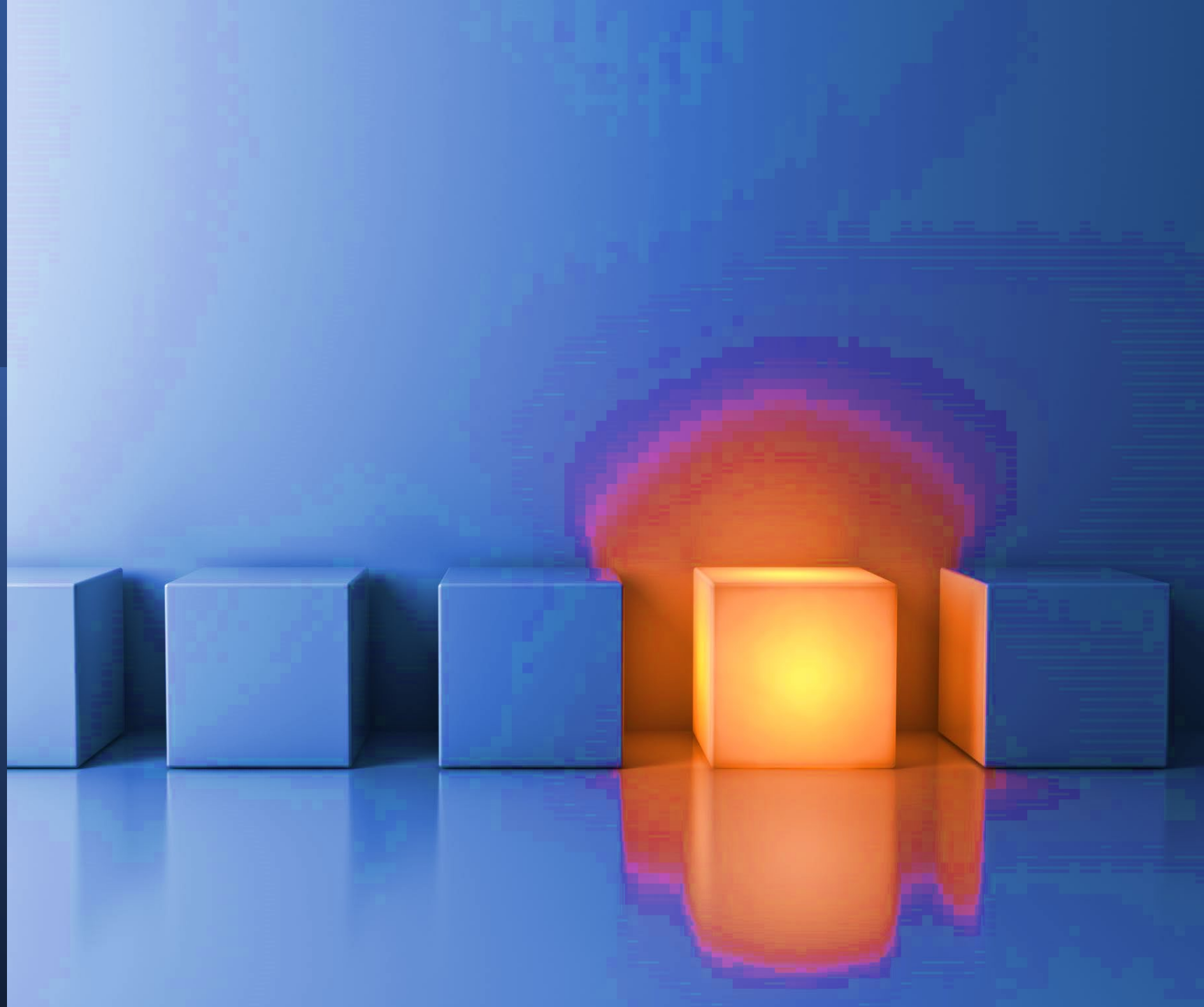


Creating the Catalyst for Transformational Change

Department of
Health and Human Services
Racial Equity in Contracting Report

Presented by: Dr. Deborah C. Blanks
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Kairo Communications LLP
2021



Milwaukee County

Department of Health and Human Services

- **Respected Leadership**
- **Experienced, Dedicated Staff**
- **Investment of \$1.2 billion in providers and community (2010 – 2019)**
- **Quality services delivered to individuals and families in need**
- **Contracting network of providers**
- **Complex management of procurement and contracting system**
- **Adherence of local, county, state, and federal requirements**
- **Specific outcomes that impact County participants**
- **Positive achievements that benefit County residents**
- **Capacity for heavy lifting, wisdom to embrace change, courage to take action to achieve racial equity**

