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Linking an Agency Strategic Review to Increase Knowledge Management: San Francisco County Human Service Agency

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Led by the agency director, the agency engaged in a Strategic Review, based on a comprehensive assessment of agency performance that identified strategies to improve organizational effectiveness through increased data-informed practice and knowledge management. The Strategic Review gathered information on staff perceptions, perceptions of external stakeholders, changing citywide and neighborhood demographics, policy mandates, and budget and workload issues. The need for the review was based upon multiple, substantial changes not addressed in the 2000 Strategic Plan, including the 2004 merger of the Department of Human Services and the Department of Aging and Adult Services, changes among the executive management team, transitions among key political entities, new policy mandates and changing budget allocations. This case study describes the Strategic Review process and content, summarizing key challenges and lessons related to addressing workload demands, fostering positive staff attitudes, balancing internal and external information needs, and integrating data use and planning processes across the agency.

KEYWORDS *Organizational strategic review, knowledge sharing, stakeholder analysis*

INTRODUCTION

The San Francisco Human Service Agency (HSA) is currently in the process of completing their 2008 Strategic Review of agency operations and services. The 2008 Strategic Review builds upon the 2000 Strategic Plan, but does not

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directly evaluate progress in achieving its goals, in part because there have been so many internal and external changes in the intervening eight years. As a result, the agency felt that it would be more useful to assess the current environment with an eye to the future rather than a look back at the past. In addition, the review is less formal than a strategic plan because there are no action items and concrete next steps included in the review. The goal of the review was to gather data and feedback on (a) what the agency is doing well, (b) what it needs to improve on, and (c) where are the opportunities for effectively using data to improve service to clients. The primary goals of the review were to evaluate performance, document the current state of the agency, and identify strategic issues in need of additional attention. It is anticipated that the review will be used to prioritize future planning and implementation projects.

The 2008 Strategic Review was directly influenced by the San Francisco HSA Director, Trent Rhorer, who wanted to focus on organizational effectiveness related to identifying what is being done well in the agency and what needs to be improved. The people and teams who are designing and implementing services need to know the impact and performance of the programs, and the demographics of the people being served. The 2008 Strategic Review was designed to provide a foundation for increased data-informed practice and knowledge management. The first step was to focus on performance measures: what they do well and what needs improvement.

The goals of the 2008 Strategic Review included the following: to gather staff perceptions, the perceptions of external stakeholders (including, but not limited to clients and outside service contract partners), evidence about the changing citywide and neighborhood demographics, analysis of policy mandates, and to assess budget and workload issues within the changing political climates. This comprehensive assessment of the agency could then be used to develop future initiatives to address the needed improvements identified in the review (e.g., evaluating contract management, internal and external performance management issues, or the changing needs of client populations).

HISTORY

The 2008 Strategic Review came about due to several factors. First, the 2000 Strategic Plan (a five-year plan) was out of date when the current strategic review was initiated in 2007. Second, the 2000 plan did not reflect one of the biggest changes, namely the 2004 merger of the Department of Human Services (DHS) and the Department of Aging and Adult Services to create HSA. In addition, the membership of the executive management team at HSA had changed, the mayor was in his second and final term, members of the Board of Supervisors had changed, there were new policy mandates, and

the budget had changed as well. The changes in the executive management team included a new deputy director for the Children and Family Services division (2006), a new deputy director position for the Planning and Policy division (2007), and a new executive director of the Aging and Adult Services division (2004).

