

**Health and Human Services  
Final Performance Plan  
FY 2008-09**

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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
- Mental Health Services
- Aging Services
- Public Health Services
- Alcohol, Drug and Tobacco Services
- Social Services

**III. ACCOMPLISHMENTS FY 2007-08**

- Initiated the Health and Wellness Campus, including design and development of property, public health program enhancements and communication initiatives
- Assisted Older Adults through:  
Establishment of the Older Adult Mental Health Team; Initiating the Senior Access/Coastal Health Alliance Collaborative; Exploration and planning of an Adult Day Health Care/ Federally Qualified Health Center (ADHC/FQHC) Marin
- Received grant awards which enhanced countywide partnerships and services to address the needs of aging (Elder Abuse), transition age and Foster Care youth (SB163 Wrap-around and Transitional Housing Plus), those with mental health issues (STAR program) and those in need of specialty access care (Kaiser Specialty Access Grant)
- Launched year three of Bi-National Week which is countywide with an estimated 20,000 to 30,000 participants, Homeless Connect, and expanded trainings and networking opportunities
- Reorganized the Administrative Division: created a Program and Planning Unit; integrated human resources and financial data; and restructured the Information Technology and Finance program areas

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**IV. GOALS AND INITIATIVES FY 2008-09**

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

<b>FY 2008-09 Initiatives</b>
1. Maintain a network of County and contracted mental health providers sufficient to serve the needs of Medi-Cal beneficiaries
2. Provide comprehensive services and supports to home-bound older adults

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

<b>FY 2008-09 Initiatives</b>
1. Coordinate with local communities to develop or augment local ordinances that reduce youth access to and use of alcohol and tobacco such as Conditional Use Permits, Social Host and other ordinances
2. Maintain and coordinate a chronic disease management program that targets older adults at risk of losing their independent living situation

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

<b>FY 2008-09 Initiatives</b>
1. Develop workforce collaborative to assist mental health clients and older adult clients in securing and retaining competitive employment
2. Increase use of Public Assistance and Employment and Training services, supports and referrals by establishing and implementing collaborative agreements between systems and restructuring staff

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

<b>FY 2008-09 Initiatives</b>
1. Implement services and supports to meet SB163 wrap-around mandates including working with parents and collaborating with existing local, regional and statewide wrap-around efforts
2. Continue to design, implement and institutionalize various training, leadership development, skill building and organizational development efforts and practices

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

<b>FY 2008-09 Initiatives</b>
1. Maintain sufficient bilingual and bicultural provider and service capacity to be more accessible to the local non-English speaking population
2. Maintain the Children's Health Initiative so that all low income children have access to health care including: enrollment in insurance; understanding of how to use the health care system; and regular access to a personal physician and dentist
3. Expand the continuum of adolescent substance abuse early intervention and treatment services through capacity building and resource development activities
4. Continue on-going planning and service delivery integration at the Health and Wellness Campus

**V. KEY CHALLENGES AND OUTSTANDING ISSUES**

- Continuing to maintain and/or increase current service levels given decreasing, shifting and competing funding priorities at the federal, state and county levels, as well as the philanthropic sector
- On-going planning and implementation of several cross sector and multi-disciplinary efforts including the Mental Health Service Act, the Health and Wellness Campus, Public Health Clinic integration, Older Adults Services integration and homeless planning
- Developing, strengthening and maintaining reciprocal and supportive partnerships within HHS and, across County agencies, the social sector, community based organizations and other funders
- Development and implementation of a cohesive and realistic public health preparedness approach that addresses State and Federal mandates, County goals and resource constraints

**VI. PERFORMANCE MEASURES**

**CHILDREN'S HEALTH INITIATIVE**

**PROGRAM DESCRIPTION**

The purpose of the Children's Health Initiative is to ensure that all low-income children in Marin have access to comprehensive healthcare including a "medical and dental home." Therefore HHS addresses the infrastructure to find uninsured children, enroll them in health insurance, link them to healthcare services, and support the retention of insurance. Statewide, two-thirds of children without insurance are eligible for publicly funded programs such as Medi-Cal or Healthy Families. In Marin, either CalKids or Kaiser Child Health Plan is provided for those low-income children who do not qualify for Medi-Cal or Healthy Families.