Moving from Racism to Racial Equity

- **Critical Race Theory**

“Racism is so universal in this country, so widespread, and deep-seated, that it is invisible because it is so normal.” - Shirley Chisholm

- **Racial Lens**

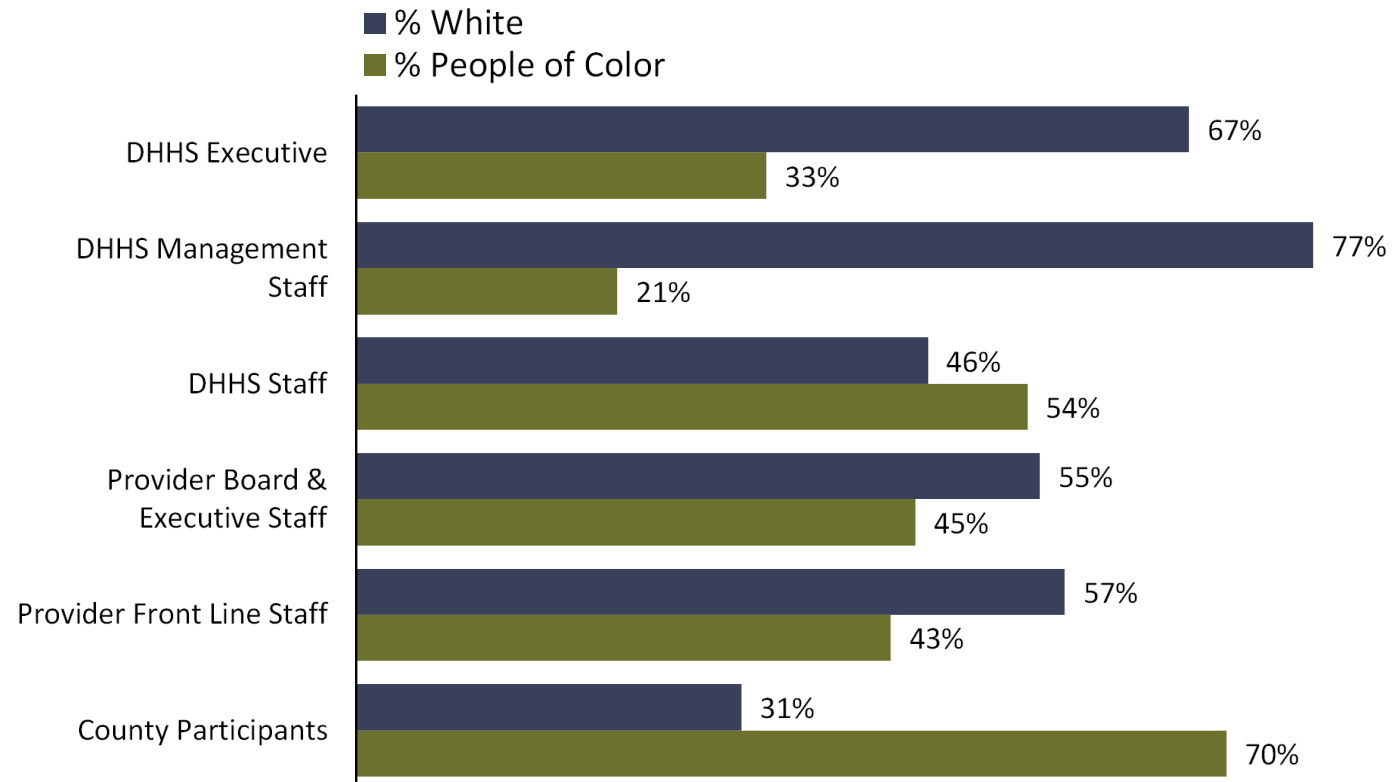
“The only way to undo racism is to consistently identify and describe it – and then dismantle it.” - Ibram X. Kendi

