

# Health and Human Services FY 2010-11 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 often 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 Administration
- Mental Health Services
- Aging and Adult Services
- Public Health Services
- Alcohol, Drug and Tobacco Services
- Social Services

## **III. FY 2009-10 ACCOMPLISHMENTS**

- Refined and reconfigured approaches and programs such as modes of treatment for outpatient services for Medi-Cal clients served in the Marin Mental Health Plan and migrated public health nurses throughout Health and Human Services (HHS) to leverage skills
- Migrated clinical services to community clinics to increase the overall amount of financial support coming into Marin County for health care
- Served more than 7,500 unduplicated persons through the Older Americans Act (OAA) and related programs, approximately 35 percent of clients were rural residents with 32 percent in poverty
- Developed understandable and multi-lingual outreach and educational materials and information regarding public assistance, eligibility and other services
- Adult Protective Services managed a 62 percent increase in referrals serving as a last resort for individuals with no other means of assistance
- Initiated programs such as the Differential Response Team, a multi-disciplinary effort that assists clients to Adult Protective Services for medical self-neglect to a nursing intervention
- Implemented a wraparound program through a contract with Seneca Programs to prevent children from going into institutional placements
- Implemented the Prevention Early Intervention (PEI) section of the Mental Health Services Act (MHSA)
- Initiated and maintained a countywide response to H1N1 that educated residents on basic steps to prevent disease transmissions and immunized thousands throughout the county
- Convened a departmentwide working group to analyze and make recommendation on how to align and focus prevention efforts throughout HHS

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- Implemented the Social Host Accountability Ordinance in all Marin communities in coordination with community-based partners and local municipalities
- Subsidized five apartments in the Fireside Complex in Mill Valley for older adults living with serious mental illnesses
- Kept the number of acute psychiatric inpatient admissions at less than half the number of six years ago for clients with Medi-Cal
- Provided primary health care services at Marin Treatment Center to 100 Helen Vine Detox Center clients
- Awarded one of two federal Department of Justice grants of \$200,000 to expand the Support and Treatment After Release (STAR) Program for mentally ill offenders
- Provided quality treatment and court supervised services to approximately 125 unduplicated clients in two therapeutic court programs Adult Drug Court and Prop 36 Substance Abuse Treatment
- Established an expanded Homeless Policy Steering Group with leadership from Home Base staff and in collaboration with community providers, to oversee implementation of Marin's Ten Year Plan to End Homelessness
- Developed Homelessness Analyst position for countywide homeless initiatives, reaffirming county's commitment to address homelessness
- Completed the Safety Net study to evaluate homeless access to services in Marin and explore Permanent Shelter options
- Expanded and trained volunteers at Marin Medical Reserve Corps (MMRC); now a group of 286 clinical and other professionals that staff immunization clinics and homeless service sites
- Maintained the Children's Health Initiative that continues to outreach, enroll and support Marin's low-income children's access to health care
- Rolled out a federal stimulus funded employment program for CalWORKs participants to place 260 clients into employment and on the road to financial self-sufficiency
- Initiated federal stimulus funded Homeless Prevention and Rapid Rehousing programs
- Reorganized Public Health with the placement of new leadership engaged in system sustainability planning with a focus on the safety net as the organizing platform for policy, partnerships and service
- Developed an Adult Case Management Restructuring project to ensure cost effective use of increasingly scarce case management and behavioral health resources
- Modified public assistance and eligibility application processes in order to maximize efficiency and flexibility while also providing for a more logical and streamlined reporting and management structure
- Completed the Change Management phase of C-IV implementation, a new Statewide Automated Welfare System for Public Assistance and Employment and Training program staff to determine eligibility, issue benefits and document casework efforts
- Piloted a RxNT software product for Psychiatrists and Nurse Practitioners in the Medication Clinic to use electronic prescriptions
- Created a new Workforce Investment Board and Marin Employment Connection website to better serve job seekers and employer communities in Marin
- Continued to update and promote the Network of Care websites in Aging and Adult Services and Community Mental Health

### **IV. GOALS AND KEY INITIATIVES FOR FY 2010-11**

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

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

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This goal is consistent with the countywide goal of healthy communities to improve community access to health services and promote healthy lifestyles for the county residents. As a public sector agency, HHS is constantly striving to manage the delivery of mandated services and program as part of the safety net system that supports the self sufficiency, health, well-being and safety of those who live in Marin.

**FY 2010-11 Key Initiatives**

1. Expand eligibility program outreach, access and support that are the gateway to public benefits and other services for families in crisis
2. Implement the internet based C4 technology project to increase access and flexibility of the application processing for Public Assistance
3. Expand outreach to high volume service sites
4. Broaden application procedures training to clinical and other staff

**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 Countywide Goal of healthy communities to improve community access to health services and promote healthy lifestyles for the county residents.

This goal also encourage collaboration with public private sector organization in ensuring sustainable communities. HHS now has more awareness, knowledge, information and tools that support healthy development and maintain health across all life stages. Integrating these approaches with more traditional treatment and crisis services and programs will allow HHS and the county to better maximize resources and work in partnership with other social and private sector organizations .

In 2009, the Board of Supervisors identified a health and safe lifestyle as one of their goals and expanded emergency preparedness as a key priority. HHS staff work in this area with regard to the public's health and continuity of operations during an emergency strongly supported this priority.

**FY 2010-11 Key Initiatives**

1. Adopt a prevention continuum approach throughout HHS and across multiple issues through policies and practices that build a healthier, safer community for all
2. Integrate and expand the Aging and Adult Case Management model
3. Expand Project Independence and Transitions to Wellness with mental health, substance abuse and income support capacity
4. Determine how best to reach and engage underserved populations such as jail discharges, homeless and adult protective services candidates

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

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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 countywide goal of healthy communities to improve community access to health services and promote healthy lifestyles for the county residents. A large array of HHS programs and services are designed for individuals who need support and/or treatment to improve their current situation.

**FY 2010-11 Key Initiatives**

1. Maintain clinical services capacity throughout migration to Marin Community Clinics (MCC), which will increase overall federal reimbursement for safety net services while maintaining quality
2. Expand integration of mental health, substance abuse and primary care services at Marin Community Clinic (MCC) and Coastal Health Alliance (CHA)
3. Collaborate with MCC to expand dental services
4. Continue pursuit of alliance with Partnership Health of California for Managed Medi-Cal program in Marin
5. Shift Mental Health Managed Care treatment approach to group orientation
6. Emphasize client focus, access to needed health and mental health services, and a medical home

**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 countywide goal of healthy communities and organizational goals of Managing for Results, providing effective communication, and ensuring excellent customer services. HHS has implemented several new practices, tools and systems which seek to address these areas.

**FY 2010-11 Key Initiatives**

1. Integrate and expand Aging and Adult Case Management model
2. Expand Project Independence and Transitions to Wellness services with mental health, substance abuse and income support capacity
3. Continue to utilize the differential response model adopted by Aging and Adult Services that reflects a mixed classification and multi-disciplinary approach
4. Determine how best to reach and engage underserved populations such as jail discharges, homeless and Adult Protective Services candidates

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

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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 Countywide Goal of healthy communities goal to improve community access to health services and promote healthy lifestyles for county residents.