The long-term vision is to provide:

- Comprehensive coverage for children up to 300 percent of the Federal Poverty Level (FPL)

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- One-Stop enrollment in the community, in the schools and at Social Services
- Continuous and systematic outreach and retention for Medi-Cal, Healthy Families, CalKids, and the Kaiser Child Health Plan
- A medical ‘home’ and effective utilization of healthcare services, including medical case management where appropriate
- Increased access to medical, dental, vision and specialty providers
- Integration of health access efforts into community and social services, as well as prevention initiatives
- Improved outreach, enrollment, retention, case management, education and provision of medical and other clinical services which must be culturally and linguistically competent to serve Marin’s diverse population

Funding partners for the current Children’s Health Initiative include: the County (in-kind and direct funding); First 5 of Marin; the Marin Health Care District; Kaiser Permanente (in-kind); the Marin Community Foundation; Marin General Hospital; and the United Way of the Bay Area.

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

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

**Department Comments:**

The count of children enrolled provides critical trend data that informs the overall operational and funding strategy and serves as a proxy for the number of children with a medical home.

**STAR PROGRAM**

**PROGRAM DESCRIPTION**

Marin’s Support and Treatment After Release (STAR) Program is a full service partnership providing culturally competent intensive, integrated services to 50 mentally ill offenders. Operating in conjunction with the recently implemented Mental Health Court, the STAR Court is a multidisciplinary, multi-agency team that provides comprehensive assessment, individualized client-centered service planning and linkages to services.

**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 Estimate	FY 08-09 Estimate
<b>Workload Measures</b>			
Number of jail bookings for participants after two years	27	21	21
<b>Effectiveness Measures</b>			
Percent reduction in the average number of offenses by participants in the program	75%	70%	70%

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Measures	FY 06-07 Actual	FY 07-08 Estimate	FY 08-09 Estimate
Number of jail days for participants enrolled in the program for at least 12 months	400	375	375

**Department Comments:**

These measures serve as indicators of the impact the STAR program has on jail recidivism for participants in the STAR Program.

**ALCOHOL AND OTHER DRUG PREVENTION**

**PROGRAM DESCRIPTION**

The overall purpose of the Alcohol and Other Drug Prevention Program is to advance evidence-based alcohol and other drug prevention strategies, which create community environments that protect and promote the health, safety and quality of life in Marin County. A priority area of focus is the prevention of binge drinking among youth and young adults (12–25 years of age) and related community problems. The primary implementation strategies include policy development, media campaigns and public relations, enforcement activities and Responsible Beverage Service.

**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 Estimate	FY 08-09 Estimate
<b>Workload Measures</b>			
Number of binge drinking prevention policies/ordinances adopted	2	4	2
Number of establishments visited by compliance check operations	242	75	0
Number of establishments participating in Responsible Beverage Service training	40	100	30
Number of media spots on binge drinking prevention efforts	124	50	100
<b>Effectiveness Measures</b>			
Percent reduction in the number of incidents where alcohol establishments sell to underage or intoxicated patrons	30%	5%	0%

**Department Comments:**

These measures are important because they serve as indicators of the impact on the reduction of binge drinking and related problems, including driving after drinking and alcohol-related sexual assault. These measures also assist in clearly communicating the importance and effectiveness of using environmental prevention strategies to reduce binge drinking and related community problems. Significant changes in the resources available for this effort, due to the termination of a grant, have impacted projections for these measures.

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**PROJECT INDEPENDENCE**

**PROGRAM DESCRIPTION**

Project Independence is a hospital to home support program staffed by trained volunteers and student nurses who are supervised by a nurse case manager who provide transitional services to adults and older adults recently released from hospital care. Clients must be without family or other support after hospital discharge. Services provided include short term solutions such as a home health worker, chore services worker, emergency alert system, meals on wheels, etc.