The specific state and federal policies impacting the agency included the reauthorization of the 1996 Federal Personal Responsibility and Work Opportunities Reconciliation Act (U.S. Department of Health and Human Services, 2004; Center on Budget and Policy Priorities, 2007), the child welfare redesign of services following the Child Welfare Systems Improvement and Accountability Act (AB626), and the California Adoption Initiative related to permanency planning. In addition, other significant state and local policy changes have affected HSA's programs including the implementation of Care Not Cash (City and County of San Francisco, 2002) and CalWIN (2005). Care Not Cash is a county initiative that reduced the General Assistance cash aid given to the homeless in exchange for housing and other supportive services. CalWIN was implemented to be in compliance with the federal mandate for automated welfare systems, and is an online, real-time database of administrative information about the CalWORKS, Food Stamps, Medi-Cal, IHSS, General Assistance, Foster Care, and Employment Services programs. Local policy directives and initiatives also needed to be taken into account, including the city and county's requirement that departments submit annual efficiency plans and report every six months on service outcomes. As part of the review, the executive team wanted to account for all the data currently being collected and disseminated in order to make the most economical and relevant use of the data.

The first step in the review was to revise the HSA mission and vision statements and develop a set of core values (2007). The 2008 Strategic Review includes an analysis and response to all the above-mentioned changes that served as the foundation for conducting an internal review of the agency.

PROCESS

HSA's executive management team has been meeting monthly for the last two years (2006–2008) to take a step back from their weekly meetings in order to take time to discuss larger agency issues. The newly revised mission and vision statements, along with the agency's core values, became the framework for discussing different aspects of the agency (e.g., "If this is truly our mission, how well are we achieving it? Where are we doing well and where are we falling short?"). The monthly meetings were taking the form of informal strategic review sessions that were guided, in part, by the internal Policy and Planning Division. In fall 2007, the management team decided to undertake a more formal strategic review culminating in a written report. The

2000 Strategic Plan had been developed using outside consultants. However, due to the significant expenditure of time and resources that it took for the consultants to get up to speed on the agency's operations, the team universally agreed that it would be preferable to have its internal Policy and Planning Division conduct the 2008 Strategic Review.

Several types of organizations and people were interviewed and surveyed to compile the data included in the review. Feedback was gathered from client focus groups and interviews with key partners or contractors (including community based organizations), and other county departments. They also gathered data from an internal staff survey to capture staff perceptions. Other data that were analyzed included demographic data, poverty measures, caseload data, personnel and staff workload data, and budget trend data.

STRATEGIC REVIEW AND KNOWLEDGE MANAGEMENT

One topic of discussion at the executive level strategic planning meetings was how to encourage the use of data to drive decision making at all levels within HSA, and how to balance the desire to become more of a learning organization that uses data to inform and improve practice with competing priorities and workload demands. The review sought to identify strategies that could be used to promote information sharing and to make data more accessible, including the creation of a dashboard to more widely share program outcomes with managers and staff, and reviewing the agency's IT Strategic Plan with an eye to ensuring that the allocation of technology resources supports information dissemination and knowledge management.

The executive team created the following list of ideas on how to create a learning environment within HSA, then prioritized the ideas and clustered a few into key initiatives for 2008:

- Develop a core value statement related to learning and use of evidence-based practice (Attachment A);
- Implement SF Stat at the agency level (HSA Stat);
- Improve the intranet as a tool for communicating information to staff. For example, consider compiling all documentation of HSA evaluations and "learnings" in one easy to find/navigate place on the intranet accessible to all staff; creating an online library of links to current studies and research on the intranet and allowing staff to post and comment on items; post the Directors' Reports to the Agency Commissions;
- Development of "solution based" training that incorporates best practices;
- Incorporate performance management module into Management Academy curriculum;

- Review and refine current performance measures;
- Develop dashboards to communicate outcomes focus to line staff; and
- Review agency's IT Strategic Plan to ensure that technology supports performance management.

Other strategies for creating a learning environment at HSA that may be prioritized in the future include:

- Create an HSA knowledge management workgroup;
- Assess the current state of knowledge management and information utilization at the agency, and develop a knowledge management plan;
- Scheduling “brown bag” lunch discussions that provide a venue for HSA staff to report back on learning's from trainings or conferences and/or bring experts in to present current research to interested staff;
- Identifying long-time staff with knowledge in key areas and inventory their staff knowledge;
- Reviewing HSA career development system; explore move from annual performance review to developmental evaluations. Develop policy and evaluation criteria related to supervisors' role in supporting learning; and
- Developing regular CBO/staff–peer learning workshops.

