
Inadequate opportunities for responsive and effective youth intervention services (e.g. restorative justice, AODA, mental health) contributes to higher rates of juvenile crime and incarceration, particularly of African American males.	24.7%
Inadequate access to transportation limits access to higher paying employment opportunities, affordable housing, mental health services, as well as medical/dental services.	22.7%
Inadequate access to early childhood programming and quality childcare puts children, especially children of color, at greater risk of lower educational achievement as they age.	21.4%
Our programs are often constrained by funding source and statutory requirements.	19.3%
A lack of support for community organizations to hire more staff of color and bilingual/bicultural staff adversely affects their service delivery within communities of color.	11.2%

Response Demographics

- Divisions: 295 of 740 employees (43.1%). ACS and CYF were overrepresented; BPHCC was underrepresented.
- Race: White staff were slightly overrepresented while Black and/or African American and Asian staff were slightly underrepresented.
- Management: Managers and supervisors were slightly overrepresented while non-management or non-supervisor staff were slightly underrepresented.

For strengths and weaknesses, respondents were asked to strongly agree to strongly disagree with statements. For both strengths and weaknesses there were more significant differences in ratings across divisions than there were across tenure, race, ethnicity, or role in the organization.

Strengths

- ACS, FMS, and Admin staff generally had stronger agreement with the strengths statements than the survey population as a whole.
- CYF, PEI, and EAWS staff generally had weaker agreement with the strengths statements than the population as a whole.
- While there were a few statistically significant differences in ratings between divisions, the rank order sort of these items did not significantly change, with the exception of the statement: “New leadership within DCDHS has enabled us to question standard operating models and innovate”, which staff in the Admin Division ranked as the third strength.
- Managers and supervisors agreed less with the statement “Staff demonstrate flexibility and initiative necessary to meet the immediate needs of individuals, families, and communities during a crisis” than did non-management or non-supervisor staff.

Weaknesses

- Generally, employees in CYF and PEI agreed more strongly with the weaknesses listed, while employees in EAWS, BPHCC, and FMS agreed less with the weaknesses listed. ACS respondents’ ratings generally did not differ significantly from the survey population mean.
- The differences in opinion on statement #9, “Staff morale is low, employees do not feel heard, and interpersonal communication is poor” is especially pronounced and significant. Managers and supervisors rated this item an average of 2.95, or “neutral”, while non-management staff rated this item an average of 3.72, or “agree”.

For both opportunities and challenges, individuals were presented a list of 10 items and asked to select no more than three items they thought would be most impactful to the Department achieving its mission.

Opportunities

- Given the ten options to choose from and the limit of three items to choose, the relative ranking of items was very different between divisions. Most of these differences were not statistically significant.
- While not statistically significant, it is notable that managers and supervisors ranked item #1 as their last choice (Learn from those we serve. Use their expertise and feedback to improve policies and procedures), while non-management staff ranked it as their first choice.

Challenges

- There were not significant differences in the selection of these items based on division, tenure, or role.
- Individuals who identified as Black and/or African American were significantly more likely to choose item #1 (Communities of color continue to experience multi-generational and highly racialized inequities) than the DCDHS staff population. Despite this difference, the item was chosen most often by both White and Black and/or African American employees.

Big Ideas

Survey respondents were asked to share one “big goal” they thought would be most impactful in helping DCDHS get closer to achieving our vision five years from now. Of the 295 respondents, 152 provided a response to this question (51%). BPHCC staff provided ideas at a significantly lower rate than all other DCDHS staff.

