



# Community Action of Skagit County

Strategic Plan **2023-2026**





# Who We Are

## Our Mission:

To stabilize lives, equip people to meet their goals, and build a stronger, more equitable Skagit County.

## Our Vision:

A community in which everyone works together to end poverty in Skagit County.

## Our Core Values:

**Equity**

**Integrity**

**Compassion**

**Empathy**

**Respect**

**Dignity**

**Empowerment**

**Commitment**

## Our Commitment to Diversity, Equity and Inclusion:

Guided by those we serve in our community, we believe that all of us can change the values, beliefs, and policies to create equitable systems. We recognize that the roots of poverty are embedded in trauma, oppression, and inequity. We have a lot to learn by listening to people with this lived experience in poverty, homelessness, and inequity based on race and other identities. We support and encourage increased leadership and representation by people who have not had an opportunity to be a voice at the table.



# Our Commitment to Continuous Improvement

Community Action's strategic plan and its annual work plans are informed by a process of continuous quality improvement our agency engages in called Results Oriented Management and Accountability (ROMA). Community Action agencies use this process to measure, analyze, and communicate performance.

- **Assessment:** The agency conducts a Community Needs Assessment every three years, from which we pull data from other local studies and surveys, as well as our own client risk-assessment and services data. From these aggregate qualitative and quantitative assessment data, we are able to identify our agency priorities for service and advocacy.
- **Planning:** The Transformation Team and the Board Planning and Engagement Committee are the committees tasked with strategic planning, engaging in evaluation, generative discussions, and analysis of needs in order to identify key areas of priority each year. Keeping an equity lens on their discussions and decision-making, they develop annual Agency and Board work plans to guide implementation and take the Strategic Plan off the shelf.
- **Implementation:** Programs implement their services, consistently collecting service and outcome data and adjusting services as necessary to adapt to staff capacity or funding changes.
- **Monitoring:** The Leadership Team engages in quarterly data dives, in which the Data and Assessment manager presents quarterly demographic, assessment, services, and outcomes data. Program supervisors are expected to review the data and ask questions about what the data is showing or not showing.
- **Evaluation:** Annually, programs are expected to review and analyze their data, reflect on accomplishments and lessons learned, and use that information to inform their planning, adjusting, and goal-setting for the upcoming year.



# Core Themes & Strategic Priorities

## People Stabilized & Equipped to Reach Their Full Potential

Everyone in Skagit County should have the opportunity to thrive. Using their strengths and autonomy, community members should be able to choose what success looks like for themselves and their family. We will provide trauma-informed service and work to ensure that people have the tools to be economically resilient and create a secure future for themselves.

## Stronger Community

All of us in Skagit County are better off when we work together to expand opportunities for people experiencing situational or systemic poverty. We will work in partnership with others to advocate for change and racial equity, strengthen the voices of those who have not had a place at the table, and work to create equitable policies and systems. We will cause ripple effects, our brief touches leading to long-lasting positive changes in people's lives.

Increased Housing & Stability

Access to more income, assets, benefits, and ability to pay bills

Improved Physical & Mental Health

More Food Security

Access to transportation, basic needs, and resources for resilience

Improved language, employability, and financial skills



Accessible, Equitable, and Inclusive Services

An Engaged and Active Community

A Catalyst for Change

Customer Focused

A Valued Workforce

Financial Health & Stability

A Supportive & Inclusive Workplace

Data-informed Decision-making & Continuous Improvement

## High Impact Organization

Building human resilience and community strength requires an organization to be efficient and effective. In order to achieve our vision of a community where everyone works together to end poverty, we will follow the lead of our clients and staff. We will ensure high quality customer service, create a supportive workplace culture, make data-informed decisions, and maintain financial resilience.

# People Stabilized & Equipped to Reach Their Full Potential

## 1. Increased Housing Stability & Safety

*Goal: To offer a diverse spectrum of services for people in need of safe and stable housing, and to create safe and affordable housing options across the county.*

### Near-Term Indicators

- 1.1 Clients, landlords, and partners have an understanding of the benefits of our new care coordination service model
- 1.2 Increase in number of unhoused or unstably housed individuals touched by our Street Outreach program in efforts to increase stability

### Annual Indicators

- 1.3 Households who avoid eviction, achieve safe and stable housing, or who are homeless and obtain shelter
- 1.4 Number of safe and affordable housing units developed
- 1.5 Percent increase of affordable housing available in the county
- 1.6 Senior or disabled individuals who maintain independent living
- 1.7 Households who experience improved health and safety due to improvements within their home
- 1.8 Households able to maintain warm homes due to utility assistance