**FY 2010-11 Key Initiatives**

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| 1. Increase access to demographic, epidemiological and other data to inform policy, planning and programs                                   |
| 2. Create a data standard within and across the department  |
| 3. Utilize a web-based application to improve internal and external access to service utilization and population based data and information |

**V. KEY CHALLENGES AND ISSUES**

- Exploring and implementing innovative approaches and practices for maintaining service delivery capacity in the face of continued budget reductions
- Applying Mental Health Services Act (MHSA/Proposition 63) and other sources of new funding to assist in the planning and implementation of innovative, cost effective and sustainable approaches to service provision
- Developing programmatic strategies and principles that attend to the multiple needs of the underserved and vulnerable population in an integrated, cross-divisional and coordinated way considering best and evidenced-based models
- Coordinating appropriately paced strategies that grow the integrated service capacity (alcohol, drug, mental health, primary care) of Federally Qualified Health Centers (FQHCs)
- Supporting integrated, cross-divisional approaches that reflect the prevention continuum
- Creating an organizational norm and a common platform for identifying, analyzing and utilizing data and information across and within the department to inform planning, program and advocacy with an emphasis on health care disparities for underserved and vulnerable groups

**VI. PROGRAM OVERVIEW**

**PLANNING AND ADMINISTRATION**

The Division of Planning and Administration provides overall department administration, planning, policy development and management, personnel administration, information technology services, and fiscal operations.

**PROGRAM 1: GENERAL ADMINISTRATION**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The major program responsibilities of the General Administration program include:

Office of the Director:

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The Office of the Director oversees the administration of all Health and Human Services programs and activities, including: oversight of restructuring and reorganization initiatives; outreach to the community; coordination with regional and statewide planning agencies; participation in the county's Justice and Behavioral Health Committee; Managing for Results; Homeless Planning; and the Children's Health Initiative. The office provides information and policy recommendations to the Board of Supervisors and the County Administrator's Office (CAO) on a broad range of legislative, public health, mental health, aging, and social services issues affecting the residents of Marin County. The director serves as a liaison between the Board of Supervisors and the community to identify community health and human services needs and, where appropriate, to formulate strategic plans to address these needs. The office includes the Chief Operating Officer and other administrative and managerial staff. The Director also serves as the county's Public Guardian.

### Office of Finance:

The Office of Finance compiles, prepares, and monitors the Health and Human Services budget. The department is funded largely by non-county General Fund sources, principally state and federal mandated programs. The Office of Finance completes all required statistical and cost reports necessary to claim non-county revenue and maintains auditable financial records for all funding sources. This office monitors and authorizes expenditures for all budgeted programs, purchases equipment and supplies, and pays the department's bills. The office also oversees the implementation and management of the SAP software system and includes the departmentwide payroll and centralized billing units.

### Office of Operations:

The Office of Operations provides oversight of budget, human resources, information technology and contract services, compliance, ergonomics, strategic planning and policy development, the issuance of requests for proposal and other elements of the competitive allocation of service contracts; facilities management; and management of the department's requests for CAO or Board of Supervisors' approvals.

### HHS Human Resources Management

Staff within this unit plays a collaborative role with the Human Resources Department in the recruitment of employees for all professional and technical departmental positions; advises managers, supervisors and employees on effective and lawful human resources practices; and works collaboratively with union representatives to maintain positive labor-management relationships with three employee unions. The unit works closely with the county's Human Resources Department and Risk Management in assuring compliance with Occupational Safety and Health Organization (OSHA), workers' compensation and ergonomic standards.

### Strategic Planning and Policy Development

The unit provides strategic planning and policy development for all HHS programs; including the development of grant proposals; oversight of planning for outreach and services to the homeless; interaction with the county's transit agencies to further HHS goals and programs; organization and planning for broad HHS initiatives including the department restructuring initiatives.

### Information Technology

The unit provides the full range of technical support services to the department including helpdesk; system selection and implementation; technical website coordination and management; application development and maintenance; and purchasing and inventory management.

### HIPAA and Compliance

The unit oversees a variety of compliance-related activities including development of necessary policies, protocols and practices and development of the associated trainings, investigations and

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staff outreach. In addition, the unit serves as a resource to all county departments on privacy issues.

**FY 2010-11 PROGRAM INITIATIVES**

➤ **INSTRUCTIONS:** Please add up to 5 (five) key program initiatives below for FY 2010-11.

<b>FY 2010-11 Program Initiatives</b>
1. Provide cross sector and cross divisional planning and program development and restructuring for services provided at collaborative sites including the Health and Wellness Campus and the West Marin site
2. Provide information and educational opportunities to managers and supervisors to increase knowledge of evaluations and performance plans and to strengthen background check policies and practices
3. Ensure compliance with new federal and state regulations, enhance the department's method of disseminating policies to all staff, and develop appropriate training strategies to educate staff about policy changes
4. Ensure effective and efficient use of all HHS-occupied facilities by coordinating with county departments, community agencies, and outside vendors
5. Develop and collaboratively implement a strategic approach to improved services and access for the homeless

**MENTAL HEALTH ADMINISTRATION**

The Division of Mental Health Services offers age and linguistically and culturally competent mental health services to adults, children and youth in Marin County.

**PROGRAM 1: MENTAL HEALTH ADMINISTRATION**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Mental Health Administration program is responsible for the efficient and effective delivery of mental health services. Program staff is responsible for program planning, performance outcome studies, quality assurance activities, budget planning, cost reporting, resource development, operating medical records, compliance with state and federal regulations, and contract oversight. Approximately one-half of the Community Mental Health Services budget pays for contracted services, which include hospitals, long-term care, housing, day treatment and outpatient programs.

**FY 2010-11 PROGRAM INITIATIVES**

➤ **INSTRUCTIONS:** Please add up to 5 (five) key program initiatives below for FY 2010-11.

<b>FY 2010-11 Program Initiatives</b>
1. Implement the Mental Health Services Act, including the sections on Workforce, Education and Training and on Prevention and Early Intervention
2. Expand use of web-based electronic medical records to document and improve treatment and client outcomes

**PROGRAM 2: ADULT MENTAL HEALTH SERVICES**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Adult Mental Health Services program is responsible for providing an accessible, appropriate and comprehensive system of mental health care to Marin County residents over 18 years of age that have a serious mental illness that impairs their ability to function and live in their community. The program also provides emergency psychiatric services to residents of all ages who are experiencing acute psychiatric/psychosocial crises. Services are provided by county staff and through contractual agreements with community-based organizations. Providers strive at all times to use the least restrictive and most appropriate level of care necessary. The major responsibilities of the program are to:

- Maintain or restore clients' functioning and reduce the need for hospital admission
- Promote independent living and well-being
- Sustain a collaborative approach between service providers, service users, and their caregivers
- Support families and other caregivers and reduce the impact of severe mental illness on them
- Ensure clients' good physical health, safety and protection

**FY 2010-11 PROGRAM INITIATIVES**

➤ **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

<b>FY 2010-11 Program Initiatives</b>
1. Continue to maintain culturally and linguistically appropriate and accessible mental health services
2. Implement smoking cessation strategies and supports to reduce smoking and improve client health
3. Implement and continue to refine care protocols to improve health and reduce and risk factors

**PROGRAM 3: YOUTH AND FAMILY SERVICES**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Youth and Family Mental Health Services program is responsible for providing age-appropriate and linguistically and culturally-competent mental health services to children and youth up to age 18, or up to age 22 for those who are still working toward high school graduation. The team works closely with the schools, Social Services and Juvenile Probation to make positive interventions for these emotionally disturbed young people and their families. The major responsibilities of the program are to:

- Provide mental health services to seriously emotionally disturbed (SED) children referred from the school districts according to legal mandates
- Oversee mental health services for Marin County Medi-Cal beneficiaries under 18 years of age

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- Work collaboratively with the Probation Department and Social Services staff to provide culturally competent, strength-based, family driven, flexible services for youth at risk of out-of-home placement and their families

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Implement the state required SB163 wraparound program to reduce and prevent out of home placements
2. Implement appropriate mental health interventions for children ages zero to five and their families

**PROGRAM 4: MENTAL HEALTH MANAGED CARE**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Mental Health Managed Care Program is responsible for authorizing all mental health services to Medi-Cal beneficiaries from Marin County. As part of a statewide plan, each county in California began authorizing hospital inpatient services in 1995 and outpatient mental health services in 1998. A network of individual and agency providers contract with the Marin Mental Health Plan (MMHP) to provide these services.