HSA is developing HSA Stat, a data management tool that is modeled after the city's SF Stat for department heads to present data to policy makers to inform decision making based on service output and outcomes. The goal of HSA Stat is to support regular meetings (attended by all the deputy directors and program managers) where each of the HSA programs would present (on a rotating basis, with each program presenting twice a year) caseload trend data, outcome measures, and current initiatives. The purpose is to give the program managers the opportunity to share current efforts and to discuss both successes and challenges with their peers and the executive team. Staff at lower levels of the organization, including supervisors and participants in various agency-sponsored leadership programs will also be encouraged to attend. HSA Stat and the dashboard are two tangible ways of communicating the value of being outcomes driven at all levels of the agency. The executive team is using the strategic planning process to consider how to communicate data and outcomes to the 2000 person staff, to help staff understand that their daily work relates to shared client outcomes. The executive team wants to find answers to the following questions:

1. How do we formalize the information and data sharing in order to get everyone in the agency involved in the same conversation about key outcomes linked to the mission statement of the agency?

2. How do we ensure that the content and purpose of the information is disseminated in a way that is easily accessible and makes sense to the audience?
3. What tools can be used to manage data within the agency?

CONTENT OF THE STRATEGIC REVIEW

The strategic review contains five content sections: (a) Introduction, (b) Emerging Trends, (c) Agency Performance, (d) Resources, and (e) Conclusion. Please refer to Table 1 below to review key findings of the review, and Appendix A for the Executive Summary.

The Introduction is an overview of the internal and external factors influencing the creation of the strategic review. To illustrate SF-HSA's strategic review of performance in fulfilling its mission, the Introduction includes a diagram depicting how the updated agency vision statement, strategic goals, performance measures and core values are aligned. This section also emphasizes that the review is not a strategic plan with prescriptive next steps for agency change, but "a compilation of indicator data that will be used to identify critical issues facing SF-HSA, provide direction to the agency's ongoing strategic planning efforts and suggest areas of future work."

Emerging Trends includes San Francisco's changing demographic trends to illustrate that the communities historically served by SF-HSA are shifting and creating strategic challenges for the agency to fulfill its mission. Demographic data in this section include: trends in education, age, and income (1990 vs. 2000); the racial disparity in income for non-white racial and ethnic groups; geographic representation by neighborhood of individuals living in poverty (1999); trends in ethnicity and language (1930–2005); percentage of the population whom are families and children; school enrollment by ethnicity; demographic patterns among seniors; younger adults with disabilities; and an overview of the number of homeless in San Francisco.

In the third content section of the review, SF-HSA describes how they are committed to integrating performance measures into all phases of their programs. Quantitative measures are used to improve agency policies and practices, and are organized by the agency's strategic goals. This section lists out the number of measures each division is tracking, in addition to how many of these measures are: met or exceeded, within an acceptable variance, unmet, or missing data. The outcome measures provide a clear benchmark by which to assess performance, although the report also notes areas where measures could benefit from further refinement. Qualitative measures include key informant interviews with partners and community leaders, focus groups with clients who have received services from SF-HSA, and an all-staff online survey (46% response rate). Feedback is grouped into two categories (key informants and client groups) and organized into these topics: major themes,

