

Health and Human Services FY 2011-12 Performance Plan

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. ACCOMPLISHMENTS FOR FY 2010-11

- Initiated process aimed at strengthening community health care resources to ensure adequate availability of the health care safety net
- Initiated a department-wide effort to improve the coordination of services to those in the jail, or recently discharged from the jail, to prevent recidivism as well as to promote health, well-being and self-sufficiency
- Trained all staff psychiatrists and nurse practitioners to use electronic prescription software (RxNT) that provides better accuracy and outcomes in prescribing practices
- Analyzed the department's ability to provide information to the public and implemented recommendations, including designation of two main information and referral lines; and a planner/evaluator to coordinate, monitor and focus on the department's public website and its coordination with community websites.
- Participated in countywide effort to improve communications with the public through messaging and public outreach efforts
- Worked to ensure that pregnant women and their babies receive support necessary for their health, including a new home-visit program for CalWORKs mothers; dental care services; and continued services through the Health and Human Services (HHS) Clinic and Comprehensive Perinatal Services Program (CPSP)
- Launched HHS Prevention Hub with the goal to increase the focus on and capacity to implement effective primary prevention strategies across the department; resulting in immediate increased collaboration of six projects

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- Implemented Marin Works Now, an employment program subsidized by the American Reinvestment and Recovery Act, in collaboration with community partners. Marin Works has 1) placed jobs for over 350 unemployed adult residents and 120 youth at over 200 local businesses; 2) retained un-subsidized employment for 150 participants; 3) utilized \$1 million to assist local families with rental assistance, car repairs, utility assistance as well as school clothing and supplies for over 300 families; and 4) provided supplemental funding to local food pantries, which benefits 500 families per month.
- Marin's McKinney Vento proposal received the highest score in the country and brought \$2.4 million in funding for homeless housing and services

IV. GOALS AND KEY INITIATIVES FOR FY 2011-12

Countywide Goals				
I. Healthy Communities	II. Safe Communities	III. Sustainable Communities	IV. Environmental Preservation	V. Community Participation
VI. Excellent Customer Service	VII. Employer of Choice	VIII. Effective Communication	IX. Managing for Results	X. Financial Responsibility

GOAL I

Ensure the provision of essential and mandated services and benefit programs

FY 2011-12 Key Initiatives

Initiatives	Countywide Goals
1. Expand eligibility program outreach, access and support to increase accessibility to public benefits and other services for families in crisis	I. Healthy Communities
2. Implement medi-cal managed care to assure access to safety net services	I. Healthy Communities

GOAL II

Prevent injury, physical and mental illness, and chronic conditions among residents

FY 2011-12 Key Initiatives

Initiatives	Countywide Goals
1. Implement Prevention Hub that includes shared polices and practices throughout the department and across multiple issues	I. Healthy Communities

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GOAL III

Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents

FY 2011-12 Key Initiatives

Initiatives	Countywide Goals
1. Increase accessibility of services and supports for individuals who are dually diagnosed through trainings and integration of HHS programs in Alcohol Drug and Tobacco and Community Mental Health Divisions	I. Healthy Communities
2. Assess and develop approaches to address gaps in the children and family services system	VI. Excellent Customer Service

GOAL IV

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

FY 2011-12 Key Initiatives

Initiatives	Countywide Goals
1. Implement ShareCare System in Mental Health to assure continued compliance with rules and regulations regarding medical managed care	I. Healthy Communities
2. Increase capacity of staff and community based organizations to provide services for clients who have co-occurring disorders	I. Healthy Communities
3. Continue to support Human Resources Management Academy to improve supervisory performance and staff satisfaction	VII. Employer of Choice

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GOAL V

Increase awareness of, and access to, County and community services and supports

FY 2011-12 Key Initiatives

Initiatives	Countywide Goals
1. Utilize web-based applications to improve internal and external access to population based data and service utilization information and trends	VIII. Effective Communication
2. Standardize demographic, epidemiological and other data to inform policy, planning and programs	IX. Managing for Results