- About 60% of comments were about the *how* - internal policies, practices, procedures, and culture.
 - Address culture issues
 - Do further racial equity and social justice work
 - Hire more staff of color/bilingual staff/bicultural staff
 - Address hiring issues
- The other approximately 40% of comments were about the *what* - services and resources for the communities DCDHS serves.
 - Access to affordable housing
 - Providing holistic or one-stop services
 - Preventative services
 - Behavioral health

Survey Timeline

Start	End	Activity
9/30/20	10/28/20	Compile SWOT lists based on information learned thus far
10/29/20	11/1/20	Compile cohesive and similar lists
11/2/20	11/10/20	Review list and provide guidance on what needs to be in the top 10
11/11/20	11/12/20	Finalize SWOT Top 10 lists and survey draft
11/13/20	11/20/20	Finalize SWOT survey
11/24/20	11/25/20	Finalize Survey Monkey and email communications
11/30/20	12/7/20	Communicate survey to employees
11/30/20	12/16/20	Survey open
12/17/20	1/7/21	Analyze survey data
1/8/21	1/15/21	Final SWOT survey report

Process

The survey for employees was created through an iterative process outlined above in the timeline table. The Strategic Advocate Workgroup was broken into four groups to compile comprehensive lists of strengths, weaknesses, opportunities, and threats. See *Vision: Next* Appendix E for the full list and more description of the process.

Once the full SWOT list was compiled, the DCDHS M-team reviewed the list to provide guidance on what should or should not be on the survey. The focus of this process was to keep each list limited to no more than 10 items while remaining as comprehensive as possible. Then, the SAWG reworded the questions and listed items to ensure clarity of the survey. Finally, the recommended survey was reviewed and approved by M-team.

The survey was open 11/30/20 through 12/16/20 during which time 295 DCDHS employees completed the survey, for a response rate of 40%.

Final Employee SWOT Survey

1. The list below are DCDHS organizational strengths that have been identified by employees, partners, and community members. Strengths are internal things the department does well that may help us achieve our mission.

Please choose the extent to which you agree or disagree with each strength listed, based on how much this strength positively impacts our ability to efficiently or effectively deliver services or resources that “support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds”.

- a. We have strong collaborative partnerships with stakeholders and providers.
- b. Staff are encouraged to collaborate with POS agencies.
- c. Staff demonstrate flexibility and initiative necessary to meet the immediate needs of individuals, families, and communities during a crisis.

- d. Staff are professional, talented, mission-driven, and motivated to complete their job duties.
 - e. Staff feel strong support from their peers and co-workers.
 - f. New leadership within DCDHS has enabled us to question standard operating models and innovate.
 - g. Staff value racial equity and social justice.
2. The list below are DCDHS organizational weaknesses that have been identified by employees, partners, and community members. Weaknesses are internal things the department may need to improve upon and may limit our ability to achieve our mission.

Please choose the extent to which you agree or disagree with each weakness listed, based on how much this weakness negatively impacts our ability to efficiently or effectively deliver services or resources that “support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds”:

- a. We have insufficient formal processes to identify and change procedures and policies that lead to continued disparate outcomes and inequities for communities of color.
 - b. There is not a process for individuals or the community to have decision-making power in program development or delivery.
 - c. Individuals and families are hesitant to access our services due to fear or lack of knowledge.
 - d. We do not sufficiently reach out to organizations led by communities of color about what solutions they believe are best for their community.
 - e. Program information and forms are not translated or distributed sufficiently in languages other than English. Services are often not delivered by bilingual staff.
 - f. Policies and funding rigidity create barriers to effective service delivery.
 - g. We cannot effectively measure outcomes for our programs.
 - h. There are not enough non-mandated preventative services that are flexible, individualized, and community-based offered by DCDHS.
 - i. Services and resources for individuals and families are often delivered piecemeal, rather than holistically.
 - j. Staff morale is low, employees do not feel heard, and interpersonal communication is poor.
 - k. There is inadequate recruitment and retention of diverse staff with lived experience.
 - l. Processes and structures do not exist to create and maintain a safe and inclusive workplace environment.
3. The list below are external opportunities in our operations, our communities, in Dane County, and in the state that have been identified by employees, partners, and community members. These are opportunities that DCDHS could leverage to meet our mission to “provide access to effective, innovative, and evidence-based services and resources that support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds.”

Please choose three opportunities listed below that you think would have the greatest positive impact in helping DCDHS achieve our mission.