TABLE 1 Strategic Review Key Findings

<p><i>Section 1: Introduction</i></p>	<ul style="list-style-type: none"> ● SF-HSA's executive team initiated a strategic review of its performance in fulfilling its mission. <ul style="list-style-type: none"> ○ Department of Aging and Adult Services merged with the Department of Human Services, creating the new Human Service Agency (2004) ○ Changes in leadership at HSA ○ Policy changes and caseload volume changes effecting programs (e.g. <i>Care Not Cash</i>)
<p><i>Section 2: Emerging trends</i></p>	<ul style="list-style-type: none"> ● Forty-six percent of all residents speak a language other than English at home. ● The African American population has dropped by 43% since 1990 and Asian/Pacific Islanders have increased fivefold from 1950–2005 (1/3 of total population). ● Bigger disparity between highly educated and low educated persons (people with high school and AA degrees leaving the city). ● The number of families and middle-aged persons (ages 36–55) in San Francisco is declining rapidly. ● The Bayview Hunters Point and VisitacionValley experienced a net loss of low-income persons, conversely, the Tenderloin, South of Market area, Ocean/Merced/Ingleside and Outer Mission districts gained.
<p><i>Section 3: Agency Performance</i></p>	<ul style="list-style-type: none"> ● Twice a year, SF-HSA reports to the Controller's Office on 71 outcome measures for 19 different programs.¹ ● The child welfare program reports quarterly on federal and state outcome measures in response to State Assembly Bill 636. ● For internal HSA quantitative performance measures, the Agency is meeting the targets for 45 of it measures (64%), is reasonably close for another seven (10%) and is not meeting target for 18 measures (26%). ● Client focus groups and key informant interviews provide qualitative performance information.
<p><i>Section 4: Resources</i></p>	<ul style="list-style-type: none"> ● Workload: Example of data reported for each division of HSA: <ul style="list-style-type: none"> ○ Family & Children Services: The child welfare caseload has dropped by 36% since 2000. Yet the program's staffing has grown by 22%. Smaller caseloads: an average of 22 cases and investigations per direct service staff in 2000 to 13 in October 2007. At the same time, the program staff face added workload from 19 new mandates and initiatives in recent years. ● Workforce: SF-HSA has 1,946 active employees: 43% Asian or Pacific Islander, 25% White, 17% Latino, and 15% African-American. <ul style="list-style-type: none"> ○ Low attrition rate (6%); new hires has increased dramatically, up from 57 in 2003 to 347 in 2007; Approximately 363 (or 19%) of SF-HSA's permanent employees are currently eligible for service retirement. ● Budget: Between FY 04–05 and FY 07–08, HSA's total budget grew from \$542 million to \$652 million, a significant (20%) increase over a relatively short time period.
<p><i>Section 5: Conclusion</i></p>	<ul style="list-style-type: none"> ● San Francisco's racial, ethnic, language diversity are changing and will require SF-HSA to adapt to these new demands. ● SF-HSA has many innovative and advanced programs, yet is still transitioning from being a traditional welfare agency. ● Agency size and fragmentation pose challenges as SF-HSA struggles to unify and coordinate its efforts and link strategically to citywide initiatives. ● Areas for improvement include: collaborative decision-making and the broader communication of decisions to staff and community. ● Second stage of strategic planning will model collaborative decisionmaking by launching workgroups comprised of staff, clients, and community partners to develop specific recommendations in areas identified by the strategic review. ● In 2008–2009, SF-HSA will initiate five separate workgroups that will focus on: Internal and External Communication, Physical Environment, SF-HSA Workforce Development, Community Partnerships and Contracting, and Service Delivery and Coordination.

¹These measures are captured in the Agency's annual Efficiency Plan (<http://www.sfgov.org/site/frame.asp?u=http://www.sfhsa.org>).

common complaints, individual program comments, non-English speaking clients, illustrative quotes, and suggestions/recommendations based on client focus groups.