## 2. More Food Security

*Goal: To lead the local emergency food-support system to focus on nutritional quality, access to nutritious food, and nutrition education in order to fully nourish families so they can thrive at school, work, and home.*

### Near-Term Indicators

- 2.1 Increased engagement with farmers, partners, and food coordination coalitions
- 2.2 Increased food purchases from local Skagit farmers, with a focus on BIPOC and small-scale beginning farmers and ranchers (BFRs)

### Annual Indicators

- 2.3 Individuals with improved physical health and well-being, due to access to healthy food and meals
- 2.4 Households who are screened for SNAP/Basic Food eligibility
- 2.5 Pounds of food distributed by the Skagit Food Distribution Center (SFDC)
- 2.6 Pounds of fresh and frozen produce and protein donated from local farms and distributed by the SFDC
- 2.7 Percentage of food distributed that is considered healthy

## 3. Access to Transportation, Basic Needs, & Resources for Resilience

*Goal: To work in partnership with the households we serve to overcome individual or community challenges and identify basic resources to help them increase their resilience and find a more stable path forward.*

### Near-Term Indicators

- 3.1 Increase in outreach and volunteer recruitment results in an increase in number of individuals who benefit from Medicaid Transport and other volunteer-supported transportation services
- 3.2 Deepening of partnerships with other transportation and resource agencies and coalitions result in more referrals and services to meet community needs

### Annual Indicators

- 3.3 Individuals who achieve and maintain capacity to meet basic needs for 90 days
- 3.4 Individuals who receive emergency or critical needs, such as food, clothing, and resources for basic warmth
- 3.5 Individuals who are able to access important supportive resources such as WIC, veterans' benefits, and SNAP

# People Stabilized & Equipped to Reach Their Full Potential

## 4. Improved Mental and Physical Health

*Goal: To address the social determinants of health by offering care coordination services that stabilize lives and create bridges between systems in order to meet behavioral health, nutritional, medical, and housing needs.*

### Near-Term Indicators

- 4.1 Steady increase in individuals enrolled in new wrap-around Care Coordination services who achieve the outcomes below
- 4.2 Set baseline for individuals who enter into treatment and rehabilitation and those who achieve milestones of sobriety

### Annual Indicators

- 4.3 Individuals with improved mental and behavioral health
- 4.4 Individuals with improved physical health and well-being, due to access to medical and nutritional care

## 5. Access to More Income, Benefits, & Ability to Pay Bills

*Goal: To work with people to identify ways to extend their income so they can maintain and improve their housing stability and be better equipped to weather unexpected circumstances.*

### Near-Term Indicators

- 5.1 Set baseline number for households who are informed of EITC and WFTC eligibility and assistance

### Annual Indicators

- 5.2 Households who receive energy assistance to improve energy efficiency or reduce energy burden
- 5.3 Households who gain access to SNAP, TANF, Veterans benefits, and other unearned income and benefits



## 6. Improved Language, Employability, & Financial Skills

*Goal: To advance opportunities for people to move toward living wage jobs, digital equity, meaningful engagement in the community, and to plan for career pathways and a financially secure future, by providing adult education, essential job skills, and money management skills.*

### Near-Term Indicators

- 6.1 Education, Employment, and Asset building are integrated and staffed to handle growth and innovation, including supporting care specialists with basic financial coaching
- 6.2 Increase in the number of partnerships with employers for WorkFirst, FCS, and workplace literacy opportunities

### Annual Indicators

- 6.3 Increase the number of clients who improve basic education skills, including obtaining a GED, improving English, and demonstrating basic digital literacy
- 6.4 Individuals who gain and maintain employment for 90 days
- 6.5 Individuals who report improved financial wellbeing and other measures of increased financial security (open a savings account, improve credit, make a budget)



## 7. Accessible, Equitable, and Inclusive Services

*Goal: To change attitudes and practices toward people experiencing poverty, ensure equitable access to economic opportunities, and encourage leadership that is representative of our entire community.*

### Near-Term Indicators

7.1 Increase in the ability of the Latinx Advisory Committee to build the voice and power of the Latinx community and address the inequitable impacts of Covid-19, inflation, housing costs, and other social determinants of health

### Annual Indicators

7.2 Number of people with low incomes who acquire and maintain leadership roles in Community Action or other organizations within the community

7.3 Number of community-based organizations, faith-based organizations, private sector, public sector, and educational institutions with whom we communicate and cooperate with on information sharing, referral, and joint outreach activities.