- a. Examine all policies, processes, and procedures with a racial equity lens.
 - b. Increase DCDHS staff diversity through new certification programs, external partnerships, review of job descriptions, and other innovative methods.
 - c. Create a “No Wrong Door” approach so that individuals who need services can access information about services from any point of initial contact.
 - d. Eliminate service silos by adopting effective collaborative models, both within the department and with external partners.
 - e. Modernize the way we collect data both internally and with our external partners. Use the data to improve our effectiveness and efficiency.
 - f. Broaden knowledge-sharing and collaboration with partners for grants, pilot programs, and best practices.
 - g. Learn from those we serve. Use their expertise and feedback to improve policies and procedures.
 - h. Expand preventative services and resources through collaborative partnerships to reduce criminal justice involvement for youth and adults.
 - i. Expand access to and resources for transportation and affordable housing.
 - j. Direct more resources towards behavioral health services to ensure a continuum of care, ensure services are culturally competent, are delivered in clients’ preferred language, and reduce wait lists.
4. The list below are external challenges that have been identified by employees, partners, and community members that DCDHS may need to address to achieve our mission to “provide access to effective, innovative, and evidence-based services and resources that support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds.”

Please choose three challenges listed below that you think would have the greatest negative impact on DCDHS achieving our mission.

- a. Communities of color continue to experience multi-generational and highly racialized inequities.
- b. Inadequate access to income-based affordable housing and related support services contributes to housing insecurity.
- c. Inadequate access to transportation limits access to higher-paying employment opportunities, affordable housing, mental health services, as well as medical/dental services.
- d. Inadequate access to early childhood programming and quality childcare puts children, especially children of color, at greater risk of lower educational achievement as they age.

- e. Inadequate access to a comprehensive, culturally-sensitive and trauma-responsive mental health system across the lifespan, contributes to higher rates of evictions, homelessness, police calls and incarcerations.
 - f. Inadequate opportunities for responsive and effective youth intervention services (e.g. restorative justice, AODA, mental health) contributes to higher rates of juvenile crime and incarceration, particularly of African American males.
 - g. A lack of support for community organizations to hire more staff of color and bilingual/bicultural staff adversely affects their service delivery within communities of color.
 - h. Hiring practices throughout Dane County reduce opportunity for applicants of color who have less formal education but often have a wealth of lived experience.
 - i. Our programs are often constrained by funding source and statutory requirements.
 - j. Ineffective collaboration across systems beyond DCDHS leads to fragmented delivery of services and poorer outcomes.
5. Good strategic goals are large initiatives that the entire organization embraces and works towards for many years. Strategic goals help an organization make progress towards achieving its vision. Goals usually build on strengths or eliminates weaknesses, to either help the organization take full advantage of an opportunity or to mitigate a challenge. Bold strategic priorities often require imagining new or innovative ways to do something. Based on the items in the previous four lists you have read and your knowledge of the resources across Dane County, what **single (1)** “big goal” do you think the Department should work towards in the next 5 years?

Please share one “big goal” you think will be most impactful in helping DCDHS get closer to achieving our vision five years from now. Please be concise and clear about what you would do really differently and why. You will be limited to 500 characters (about the length of this question).

Demographic questions (this section is optional)

1. Division
 - a. ACS
 - b. CYF
 - c. PEI
 - d. HAA
 - e. EAWS
 - f. BPHCC
 - g. FMS
 - h. Admin
2. Total years with DCDHS
 - a. 0-3 years
 - b. 4-9 year
 - c. 10—14 years

- d. 15—19 years
 - e. 20+
- 3. Race (check all that apply, this question is optional but appreciated)
 - a. White
 - b. Black and/or African American
 - c. Asian
 - d. All other races (Native Hawaiian, Pacific Islander, American Indian, Alaskan Native, etc.)
- 4. Ethnicity (this question is optional but appreciated)
 - a. Latinx or Hispanic (of any race)
 - b. Not Latinx or Hispanic
- 5. Role:
 - a. Manager or supervisor
 - b. non-manager or non-supervisor

Appendix G - Data Compilation

Planning and Evaluation unit staff compiled data in the second half of 2020. The data covers the following topics:

- DCDHS workforce
- Dane County demographics
- Income and poverty
- Education
- Housing
- Food
- Other basic needs
- CPS & out-of-home care
- Arrests
- Substance use
- Mental health
- Economic assistance and work services
- Older adults

Data was gathered from a variety of external sources like: U.S. Census Bureau, American Community Survey; USDA Economic Research Center; Office of Juvenile Justice and Delinquency Prevention; Wisconsin Department of Administration, Demographics Service Center; Wisconsin Department of Health Services; Wisconsin Department of Workforce Development; Wisconsin Department of Public Instruction; Public Service Commission; Madison Gas & Electric; Dane County Clerk of Courts; and Dane County Sheriff's Office. Internal data regarding program utilization, caseloads, and trends was also gathered and compiled. Each slide indicates the source of the data presented.