In the fourth section of the review, Workload Issues are analyzed in terms of changes to caseloads and staffing levels in seven of the agency's major programs. The specific measures analyzed for each program include: percentage growth of the number of active cases, staff increases over this same period, and the number of active cases per direct service staff. Changes in the number of supervisor and manager-level staff are also reviewed. SF-HSA workforce analysis is divided into five sections, which review workforce demographics and trends. The five sections are: staff demographics (a diverse workforce), separations (low turnover and few dismissals), appointments (promoting from within), succession planning (focus on preserving institutional knowledge), and recruitment and retention. In addition, a staff survey was implemented in spring 2008 that captured staff feedback on issues related to worker engagement, communication, decision making, and organizational culture. Budget and Contracts describes trends in SF-HSA's budgeted revenues and expenditures from 2004–2008, as well as the agency's contracts by service areas for 2008.

The Conclusion gives a summary of the review, along with forward-looking statements. With the shifting of San Francisco's racial, ethnic, and language diversity, SF-HSA must be prepared to handle the diversity of the current and future populations. Many programs are already in place that look "beyond welfare" to provide services to clients, and future-looking programs look to address issues of geographic service areas, the impact of gentrification on historically impoverished neighborhoods, and isolation from family members and supports systems due to the cost of housing and economic insecurity. Internally focused initiatives include addressing issues related to the HSA workforce (e.g., training, succession planning), improving physical working conditions, and incorporating communication initiatives that foster transparency, inclusion, and informed decision-making to all SF-HSA staff.

CHALLENGES AND LESSONS LEARNED

Based on the decision to conduct the review internally instead of using an outside consultant, the workload of the HSA Policy and Planning Division increased significantly as it sought to respond to the ongoing needs of the various divisions. While completion of the review took longer than originally anticipated, the Policy and Planning Division has continued serving the agency effectively throughout the review process despite a challenging workload that involved surveys, focus groups, interviews, and data mining. Other challenges included the quality and availability of data and how to

make it actionable. For example, the child welfare database holds large amounts of information but the complexity of the database confounds data extracts and makes it difficult to derive clean statements. Balancing managers' appetite for more information with the resources needed to extract it and the capacity to use is also an issue. For example, the desire to track additional performance measures is limited by the staff time to collect it and in some instances, such as post-job placement data, data is not readily available. At the same time, there are already massive amounts of actionable data being collected and reported on and the quantity of it can be overwhelming. HSA wants to measure additional outcomes beyond what is currently known, but is aware that they are not adequately using the current data to its fullest potential. There is a struggle between the desire to access and collect all possible data, and evaluating what the appropriate resource devotion is to obtain this. Staff is already overextended with their current workload so there is the constant evaluation of the extent HSA can invest new resources into generating new data (staff hours, need for new IT systems, etc.)

Another challenge involved the tendency of staff and the management team to want to focus on developing solutions and next steps related to specific issues as they were uncovered by the review rather than remain focused on completing the information-gathering phase. The review was designed as a "state of the agency" document (what the agency is doing well, what they are not doing well, and what aspects need to be improved). It was not meant to present fully fleshed out solutions. The fourth challenge was to foster positive support for the project so that HSA staff would not feel defensive about the work they were doing, especially around the need to assess performance outcomes. The goal of the review was to create a learning exercise related to meaningful data from internal and external partners. In addition to the staff survey designed to give all staff the opportunity to provide feedback and feel involved in the process, a management retreat was held in April 2008 to share some of the preliminary data compiled from the strategic review with managers and directors. The Policy and Planning Division felt they needed to be clearer on the timeline for the review and re-emphasize the expectations for the retreat because there was the perception that the final review would be presented and next steps would be discussed. The retreat was a time to review preliminary data and get initial feedback from managers and directors, with the intent of presenting the finalized review in future meetings to discuss implications of the data and next steps.

The fifth challenge involved the balance between the use of information for internal purposes and the need to share information with the community. For example, there are complex service delivery and performance issues that HSA staff struggle to address and resolve, some of which are better discussed internally at first before engaging in a constructive discussion about them

with the broader community. The goal is to balance a meaningful process for themselves, with the need to be transparent with the community.