The major program responsibilities of the Mental Health Managed Care program are to ensure that Medi-Cal beneficiaries in Marin County have access to high quality outpatient and inpatient mental health services and that the division operates under a compliance plan that meets state and federal requirements.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Maintain the successful reduction of acute inpatient hospital admissions for Marin County clients with Medi-Cal insurance coverage
2. Restructure program guidelines and service offerings based on best practices within budget parameters

**PROGRAM 5: PUBLIC GUARDIAN**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Public Guardian program is responsible for the administration of three state-mandated programs: Lanterman Petris Short (LPS) Conservatorships, Probate Conservatorships and the Representative Payee Program. The major program responsibilities of the Public Guardian are:

Lanterman Petris Short Conservatorships:

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The Public Guardian serves as the LPS Investigator and Temporary Conservator for individuals who are referred for LPS conservatorship. The Public Guardian is the only entity that can petition the Court for appointment as the LPS Temporary Conservator. LPS conservatorships are for persons gravely disabled as the result of a mental disorder requiring psychiatric treatment and possible placement in a locked facility. If the Court establishes a permanent LPS conservatorship, the Director of Health and Human Services is usually appointed conservator of the person. The Public Guardian manages that program.

**Probate Conservation:**

The Public Guardian investigates, petitions and is appointed by the Court as Probate Conservator for individuals who have no family or friends willing or able to assist them and are substantially unable to manage for themselves or resist fraud or undue influence. A probate conservatorship of the estate provides the conservator with the legal powers to manage property and income and a conservatorship of the person provides the conservator with the legal powers to fix the domicile and provide for the personal care needs of the conservatee. The Public Guardian serves as the conservator of the person only, estate only, or person and estate, as appropriate. A probate conservatorship remains in effect indefinitely and is terminated if the conservatee demonstrates that he/she has regained the ability to manage their affairs.

**Representative Payee Program:**

The Board of Supervisors established the Representative Payee Program in March 1986 as an alternative to conservatorship, with the Public Guardian designated as the office to administer the program. This program is for individuals who have difficulty managing money or financial affairs but whose needs can be met without the formality and restrictions of a conservatorship. This program is limited to individuals whose source of income is solely from government funds and another agency is providing case management services.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

<b>FY 2010-11 Program Initiatives</b>
1. Strengthen infrastructure by completing a policies and procedures manual and implementing Human Resource Management Academy principles and practices
2. Expand knowledge of the Public Guardian's roles, responsibilities and approach among its community partners
3. Improve access to information through website refinements and other communication methods

**PROGRAM 6: STAR PROGRAM**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

Marin's Support and Treatment After Release (STAR) Program, a Full Service Partnership, provides culturally-competent, intensive case management services to 40 mentally ill offenders. Twenty STAR Program clients, on Court-Ordered probation, are concurrently enrolled in the County's Mental Health Court (STAR Court). Under direction of the Superior Court Judge, a multidisciplinary team encourages court participants to abide by their treatment and probation requirements. Collaborative, interagency STAR Program staff vigorously support clients to build more satisfying and successful lives for themselves.

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**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Maintain support of local law enforcement officers trained on the Crisis Intervention Team (CIT)
2. Pursue continuation of the program by seeking funding from federal, state and local public and private funding sources due to state budget reductions

**AGING AND ADULT SERVICES**

The Division of Aging and Adult Services serves as the federally mandated Area Agency on Aging, providing a wide variety of contracted services, programs and special grants for people who are older and disabled living in Marin County. The division also oversees the department's development and coordination of a Chronic Disease Prevention and Management Program and includes Adult Protective Services, Ombudsman and Veteran's Services.

**PROGRAM 1: AGING AND ADULT SERVICES**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Division of Aging and Adult Services serves as the federally mandated Area Agency on Aging, providing a wide variety of contracted services, programs and special grants for people who are older and disabled living in Marin County. The division also oversees the department's development and coordination of a Chronic Disease Prevention and Management Program and includes Adult Protective Services, Ombudsman and Veteran's Services.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Provide comprehensive services and supports to home-bound seniors
2. Maintain and coordinate chronic disease prevention and management programs targeting older adults and persons at-risk of losing their current independent living situation due to the consequences of chronic disease
3. Continue the Older Adult Services Integrated System planning with other HHS partners based on an analysis of projected demographics, service utilization patterns and trends, and existing capacity
4. Increase awareness and access to services and resources for older adults and people with disability in Marin by encouraging the use of online resource tools, housing guides and newsletters
5. Assess the impact of the division's reorganization by monitoring referrals and collaboration using the newly launched and specifically designed MaxCess database

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**PROGRAM 2: VETERANS' SERVICES**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Office of Veterans Services provides referral and consultation services to the veterans of Marin County and their spouses, widows or widowers, and children. The Office of Veterans Services assists in obtaining the financial, medical, and education benefits due veterans of military service.

Major program responsibilities involve assistance to veterans with obtaining medical, financial, and educational benefits and assistance to veterans' dependents in obtaining benefits, which may include financial assistance to widows or children of veterans.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Improve veterans' access to services by expanding the use of the County Volunteer Program and increasing level of staffing assistance
2. Publicize to the community the services available through the Veteran's Services Office

**PROGRAM 3: IHSS PROVIDER SERVICES**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The In-Home Support Services (IHSS) program is a state mandated program that provides in-home services to the elderly and disabled, allowing them to remain in their own homes and avoid nursing home admission. IHSS providers are not County employees. Providers are employed by the IHSS Public Authority of Marin and provide services via a Memorandum of Understanding with the Service Employees International Union United Health Care Workers'-West (SEIU UHW-West).

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Implement recommendations from workload structure evaluation to ensure efficiency and optimal service delivery
2. Implement new statewide case management and payroll system

**PUBLIC HEALTH SERVICES**

The Division of Public Health Services includes a variety of services targeted at preventing and addressing public health problems in Marin County.

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**PROGRAM 1: PUBLIC HEALTH ADMINISTRATION**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Public Health Administration program assures the effective and efficient delivery of public health services and programs. Program staff are responsible for modeling strategic planning, visioning and leadership; facilitating budget planning and resource development; providing administrative planning and support; formulating Public Health policies and procedures; identifying collaborative partners and establishing working relationships; assuring compliance with mandates, enhancing and maximizing personnel resources; and developing strategies to address health access and indigent health care.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS:** Please add up to 5 (five) key program initiatives below for FY 2010-11.

**FY 2010-11 Program Initiatives**

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| 1. Support the Connection Center on the San Rafael Campus as a hub for information, resources and referral, outreach and health education, prevention, and for building community involvement |
| 2. Implement recommendations stemming from the analysis of the division's clinical services to assure a viable and sustainable community-based safety net health care system                  |
| 3. Continue to implement a structure and plan for department wide disaster response   |

**PROGRAM 2: EPIDEMIOLOGY**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Epidemiology program monitors community health and health trends and informs decision-makers and community members. Program responsibilities include collecting, analyzing, reporting and distributing data; conducting disease surveillance; educating and informing colleagues and community members; providing technical assistance; and conducting and translating research and epidemiology projects.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS:** Please add up to 5 (five) key program initiatives below for FY 2010-11.

**FY 2010-11 Program Initiatives**

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|---|
| 1. Improve access to relevant data to inform departmentwide policy, planning, service delivery and advocacy |
| 2. Coordinate breast cancer services through mammography outreach   |
| 3. Collaborate with other HHS and community partners to improve utilization of data                         |

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**PROGRAM 3: PUBLIC HEALTH PREPAREDNESS**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Public Health Preparedness program ensures the ongoing process of improving the medical and public health system's capacity to detect, respond to, recover from, and mitigate the consequences of public health emergencies.