- **The Reality of Progress**

"Everything you want is on the other side of hard." Monty Williams

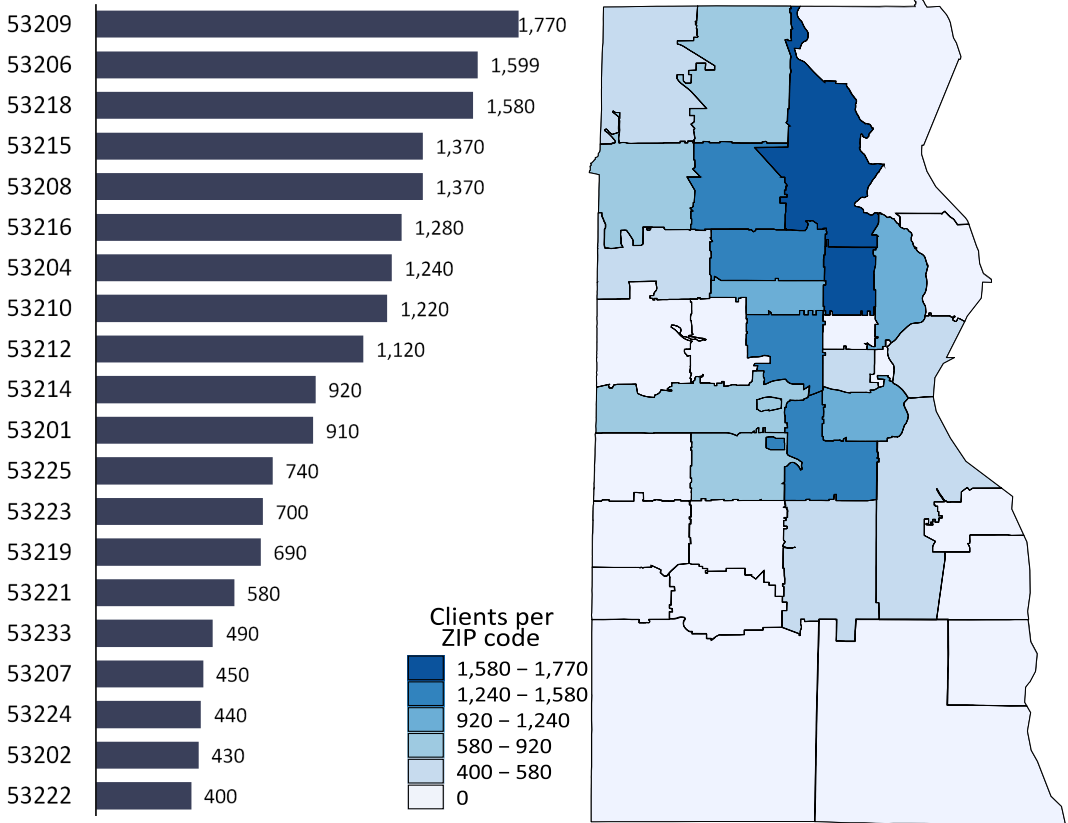
Institutionalized Racism: Racial Mismatch, Power Imbalance, White Centered Norms, Implicit Bias, Mainstream Status Quo

Percent of DHHS Staff, Providers, and Participants by White/Person of Color Identification



Structural Racism: Geographical Mismatch, Disinvestment, Social Determinants of Health, Segregation, Missionary Complex

Count of Participants by Zip Code, Milwaukee County



The Inequity of Competency and Capacity Issues

Cultural Competency	
BIPOC Providers	★★★★★
White Providers	★★★

Administrative Capacity	
BIPOC Providers	★★
White Providers	★★★★★

A White provider indicated, “We have a laser focus on cultural competency this year. We have a strong diversity value...a diversity team...a Director of Diversity and are using a national cultural competency training program.”

An BIPOC provider said, “Our cultural competency level is excellent because we were designed that way, and we continue to learn about other cultures.”

An African American male who worked in a White-led organization said that “Some people thought they knew a lot and realized they didn’t know much at all.”

A White provider said, “We have diversity, but it’s not good enough. How do we do more?”

A Latinx provider indicated that “If you’re talking about the ability to write grants and obtain funding through grant proposals, I would have to rate us a 2+.”

Another BIPOC provider indicated that “We’re small but mighty; we all wear a lot of hats.”

An African American provider indicated that “We have accounting systems and human resources systems and are in a position to help others. We wish we had had that support when we first started.”

A White provider said. “I don’t know how a smaller organization could write the Milwaukee County proposal which is quite cumbersome or maintain all the stuff that needs for contracts to happen... that has to be daunting at so many levels.”

Inequity in DHHS Contracting Process: RFP

The DHHS Racial Equity Work Group identified these issues:

- **Scoring Rubric**
- **Scoring of Cultural Competency**
- **Use of Review Panels**
- **Composition of Review Panels**
- **Assessment of Experience**

Leaders of Provider Organizations identified these issues:

- **Complex Process as Gatekeeper**
- **Inconsistency**
- **Unnecessary duplication**
- **Favortism**
- **Rewards administrative capacity over quality of service**

Perceptions: Request for Proposal Process

(5-star process)

**BIPOC
Providers**



**White
Providers**



A White provider indicated that DHHS “could streamline the process by 25%.”