A sixth challenge relates to conducting an agency wide strategic review without detracting from the strategic planning efforts already underway at the program level. There were many workgroups within HSA working on specific program issues (e.g., groups within Child Welfare looking at organizational structure, risk/safety assessment, and data management), as well as groups within Aging and Adult Services looking at long term care and homecare workforce training. The completion of the review will be followed by a staff-driven process of developing recommendations. The challenge was to ensure that these recommendations aligned with and incorporated the thinking from these parallel planning processes.

Based on the above challenges, one of the main lessons reinforced through this review process is that strategic planning and knowledge management are ongoing and iterative processes. They never reach a point when they are complete. From the 2000 Strategic Plan to the current 2008 Strategic Review there were informal strategic planning initiatives within HSA, reporting and data gathering projects, and numerous management retreats. The 2008 Strategic Review was a way to more formally frame the ideas and realizations generated through the years, to pull these ideas together into an agency-wide document, to support and expand them with current data, and to disseminate the information in a coherent way.

Another lesson learned is that it was imperative for the Policy & Planning Division to work hand-in-hand with the program divisions in order to properly interpret information and recommend any changes that may come from data and reporting. HSA is evaluating, "What does the agency do with data once it is available and how do they make it meaningful in the context of how HSA runs its programs?" The Policy and Planning Division is responsible for collecting data, interpreting it, and reporting on it, but if this information resides only in the Policy and Planning Division with no context from the program divisions or their buy-in, it will be difficult to enact positive change. There needs to be a collaborative process around data and its use to stimulate dialogue and discussion. This may include a cultural change in the agency around knowledge management to re-evaluate issues around control of information and who has this control.

A final lesson for HSA from the review process is how to navigate conversations with the community and gather community input while retaining directed focus and some level of control over the process. San Francisco is a very politicized environment and conducting a review in this environment presents challenges. HSA thought it a wise choice to conduct the review internally before ultimately sharing the document with the broader community because it allowed for greater focus. HSA also decided against the use of an external consultant so that they could better leverage their own staff's expertise to bring meaningful context and more nuanced understanding

to the review. HSA was aware that going into any internally staffed data collection exercise would require staff and technology resources to gather, analyze, and use data, but they were committed to building this expertise internally and to continually work on strategic planning and knowledge management. Refining these practices within the agency will continually shape HSA into a more efficient and effective agency, serving the people of San Francisco.

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APPENDIX A: SF-HSA STRATEGIC REVIEW— EXECUTIVE SUMMARY

The San Francisco Human Services Agency’s (SF-HSA) last strategic plan was published in 2000, just as it was implementing welfare reform, and the Agency has undergone many changes since then. To better understand these changes, SF-HSA recently completed a strategic review that consisted of four parts: (a) an extensive analysis of census and administrative data; (b) a survey of its staff; (c) key stakeholder interviews with leaders in other city departments and community based organizations; and (d) focus groups with clients. The review was conducted as part of SF-HSA’s commitment to becoming a learning organization that uses information to make decisions and that draws lessons from its efforts.

The context in which this report is written is relevant. Since the last strategic plan, the demographics of San Francisco have changed. The low-income neighborhoods that the Agency has served traditionally are gentrifying, while the city has more low-income immigrants whose needs may be different than the Agency’s historical clientele. The population overall is more educated than ever before, and an increasing number of San Franciscans earn high incomes. But increasing disparity leaves the Agency’s clients even more segregated, isolated, and with fewer job opportunities.