Program responsibilities include drafting public health preparedness and response plans; collaborating and working with community (local, state, and federal) partners; coordinating medical and public health resources and response during disasters; managing grants (resource development); conducting capacity assessment; coordinating and participating in exercises and training; developing infrastructure (epidemiology, surveillance, hospital and Public Health Nursing capacities, lab, information technology, mobilization); providing medical and public health risk communication and information; strengthening and protecting the department's resources; and building integrated medical and public health response.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

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| 1. Maintain alerting capabilities using the California Health Alert Network (CAHAN) in order to ensure ability to reliably notify and recall HHS staff and the Medical Reserve Corps              |
| 2. Maintain 24 hours-per-day, seven-days-per-week capacity to respond to public health emergencies, including capacity to issue public health alerts, advisories, and updates in a timely manner  |
| 3. Continue development, completion, and validation of core Centers for Disease Control (CDC) and Hospital Preparedness Program (HPP) response plans, including conducting exercises and drills   |
| 4. Continue development of the Medical Reserve Corps including credentialing and training of volunteers and increasing the number of volunteers and types of professional disciplines represented |

**PROGRAM 4: EMERGENCY MEDICAL SERVICES**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Emergency Medical Services (EMS) program provides oversight to ensure delivery of high quality emergency medical care to residents and visitors. Program responsibilities include: ensuring compliance with applicable EMS statutes and regulations; overseeing continuous quality improvement (CQI) activities; accrediting paramedics and certifying EMTs; collecting and analyzing emergency medical care data; providing training and education; approving EMS policies and protocols; performing ambulance inspections; monitoring contractual agreements with service provider agencies; monitoring performance of the 9-1-1 emergency medical dispatch system; monitoring delivery of trauma care services; and collaborating with stakeholders on preparedness planning for emergency medical and public health response during a disaster.

**FY 2010-11 PROGRAM INITIATIVES**

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➤ **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Provide leadership for the EMS System by convening stakeholders to promote collaborative problem-solving, and to receive stakeholder input for EMS Agency policies and decisions
2. Implement changes to EMT-I certification resulting from the EMT 2010 project that created a statewide EMT registry and standardized the certification process for EMT-I
3. Partner with Public Health Preparedness to coordinate implementation of the Ready to Respond preparedness initiative for HHS
4. Monitor trauma care services at Marin General Hospital during the 12 months leading to transfer of hospital management from Sutter Health to Marin Health Care District

**PROGRAM 5: NURSING**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Nursing program provides diverse public health services to individuals and families through community assessment and comprehensive, population-based, public health programs that deliver services with special emphasis on prevention. Major community-wide program responsibilities are to:

- Investigate and monitor diseases and other emerging public health events in conjunction with the health officer
- Screen individuals with unrecognized health risk factors or symptomatic disease conditions
- Perform case-contact tracing of individuals and families with identified risk factors for communicable diseases
- Provide outreach, education, and counseling regarding communicable disease, childhood lead poisoning, immunizations, and Sudden Infant Death Syndrome
- Operate a childhood and adult immunization clinic at the Health and Wellness Campus including the provision of travel immunizations and flu vaccines
- Operate an immunization registry to assist in increasing childhood immunization rates and track vaccines to prevent duplicate vaccinations
- Provide influenza vaccine to County and community safety net programs and assure access to the vaccine by high risk groups
- Provide health education and case management to residents identified as high risk for either the development of or ongoing maintenance of chronic diseases

**FY 2010-11 PROGRAM INITIATIVES**

➤ **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Increase immunization rates in Marin County through a variety of regional, statewide and national efforts

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**FY 2010-11 Program Initiatives**

2. Decrease the incidence and spread of communicable disease utilizing public education and outreach to physicians to increase the timeliness of reporting disease
3. Participate in training, community forums and educational outreach on topics such as Avian Flu and Public Health Preparedness and Emergency Response
4. Provide chronic disease self care management programs to high risk individuals in a collaborative process with the Division of Aging and Adult Services and the community

**PROGRAM 6: INTEGRATED CLINICS**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Integrated Clinics provide the safety net services of the HIV/AIDS Program, sexually transmitted disease (STD), tuberculosis (TB), Immunization and HIV Clinics in one accessible location.

The HIV/AIDS program works to prevent new HIV infections and support and improve the health of Marin County residents living with HIV/AIDS. Most of these services will be part of the HHS Health Services located at the Marin Health and Wellness Campus. In carrying out this work, program staff provides the following services: 1) HIV adult primary medical care, 2) Hepatitis C (HCV) adult consultative medical care Case management/social work for patients, and 3) HIV and HCV outreach, education and testing.

The program also coordinates the countywide AIDS Drug Assistance Program (ADAP) for the State Office of AIDS and enrolls eligible participants, facilitates the Marin HIV/AIDS Title Comprehensive AIDS Resources Emergency (CARE) Council and administers Federal Title I and State Office of AIDS grants.

The Communicable Disease and Public Health Lab program is mandated by state law and promotes and protects public health in Marin County through prevention and control of communicable diseases, and by preparing for and responding to public health threats and emergencies. These programs include the office of the Health Officer, STD and TB prevention and control programs and clinics, and the Public Health Laboratory.

STD, TB, and Laboratory programs interface with a wide range of public and private providers and facilities, providing community-wide surveillance, outreach, education, screening, examination, diagnosis, treatment and consultation. These programs serve anyone requiring or requesting services, and include educational outreach on high-risk populations. Health Officer statutory and other responsibilities include communicable disease and rabies control; environmental health interfaces; annual adult and juvenile detention facility inspection (Title 15); local disaster planning and response; and local and statewide policy planning and development. The Health Officer and the Public Health Laboratory play a key role in preparedness and response to bioterrorism, infectious disease outbreaks, and other public health emergencies

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

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**FY 2010-11 Program Initiatives**

1. Provide quality services to Marin County residents living with HIV/AIDS, with 80 percent or better responses in annual patient satisfaction questionnaire
2. Provide surveillance, outreach, education, screening, examination, public health laboratory testing, diagnosis, and treatment of STD, TB and other communicable disease
3. Disseminate new and updated clinical treatment guidelines to health care providers and stakeholders as they are developed
4. Maintain 24 hour-per-day, seven-day-per-week capability to issue public health alerts, advisories, updates, press releases and web postings in a timely manner

**PROGRAM 7: DENTAL CLINICS**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Dental Clinic program promotes oral health education and provides direct dental services to low income children, adolescents and adults. Program responsibilities include educating families about good oral health, performing outreach activities, increasing awareness of oral health, and providing routine and emergency dental care.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Participate in the implementation of the Oral Health Plan to coordinate dental services throughout the county including collaboration with Marin Community Clinics to leverage capacity and revenue streams
2. Participate in the completion of educational brochures that will be offered to all public organizations throughout the Child Health and Disability Prevention (CHDP) Statewide Dental Subcommittee
3. Update the interactive website for families to receive Oral Health information

**PROGRAM 8: DETENTION MEDICAL**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Detention Medical Services program provides medical services 24 hours a day for the Marin County Jail and eight hours daily for Juvenile Hall. Basic services include triage, risk management, dental, health and mental health assessment, referral, treatment and medications. The mandated task is to provide essential health care to the incarcerated, and provides minimization and risk reduction for the community through identification and treatment of communicable disease. Detention Medical Services collaborates with community mental health and health care providers, law enforcement, prisons and jails, and the criminal justice system.

**FY 2010-11 PROGRAM INITIATIVES**

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➤ **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

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| 1. Collaborate and coordinate with Community Mental Health to reduce recidivism for mentally ill offenders otherwise unable to access or utilize community mental health care services |
| 2. Continue to develop and monitor a continual quality improvement program for Detention Health Services and Juvenile Hall   |
| 3. Provide access to health care for the incarcerated to meet the community standard of health care  |
| 4. Continue to work with key community providers to evaluate inmate re-entry issues  |

**PROGRAM 9: CHILDREN'S HEALTH SERVICES**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

Children's Medical Services (CMS) provides a comprehensive system of health care for children through preventive screening, diagnostic services, treatment, rehabilitation, and follow-up services. CMS carries out this mission through programs meeting specific health care needs of targeted populations. These programs include: California Children's Services (CCS), Medical Therapy Unit (MTU), Child Health and Disability Prevention (CHDP) Program and Health Care Program for Children in Foster Care (HCPCFC).

