

# Health and Human Services FY 2009-10 Performance Plan

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## **I. MISSION STATEMENT**

The mission of the Department of Health and Human Services is to promote and protect the health, well-being, self-sufficiency and safety of all people in Marin County.

## **II. DEPARTMENT OVERVIEW**

The Department of Health and Human Services (HHS) delivers, coordinates and/or administers a range of state, federal and local programs that address the county's health and welfare needs. Many of its services are mandated by state and federal laws that tend to differentiate client populations according to factors such as age, type of service, or gender. The challenge for HHS is to serve Marin County in a manner that best addresses the community, family and individual, while maximizing resources that tend to be earmarked for specific populations or issues.

While the department is divided into six divisions, many of the programs and initiatives administered within these divisions are coordinated and operated from a department-wide approach.

The six divisions of Health and Human Services are:

- Planning and Administrative
- Community Mental Health Services
- Aging and Adult Services
- Public Health Services
- Alcohol, Drug and Tobacco Services
- Social Services

## **III. FY 2008-09 ACCOMPLISHMENTS**

- Coordinated with the County Administrator's Office and Department of Public Works to successfully open the Health and Wellness campus on time and on schedule
- Integrated the following program series into the new Health and Wellness Campus: HHS Clinics, development of Connection Center, re-location of Community Mental Health, Youth and Family Services, Support and Treatment After Release (STAR) programs as well as contracted programs operated by Community Action Marin and Buckelew Programs
- Maximized the use of two new data systems: SAP to improve related business processes and comply with audit requirements; and Centricity (practice management system) to ensure the provision of essential and mandated health care
- Successfully implemented Kaiser grant to expand specialty medical access through development of Marin Specialty Access Coalition
- Ranked fifth statewide among counties in ease of access to mental health services for clients with Medi-Cal as measured by overall penetration rates
- Convened, trained and supported a variety of task forces and volunteer groups which expand the capacity of HHS to meet the diverse needs of the community including: Immunization Taskforce (partnership of parents, providers and HHS staff), 75 law enforcement officers, prosecutors, inspectors, and judges through the Marin Elder Abuse Prevention Project
- Instituted the Connection Center Community Advisory Board, a partnership of community members, local residents, business owners and HHS staff who work together to identify and bring forward emerging needs of the community and service delivery recommendations

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- Hosted screenings of the nationally recognized and award winning PBS documentary “Unnatural Causes” at several community venues; Kaiser pediatricians have expressed interest on this topic and are considering ways to incorporate into their work
- Launched the Marin Women’s Study to develop a registry of over 14,000 women to provide information and biological samples for use in future research on the causes of breast cancer
- Decreased unduplicated client count of residentially placed students from 37 in FY 2006-07 to 28 in FY 2007-08
- Expanded and trained Marin Medical Reserve Corps (MMRC) enthusiastic volunteers which has now grown to 286
- Established and expanded the Homeless Policy Steering Group governance structure with leadership from HomeBase staff and in collaboration with community providers
- Homeless Policy Steering Group oversaw implementation of Marin's Ten Year Plan including development and implementation of Medical Respite Pilot Project, on-going Project Homeless Connect events throughout the county, operation of Warming Center and submission of Housing and Urban Development (HUD) McKinney Grant
- Reached an agreement with Citizen’s Housing Corporation to purchase five apartments in the Fireside Complex in Mill Valley for older adults living with serious mental illnesses
- Implemented the Social Host Accountability Ordinance in coordination with community-based partners and local municipalities for all Marin communities
- Launched the Sustaining Families Wraparound Program, which provides intensive services to children and their families that allows these children to remain in their home setting
- Renamed the Division of Aging to the Division of Aging and Adult Services (AAS) which now includes the set of adult programs formerly housed in Social Services
- Worked to restructure a variety of programs in order to provide staff with the tools needed to do their jobs including: the employee orientation process; participation in the County’s Human Resources Management Academy, continued Leadership Council meetings and department orientation
- Identified and implemented technology to support programs and increase their effectiveness and efficiency including: upgrading of computers throughout the department, implementation of encryption and other measures needed to ensure confidentiality of client records, launching a HHS SharePoint site and preparing for further system upgrades
- Completed an Internal Strategic Planning process within the Division of Alcohol Drug and Tobacco which will engage contracted providers, the Advisory Board and other Stakeholders in a system-wide Strategic Planning process completed by December 2009
- Sponsored several countywide efforts in partnership with community partners which expanded and deepened awareness, understanding and access to information, services and supports consistent with our mission including:
  - Bi-national Health Week that included 10 successful countywide health screening and outreach events that reached over 2000 people who received crucial health information and health screenings and interacted with numerous providers
  - Network of Care and the Healthy Marin Portal websites
  - Marin Adult Information and Referral was established
  - Established a public website and email address for the new Health and Wellness Campus as well as a regular email update to facilitate communication between the County and the public regarding this exciting new community resource and recently began receiving requests for clinical services via the website and email address