The data informed the Department's understanding of trends and demographics and was folded into the final list of strengths, weaknesses, opportunities, and threats.

The full dataset can be found in a separate document at: <https://strategic-plan.dcdhs.com/documents/pdf/Strategic-Plan-2021-2026---Data.pdf>

Appendix H - 2020 SMART Goals

	SMART goal accomplished
	Progress made, but goal not fully achieved
	No progress made on this goal
	COVID-19 response did not enable the Department to achieve this goal



Department Goals		Comments/Discussion
Reduce the number of business days positions are vacant by 20% by 12/31/20.		In 2019, the average was about 119 days. In 2020, it was about 109 days. This is a decrease of about 8%
Create a plan to respond to staff trauma in a routinized way by 12/31/20.		Developed the Peer Support model in 2019 and enhanced it in 2020. DCDHS contracted with FEI for enhanced EAP support for employees in 2020. TARGET and T-care training, nationally recognized models, were offered in 2020.
Develop a leadership development training protocol by 12/31/20.		Started Living Like a Leader training series. The intention is to continue this in 2021. All DCDHS managers and supervisors completed the IDI assessment in the fall of 2020.
Adult Community Services (ACS)		
Develop and implement Quality Assurance plans for Community Recovery Services (CRS) and Crisis Stabilization and conduct three onsite QA visits by 12/31/20.		The economic impacts of COVID resulted in a hiring freeze for the County. The QA specialist position is necessary to achieve this goal.
Increase the rate of return on client satisfaction surveys by 5% by 12/31/20.		The CCS survey response rate from 22% to 24%, a 9% increase.
Strengthen young adult integrated employment by having a minimum of ten 16-18 year olds participate in the inaugural integrated summer work experience by Labor Day 2020.		Could not bring youth together due COVID-19.
Streamline CLTS provider onboarding and contracting to increase the number of businesses that ordinarily serve the general population to become CLTS providers by 5% by 12/31/20.		35 new providers were added to the CLTS network in 2020.
Badger Prairie Health Care Center (BPHCC)		
Convert the C neighborhood from a locked unit to a delayed egress unit by 2/28/20 through replacing egress door hardware with a delayed release mechanism and alarms, training all staff on the new hardware, and establishing an updated policy.		
2020 worker's compensation costs and number of work injuries resulting in lost time will be lower than the previous 7-year average.		
E-Scheduling will be implemented by 12/31/20. This will improve scheduling efficiencies, enhance employee autonomy, and save money by decreasing scheduler labor time.		Work on backend has happened. The training will happen in May/June of 2021 with roll out end of summer of 2021.
Increase Medicaid CMI rate by 2% via enhanced staff training in documentation and restorative nursing program by 12/31/20.		Trainings put on hold due to COVID. It is expected this will happen by the end of 2021.