The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with eligible medical conditions. CCS authorizes and pays for specific medical services and equipment provided by CCS-approved specialists.

The MTU provides physical therapy, occupational therapy, and medical therapy conference services to children who meet specific medical eligibility criteria. Licensed physical therapists and certified occupational therapists provide evaluation, treatment, consultation services and case management to children with conditions such as cerebral palsy and other neurologic and musculoskeletal disorders.

CHDP program is a preventive health program serving California's children and youth. The CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities in children and youth. The eligible population for the CHDP program includes youth with Medi-Cal and all youth birth through 18 years of age with family incomes at or below 200% of the federal poverty level.

HCPCFC is a public health nursing program administered by CHDP to provide public health nursing expertise in meeting the medical, dental, mental and developmental health needs of children and youth in out-of-home placement or foster care. The public health nurses work with the child's social worker or probation officer as a team member to ensure that children in foster care receive needed health services.

**FY 2010-11 PROGRAM INITIATIVES**

➤ **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

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**FY 2010-11 Program Initiatives**

1. Collaborate with CHDP Medical Providers to ensure program CHDP quality standards are met
2. Trend and share local Marin Pediatric Nutrition Surveillance System (Pecans) data with advisory committees, task forces, medical providers and obesity collaborative to focus on prevention and intervention efforts

**PROGRAM 10: COMMUNITY HEALTH AND PREVENTION**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Community Health and Prevention Services program promotes the health and well-being of Marin County residents. Program responsibilities include promoting access to community health resources (medical home, good nutrition, and physical activity); promoting healthy lifestyle choices (education, events, technical assistance, trainings and social marketing) in collaborating with community-based organizations, schools and other agencies; conducting community program planning, policy, and resource development activities, and impacting the environment to increase access to healthy lifestyle choices.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Conduct California Network for a Healthy California social marketing media campaign to reach at least 10,000 families to promote healthy lifestyle choices
2. Provide technical assistance to a approximately 15 early childhood providers related to health and safety issues and concerns
3. Assist a minimum of four county employers to implement Breastfeeding in the Workplace policies

**PROGRAM 11: WOMEN, INFANTS AND CHILDREN**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Women, Infants and Children (WIC) program enhances the health of the community through educating qualifying families in healthy lifestyle choices and providing access to supplemental food. Program responsibilities include providing access to supplemental food; assessing nutritional needs and health status of qualifying mothers, pregnant women, and children ages zero to five years; providing information and referral services; conducting outreach activities; providing health education and information materials and opportunities; and developing and maintaining collaborative relationships.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

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**FY 2010-11 Program Initiatives**

1. Continue education classes in collaboration with other WIC local agencies and the HHS Nutrition Collaborative
2. Increase county breastfeeding rates through collaborative efforts with Marin General Hospital, Kaiser Permanente, Head Start and the HHS Medical Clinics
3. Provide educational classes to support WIC participants at satellite locations in Novato, Marin City and West Marin

**ALCOHOL, DRUGS AND TOBACCO**

The Division of Alcohol, Drug and Tobacco Services works to prevent and treat alcohol, tobacco and other drug-related problems in Marin County.

**PROGRAM 1: ALCOHOL, DRUGS AND TOBACCO PROGRAM**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Division of Alcohol, Drug and Tobacco Programs (ADTP) works to prevent and treat alcohol, tobacco and other drug problems. The division works in partnership with other county departments, numerous public and private agencies, and related groups and individuals to provide leadership in the planning, development, implementation and evaluation of a comprehensive countywide prevention, intervention, detoxification, treatment and recovery service delivery system.

The division serves as an administrative agency responsible for seeking and for allocating federal, state and local grant funds to deliver alcohol, tobacco and drug services. The division contracts for these services with local community-based agencies and individuals and provides contract management, monitoring and fiscal accountability to ensure delivery of quality services.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Implement five-year Strategic Plan to develop a comprehensive and integrated continuum of alcohol, tobacco and other drug services
2. Stabilize and supplement the division budget by efficiently managing existing resources, securing new or categorical federal and state funds, and pursuing new resources to fund unmet needs
3. Coordinate with local communities to develop or augment local ordinances that reduce youth access to and use of alcohol

**PROGRAM 2: TOBACCO EDUCATION**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Tobacco Related Disease Control Program (TRDCP) also known as Tobacco Education administers state and local funds for tobacco education services to Marin County agencies and

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residents. These services include prevention and cessation activities, technical assistance and training to clinics, local governments, libraries, schools and the public on all aspects of tobacco.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS:** Please add up to 5 (five) key program initiatives below for FY 2010-11.

**FY 2010-11 Program Initiatives**

1. Conduct educational campaign, in partnership with tobacco advocates throughout the country to request the Motion Picture Association of America to adopt a policy that requires movies to be R-rated if actors smoke in the film
2. Continue to support adoption of Secondhand Smoke (SHS) ordinances and retail licensing in two to four Marin jurisdictions in collaboration with the Smoke-Free Marin Coalition

**PROGRAM 3: PROPOSITION 36**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Substance Abuse & Crime Prevention Act of 2000 (SACPA, or Proposition 36) programs divert non-violent offenders and parolees charged with simple drug possession or drug use offenses from incarceration to community-based alcohol & other drug treatment programs. SACPA aims 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.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS:** Please add up to 5 (five) key program initiatives below for FY 2010-11.

**FY 2010-11 Program Initiatives**

1. Concentrate on winding down the project through FY 2010-11 as no further grant funding is anticipated

**PROGRAM 4: ADULT DRUG COURT**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Adult Drug Court program, originally funded through a three-year federal grant, is currently supported by a state Comprehensive Drug Court Initiative Implementation (CDCI) grant, an award from the Administrative Office of the Courts (AOC), and the County's General Fund. Adult Drug Courts are designed to stop drug use by non-violent, high risk offenders who face greater legal consequences for failing treatment. The goal of the Adult Drug Court is to reduce County expenses for jail and supervised probation, reduce crime, and improve public health by reducing drug abuse and mandating that participants seek needed medical, mental health and dental treatment.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS:** Please add up to 5 (five) key program initiatives below for FY 2010-11.

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**FY 2010-11 Program Initiatives**

1. Solidify procedures and practices between Proposition 36 & Adult Drug Court programs in order to ensure a seamless continuum of treatment services available to justice referred clients

**SOCIAL SERVICES**

The Division of Social Services administers public assistance programs, the California Work Opportunity and Responsibility to Kids (CalWORKs) employment and training program as well as the Workforce Investment Act (WIA) employment and training program, among others.

**PROGRAM 1: CHILDREN'S SOCIAL SERVICES**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Children's Social Services program provides protective services to ensure the safety of children from abuse and neglect. These services include investigation of abuse allegations, as well as assistance to families to remain together or reunify. In addition, the program includes services to children in foster care, group home care and guardianship care.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

**FY 2010-11 Program Initiatives**

1. Continue implementation of Differential Response Project and expand community partner capacity focused on providing prevention services to moderate risk families at risk of entering the Child Welfare System
2. Implement the next 3-year cycle in the Child Welfare Redesign System Improvement Plan in partnership with Juvenile Probation and community partners
3. Maximize available resources and funding of the SB 163 Wraparound Program and continue to reduce the level of out-of-home placement for children served by Child Welfare, Juvenile Probation, and Community Mental Health

**PROGRAM 2: EMPLOYMENT SERVICES**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Employment Services program is comprised of two program components: California Work Opportunity and Responsibility to Kids (Cal WORKs), and the Workforce Investment Act (WIA).