### **IV. GOALS AND KEY INITIATIVES FOR FY 2009-10**

#### **Goal 1: Ensure the provision of essential and mandated services and benefit programs**

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Please indicate how goal reflects one of the department's highest priorities and aligns with Countywide Goals and Priorities

This goal is consistent with the County's Healthy Communities goal, Ensuring Healthy Marin Communities identified in the 2005 County of Marin Report to the Community. In particular, this goal, along with several other HHS goals, addresses the objectives of Improve Community Access to Health Services and Promote Healthy Lifestyles for County residents. As a public sector agency, we are constantly striving to manage the delivery of services and programs that are part of our mandate and which are parts of the safety net system which supports the self-sufficiency, health, well-being and safety of those who live in Marin. To do so will continue our efforts to create efficient, flexible and timely, infrastructure support to achieve our mission and provide efficient and effective delivery of services.

**FY 2009-10 Key Initiatives**

1. Work with the Human Resources Department to adjust classifications and work assignments to match restructured department programs consistent with the County's workforce development plan
2. Work with the Information Services and Technology Department on projects such as the Electronic Medical Record and the C-IV social services data system implementation that improve services and program operations
3. Work with the County Administrator's Office and Auditor-Controller's Office to develop management reports that are used daily by department managers and supervisors

**Goal 2: Prevent injury, physical and mental illness, and chronic conditions among residents**

Please indicate how goal reflects one of the department's highest priorities and aligns with Countywide Goals and Priorities

This goal is consistent with the County's Healthy Communities goal, Ensuring Healthy Marin Communities identified in the 2005 County of Marin Report to the Community. In particular, this goal, along with several other HHS goals, addresses the objectives of Improve Community Access to Health Services and Promote Healthy Lifestyles for the County residents. We now have more awareness, knowledge, information and tools that support healthy development and maintain health across all life stages. Integrating these approaches with our more traditional treatment and crisis services and programs will allow HHS and the County to better maximize our resources and work in partnership with other social and private sector organizations which can enhance our efforts to encourage collaboration with public-private sector organizations in ensuring sustainable communities.

In 2009, the Board of Supervisors identified Expanded Emergency Preparedness as a key priority. The work of HHS in this area with regard to the public's health and continuum of operations during an emergency strongly supports this priority. The department will continue to strengthen and deepen a comprehensive approach to health and wellness which increases accessibility, effectiveness and builds on the full spectrum and continuum of services and supports in the county and strengthens the safety net and increases our emergency preparedness.

**FY 2009-10 Key Initiatives**

1. Strengthen the alignment between Employment Services and Public Assistance Programs

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**FY 2009-10 Key Initiatives**

2. Re-structure the Public Health Nursing Program

**Goal 3: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents**

Please indicate how goal reflects one of the department's highest priorities and aligns with Countywide Goals and Priorities

This goal is consistent with the County's Healthy Communities goal, Ensuring Healthy Marin Communities identified in the 2005 County of Marin Report to the Community. In particular, this goal, along with several other HHS goals, addresses the objectives of Improve Community Access to Health Services and Promote Healthy Lifestyles for the County Residents. A large array of our programs and services are designed for individuals who need support and/or treatment to improve their current situation. The department will continue to strengthen and deepen a comprehensive approach to health and wellness which increases accessibility, effectiveness and builds on the full spectrum and continuum of services and supports in the county and strengthens the safety net.