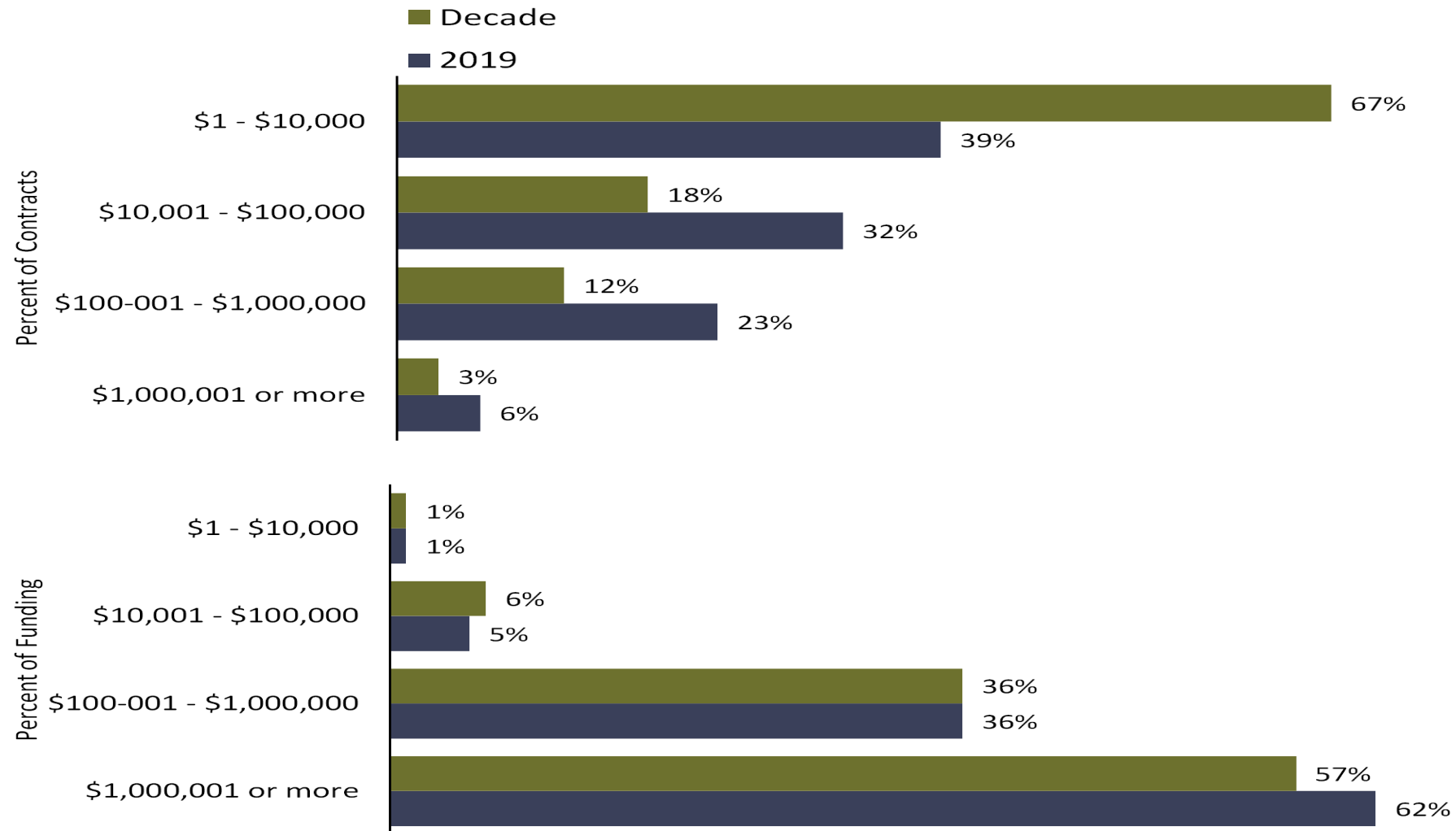
One provider indicated that the “Interview process provides DHHS with a way to move away from the scoring process to award contracts to favored organizations.”

An African American provider explained, “There are certain realities. If you have a decent infrastructure; if you have decent proposal writers, if you have good staff that have done the work who can share their experience and if that then is how you rate responses, then decisions are made accordingly.”