Some *key findings* of this report include:

- *SF-HSA has tremendous strengths.* The Agency has a profound impact on mitigating poverty, promoting self-sufficiency, protecting vulnerable persons, and preventing institutionalization in San Francisco. It serves over 121,000 individuals, almost 16% of the city's population. The Agency is meeting most of its program outcome targets. It has a reputation for program innovation and leadership, and is lauded for its many reforms.
- *The resources at SF-HSA's disposal have grown, but so too have demands on those resources.* The merger of two departments into one Agency is largely seen as enhancing both and leading to greater efficiency. As a result of the merger and in absolute terms, the Agency's budget, staff and investment in contracted services has grown since 2000. New mandates and initiatives have proliferated as well. Strategic use of resources will be key as the city, state, and federal governments struggle with ongoing budget deficits.
- *The populations and neighborhoods served by SF-HSA are changing, and the Agency must evolve its practice to meet new challenges.* San Francisco's racial, ethnic, and language diversity is growing and changing. Racial disparities in poverty data are alarming, as is the city's increasing disparity in income, wealth, and education.
- *SF-HSA can improve in the area of communication and involving stakeholders in its decision-making.* Community partners expressed concern about the Agency's tendency to make decisions without consultation. Contractors and other city departments noted that the size and "siloed" nature of SF-HSA poses challenges to effective partnership. Both staff and external partners believed that managers needed to do better at communicating its policies and the rationale for its decisions.
- *Coordination of services would benefit the Agency's clients.* SF-HSA's size and complexity make it difficult for clients, partners, and even staff to navigate, as well as making it difficult for the Agency to link individual programs to broader strategies and initiatives. San Francisco's most vulnerable citizens would benefit from a more streamlined service strategy across city and non-profit agencies, as well as across the Agency's own programs.
- *The Agency uses outcome data well, but does not make full use of some critical sources of input.* The Agency is relatively sophisticated in its use of data to evaluate outcomes, identify needs and inform decision-making, but contractor outcomes, client feedback and community partners' expertise are potential sources of information that are not being fully utilized.
- *Customer service, innovation, performance, and reputation vary by Agency program.* SF-HSA is still transitioning from being a welfare bureaucracy to an organization that partners with clients and the community, but that change has been uneven. In some programs, clients complained of long

queues and poor customer service. In others, large caseload size impedes efficiency and effectiveness. Some programs embrace the use of new technology while others resist changes in the status quo.

- *Staff is engaged in its work, feels connected to the Agency's mission, and is committed to remaining with SF-HSA.* However, SF-HSA staff had a range of concerns, including a desire for more personal support and involvement and clearer communication from management. They had many complaints about the physical work environment, particularly at 170 Otis Street.
- *The Agency will face a loss of its institutional knowledge as more staff approach retirement.* The implications to these personnel changes are varied, and are yet to be fully analyzed.

To address these findings, SF-HSA will shortly begin to convene a series of workgroups comprised of staff, community partners, and clients. Facilitated by deputy directors, the groups will be discrete and time-limited. During the first year, they will develop concrete recommendations for how the Agency can improve in the areas of communication, physical environment, workforce development, contracting and community partnership, and service coordination. The Agency's progress on improving in these areas will be evaluated in a report two years from now.

Data Sources for Strategic Review

Many people and organizations were surveyed and interviewed to gather the data included in the plan.

- Focus groups with clients
- HSA Staff Survey
- Key Informants
 - Former Director of HSA
 - Consultant–seniors advocate
- City and Department Staff
 - Department of Children Youth and Families
 - Dept of Public Health
 - SF Unified School District
 - Communities of Opportunity* Initiative: Mayors Office of Community Development (COO/MOCD)
 - Department of Economic and Workforce Development
 - First Five San Francisco
 - Juvenile Probation Department
- Community Based Organizations (CBOs)
 - Casey Foundation
 - Glide Memorial Church
 - Japanese Youth Council

Community Advocate from Southeast sector
Bay Area Legal Aid
Consortium of Employment Service Providers that contract with San
Francisco
Coalition of Agencies Serving the Elderly (CASE)
SF Food Bank
Independent Living Resource Center
St. Anthony Foundation

- Commissioners
 - Human Services Commission
 - Department of Aging & Adult Services (DAAS) Commission

APPENDIX B: SOURCE OF INFORMATION

Interview

Noelle Simmons, Director, Policy & Planning, San Francisco Human Services Agency,
CA