V. KEY CHALLENGES AND OUTSTANDING ISSUES

- Restructuring services, supports and delivery mechanisms given continuing budget reductions and state budget uncertainty
- Balancing immediate decisions and long range planning while engaged in staffing and program transitions that impact employee morale and can compromise service delivery
- Identifying and implementing programmatic principles and evidenced-based strategies and practices that attend to the multiple needs of the underserved and vulnerable population in an integrated, cross-divisional and coordinated fashion
- Coordinating and sustaining appropriately paced strategies that grow the integrated service capacity of Federally Qualified Health Centers (e.g., alcohol, drug, mental health, and primary care)
- Expanding awareness and adoption of the full continuum of prevention to crisis intervention and intensive treatment across all divisions while leveraging relationships and strengths of community partners
- Implementing department protocol for identifying, analyzing and utilizing data and information across the department to inform planning, program and advocacy with an emphasis on health care disparities for underserved and vulnerable groups
- Creating a more adaptive human resources and classification system to facilitate the flexibility and qualifications needed to develop and sustain a workforce capable of meeting the increasing and more complicated demands of our diverse constituencies

VI. OVERVIEW OF PROGRAMS

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.

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GENERAL ADMINISTRATION

The major program responsibilities of the General Administration program include:

Office of the Director:

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 principally by 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. The 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 department-wide 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 Health and Human Services (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.

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Information Technology

The unit provides technical support services to the department including the full range of help desk services.

MENTAL HEALTH SERVICES

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

1. MENTAL HEALTH ADMINISTRATION

Mental Health Administration 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 program.

2. ADULT MENTAL HEALTH SERVICES

Adult Mental Health Services 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 crisis. 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

3. YOUTH AND FAMILY SERVICES

Youth and Family Mental Health Services 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 staff 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
- 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

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Given recent changes in state mandated responsibilities, planning has begun for the possibility of moving the responsibility for providing mental health services for seriously emotionally disturbed students to the school districts from the County.

4. MENTAL HEALTH MANAGED CARE

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.

In order to implement the state's 50 percent reduction in the managed care allocation beginning July 1, 2009, MMHP eliminated individual therapy and implemented group therapy for adults and family therapy for children. MMHP also limited the number of therapy visits an individual or family could receive to two individual and 16 groups or two individual and 16 family therapy sessions. Through Prevention and Early Intervention Mental Health Services Act (MHSA) funding, many organizational providers took advantage of training to provide Positive Parenting Program (Triple P) and are implementing this evidenced based practice throughout the MMHP system. There has been a sharp increase in uninsured individuals using inpatient hospital services which is a direct County cost with no revenue. This is most likely due to the economic downturn and people losing jobs and subsequently their insurance. Medi-Cal utilization has been stable.

5. SUPPORT AND TREATMENT AFTER RELEASE (STAR) PROGRAM

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 are on court-ordered probation and are concurrently enrolled in the program. 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.

Due to budget cut backs both the Sheriff-Coroner and the San Rafael Police Department have withdrawn their officers from the team. This represents a significant loss to the team as the officers were an integral part of the STAR Program.

AGING AND ADULT SOCIAL SERVICES DIVISION

The Division of Aging and Adult Social 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, Veterans Services, and Public Guardian.

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1. AGING AND ADULT SOCIAL SERVICES

Aging and Adult Social Services administers the Area Agency on Aging, providing a wide variety of contracted services, programs and special grants for Marin County residents are older and may have disabilities. The Division also includes the Adult Protective Services, In-Home Supportive Services, Veterans Services, Chronic Care and Public Guardian programs.

2. VETERANS' SERVICES

Veterans Services provides referral and consultation services to the veterans of Marin County and their spouses, widows, 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, educational benefits, and assistance to veterans' dependents in obtaining benefits; which may include financial assistance to widows, widowers, and children of veterans.

3. IN-HOME SUPPORTIVE SERVICES PROVIDER SERVICES

The n-Home Support Services (IHSS) 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).

4. PUBLIC GUARDIAN

Public 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:

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 the 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.

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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.

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.

1. PUBLIC HEALTH ADMINISTRATION

Public Health Administration 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.

2. EPIDEMIOLOGY

Epidemiology 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.

3. PUBLIC HEALTH PREPAREDNESS

Public Health Preparedness 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.