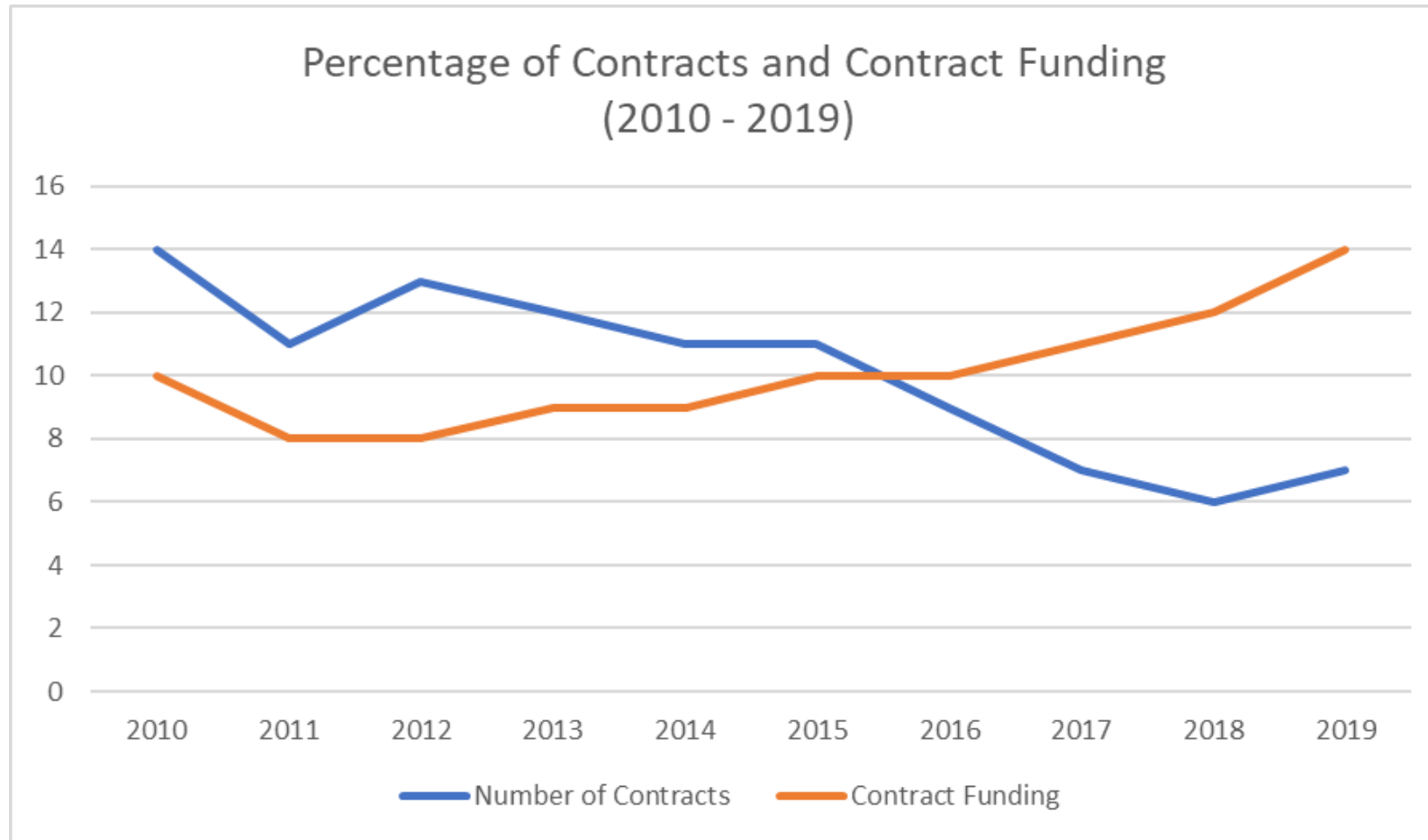
A White provider indicated that when writing a proposal, they “plug in a fake name in the proposal – but those people might not work in those programs. They don't hire staff before they have a contract – because that's not sustainable. You get points for doing that (plugging in the name).”

As a DHHS staff explained, “We see the same group of folks that go after the dollars who are well versed on how to jump through the hoops. But there may be folks that are more needed, can connect better with the population we serve, but they don't have the access, and they can't get the contract.”



DHHS Processes: Small Contracts, Provider Networks, Fee-for-Service, Contract Amendments/Extensions



Racial Equity and the Impact of Contracting Trends: Fewer Contracts, Larger Contracts More Efficient, Less Equitable



Perceptions: Ease of Doing Business with DHHS (5-Star Process)

BIPOC Providers	
White Providers	

A provider said, the "County has a system that makes achieving racial equity very difficult. Each division has a pre-approval process for hiring, but they are different processes and processes are changed each year."