Children, Youth, and Families (CYF) Prevention and Early Intervention (PEI)		
Create and implement a transition plan that puts in place at least 6 opportunities for staff across both divisions to strategically collaborate on shared priorities by 12/31/20.		There were multiple and numerous opportunities for staff across both divisions to collaborate. Some of these opportunities are formalized while others are ad hoc.
Reduce kinship foster care licensing by 10 business days by reviewing and modifying internal intake and assignment processes by 12/31/20.		The COVID-19 pandemic interfered with the pace and volume of kinship care licensing in 2020.
Provide 100 young people access to mental health services through community centers by 12/31/20.		The RFP process was delayed early in the pandemic to give providers more time to respond, delaying contracts. This process did create 5 new opportunities for youth to access mental health services, which is a win for the County. This goal will happen in 2021.
Reduce CPS re-referral rate by 5% in the 53704 & 53719 zip code areas by 12/31/20 through providing voluntary intervention services for families with previous reports of neglect.		The new FACE program served 22 families and 55 children in 2020, 80% of which are families of color. These families have not been re-referred to CPS. In 2019, 13 children were re-referred in these zip codes. In 2020, 7 children were re-referred, a decrease of 46%. The re-referral rate declined from 43% to 25%.
Develop training plans for new and existing staff by identifying gaps in current training opportunities and onboarding, identifying training needs of existing staff, and creating a written plan to address training needs by 12/31/20.		For CYF – completed Fast Forward program and approved new employee orientation modules. PEI – reallocated training resources to units to develop communities of learning to maximize impact. Peer mentoring and peer support was offered for new employees.
Economic Assistance and Work Services (EAWS)		
Increase the FoodShare Employment and Training (FSET) referral-to-enrollment rate to 30% by 12/31/20.		The FSET referral-to-enrollment rate was 35.4%.
Increase answer rate to 92% by 12/31/20.		The answer rate for 2020 was 95.7%.
Reduce turnover rate for ESS staff to 5% or less.		The turnover rate for 2020 was 7.4.
Fiscal and Management Services (FMS)		
Transition an additional 5% of contracts to a unit or rate-based structure by 12/31/20 for the 2021 contract year.		About 1% of contracts have transitioned. More expected to happen in 2021 through MA transitions.
Create a complete IT project portfolio and phased project plan by 12/31/20.		Unit needed to shift focus to support remote work. Project manager on board, still in process for 2021.
Housing Access and Affordability (HAA)		
Support the future development of 400 units of affordable housing in Dane County through the 2020 Affordable Housing Development Fund (AHDF) award process, to be completed by 10/31/20.		404 units of affordable housing were in the 2020 budget.
Complete 5 monitoring and compliance visits of Dane County AHDF grant award recipients by 12/31/20 to ensure access to housing and housing retention for individuals with low-income and/or a less than perfect housing history.		Staff redeployed to other projects due to the pandemic.
In partnership with shelter providers, funders, and other community stakeholders, establish 2 locations for alternative emergency overnight shelter operations for the Salvation Army shelter for families and women, and the Porchlight shelter for men by 6/30/20.		Salvation Army is moving to Milwaukee Street. The men's shelter is at 1 st Street. Hotels have been used to achieve social distancing for vulnerable populations.
Through services offered by Catholic Charities staff at The Beacon, help 120 Beacon guests experiencing homelessness obtain safe housing by 12/31/20.		Catholic Charities has helped 31 guests at the Beacon. 50 people have transitioned from hotels to permanent housing. 24 Families and 15 men achieved permanent housing through Salvation Army shelters.

2021 Tactics



Priority 1 - Advance racial justice

- Partner with YWCA to offer learning opportunities for DCDHS staff and management.
- Evaluate hiring processes for CYF and PEI to identify opportunities to shorten the hiring timeline.

Priority 2 - Promote organizational culture

- Develop and launch employee workgroups to make recommendations on 2022 strategic priority tactics and to monitor achievement of the 2021 tactics.
- Evaluate and implement any recommended changes to the quarterly new employee orientation that provides new staff an overview of the Department.

Priority 3 - Modernize internal infrastructure

- Create a repository of project management resources available within network drives that staff can use to guide projects.
- Develop a project portfolio plan that adds transparency to the status of ongoing project work and requested project work for prioritization.
- Identify common outcomes across similar types of programs.

Priority 4 - Strengthen our partnerships

- Launch a new website.
- Begin outreach to community stakeholder groups, those who contract with us and those who do not, to seek input into topics they might find helpful to develop their capacity for county-funded work.
- Inventory formal and informal opportunities clients have to provide input on programs and resources.

Priority 5 - Innovate and build systemic solutions to our communities' challenges

- Contract with an entity to develop recommendations on design and operation of behavioral health triage and restoration center.
- Use the Managers and Supervisors Roundtable meetings to share info across Divisions and units.