4. EMERGENCY MEDICAL SERVICES

Emergency Medical Services (EMS) 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 emergency medical technicians; 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;

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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.

5. INTEGRATED CLINICS

Integrated provides 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, support, and improve the health of Marin County residents living with HIV/AIDS. These services are 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; 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, Sexually Transmitted Disease and Tuberculosis 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 include educational outreach and Health Officer responsibilities. 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.

6. DENTAL CLINICS

The Dental Clinic provides direct dental services to children, adolescents and adults, including services to clients of the Marin Community Clinics. Program responsibilities include routine and emergency dental care services.

7. DETENTION MEDICAL

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, health assessments, referral, treatment and medications. The program works closely with the Sheriff-Coroner and other law enforcement officials; community mental health services, the criminal justice system; and contracted dental and other services.

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8. CHILDREN'S HEALTH SERVICES

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. 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).

CCS 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.

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 is a preventive health program serving California's children and youth. The 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 percent 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 social workers and probation officers to ensure that children in foster care receive needed health services.

9. COMMUNITY HEALTH AND PREVENTION

Community Health and Prevention Services 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 collaboration 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.

The recently established Prevention Hub is a cross-divisional initiative focused on increasing the use and effectiveness of primary prevention strategies in the department. The Hub provides training and technical assistance to prevention staff and community partners to improve core prevention competencies develop integrated prevention messaging and leverage shared prevention resources. It links prevention staff with opportunities to better coordinate and communicate, as well as align the Department for prevention funding in federal health care reform. Additionally, the Hub will engage communities in the development of a health framework to build and support healthy communities in Marin

Now includes Women, Infant, and Children (WIC) and Tobacco Education.

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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 under five years old; providing information and referral services; conducting outreach activities; providing health education and information materials and opportunities; and developing and maintaining collaborative relationships.

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

ALCOHOL AND DRUG SERVICES

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

1. ALCOHOL AND DRUG PROGRAM

Alcohol and Drug Programs works to prevent and treat alcohol and 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 delivery system.

The division serves as an administrative agency responsible for seeking and for allocating federal, state and local grant funds to deliver alcohol 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.

2. PROPOSITION 36

The Substance Abuse and Crime Prevention Act of 2000 (SACPA) program diverts non-violent drug offenders and parolees charged with simple drug possession or drug use offenses from incarceration to community-based alcohol and other drug treatment programs. During the past three years state funding for SACPA has been decreasing and as of FY 2009-10 was eliminated. In FY 2009-10, Marin County applied for and received one-time federal funding which, through budget management and access to other funds, has been used to continue the program through March 2011.

3. ADULT DRUG COURT

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.

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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.

1. CHILDREN'S SOCIAL SERVICES

Children's Social Services 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.

2. PUBLIC ASSISTANCE ELIGIBILITY

Public Assistance Medi-Cal 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.

California Work Opportunity and Responsibility to Kids (Cal WORKs) is the state's version of the Federal Temporary Assistance for Needy Families (TANF) program. The major program responsibility is to provide services as directed by the Federal Welfare Reform Act of 1996, and corresponding federal and state law. These services 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.

3. EMPLOYMENT SERVICES

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

CalWORKs 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.

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

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4. PUBLIC ASSISTANCE AND AID PAYMENTS

Public Assistance Aid Payments 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.

VII. PERFORMANCE MEASURES

PLANNING AND ADMINISTRATION

Objective: Increase the percentage rate of completed annual performance evaluation

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Effectiveness Measures					
→ Percentage of staff who have a performance evaluation completed in the past year	n/a	n/a	n/a	55%	75%

→ Indicates Key Measure

Story Behind Performance:

In order to have an engaged, well managed workforce, it is critical that all employees are evaluated every 12 months as a mechanism for communicating to the employee their performance level and setting goals for the next evaluation period. The department is in the process of implementing SharePoint as a tool to manage the tracking and completion of employee evaluations. After full implementation, the department will be able to monitor the process with the goal of insuring that all employees are evaluated every 12 months.