A White provider indicated that "Once you get the contract and actually working with the department is easy."

A White provider talked with "the County about the rates for behavioral health technicians, some who were making \$10 an hour... and we want to talk about the cost of living, racial equity, and access because most of those staff are African Americans and they are trying to make it work on 10 bucks an hour, and we are competing with Target and Menards who are paying 16 bucks an hour."

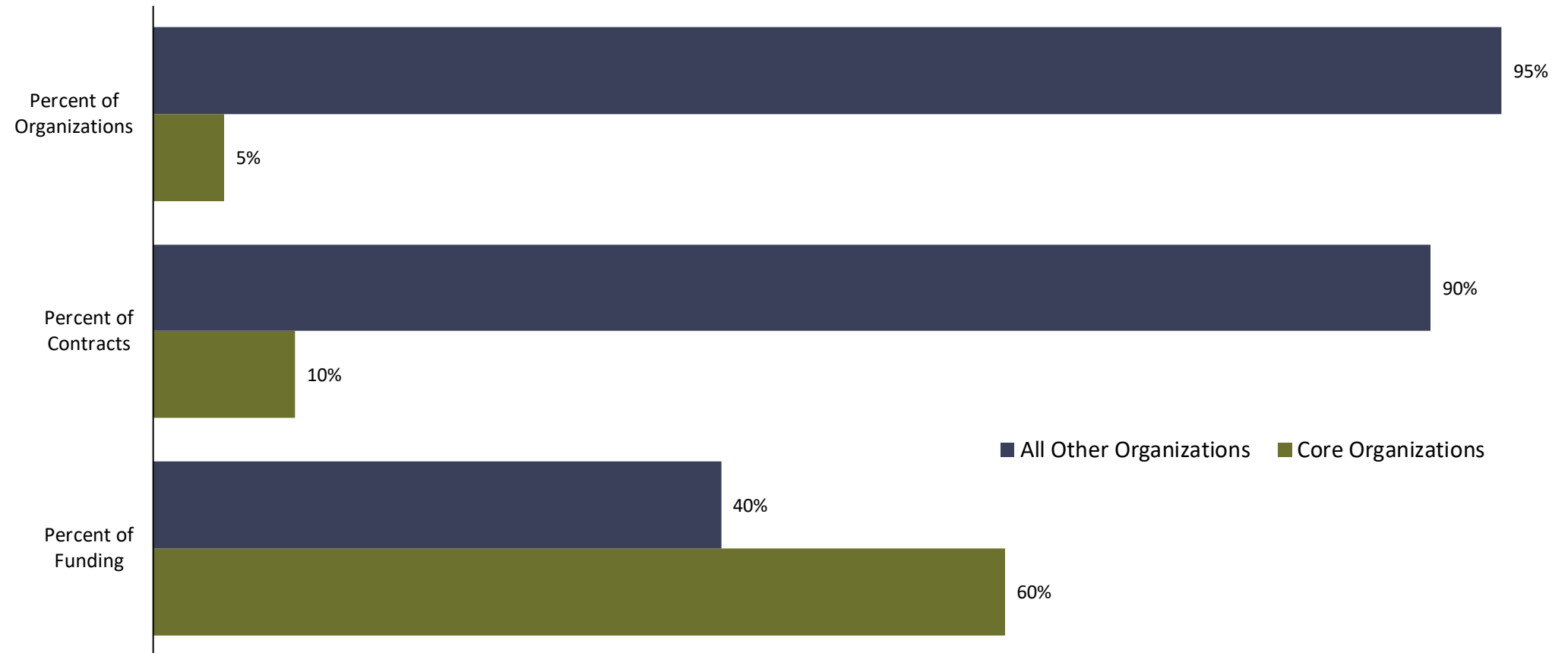
An African American provider said, "It is hard [for a smaller agency] to take this \$5,000 or \$10,000 contract when I have a million-dollar insurance requirement...the juice is not worth the squeeze."

A White provider said, "It is wonderful 90% of the time working with this program, your concerns can be heard...another division can be more blaming."

An African American provider indicated that "As a go, we have had a pretty good go of working with all of the divisions."

A White provider explained that "Expectations have become too onerous. Instead of saying, you're responsible for your staff, the County wants immunizations, health care data, license data."

Core Organizations v. Other Organizations (2010 – 2019)



Perceptions: Power Dynamics

While White nonprofit leaders may feel entitled, many leaders of color feel powerless.

A White leader who does significant business with the County said, “Whenever I have a concern, I just call up DHHS staff.”