**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 Estimate	FY 08-09 Estimate
<b>Efficiency Comments</b>			
Percent compliance by the client with their discharge plan during the time they are in the program	n/a	80%	85%
<b>Effectiveness Comments</b>			
Percent of clients who do not return to the hospital within 30 days	n/a	50%	55%

**Department Comments:**

These measures provide needed information that helps determine the effectiveness of the program by answering the following critical questions:

- Do the clients stay out of the hospital or nursing home after receiving the services of the volunteers and nurses?
- Is the program effective in identifying and using community resources so individuals can age in place in their own homes?

**CALWORKS PUBLIC ASSISTANCE AND EMPLOYMENT TRAINING**

**PROGRAM DESCRIPTION**

The Employment and Training Branch of Social Services administers an array of education, employment and vocational training programs for Marin County residents. These services in Marin are provided in three programs:

- CalWORKs Employment Services
- General Assistance Employment Program
- Workforce Investment Act (WIA) Program/Marin Employment Connection

The Public Assistance Branch of the Division is responsible for the administration of eligibility determinations for the major public assistance programs in Marin County. Division staff provides eligibility determinations and related services for the following programs: Temporary Assistance to Needy Families/California Work Opportunity and Responsibility to Kids (CalWORKS); Medi-Cal; County Medical Services Program; Food Stamps; and General Assistance/Cash Aid. CalWORKs

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is a cash program which aids families with children who are deprived of parental support because of parental unemployment, absence or incapacity.

**OBJECTIVE: Increase the percent of clients shared by CalWORKS Public Assistance and Employment & Training who are employed before the mandated service time period terminates**

Measures	FY 06-07 Actual	FY 07-08 Estimate	FY 08-09 Estimate
<b>Workload Measures</b>			
Percent of cases co-managed by Employment Support and Public Assistance	n/a	10%	15%
<b>Efficiency Measures</b>			
Percent of clients who do not reapply for CalWORKS services within 12 months	n/a	20%	20%
<b>Effectiveness Measures</b>			
Percent of co-managed cases in program compliance	n/a	30%	35%
Percent of co-managed recipients leaving services due to employment	n/a	75%	75%

**Department Comments:**

These measures identify the level and effectiveness of collaboration between Public Assistance and CalWORKS services.

**YOUTH AND FAMILY SERVICES**

**PROGRAM DESCRIPTION**

The purpose of Youth and Family Services (YFS) is to decrease symptoms that impair daily functioning at home, in school and in the community by providing age appropriate and linguistically competent mental health services, in the least restrictive environment, to children and youth up to age 18, or age 22 for those still working towards high school graduation. To do so, YFS provides a continuum of services including outpatient, school based and residential. YFS includes: Children System of Care (CSOC) which is located at Juvenile Probation and AB3632 which is the special education mental health program in the Marin County public schools.

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

Measures	FY 06-07 Actual	FY 07-08 Estimate	FY 08-09 Estimate
<b>Workload Measures</b>			
Number of children assessed who need treatment	468	475	475

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Measures	FY 06-07 Actual	FY 07-08 Estimate	FY 08-09 Estimate
<b>Efficiency Measures</b>			
Total days in residential treatment	8,657	8,325	7,700
<b>Effectiveness Measures</b>			
Number of children placed in residential treatment	37	36	35

**Department Comments:**

Residential placement is costly and leads to poor outcomes. Research has shown that the mental health status of a child is better in their home and community where they can have the support of friends and family and meet their normal developmental milestones. In addition, any gains made while in residential treatment are not maintained due to a lack of connection and communication with the family, friends and community.

**HEALTHY HOUSING**

**PROGRAM DESCRIPTION**

Healthy Housing is provided by Public Health Nurses and Allied Health student volunteers by: screening and assessing the health risks of county residents; providing targeted case management to those identified as high-risk for chronic disease and other conditions; and, providing learning and networking opportunities to facilitate improvements in residents' physical, mental, emotional, and social well-being.

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

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

**Department Comments:**

These measures will determine whether program approaches make a difference in maintaining older adults' functioning and enable them to continue living independently.