## 8. An Engaged and Active Community

*Goal: To engage community members, volunteers, donors, and public policy advocates in learning about the experience of poverty in Skagit County and inspire them to take meaningful action to address both immediate needs and long term root causes.*

### Near-Term Indicators

8.1 The Board of Directors has a common message for the agency's work and priority initiatives

8.2 The agency has a schedule and process in place to communicate activities and opportunities to the community

### Annual Indicators

8.3 Number of legislative advocacy actions and events

8.4 Policy changes that may positively impact populations experiencing poverty, due to our and our partners' advocacy work on priority issues

8.5 An increase in the number of volunteers the agency engages and in the number of volunteers who become donors

8.6 An increase in the number of Community Action program participants who increased skills, knowledge, and abilities to enable them to work with Community Action to improve conditions in the community

8.7 Increase in number of new donors

8.8 Increase in retention rate of current donors

## 9. A Catalyst for Change

*Goal: To take a leading or strong participatory role in coalitions and strategic partnerships that increase opportunities and decrease barriers for those experiencing poverty, including playing a key role in building and supporting affordable housing in Skagit County.*

### Near-Term Indicators

9.1 Growth and efficacy of the newly launched Skagit Housing Consortium, as measured by participants, an ED, and partnerships developed

9.2 Number of safe and affordable housing units developed, and percent increase of affordable housing in the county

9.3 The agency has a process in place to identify, track, and report on positive impacts of partnership initiatives

### Annual Indicators

9.4 Number of coalitions Community Action staff lead or participate in

9.5 Number of partnership initiatives the agency engages in

## 10. Customer Focused

*Goal: To ensure that our program design, planning, and delivery are informed by the voice of our customers, and that we emphasize high-quality, collaborative, and respectful customer service.*

### Near-Term Indicators

- 10.1 The agency has a Client and Community Needs Assessment process in place to gain input from clients, analyze the information, act on feedback, and communicate results to clients and partners
- 10.2 We have a system in place to collect customer service surveys, analyze them, report to the Board of Directors, and use them to improve our understanding of the customer experience and program design
- 10.3 We use the Equity Lens in decision-making on major initiatives in order to ensure we are eliciting the voices of those impacted

### Annual Indicators

- 10.4 The number of listening sessions we engage in to understand issues and challenges of communities and how we can work together to serve and empower community members

## 11. Valued Workforce

*Goal: To foster positive career and leadership development across our entire workforce and empower staff to participate, contribute, and grow.*

### Near-Term Indicators

- 11.1 All supervisors have engaged in training related to staff management and succession, coaching, conflict resolution, and anti-harassment policies
- 11.2 Staff report feeling equipped with the training and tools to do their job effectively
- 11.3 Creation of program specific training pathways
- 11.4 Increased retention rate and decreased turnover rate

### Annual Indicators

- 11.5 Meet annual target for retention rate
- 11.6 Staff professional development hours



## 12. Financial Health and Stability

*Goal: To ensure the financial health of our organization so that we may meet our mission, grow the professionalism of our staff, and continue to offer high-quality customer service.*

### Near-Term Indicators

- 12.1 Identify creative ways to generate revenue to meet our mission beyond contracts, such as rental income, fee for service and outcomes based reimbursements
- 12.2 Capacity and infrastructure align with program/agency growth

### Annual Indicators

- 12.3 Creation of and performance under a balanced budget each year
- 12.4 All new major initiatives are first screened for agency capacity or potential of organizational growth



## 13. A Supportive and Inclusive Workplace

*Goal: To integrate our Workplace Culture principles into our daily practices, and to build a workplace in which staff feel a sense of meaning, belonging, and empowerment.*

### Near-Term Indicators

13.1 Staff feel they have the tools and training to help carry out our mission

13.2 A compensation system is in place that honors lived experience, language capability, and other non-traditional skills and knowledge

13.3 Agency has an internally-focused DEI strategy focused on employee engagement, belonging, and respect

### Annual Indicators

13.4 Percentage of staff who report a sense of satisfaction, belonging, and respect

## 14. Data-Informed Decision-Making & Continuous Improvement

*Goal: To solicit new ideas, develop them, and track key indicators of success across the agency and community that will inform our decision-making and service design and allow us to continuously improve.*

### Near-Term Indicators

14.1 The agency has a practice in place of examining and disaggregating demographic data, comparing it to outcomes achieved, and identifying gaps in service and opportunities to improve

14.2 The agency has training and processes in place for data collection and reporting that reflect best practices in diversity, equity, and inclusion

14.3 Achieve paperless intake and document storage as part of a streamlined and consistent intake process

### Annual Indicators

14.4 The agency has a system in place to track services and outcomes accurately from all programs, as well as a system for reviewing, analyzing, and reporting on outcomes

14.5 The agency engages in the ROMA cycle to ensure that programming is informed by community needs, that services are tracked and evaluated for performance and efficacy, and that this information informs the annual work plan and the strategic plan