A BIPOC provider indicated that “If I say something, I’m gonna get punished for that. Don’t push so hard; you’ll lose the contract. Feel like you are targeted, under the microscope.”

Another BIPOC said, “I regret not appealing a contract, but I was scared.”

A BIPOC provider said, “I was stressed, worried, and hesitant to call, but the staff worked with me.”

An BIPOC provider indicated they felt that connections were important, saying that “for the County and the City, you have to be connected to get a contract. Some organizations get funding even if they don’t deliver outcomes and even if clients complain.”

Another African American provider indicated that “Some people say, ‘I ain’t bidding on the contract cause they gonna give it to whomever they want.’”

Another provider explained, “I would say that if DHHS is trying to increase racial equity in contracting ...they are intentionally or unintentionally operating a system that is making that more difficult to impossible.”

Research Findings

- 1. DHHS Opportunity for Significant Impact**
- 2. Maintenance of Systems of Power Based on White Privilege**
- 3. Disproportionality in DHHS Contracting System**
- 4. Contracting System Issues as Barriers to BIPOC Providers**
- 5. Lack of Commitment to Cultural Competency**
- 6. Failure to Maximize Contracting with BIPOC Providers**
- 7. Perpetuation of Exclusion through Segregation and Marginalization**
- 8. Potential for a Polarized Environment regarding the Issues of Equity and Efficiency**

GOAL 1: INFUSE RACIAL EQUITY INTO ALL ASPECTS OF DHHS

DHHS Structural Barriers

Major Focus	Recommendations	Key Actions
Ownership of and support for the plan	Gain buy-in from County leadership, governance authority, Division's advisory committees, staff, providers, and community leaders.	DHHS Leadership, Kairo Communications make presentations and engage in discussions with leadership, staff, and community groups.
Racial Equity Education	Connect education with plan implementation to help staff actively employ racial equity ideas and values in their transformational work.	Work with the Milwaukee County Office of African American Affairs; utilize GARE and other resources (e.g., Racial Equity Tool).
Division Restructuring	Eliminate siloed divisions with different contract requirements, technology, and processes.	DHHS Leadership
Workforce Diversification	Proactively increase diverse staff hiring and promotion to reflect the Milwaukee County population and, specifically, recipients of DHHS services.	Participation of DHHS Leadership, Management, Milwaukee County Human Resources Department.
Segregation and Disinvestment	Mitigate the adverse effect of disinvestment. Address the historical and current impact of segregation in communities of color. Identify opportunities to invest resources into these neighborhoods proactively.	Identify opportunities for DHHS and providers to locate facilities in BIPOC communities; increase use of providers located in BIPOC communities.
Information Management	Improve data management; assess data capacity and identify data that support plan implementation.	Utilize meaningful data to track outcomes and foster quality decision-making.
Outcomes, Measurement, and Accountability		
Major Focus	Recommendations	Key Actions
Key Racial Equity Indicators	Develop key indicators for semi-annual measurement of progress in achieving racial equity in contracting.	Work with DHHS quality assurance and data management staff to implement a tracking system.
Staff Performance Evaluations	Include specific racial equity goals in performance evaluations of staff and leadership.	Work with County Human Resources Department. Gain DHHS staff buy-in.
Service Outcomes	Increase transparency in reporting service outcomes rather than outputs.	Communicate progress in annual reports; use other forums to report outcomes (e.g., culturally appropriate community meetings).

GOAL 2: OPERATE A HIGH FUNCTIONING, EQUITABLE CONTRACTING SYSTEM

DHHS Contracting System

Major Focus	Recommendations	Key Actions
Contract Opportunities	Utilize culturally appropriate approaches to inform providers of color of contracting opportunities.	Create and implement a strategy to inform providers of and communities of color of contract opportunities. Publish RFP postings in ethnic newspapers, not just with mainstream media. List FAQs.
RFP Process Improvements	Reduce redundancy and bias in RFP application processes.	Incorporate recommendations of Racial Equity Work Group; engage County Procurement Director; use diverse short-term provider workgroup.
Appeal Process Improvements	Incorporate best practices for the appeals process in a fair and timely manner; ensure consistency and transparency.	Collaborate with Milwaukee County Purchasing Department. Utilize an inter-divisional work team.
Contract Management	Review and revise, when appropriate, contract requirements regarding DHHS approval of provider hiring decisions, immunizations, quality assurance, etc.	Utilize diverse short-term provider workgroups. Work with Milwaukee County Risk Manager and Human Resources Department, when appropriate. Identify federal requirements related to these issues.
Compensation of Providers' Front-line Staff	Review DHHS policies and rules that affect providers' compensation of front-line staff to ensure support for family-supporting wages.	Small workgroup of providers to outline their concerns for consideration by DHHS leadership.
Provider Network	Review provider network practices, including annual application period, continuity of long-time network providers, and provider evaluation process to increase racial equity.	Small workgroup of key DHHS staff.
Fee for Service Practices	Assess Fee for Service practices regarding case referrals; proposal process to decrease the financial burden on providers.	Utilize diverse short-term provider workgroups.
Informal Contracts	Implement innovative strategies to utilize informal contracts (\$100,000 or less) to develop opportunities for diverse providers.	A Small workgroup of key DHHS Division staff, DHHS leadership, County Procurement Director, and Legal Counsel.
Appeal Process Practices	Increase transparency, clarity, communication, and DHHS adherence to timelines and rules.	Small workgroup of DHHS staff. Work with Milwaukee County Procurement Director.