**ADOLESCENT SUBSTANCE ABUSE INTERVENTION AND TREATMENT SERVICES**

**PROGRAM DESCRIPTION**

The goal of these services is to increase cost savings and prevent serious consequences for young



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people, their families and the community. While adolescent (12 – 17 years of age) substance abuse is acknowledged nationally as a public health crisis, Marin youth report using various substances and engaging in high-risk activities at levels that far exceed both state and national averages. Marin County adolescent substance abuse is related to a host of adverse mental, physical, emotional and legal consequences, as well as is a contributor to three leading causes of death among young people 15 to 24 years of age. Given the scope and breadth of the problem in Marin County, coupled with the limited resources to currently provide sufficient adolescent intervention and treatment services, the Department of Health and Human Services, Division of Alcohol, Drug and Tobacco programs is placing increased focus on developing a comprehensive system of care for adolescents in Marin.

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

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

**Department Comments:**

These measures serve as indicators of access to substance abuse intervention and treatment services for adolescents, as well as of the effectiveness of the services provided. These measures also assist in clearly communicating the importance of the need for substance abuse services for adolescents.

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

**PROGRAM DESCRIPTION**

The Adult Drug Court and Substance Abuse and Crime Prevention Act (SACPA/Prop 36) Programs—which provides eligible non-violent drug offenders with the opportunity to receive drug treatment rather than incarceration—was designed to: preserve jail and prison cells for serious and violent offenders; enhance public safety by reducing drug related crime; and improve public health by reducing drug abuse through proven and effective treatment strategies. The programs utilize an innovative model of collaboration between the criminal justice system and public health agencies to promote treatment as a more appropriate and effective alternative for illegal drug use.

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

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

**Department Comments:**

These measures serve as indicators of access to appropriate substance abuse treatment services, as well as of the effectiveness of providing treatment rather than incarceration, for eligible non-violent justice-involved individuals. These measures also assist in clearly communicating the importance of the need for, and benefits of, substance abuse services.

**COMMUNITY EPIDEMIOLOGY PROGRAM**

**PROGRAM DESCRIPTION**

The overall purpose of the Community Epidemiology Program is to serve the community through the following: collecting, analyzing and distributing data; developing programs and policies; engaging the community to identify and address needs; conducting research; conducting evaluations; providing education regarding current data and health trends; and providing technical assistance for evidence based planning to HHS staff and community partners.

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

Measures	FY 06-07 Actual	FY 07-08 Estimate	FY 08-09 Estimate
<b>Workload Measures</b>			
Response rate for Marin Women's Study	n/a	25%	28%
Number of Marin Women's Study surveys processed per month	n/a	300	300
<b>Effectiveness Measures</b>			
Percent change of core hormone replacement therapy, alcohol, and date of birth questions in Marin Women's Study that are completed	n/a	10%	10%

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**Department Comments:**

A higher response rate will improve the validity of the Marin Women's Study and assure a representative sample. An adequate number of responses will ensure that the capture rate is sufficient and will provide the means to conduct meaningful analysis and make valid study conclusions. These sections are the core outcomes for the Marin Women's Study, so completeness is vital to the effective completion of the study as written.

**CALIFORNIA CHILDREN'S SERVICES**

**PROGRAM DESCRIPTION**

The goal of California Children's services is to provide access to appropriate, timely and coordinated care for children under the age of 21 with specific legislated, eligible, chronic and congenital medical conditions by providing them with centralized medical services or a 'medical home'. The American Academy of Pediatrics (AAP) 1992 provides guidelines regarding the value of children having a medical home. Having a documented medical home is State mandated, and an indicator of quality medical care and enables anticipatory guidance and monitors preventative health indicators.

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

<b>Measures</b>	<b>FY 06-07 Actual</b>	<b>FY 07-08 Estimate</b>	<b>FY 08-09 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
<b>Effectiveness Measures</b>			
Percent of eligible children having a documented medical home and primary care provided	80%	90%	90%

**Department Comments:**

Case review for treatment is State mandated and it indicates the timely provision and quality of health care provided by an appropriate physician.