CalWORKs:

This program provides Welfare-to-Work services to assist families so that children can be cared for in their own homes. It reduces dependency by promoting job preparation, and the removal of barriers to employment such as mental health, substance abuse or domestic abuse issues. This program provides services that assist county residents locate and retain jobs and attain self-sufficiency.

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Workforce Investment Act (WIA):

Provides services as directed by the Federal Workforce Investment Act of 1998. It also supports the Marin Employment Connection (MEC), the County's one-stop employment service delivery system.

**FY 2010-11 PROGRAM INITIATIVES**

➤ **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

<b>FY 2010-11 Program Initiatives</b>
1. Continue to leverage American Recovery and Reinvestment Act (ARRA) federal stimulus funding to increase employment opportunities for youth, adults and others targeted by the funding
2. Evaluate all CalWORKs clients who claim a medically or psychiatrically disabling condition that restricts them from program participation
3. Support the Regional Occupation Program to continue offering Certified Nursing Assistant training and identify resources for job seekers in the sustainable energy field

**PROGRAM 3: PUBLIC ASSISTANCE ELIGIBILITY**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Public Assistance Medi-Cal program is California's version of the Federal Medicaid Program, and is administered by the State Department of Health Services. Major program responsibilities include accurate and expeditious evaluation of eligibility for the Medi-Cal program, issuance of Medi-Cal benefits, and ongoing evaluation of continuing eligibility for this medical insurance benefit.

The California Work Opportunity and Responsibility to Kids (Cal WORKs) program is the state's version of the Federal Temporary Assistance for Needy Families (TANF) program. The major program responsibilities are to provide services as directed by the Federal Welfare Reform Act of 1996, and by corresponding federal and state law. These include: assessment of immediate need for cash assistance; determination of initial eligibility for cash benefits; evaluation of continuing eligibility for cash assistance; assessment of other needs a family may have, and appropriate referrals to other agencies.

The County Medical Services Program (CMSP) is authorized by state law to provide for the health care of medically indigent adults residing in rural and semi-rural counties of California which participate in the CMSP. Major program responsibilities include accurate and expeditious evaluation of eligibility for the CMSP program, and ongoing evaluation of continuing eligibility for this medical insurance benefit.

The Food Stamp program is designed to promote the general welfare and to safeguard the health and well-being of the nation's population by raising the levels of nutrition among low-income households. The major program responsibilities are to provide services as directed by federal and state laws, including the determination of eligibility for "expedited" food stamp benefits, the determination of initial and ongoing eligibility for the food stamp program, and the issuance of food stamp benefits, in the form of electronic benefit transfer cards, to all eligible households.

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**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

<b>FY 2010-11 Program Initiatives</b>
1. Continue implementation of the current Statewide Automated Welfare System to the new C-IV automated system
2. Continue to implement performance standards for case processing, re-determinations, worker alerts and Bridging program
3. Increase efforts on “sanctioned” and “exempt” cases to improve client participation
4. Explore and develop efficient workload strategies aimed at addressing the current caseload increase
5. Continue to develop Outreach materials and strategies in order to provide accurate accessible information regarding benefit options to the community

**PROGRAM 4: PUBLIC ASSISTANCE AND AID PAYMENTS**

**PROGRAM DESCRIPTION AND RESPONSIBILITIES**

The Public Assistance Aid Payments program provides assistance with shelter, food and employment services to individuals who are disabled/unemployed and ineligible for the California Work Opportunity and Responsibility to Kids (Cal WORKs) program.

**FY 2010-11 PROGRAM INITIATIVES**

- **INSTRUCTIONS: Please add up to 5 (five) key program initiatives below for FY 2010-11.**

<b>FY 2010-11 Program Initiatives</b>
1. Implement the new C-IV automated system which will change work practices
2. Continue to implement performance standards for case processing, re-determinations, worker alerts and Bridging program
3. Increase efforts on “sanctioned” and “exempt” cases to improve client participation

**VII. PERFORMANCE MEASURES**

**MENTAL HEALTH SERVICES DIVISION**

**YOUTH AND FAMILY SERVICES**

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

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Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of children assessed who need treatment	468	467	400	400
<b>Efficiency Measures</b>				
Total days in residential treatment	8,657	5,754	6,500	6,500
<b>Effectiveness Measures</b>				
Number of children placed in residential treatment	37	29	28	28

**PSYCHIATRIC EMERGENCY SERVICES**

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

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of children and adolescents admitted	185	155	185	185
<b>Effectiveness Measures</b>				
Percent of child/adolescent clients not discharged to inpatient psychiatric hospitalization	65%	75%	65%	65%

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

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	F FY 10-11 Estimate
<b>Workload Measures</b>				
Number of adults admitted	1,200	983	1,200	1,200
<b>Effectiveness Measures</b>				
Percent of adult clients not discharged to inpatient psychiatric hospitalization	60%	65%	60%	60%

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**MENTAL HEALTH PLAN**

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

<b>Measures</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Actual</b>	<b>FY 09-10 Estimate</b>	<b>FY 10-11 Estimate</b>
<b>Workload Measures</b>				
Total number of Medi-Cal beneficiaries	19,148	19,973	20,000	20,000
<b>Efficiency Measures</b>				
Amount of approved claims per beneficiary served annually	\$5,017	\$4,990	\$4,700	\$4,500
<b>Effectiveness Measures</b>				
Penetration rate	11.06%	10.75%	10%	9%

**Story Behind Performance:** State funding for managed care was reduced by 50 percent so the Marin Mental Health Plan penetration rate and cost per beneficiary will decrease.

**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**

<b>Measures</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Actual</b>	<b>FY 09-10 Estimate</b>	<b>FY 10-11 Estimate</b>
<b>Workload Measures</b>				
Number of jail bookings for participants after two years	16	19	18	18
<b>Effectiveness Measures</b>				
Percent reduction in the average number of offenses by participants in the program	67%	50%	70%	70%
Number of jail days for participants enrolled in the program for at least 12 months	127	411	400	300

**PUBLIC HEALTH SERVICES DIVISION**

**COMMUNITY EPIDEMIOLOGY PROGRAM**

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

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Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of women connected to screening, diagnostic services, research and medical care	121	269	100	150
Number of internal and external programs linked to health data/statistics used to support program planning, policy development, research, needs assessments and grant proposals	50	113	50	100
Number of women participating in the Marin Women's Study	7,000	14,000	15,000	15,000

**Story Behind Performance:** FY 2007-08 was the initial year of the outreach. Subsequent years reflect increased participation from outreach partners and more targeted mailings.

**PUBLIC HEALTH PREPAREDNESS**

**Objective:** Evaluate and revise core medical/health response plans, including conducting exercises and drills

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY10-11 Estimate
<b>Workload Measures</b>				
Number of medical/health plans drafted or revised	4	6	4	4
Number of drills, exercises, or actual events for which an after action report has been created	6	6	4	4
<b>Effectiveness Measures</b>				
Response rate in CAHAN notification drills	n/a	81%	60%	60%
Average 5.0 point rating given by exercise, drill, or actual event participants	4.0	4.5	4.5	4.5

**Objective:** Train, educate, inform, and coordinate with emergency responders, partner organizations, and the public to improve community readiness for responding to public health emergencies

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY10-11 Estimate
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Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY10-11 Estimate
<b>Workload Measures</b>				
Number of person-hours of preparedness training provided for HHS staff and MMRC volunteers	n/a	1,900	2,100	2,100
Number of Public Health Alerts, Advisories, and Updates sent to Marin County healthcare providers	21	21	50	50
Number of CAHAN users	395	600	800	800
<b>Efficiency Measures</b>				
Response rate in CAHAN notification drills	n/a	81%	60%	60%
Percent of time 24/7 capacity maintained to respond to public health emergencies	100%	100%	100%	100%
<b>Effectiveness Measures</b>				
Collaboration/Coordination with (number of) organizations	n/a	n/a	40	40
Average 5 point rating given to trainings and presentations	n/a	n/a	4.5	4.5

**INTEGRATED CLINICS**

**Objective: To provide the safety net services of the sexually transmitted diseases (STD), tuberculosis (TB), immunization and HIV Clinics in one accessible location**

Measures	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Estimate	FY 09-10 Estimate
<b>Workload Measures</b>				
Number of unduplicated clients served in the STD, TB, immunization and HIV programs at the Integrated Clinics	n/a	n/a	3,092	3,000
<b>Effectiveness Measures</b>				
Number of clients who received services at more than one program in the Integrated Clinics	n/a	n/a	121	125

**Story Behind Performance:** Co-location of clinic services at the Health and Wellness Campus particularly benefits clients who access services at more than one program and previously had to go to various clinic sites. Clients are also served by the geographic proximity of the Marin Community Clinics.