Innovative Services & Delivery

Major Focus	Recommendations	Key Actions
Service Delivery Innovation	Create innovative, culturally competent services based on traditions, culture, and values of communities of color. Initiate a pilot program to test and learn.	Replicate the concept of Credible Messenger Program. Utilize a workgroup of staff, providers, participants, and community stakeholders.

Business Support Services

Major Focus	Recommendations	Key Actions
Business Support Services	Evaluate the feasibility of Milwaukee County providing business support services (e.g., loan program) to nonprofit providers similar to those offered for minority-owned businesses (MBEs).	Collaborate with County Community Business Development Partners (CBDP). Also, assess other compliance support available from CBDP regarding workforce diversity.

GOAL 3: MAINTAIN RACIAL EQUITY IN COMMUNITY ENGAGEMENT AND OUTREACH

Community Engagement

Major Focus	Recommendations	Actions
DHHS Community Presence	Increase DHHS community presence in diverse communities.	Support initiatives that create opportunities for investments in communities of color; provide small grants that engage residents and providers in group work that impacts social determinants of health. Ensure community representation includes Asian American and Native American communities.
Community Engagement	Increase DHHS community presence through outreach activities that connect with the needs and cultures of diverse communities.	Engage community representatives to identify culturally competent community engagement and outreach efforts.
Community Outreach	Implement culturally relevant outreach strategies. Use culturally relevant media outlets and platforms (e.g., ethnic newspapers, radio, social media accounts)	Create a small workgroup of communication experts representing diverse communities to educate DHHS staff about outreach in communities of color.
Community Access to Information	Ensure residents can access information about the department and its services promptly.	Create a user-friendly, online tool/presence to provide information about DHHS, Divisions, and services.

GOAL 4: COLLABORATE WITH COMMUNITY PARTNERS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Community Collaborations

Major Focus	Recommendations	Actions
Social Development of Health Determinants	Create a strategy to address social determinants of health ore effectively.	Convene key community stakeholders and institutions to develop a public health approach to create solutions to racial inequity.
Community Experts and Resources	Expand DHHS staff knowledge of the assets and resources in communities of color.	Develop community resource guides to identify assets and resources; engage with experts in communities to inform DHHS decisions, participate in review panels, and partner on key initiatives. Identify the vast yet latent talents and resources respected and valued in communities of color yet underutilized in mainstream society.
Provider Development	Implement a coordinated provider development program to support existing providers. Support pilot programs to test and learn.	Create initiative to provide organizational assessments, improve administrative capacity, service delivery, and cultural competency. Conduct asset mapping of diverse communities' provider capacity.
Development of a Workforce Pipeline	Create an equity-oriented mechanism to serve as a pipeline for meeting existing and future workforce needs and to increase employment and leadership opportunities for people of color.	Implement a workforce development program to increase the knowledge and skill of people of color to increase diversity in nontraditional human service occupations. Collaborate with healthcare and educational institutions to increase the available talent pool for staff and leadership roles.

DHHS has the foundation for achieving racial equity!

DHHS leadership, Director LaGrant-McClain and Deputy Director Muhammad, are catalyst for change, infusing racial equity thru out DHHS.

Milwaukee County leadership has taken a stand to address racism as a public health crisis and is taking actions to eradicate it.

DHHS has staff that are innovative, knowledgeable, experienced in community work, and committed to achieving racial equity goals.

DHHS has provider organizations focused on having a positive impact on the community and willing to be strong DHHS partners.

Milwaukee County has knowledgeable and resilient residents; deserving of quality services and opportunities to excel.

DHHS has strong community partners with expertise and resources that will enhance DHHS's ability to achieve racial equity.

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