

Dane County Purchase of Service (POS)
Leadership
HHN Presentation
December 9, 2021

POS Overview

History of POS:

- September 22, 2014 – POS leaders, POS Board members and other stakeholders met with Lynn Green and DCDHS staff to review the Baker Tilly audit report and the DCDHS prioritized list of recommendations
- October 2014 – May 2015 - Coalition/Consortia Chairs were asked to use a similar process used by DCDHS to prioritize the Baker Tilly recommendations with their respective coalitions.
- June 2, 2015 – first POS/DCDHS meeting held.
- On-going – the group meets monthly/as needed to address the purpose and priorities listed below.

POS Membership:

Key leaders representing Homeless Services, Children Youth and Families Consortium, Elderly Services Network, Recovery Coalition of Dane County, and Physical Disabilities. The Developmental Disabilities Coalition had been an active member until 2018 and the implementation of Family Care. DCDHS is represented by the Human Services Director and key financial and program leaders.

Since COVID, the group has informally expanded to share ideas and solutions.

Purpose of POS Leadership: To develop and enhance the partnership between DCDHS and POS and work collaboratively on solutions for Dane County's Human Services System

POS Priorities: (following are the shared priorities across POS Coalitions. Each coalition has additional priorities focused on their specific area(s) of focus.

Current Priorities:

1. Continue to build strong relationships and partnerships across coalitions to strengthen the human services system of care in Dane County. That all areas are interconnected and reliant on the other and need adequate funding.
 - Since the beginning of the POS Leadership Coalition, there have been increased collaborations across coalitions.

2. Continue to build a partner relationship with DCDHS, County Executive and the County Board (and its committees). Focus on Baker Tilly recommendations had been a regular focus of the POS meetings through 2018. DCDHS concluded their work on the Baker Tilly Priorities they had identified.
 - In an effort to address relationship building and partnership development, guests to the POS meetings have included County Executive Parisi (annual), DCDHS - Fiscal Services (now a regular attendee), Board Supervisors/HHN/Personnel and Finance/Board Chair (annual), DCDHS Leadership, Wesley Sparkman - Office of Equity and Inclusion, and other community partners involved in similar work and who have a stake in a vibrant human services system in Dane County.
3. COLA
 - COLA – annual need among POS to prevent deterioration of human service and keep vital services available to those in need throughout Dane County.
 - Since 2016 a COLA has been provided, (with the exception of 2021 due to uncertainty surrounding the pandemic) and been well received, appreciated, and has been beneficial. The COLA has been used to increase salaries, cover increased cost of health insurance and employee benefits, and fill other financial needs of agencies. Its impact has varied across agencies. Small agencies have received as little as a \$200 COLA, so impact is small. Since the increase is only on County GPR, it doesn't cover the full cost of salary increases or benefits but helps.
 - **The 4.5% Cost of Doing Business increase to the 2022 budget is greatly appreciated and will be beneficial to organizations.** This year POS has experienced health premium increases as high as 20%, added and increased costs to cyber insurance to keep data secure, and the need to increase salaries to both retain and recruit staff.
4. Inclusion and Equity – Agencies are committed to becoming more diverse to better represent and meet the diverse needs of the consumer population. Partnering with Dane County to build capacity is a priority. Areas for all of us to attend to are the systemic barriers imposed that perpetuate inequities in the human service system. People of Color are over represented in this system and children of color are over represented in out of home care.
5. Workforce - A small/informal survey among POS indicates that vacancy rates are higher, and of the reasons staff leave, compensation is identified as significant. Anecdotally, Dane County seems to have increased challenges with workforce. Possible challenges may include cost of living, competition with government, schools, health systems and

for BIPOC staff, poor racial policies and practices (in Wisconsin). Fatigue is also beginning to take its toll as the pandemic stretches on and has a deeper impact on staff.

- POS would be interested in participating on a taskforce to explore workforce issues and solutions with the County/Board.
6. Lived Experience – POS has a subgroup focused on Lived Experience and through grant funding will be piloting a Lived Experience Council from October through March, 2022 focused on lived experience in behavioral health and crisis. Members of the Council will be paid, and the long-term goal would be for this Council to be a resource to funders and the community and to partner with DCDHS, County Board and County Executive Parisi in the development of policies/procedures, contracting practices, etc. to ensure the lens of lived experience. Although currently the grant focus is on behavioral health and crisis, the goal would be to broaden membership to ensure other lived experiences that intersect with the services provided. In addition to partnership, we would also be requesting funding at some point in the future.

Past priorities (still of interest):

1. Medicaid – this includes reimbursement models and rates as well as CCS.
2. Continued leadership initiating coordination/collaboration among funding entities on a unified comprehensive community vision of responsibility & to increase efficiencies in administrative reporting & data requirements (i.e., Dane County, City and United Way).
3. Creative and innovation funding sources - Exploring how foundations, health systems, corporations and others play a part in the human services funding model.
4. Dane County further explore more efficient contracting and compensation models.
5. Human Service Board partnership