**CHILDREN'S HEALTH INITIATIVE (CHI)**

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

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Effectiveness Measures</b>				
Number of children enrolled in low-income health insurance products	12,000	12,000	12,000	12,000

**Story Behind Performance:** Efforts are concentrated on maintaining funding due to the proposed reductions in the Governor’s budget.

**CALIFORNIA CHILDREN’S SERVICES (CSS)**

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

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of cases reviewed annually and appropriately case managed for treatment based on California Children’s Services Special Care Center reports	500	511	500	535
<b>Effectiveness Measures</b>				
Percent of eligible children having a documented medical home and primary care provided	90%	93%	90%	94%

**COMMUNITY HEALTH AND PREVENTION SERVICES**

**Objective: Increase access to health services and health education to underserved communities**

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of community events offering medical and dental screenings	n/a	6	8	10
Number of eligible clients received Targeted Case Management (TCM) services	n/a	n/a	150	220
Number of free health education classes and opportunities at the Connection Center	n/a	n/a	4	6
<b>Effectiveness Measures</b>				

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Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
Percent of clients referred for follow –up care and/or participating in health education at the Connection Center	n/a	n/a	10%	15%
Percent of TCM clients maintaining the connection to an appropriate medical home	n/a	n/a	40%	55%

**Objective: Promote countywide collaborations and coordination to address gaps in health service delivery to underserved populations**

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of new strategies developed to address gaps in service delivery	n/a	n/a	2	4
<b>Effectiveness Measures</b>				
Percent of new strategies implemented to address gaps in service delivery	n/a	n/a	n/a	50%

**EMERGENCY MEDICAL SERVICES**

**Objective: Provide Emergency Medical Services (EMS) system oversight and medical direction to improve survival rates for out-of-hospital cardiac arrest (OHCA)**

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of patients with out-of-hospital cardiac arrest (OHCA) transported by EMS	n/a	71	70	70
<b>Efficiency Measures</b>				
Number of transported cardiac arrest patients with a return of spontaneous circulation in the field	n/a	22	24	24
<b>Effectiveness Measures</b>				
Number of transported cardiac arrest patients with a return of spontaneous circulation in the field discharged from hospital	n/a	11	12	12

**Story Behind Performance:** The EMS Program is initiating a review of all patients transported with out-of-hospital cardiac arrest to determine survival rates and any concurrent measures that improve survival (i.e., bystander CPR, early defibrillation, hypothermia, etc). In FY 2009-10 we will establish several baseline values against which future data can be compared.

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**Objective:** Provide Emergency Medical Services (EMS) system oversight and medical direction to ensure excellent and cost-effective trauma care

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
Number of trauma patients transported by EMS to Trauma Center	n/a	946	950	950
<b>Efficiency Measures</b>				
Average critical trauma patient "on-scene time" in minutes	n/a	21.8	20	14
<b>Effectiveness Measures</b>				
Percent of trauma patients with minor injuries who are treated in the trauma center	n/a	52.2%	48%	45%
Percent of trauma patients who are not initially treated in the trauma center	n/a	n/a	< 3%	< 3%
Number of trauma patients transported by EMS to Trauma Center	n/a	946	950	950

**Story Behind Performance:** The EMS Program is working with trauma system partners to implement several strategies in FY 2010-11 to reduce unnecessary activation of trauma services for patients with relatively minor injuries (i.e., overtriage), and to maintain a low rate of secondary transfer to the trauma center from a receiving hospital (i.e., undertriage).

**Objective:** Provide Emergency Medical Services (EMS) system oversight and medical direction to improve detection and reduce overall time to treatment for segment elevation myocardial infarction (STEMI) patients with suspected coronary artery blockage

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of patients identified with STEMI and transported by EMS to Marin County STEMI receiving centers	n/a	38	38	38
<b>Efficiency Measures</b>				
Average time in minutes from paramedic detection of STEMI via 12-lead ECG to coronary vessel catheterization	n/a	70	65	65
<b>Effectiveness Measures</b>				
Percent of STEMI patients transported by EMS not detected by paramedics in the field	n/a	7.8%	< 5.0%	< 5.0%

**Story Behind Performance:** Patients with a coronary artery blockage that can lead to heart attack have significantly better outcomes when transported quickly to a specialized hospital receiving center for rapid reversal of the blockage. The EMS Program reviews all cases of STEMI (or "ST segment

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elevation myocardial infarction”) to determine accuracy of detection by paramedics in the field and elapsed time to opening of the blocked vessel in the STEMI receiving center.

**WOMEN INFANT AND CHILDREN (WIC)**

**Objective:** Improve rates of breastfeeding

<b>Measures</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Actual</b>	<b>FY 09-10 Estimate</b>	<b>FY 10-11 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	56.3%	54%	58%	59%

**CHILDREN AND FAMILY SERVICES, EMERGENCY RESPONSE**

**Objective:** Protect the children of Marin County from abuse and neglect by the provision of a professional 24 hour response 7 days a week

<b>Measures</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Actual</b>	<b>FY 09-10 Estimate</b>	<b>FY 10-11 Estimate</b>
<b>Workload Measures</b>				
Number of calls received annually	2,137	1,920	1,887	1,887
<b>Efficiency Measures</b>				
Percent of all intake calls assessed/screened through Structured Decision Making Tool (SDM) with the Hotline Tool with the goal of 100 percent	94%	92.2%	96.1%	96.1%
<b>Effectiveness Measures</b>				
Number of calls evaluated out	1,273	1,056	940	940
Number of calls becoming 10 day response referrals	644	644	710	710
Number of calls becoming 24 hour response referrals	168	171	237	237

**Story Behind Performance:** Children and Family Services works within federal and state legal and regulatory parameters. Calls are screened by a Social Worker who uses an evidenced based tool to decide the level of risk to the child and the response needed. Calls that meet the legal criteria for investigation are separated by urgency. The most urgent receive an immediate response and the others are seen within 10 days.

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**Objective: Complete thorough and timely emergency response investigations, assessing risk and safety to children, in order to protect them from abuse and or neglect**

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of referrals investigated by emergency response staff	864	864	947	947
<b>Effectiveness Measures</b>				
Percent of referrals responded in a timely manner with a goal of 95 percent	n/a	n/a	86.5%	88%

**Story Behind Performance:** Though the aggregate number of calls to our hotline has decreased, the number meeting the legal criteria for investigation has increased. Also, more calls are requiring an immediate investigation. Staff has been moved from other parts of the agency to Emergency Response to cope with this change. Timely response statistics are only available for FY 2009-10 but entered annually going forward.

**ALCOHOL, DRUG AND TOBACCO SERVICES DIVISION**

**ALCOHOL AND OTHER DRUG PREVENTION**

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

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of binge drinking prevention policies/ordinances adopted by cities or towns in Marin County	6	2	2	2
Number of establishments visited by compliance check operations	35	99	0	100
Number of establishments participating in Responsible Beverage Service training	204	38	100	100
Number of media spots on binge drinking prevention efforts	181	100	100	100
<b>Effectiveness Measures</b>				
Percent reduction in the number of incidents where alcohol establishments sell to underage or intoxicated patrons	77%	0%	0%	0%

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**Story Behind Performance:** Grant funds to support these efforts ended, so we have been unable to support law enforcement in conducting compliance checks.