**HIV/AIDS SERVICES**

**PROGRAM DESCRIPTION**

The goal of the HIV/AIDS program is to prevent new HIV infections and support and improve the health of Marin County residents living with HIV/AIDS. In carrying out this work, program staff provides the following services: HIV adult primary medical care, Hepatitis C (HCV) adult consultative medical care, Case management/social work for patients in the medical practice, HIV and HCV outreach, and education and testing for high risk individuals in the community, provides staff support for the Ryan White Comprehensive AIDS Resources Emergency (CARE) Council, and administers Federal Ryan White and State Office of AIDS grants. The program also coordinates the countywide AIDS Drug Assistance Program (ADAP) for the State Office of AIDS and enrolls eligible participants.

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

Measures	FY 06-07 Actual	FY 07-08 Estimate	FY 08-09 Estimate
<b>Workload Measures</b>			
Number of clients screened annually for syphilis	389	500	500
<b>Effectiveness Measures</b>			
Percent of the HIV primary care practice with a CD4 count of <200 that are on highly active antiretroviral treatment, have been offered treatment, or have had treatment discontinued because of a medical indication	80%	90%	90%

**Department Comments:**

This is important to ensure optimal patient health outcomes using identified best practices as mandated by the State Office of AIDS.

**WOMEN INFANT AND CHILDREN (WIC)**

**PROGRAM DESCRIPTION**

The goal of the WIC program is to decrease the risk of poor birth outcomes and to improve the health of participants during critical times of growth and development. The program provides nutrition education, breastfeeding promotion, medical care referrals, and specific supplemental nutritious foods which are high in protein and/or iron. Program responsibilities include providing access to supplemental food; assessing nutritional needs and health status of qualifying mothers, pregnant women, and children ages 0-5 years; providing information and referral services; conducting outreach activities; providing health education and information materials and opportunities; and developing and maintaining collaborative relationships.

**OBJECTIVE: Improve rates of breastfeeding**

Measures	FY 06-07 Actual	FY 07-08 Estimate	FY 08-09 Estimate
<b>Workload Measures</b>			
Number of lactation peer counselor contacts with prenatal and postpartum women	645	675	685
<b>Effectiveness Measures</b>			
Percent increase of WIC infants who are breastfed at one year of age	56.5%	58.5%	60%

**Department Comments:**

Improving the rates of WIC infants who are breastfed (as opposed to formula-fed) for their first year, is an important indicator because research demonstrates significant health advantages to breastfeeding for not only infants but for mothers, families and society.

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**TRANSITIONAL HOUSING PLUS PROGRAM**

**PROGRAM DESCRIPTION**

The goal of Transitional Housing Plus (THP+) is to help youth aged 16-21 leaving foster care to transition successfully into adulthood by providing them with independent living skills such as education and employment training while providing housing. This new program, initiated in FY 07 08, provides temporary housing and supportive services through a case manager.

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

Measures	FY 06-07 Actual	FY 07-08 Estimate	FY 08-09 Estimate
<b>Workload Measures</b>			
Number of clients case managed	n/a	n/a	6
<b>Effectiveness Measures</b>			
Percent of clients with a transitional plan	n/a	n/a	50%
Number of days housed per youth per month	n/a	n/a	20

**Department Comments:**

These indicators track the process each youth goes through as they participate in the program. Assigned clients need to have a case manager, and develop a transitional plan while they are stabilized in housing as they gain skills needed for self-sufficiency.

**PSYCHIATRIC EMERGENCY SERVICES**

**PROGRAM DESCRIPTION**

The goal of the The Psychiatric Emergency Services (PES) program is to avoid the need for inpatient services by alleviating problems and symptoms which, if not treated, present an imminent threat to a client's or other's safety or substantially increase the risk of a client becoming unable to provide for basic food, clothing and shelter needs. PES is a 24-hours per day, 7-days per week service operated by Community Mental Health Services for residents and visitors of all ages who are experiencing psychiatric emergencies that require immediate attention.

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

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

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

**Department Comments:**

These measures enable us to determine the effectiveness of Psychiatric Emergency Services in achieving its primary goal of successfully stabilizing child and adolescent clients who are experiencing psychiatric crises.

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

**Department Comments:**

These measures demonstrate the effectiveness of Psychiatric Emergency Services in achieving its primary goal of successfully stabilizing adult clients who are experiencing psychiatric crises.