**FY 2009-10 Key Initiatives**

1. Implement the Proposition 63 Prevention and Early Intervention Plan
2. Launch the Alcohol Drug and Tobacco Strategic Planning process
3. Continue the Homeless Program and Planning

**Goal 4: Strengthen methods, practices and systems to ensure efficient and effective delivery of services and strategic plan implementation**

Please indicate how goal reflects one of the department's highest priorities and aligns with Countywide Goals and Priorities

This goal is consistent with the County's Healthy Communities goal, Demonstrating Financial Strength identified in the 2005 County of Marin Report to the Community. In particular, the Board identified, Managing for Results, Providing Effective Communication and Ensuring Excellent Customer Service as key areas of focus. HHS has implemented several new practices, tools and systems which seek to address these areas. The department will continue development of a "learning organization" that establishes a common foundation for expectations around supervision, data management and evidenced-based practice

**FY 2009-10 Key Initiatives**

1. Establish the Human Resources Management Academy as a primary training priority for all supervisors
2. Develop a quarterly dashboard of key indicators and trends that provide ongoing need and service level monitoring
3. Update HHS orientation and develop and implement a core set of trainings which support how the department does its work

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**Goal 5: Increase awareness of, and access to, County and community services and supports**

Please indicate how goal reflects one of the department's highest priorities and aligns with Countywide Goals and Priorities

This goal is consistent with the County's Healthy Communities goal, Ensuring Healthy Marin Communities identified in the 2007 County of Marin Report to the Community. In particular, this goal, along with several other HHS goals, addresses the objectives of Improve Community Access to Health Services. The department will continue to strengthen and deepen a comprehensive approach to health and wellness which increases accessibility, effectiveness and builds on the full spectrum and continuum of services and supports in the county and strengthens the safety net.

<b>FY 2009-10 Key Initiatives</b>
1. Continue to integrate and make accessible the program and support available at the Health and Wellness Campus
2. Continue the integration of Aging and Adult Services

**V. KEY CHALLENGES AND ISSUES**

- Continuing to provide services and supports to the most vulnerable in the county while restructuring programs and services to maximize functions and effectiveness within county resources
- Defining and strengthen the County's safety net system including community partners who are struggling to remain viable and relevant within our system
- Addressing the tension created by the impact of the current economic environment on residents who need access to County systems and supports at a time when services may be more limited due to shifting priorities and funding at the local, state and federal levels
- Continuing to evolve as a learning organization that integrates technology with existing systems to enhance staff capacity
- Supporting the inclusion of prevention approaches and strategies to all areas in order to promote self sufficiency, health, safety and well-being as more individuals and families are impacted by the current economic environment

**VI. PERFORMANCE MEASURES**

**CHILDREN'S HEALTH INITIATIVE**

**Objective: Increase the number of low-income children with health insurance**

<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Estimate</b>	<b>FY 09-10 Estimate</b>
<b>Effectiveness Measures</b>				
Number of children enrolled in low-income health insurance products	n/a	12,000	12,000	12,000

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**Department Comments:** Efforts are being made to maintain the level of enrollment in CHI through strong relationships with community partners and the support of local funders. Changes in the local environment including demand and cost are factors that are always being monitored and systems refined to address.

**Support and Treatment After Release (STAR) PROGRAM**

**Objective:** Reduce the average number of days that program participants spend in jail during the 12-month period following admission to the program

Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Workload Measures</b>				
Number of jail bookings for participants after two years	27	16	18	18
<b>Effectiveness Measures</b>				
Percent reduction in the average number of offenses by participants in the program	75%	67%	70%	70%
Number of jail days for participants enrolled in the program for at least 12 months	400	127	300	300

**Department Comments:** Although the numbers served have been impacted by reduced funding (75 to 40 individuals), the objectives for this program remain unchanged.

**ALCOHOL AND OTHER DRUG PREVENTION**

**Objective:** Achieve a 5% reduction in the percentage of youth and young adults engaged in binge drinking

Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Workload Measures</b>				
Number of binge drinking prevention policies/ordinances adopted by cities or towns in Marin County	2	6	2	2
Number of establishments visited by compliance check operations	242	35	0	0

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Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
Number of establishments participating in Responsible Beverage Service training	40	204	100	100
Number of media spots on binge drinking prevention efforts	124	181	100	100
<b>Effectiveness Measures</b>				
Percent reduction in the number of incidents where alcohol establishments sell to underage or intoxicated patrons	30%	77%	0%	0%

**Department Comments:** Due to decreased resources and a shift in priorities for local law enforcement agencies, the Department is not funding compliance check operations in FY 2008-09 or FY 2009-10.

**PROJECT INDEPENDENCE**

**Objective:** Increase percentage of program participants who do not return to hospital within 30 days of discharge

Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Efficiency Measures</b>				
Percent compliance by the client with their discharge plan during the time they are in the program	n/a	75%	85%	80%
<b>Effectiveness Measures</b>				
Percent of clients who do not return to the hospital within 30 days	n/a	80%	55%	85%

**Department Comments:** This program continues to exceed the estimates but due to the complexity of the conditions of the clients and the increasing need, these estimates are reasonable.

