

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

Date: April 22, 2026  
To: Marcelia Nicholson-Bovell, Chairwoman, Milwaukee County Board of Supervisors  
From: Shakita LaGrant-McClain, Executive Director, DHHS  
Subject: Department of Health and Human Services 2025 Annual Report  
File Type: Informational Report

---

This informational report provides a report on how the Department of Health and Human Services (DHHS) set and achieved its 2025 goals.

**POLICY**

This report aligns to Chapter 108: Achieving Racial Equity & Health.

Milwaukee County Code of General Ordinances:	<a href="#">Chapter 108: Achieving Racial Equity &amp; Health</a>
--	---

**ALIGNMENT TO STRATEGIC PLAN**

- 1A: Reflect the full diversity of the County at every level of County government
- 1B: Create and nurture an inclusive culture across County government
- 1C: Increase the number of County contracts awarded to minority and women-owned businesses
- 2A: Determine what, where, and how we deliver services to advance health equity
- 2B: Break down silos across County government to maximize access to and quality of services offered
- 2C: Apply a racial equity lens to all decisions
- 3A: Invest “upstream” to address root causes of health disparities
- 3B: Enhance the County’s fiscal health and sustainability
- 3C: Dismantle barriers to diverse and inclusive communities

Alignment to the above strategic goals is articulated in responses to the questions below.

**BODY**

**Please tell us about your progress on your Department/Office's top goals in 2025.** If any of your goals have changed, briefly explain why, how they are "SMARTIE" goals (specific, measurable, achievable, realistic, timely, inclusive, and equitable), and how they align to the county's racial equity strategy.

DHHS works toward our vision: Together, creating healthy communities. We work toward this with our two strategic goals, 1) No Wrong Door and 2) Collective Impact. Through these two strategies, we aim to ensure that everyone in Milwaukee County has equitable access to streamlined services that meet their needs. We know that to accomplish that, we must focus internally at our service delivery and systemically through collective impact. In this work, we have four focus areas: housing, community safety, mental wellness, and age-friendly communities. Our strategic plan is for 2025-2027, and we will have a comprehensive report on our progress toward these strategic goals in 2028. Key progress toward the strategic plan in 2025 included:

- 1) We opened a new hub for health and human services in June at the Marcia P. Coggs Health and Human Services Center. The vision of this Coggs building is to be a hub for the community, which we imagined meant we would be a gathering place and a space where people could get their needs met without having to go to other offices. To that end, we integrated our Child Support Services at the New Coggs building and created No Wrong Door Navigators to be available from all of our service areas. In one building, people can get support for aging and disabilities services, children's disabilities services, behavioral health services, pay on child support, and discuss housing needs. And, staff are able to work more closely together and across service areas to seamlessly provide multiple resources at once.

Since June, in addition to our regularly scheduled committee and program meetings, our building hosted 13 community events, including community meetings, food drives, resource distribution events, and radio and podcast hosting! The building has provided a vibrant space for gathering and resources, and is proving to be *more than a building, a lifeline*.

- 2) We increased staff capacity; DHHS employees completed 12,155 trainings. We launched our Strategic Prevention Framework training, which provides key ambassadors in each Service Area applicable knowledge for infusing prevention into all programming. Ambassadors will continue in this training for the next two years. And, we continued two leadership programs, Elevate to Impact and Change Champions, which provided leadership training and coaching to staff members.
- 3) We created an Age-Friendly Communities Steering Committee to advance our work as an AARP-designated Livable Community. The Steering Committee is comprised of 21 members from across the community, with diverse representation. The Committee spent 2025 gathering data on eight key domains. The Committee met monthly and engaged nearly 1000 Milwaukee County older adults to determine areas of greatest need in the community. Data summaries can be found at [county.milwaukee.gov/EN/DHHS/Older-Adults-Services/Age-Friendly-Communities](https://county.milwaukee.gov/EN/DHHS/Older-Adults-Services/Age-Friendly-Communities).

The Steering Committee decided to focus on three domains this year and will embark on creating an action plan for each. The domains are: Housing, Transportation, and Health/Wellness.

- 4) As we continue working toward Community Safety, we moved toward sustainability for key initiatives of Community Violence Intervention. We implemented the Advance Peace grant, and continued our Credible Messenger program in 2025. We know that Community Safety increases if people are more well, so we have worked to connect our Mental Well-Being and Community Safety goals, bridging Community Violence Intervention (CVI) programs and behavioral health programs. We are creating specialized behavioral health teams to work across both needs in violence prevention and mental health.
- 5) We developed our work in mental well-being, and published a model for assessing and providing resources for youth with complex needs. This model provides a strengths and needs mapping, and supports professionals in knowing how to best wrap services around the youth for success. In 2026, we will work with behavioral health teams across Milwaukee County to implement this model broadly.
- 6) An estimated 1/3 of Milwaukee County residents are unstably housed. As we work toward housing stability for all in Milwaukee County, we took advantage of two opportunities to expand our direct reach. In Fall 2025, the Milwaukee Coalition on Housing and Homelessness put out a competition for who would provide Coordinated Entry services. We won the bid, and will be the Coordinated Entry Lead Agency starting in 2026, which means we are able to support continuity and access to homeless services across the community. We started billing for housing through a new Medicaid initiative called 1915i, which allows us to expand housing navigation services.
- 7) And, we swiftly responded in times of crisis to meet community needs. During the floods of August 2025, we partnered with the Office of Emergency Management and co-led the response efforts for those impacted. This included managing volunteer teams, managing logistics for and supporting volunteer teams in shelters, standing up resource fairs, and creating long-term response teams.