**PROJECT INDEPENDENCE**

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

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Efficiency Measures</b>				
Percent compliance by the client with their discharge plan during the time they are in the program	75%	95%	80%	85%
<b>Effectiveness Measures</b>				
Percent of clients who do not return to the hospital within 30 days	80%	95%	85%	85%

**HEALTHY HOUSING**

**Objective:** Assist high-risk residents served by Healthy Housing to remain independent with target of at least 50 percent independence ratio

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of residents participating in the Healthy Housing programs	100	214	200	130
<b>Effectiveness Measures</b>				
Percent of high-risk residents in Targeted Case Management program who remain independent	50%	92%	70%	70%

**ADOLESCENT SUBSTANCE ABUSE INTERVENTION AND TREATMENT SERVICES (ASAITs)**

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

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
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Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of adolescents receiving division-funded substance abuse intervention services	80	105	100	120
<b>Effectiveness Measures</b>				
Percent of adolescents who successfully completed treatment	57%	63%	60%	60%
Percent of adolescents in treatment that reduced their juvenile justice involvement at discharge	75%	40%	75%	75%

**SUBSTANCE ABUSE TREATMENT SERVICES BASE PROGRAM**

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

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of adult clients admitted to Base substance abuse treatment services (excluding residential detoxification)	673	625	600	600
Number of adult clients admitted to Base residential detoxification services	1,280	925	925	925
Average percentage of adult clients that are waitlisted for substance abuse treatment services (excluding residential detoxification)	21%	27%	27%	25%
<b>Effectiveness Measures</b>				
Percent of adult Base system clients that successfully completed a treatment episode (excluding residential detoxification)	55%	50%	50%	50%

**TOBACCO PREVENTION AND CESSATION SERVICES PROGRAM**

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

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
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<b>Measures</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Actual</b>	<b>FY 09-10 Estimate</b>	<b>FY 10-11 Estimate</b>
<b>Workload Measures</b>				
Number of adults participating in tobacco education services	362	350	350	360
Number of adults participating in tobacco cessation services	39	60	75	70
Number of agencies/clinics that are trained to promote cessation services	9	10	10	10
<b>Effectiveness Measures</b>				
Percent of program participants that have quit or reduced smoking at six months following program completion	60%	60%	60%	60%

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

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

<b>Measures</b>	<b>FY 07-08 Actual</b>	<b>FY 08-09 Actual</b>	<b>FY 09-10 Estimate</b>	<b>FY 10-11 Estimate</b>
<b>Workload Measures</b>				
Number of clients transitioned from SACPA to Adult Drug Court	10	5	0	12
<b>Effectiveness Measures</b>				
Percent of successful Adult Drug Court treatment completions	50%	73%	50%	50%
Percent of clients employed at treatment completion	75%	62%	75%	100%

**Story Behind Performance:** Clients requiring a higher level of care, including more Court-supervision, were transitioned to the Drug Court as that program model was better aligned with their treatment needs.

**SOCIAL SERVICES DIVISION**

**PUBLIC ASSISTANCE BRANCH, PUBLIC ASSISTANCE ELIGIBILITY**

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**Objective:** Increase online access to public assistance benefits with greater flexibility and community support through C4Yourself

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of applications for public benefits received via the C4Yourself system	n/a	n/a	15	60
<b>Efficiency Measures</b>				
Number of days between application date and date of application approval/denial.	n/a	n/a	45	42
<b>Effectiveness Measures</b>				
Percentage of applicants who received a timely response (as defined by regulation) to their online application.	n/a	n/a	75%	85%

**Story Behind Performance:** Beginning on April 1, 2010, residents of Marin County will be able to apply for CalWORKs, Food Stamps, Medi-Cal and CMSP benefits online using the "C4Yourself" application integrated with Marin County's new C-IV Statewide Automated Welfare System. The online application will allow residents to apply at their convenience from any computer with internet access. Further, the online application available through "C4Yourself" will allow assistants from Community Based Organizations to provide help to the clients they serve, thereby enabling these clients to provide more thorough and complete applications which will allow applications to be processed more quickly. Residents using the "C4Yourself" system will reduce time spent waiting in lines at the Public Assistance office, and if applications are submitted in a more complete state they should be able to receive an eligibility determination more quickly.

**Objective:** Provide access to affordable food for people who are in crises and or living in poverty

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of new applications received for food stamps	3,742	5,056	5,285	5,549
<b>Efficiency Measures</b>				
Percent of expedited requests processed within three days per federal mandate	93%	84%	91%	91%
<b>Effectiveness Measures</b>				
Percent of applications approved	64%	62%	63%	62%

**Objective:** Provide access to medical services to people who are in crises and or living in poverty

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Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of new applications received for Medi-Cal	8,922	9,808	9,356	8,900
<b>Efficiency Measures</b>				
Percent of applications processed with 30 days	72%	72%	70%	71%
<b>Effectiveness Measures</b>				
Percent of applications approved	55%	56%	57%	58%

**EMPLOYMENT AND TRAINING, MARIN EMPLOYMENT CONNECTION**

**Objective:** Assist Marin County residents with achieving self-sufficiency through providing job search assistance and vocational training opportunities as appropriate

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Numbers of visits to the Career Resource Center, the front door to MEC services	11,189	14,780	17,000	17,000
<b>Efficiency Measures</b>				
Number of visits per employment counselor FTE	1,865	2,464	2,267	2,300
<b>Effectiveness Measures</b>				
Percentage of enrolled WIA Adult clients who enter employment first quarter after exiting the program	88%	78%	80%	80%

**Story Behind Performance:** The condition of the economy has a great impact on the Marin Employment Connection measures. The recession that started at the beginning of 2008 has greatly increased the number of Marin residents seeking services, as well as the number of individuals who are able to find employment.

**CHILDREN AND FAMILY SERVICES, ADOPTION & LICENSING**

**Objective:** Provide children who require a permanent placement with families who are well supported to care for them

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of Adoptive parents served in Adoption Assistance Program	221	221	221	221

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Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
(AAP) families				
<b>Efficiency Measures</b>				
Number of AAP families re-assessed annually with a goal of 50 percent	111	111	111	111
<b>Effectiveness Measures</b>				
Number of Relative Homes Assessed for placement	9	16	7	7
Number of Foster Homes Licensed for placement	8	8	3	3

**Story Behind Performance:** A permanent family can be adoptive, a relative, a guardian or a foster family that agrees to take a child long term.

**CHILDREN AND FAMILY SERVICES, CONTINUING SERVICES**

**Objective: Maintain children safely in the most stable and beneficial home for the child**

Measures	FY 07-08 Actual	FY 08-09 Actual	FY 09-10 Estimate	FY 10-11 Estimate
<b>Workload Measures</b>				
Number of children served by CWS excluding probate guardianship and Inter-County Transfer cases	98	127	105	105
<b>Efficiency Measures</b>				
Number of children receiving Youth Pilot Project services	56	36	28	36
<b>Effectiveness Measures</b>				
Children receiving Youth Pilot Project services who remain in their stable home	54	30	27	30
Dollar savings to the cost of placement	\$281,200	\$265,000	\$265,000	\$265,000

**Story Behind Performance:** A stable home can be a birth family, a relative placement or any home that is licensed or approved to care for the child. The Youth Pilot Project (YPP) provides services to assist in maintaining the child in their home. Out of home placement can be extremely expensive both in human and monetary terms. YPP empowers families to ask for what they need. Probate Guardianships and Inter-County Transfers are taken out of this measure because we do not serve them in the same way.