**YOUTH AND FAMILY SERVICES**

**Objective:** Decrease the total number of seriously emotionally disturbed children in residential placement

Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
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Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Workload Measures</b>				
Number of children assessed who need treatment	468	475	470	470
<b>Efficiency Measures</b>				
Total days in residential treatment	8,657	6,539	6,500	6,500
<b>Effectiveness Measures</b>				
Number of children placed in residential treatment	37	28	28	28

**Department Comments:** These measures reflect success in maintaining children and youth with seriously emotionally disturbed children in the least restrictive environments while still providing treatment.

**HEALTHY HOUSING**

**Objective:** 50% of high-risk residents served by Healthy Housing remain independent

Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Workload Measures</b>				
Number of residents participating in the Healthy Housing programs	n/a	100	130	200
<b>Effectiveness Measures</b>				
Percent of high-risk residents in Targeted Case Management program who remain independent	n/a	50%	50%	70%

**Department Comments:** Providing transitional support for adults discharged from hospitals in isolated living situations may adversely impact their full recovery.

**ADOLESCENT SUBSTANCE ABUSE INTERVENTION AND TREATMENT SERVICES**

**Objective:** Increase by 25% the number of adolescents receiving division-funded substance abuse intervention and treatment services

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Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Workload Measures</b>				
Number of adolescents receiving division-funded substance abuse intervention services	60	80	95	100
<b>Effectiveness Measures</b>				
Percent of adolescents who successfully completed treatment	57%	57%	60%	60%
Percent of adolescents in treatment that reduced their juvenile justice involvement at discharge	67%	75%	75%	75%

**Department Comments:** These measures reflect the capacity of the current system and contribute to improving the health and well-being of the youth in Marin.

**SUBSTANCE ABUSE AND CRIME PREVENTION ACT (SACPA/PROP 36) ADULT DRUG COURT**

**Objective:** Achieve a 25% reduction in jail/prison recidivism among clients completing treatment through the Adult Drug Court and SACPA Programs

Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Workload Measures</b>				
Number of clients transitioned from SACPA to Adult Drug Court	0	10	15	0
<b>Effectiveness Measures</b>				
Percent of successful Adult Drug Court treatment completions	47%	50%	50%	50%
Percent of clients employed at treatment completion	72%	75%	75%	75%

**Department Comments:** Due to budget uncertainties, the Department may not continue the strategy of transitioning eligible clients from the SACPA to Adult Drug Court Program.

**COMMUNITY EPIDEMIOLOGY PROGRAM**

**Objective:** Continue to conduct, participate in, and translate research and epidemiology projects

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<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Estimate</b>	<b>FY 09-10 Estimate</b>
<b>Workload Measures</b>				
Number of women connected to screening, diagnostic services, research and medical care	n/a	121	100	100
Number of internal and external programs linked to health data/statistics used to support program planning, policy development, research, needs assessments and grant proposals	73	50	50	50
Number of women participating in the Marin Women's Study	2,000	7,000	15,000	15,000

**Department Comments:** These measures highlight the ways in which the Epidemiology program supports the work of HHS and the broader county by providing objective and accurate information on the health and wellness of the residents of Marin.

**CALIFORNIA CHILDREN'S SERVICES**

**Objective:** Ensure children have a documented medical home and receive treatment

<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Estimate</b>	<b>FY 09-10 Estimate</b>
<b>Workload Measures</b>				
Number of cases reviewed annually and appropriately case managed for treatment based on CCS Special Care Center reports	389	500	500	500
<b>Effectiveness Measures</b>				
Percent of eligible children having a documented medical home and primary care provided	80%	90%	90%	90%

**Department Comments:** A medical home is a proxy for health and well-being. CCS works to ensure that children both have access to and are utilizing appropriate health care services.

**HIV/AIDS SERVICES**

**Objective:** Provide high quality, comprehensive HIV adult primary medical care

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<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Estimate</b>	<b>FY 09-10 Estimate</b>
<b>Workload Measures</b>				
Number of clients screened annually for syphilis	88	117	90	90
<b>Effectiveness Measures</b>				
Number of HIV positive clients who receive medical care	126	134	130	140

**Department Comments:** These measures highlight both the preventative and treatment services now provided through the Integrated Clinic housed at the Health and Wellness Campus.