In October, when FoodShare was abruptly stopped by the federal government, the County Board of Supervisors approved \$150,000 in extra food dollars. DHHS distributed those dollars equitably throughout Milwaukee County food pantry partners to get extra food where it was needed most.

In our County Scorecard, we looked at five metrics of success with regard to our strategic plan:

- 1) Enrollment in Birth to Three
- 2) Total number of people experiencing literal homelessness

- 3) Enrollment in Behavioral Health Services
- 4) Youth recidivism in our juvenile detention center
- 5) Staff confidence in referring across the department

Early detection and intervention is part of the philosophy for reducing human service needs later in life. Birth to Three is the earliest program that DHHS hosts, therefore, tracking enrollments gives an indication as to how well families are being engaged early. There was a slight decrease in enrollment from 2,548 in 2024 to 2,482 in 2025. The Birth to Three program is underfunded, and in 2025, DHHS engaged in several educational efforts for state legislators and policymakers regarding the need for fully-funded Birth to Three programs. The County Board approved an amendment to our 2026 budget to increase funding which will help support enrollments this year.

In 2025, we saw a slight increase in total number of people experiencing literal homelessness from 702 to 968. Literal homelessness is defined as anyone sleeping in a shelter, transitional housing, or place not meant for habitation. It is important to note that in 2024, our annual point in time homeless count went down from 834, where most communities across the nation saw an increase. In 2025, we joined others across the nation and see an increase, but we still maintain the lowest per capita rate of people experiencing street homelessness in the nation. As prices get higher for everyone, and rents continue to rise, more people are coming into housing instability. In our strategic plan, we are focusing efforts on right-sizing funding to increase investments in homelessness prevention while continuing to keep our shelter and rehousing network strong.

Enrollment in Behavioral Health Services continues to increase and went from 11,440 to 12,621 in 2025. We have a number of concerted efforts to increase dual enrollment and referrals from services areas throughout the department, which may have contributed to this increase. Specifically, staff from Adult Protective Services work collaboratively with the Crisis Mobile Team to assess adult crisis and determine eligibility for services; the Children's System of Care Resource & Referral Line assesses children and youth for dual eligibility in children's disabilities programming and behavioral health programming; and we are referring all youth in the youth justice system who may have mental health needs for an assessment through the behavioral health services team.

The theory behind community safety lies in engaging youth in positive activities, mentorship, and mental wellness. We are doing this through programs like Credible Messenger, Advance Peace, and increasing mental health supports through Dialectical Behavioral Therapy and Comprehensive Community Services. These efforts have proven fruitful, and recidivism (as defined by a youth who has been charged once returning with another charge) has been reduced from 18% at the beginning of 2025 to just 9% at the end of 2025.

DHHS has implemented an internal staff survey every six months in order to measure attitudes and culture, and to gain feedback from staff. In the first survey, 85% of respondents indicated that they felt confident in making no wrong door referrals across the department. In the most recent

survey, 87% stated they felt confident, showing a slight increase in confidence through our first year of the strategic plan.

1. What key factors *enabled* progress toward accomplishing these goals?

Certainly, our No Wrong Door philosophy has enabled progress toward our goals. As staff continue to strengthen connections across the department, people are getting better access to resources. Recognizing that this work will not be achieved by working in silos, DHHS has also enabled progress by working with systemic partners toward these goals.

The new Coggs building has supported the enactment of No Wrong Door, and has been a game changer for us. The building design allows for easy access for all DHHS services to be in one place, and has enabled community groups to use the space as well. On the first floor, we have the ADRC's Information and Assistance center, benefits specialists, child support payments, and No Wrong Door Navigators. The consultation rooms allow for individuals and families seeking help to get help from any of our Service Areas. We have also hosted cross-Service Area staffings with families who need services from more than one area. And, we continue to have a presence across the community with our Veterans office in West Allis, Child Support Services at the courthouse, youth justice services with Children's Court at Vel Phillips, our Access Clinics, and Housing Services on Walnut. Our mobile and inreach teams are able to go right to where community members are for assessments and services.

Keeping the two strategic goals of No Wrong Door and Collective Impact as north stars has enabled progress in accomplishing goals. In working together, we are creating a healthier community.

2. What key factors *hindered* progress toward accomplishing these goals?

2025 has been a challenging year economically for Milwaukee County and residents of the county. This has made progress more challenging, particularly with the housing goal. Reducing homelessness will not be accomplished by rehousing alone, and must include homelessness prevention, especially as rent continues to be a larger burden on household budgets.

2025 was wrought with funding instability at the federal and state levels, with entire offices/programs being paused or abruptly ended at the federal level. Examples of this were HUD Continuum of Care (CoC) funds, CVI funding, SAMHSA funding, along with other federal grants. While funding has ultimately been restored so far, this funding uncertainty makes steady progress more difficult. Funding for programming and resources continues to be the largest factor in hindering progress, as there is simply not enough funding for every promising practice that will support the DHHS goals.

3. If any goals are changing, please list those and briefly explain why. (Please put "N/A" if your goals will remain the same.) N/A

**FISCAL EFFECT**

The report is informational only and there is no fiscal impact.

**VIRTUAL MEETING INVITES**

**PREPARED BY:**

Shakita LaGrant-McClain, Executive Director/Department of Health and Human Services

**APPROVED BY:**

*Shakita LaGrant-McClain*

**ATTACHMENTS:**

2025 Annual Report – PowerPoint

cc: Kelly Bablitch, Chief of Staff, Milwaukee County Board of Supervisors  
Janelle M. Jensen, Director of Legislative Services, Office of the County Clerk