**WOMEN INFANT AND CHILDREN (WIC)**

**Objective:** Improve rates of breastfeeding

<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Estimate</b>	<b>FY 09-10 Estimate</b>
<b>Workload Measures</b>				
Percent of prenatal and postpartum women who are assigned a lactation peer counselor	100%	100%	100%	100%
<b>Effectiveness Measures</b>				
Percent increase of WIC infants who are breastfed at one year of age	56.5%	58.5%	58%	58%

**Department Comments:** Research suggests that 6 months of exclusive breastfeeding provide optimal health benefit. The additional six months of breastfeed (not always exclusive) further promotes infant health and well-being as well as child/parent bonding.

**PSYCHIATRIC EMERGENCY SERVICES**

**Objective:** Maintain at 65% or higher the percentage of clients aged 17 and younger who are not discharged to inpatient psychiatric hospitalization

<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Estimate</b>	<b>FY 09-10 Estimate</b>
<b>Workload Measures</b>				
Number of children and adolescents admitted	195	185	185	185
<b>Efficiency Measures</b>				

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Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
Number of youth served per FTE	63	65	65	65
<b>Effectiveness Measures</b>				
Percent of child/adolescent clients not discharged to inpatient psychiatric hospitalization	67%	65%	65%	65%

**Department Comments:** These measures reflect success in maintaining children and youth with mental health issues in the least restrictive environments while still providing treatment.

**Objective:** Maintain at 60% or higher the percentage of clients aged 18 and older who are not discharged to inpatient psychiatric hospitalization

Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Workload Measures</b>				
Number of adults admitted	1,244	1,200	1,200	1,200
<b>Efficiency Measures</b>				
Number of adults served per FTE	457	480	480	480
<b>Effectiveness Measures</b>				
Percent of adult clients not discharged to inpatient psychiatric hospitalization	62%	60%	60%	60%

**Department Comments:** These measures reflect success in maintaining adults with mental health issues in the least restrictive environments while still providing treatment.

**SUBSTANCE ABUSE TREATMENT SERVICES BASE PROGRAM**

**Objective:** Maintain the current capacity of the substance abuse treatment Base system

Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Workload Measures</b>				
Number of adult clients admitted to Base substance abuse treatment services (excluding residential detoxification)	816	673	625	600
Number of adult clients admitted to Base residential detoxification services	1,262	1,280	925	925

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<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Estimate</b>	<b>FY 09-10 Estimate</b>
Average percentage of adult clients that are waitlisted for substance abuse treatment services (excluding residential detoxification)	13%	21%	27%	27%
<b>Effectiveness Measures</b>				
Percent of adult Base system clients that successfully completed a treatment episode (excluding residential detoxification)	50.1%	55.4%	50%	50%

**Department Comments:** These measures reflect the continuum of services and supports provided to adults designed to meet the needs of individuals depending on their stage of recovery.

**TOBACCO PREVENTION AND CESSATION SERVICES PROGRAM**

**Objective: Maximize the effectiveness of tobacco education sessions and tobacco cessation groups**

<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Estimate</b>	<b>FY 09-10 Estimate</b>
<b>Workload Measures</b>				
Number of adults participating in tobacco education services	333	362	350	350
Number of adults participating in tobacco cessation services	93	39	60	75
Number of agencies/clinics that are trained to promote cessation services	6	9	10	10
<b>Effectiveness Measures</b>				
Percent of program participants that have quit or reduced smoking at six months following program completion	57%	60%	60%	60%

**Department Comments:** These measures reflect the range of supports in a harm reduction framework provided at both the individual and community level to reduce the use of tobacco.

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**MENTAL HEALTH PLAN**

**Objective: Maximize outpatient mental health services access to Medi-Cal beneficiaries**

<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Estimate</b>	<b>FY 09-10 Estimate</b>
<b>Workload Measures</b>				
Total number of Medi-Cal beneficiaries	18,493	19,148	20,000	20,000
<b>Efficiency Measures</b>				
Amount of approved claims per beneficiary served annually	\$5,137	\$5,017	\$5,000	\$5,000
<b>Effectiveness Measures</b>				
Penetration rate	11.94%	11.06%	11%	11%

**Department Comments:** These measures reflect the accessibility of our system to a particular segment of the population as dictated by state mandates. Our objective is to achieve a penetration rate of no lower than 10%, compared with the statewide average of 6%.