MENTAL HEALTH SERVICES DIVISION

YOUTH AND FAMILY SERVICES

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of children assessed who need treatment	475	467	485	400	375
Efficiency Measures					
Total days in residential treatment	6,539	5,754	5,699	6,500	5,000
Effectiveness Measures					

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MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Number of children placed in residential treatment	28	29	30	28	24

Story Behind Performance:

With the continued efforts to provide Therapeutic Behavioral Services in family homes and the work of Seneca Programs, Health and Human Services (HHS) contract agency for wrap around services, the department hopes to continue the downward trend in the use of residential placements for children from Marin County.

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 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of children and adolescents admitted	185	155	118	185	185
Number of adults admitted	1,200	983	961	1,200	1,200
Effectiveness Measures					
Percent of child/adolescent clients not discharged to inpatient psychiatric hospitalization	65%	75%	78%	65%	65%
Percent of adult clients not discharged to inpatient psychiatric hospitalization	60%	65%	71%	60%	60%

Story Behind Performance:

There was a spike in adolescents admitted to Psychiatric Emergency Services after two youth suicides in October, but overall the number has remained stable for FY 2010-11.

Ninty one percent of the clients who move from Psychiatric Emergency Services to acute inpatient hospitals are admitted involuntarily. This has made the need for an alternative to locked hospital admissions apparent. Planning for the Crisis Residential program funded through the Innovation portion of the Mental Health Services Act was completed and should be approved by the state Oversight and Accountability Commission shortly.

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MENTAL HEALTH PLAN

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Total number of Medi-Cal beneficiaries	19,148	19,973	21,646	20,000	21,000
Efficiency Measures					
Amount of approved claims per beneficiary served annually	\$5,017	\$4,990	\$5,308	\$4,500	\$4,500
Effectiveness Measures					
Penetration rate: the number of Medi-Cal clients served compared to the total population of Medi-Cal beneficiaries	11%	11%	10%	9%	9%

Story Behind Performance:

The number of Medi-Cal beneficiaries is on the rise as a result of identification and enrollment of individuals with disabilities and an increase in poverty levels in part due to the economic downturn. The dollar amount of approved Medi-Cal claims per year per beneficiary has little variance. However, as the plan to reduce Managed Care by 50 percent is implemented, the penetration rate will continue to decrease and the cost per client could decrease as the Marin Mental Health Plan makes changes in the type and amount of services authorized.

SUPPORT AND TREATMENT AFTER RELEASE (STAR) PROGRAM

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of jail bookings for participants after two years	16	19	8	18	18
Effectiveness Measures					
Percent reduction in the average number of offenses by participants in the program	67%	50%	67%	70%	70%
Number of jail days for participants enrolled in the program for at least 12 months	127	411	440	300	300

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OFFICE OF THE PUBLIC GUARDIAN

Objective: Educate the community about the least restrictive alternatives to conservatorship

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of interagency and multi-disciplinary meetings within the County and with community partners	n/a	n/a	58	45	40
Efficiency Measures					
Number of referrals for conservatorship	n/a	n/a	79	70	64
Effectiveness Measures					
Number of cases sent in to court	n/a	n/a	50	60	64

Story Behind Performance:

Conservatorship is a legal process not to be undertaken lightly. Obtaining conservatorship is a time consuming process that heavily utilizes staff time and court resources, with the end result of individual liberties reduced or eliminated. As a result of examining and suggesting alternatives to conservatorship and referrals to other services, the number of cases referred to the Public Guardian will lessen. This, in turn, will impact the number of referrals sent to court, saving County resources, money, and time.

As part of a restructuring and reorganization process, the Public Guardian has undertaken the goal to educate and inform other agencies, as well as the public, about our role in the community. The number of meetings and trainings is expected to decrease as community and County partners better understand our purpose, role and services. In order to further measure our effectiveness and educate accordingly, in the next fiscal year the department will begin keeping a log to track the number of inquiries concerning conservatorship.

AGING AND ADULT SERVICES

PROJECT INDEPENDENCE

Objective: Increase percentage of program participants who do not return to hospital

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Efficiency Measures					
Percent compliance by the client with their discharge plan during the time they are in the program	75%	95%	90%	85%	85%
Effectiveness Measures					

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MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Percent of clients who do not return to the hospital within 30 days	80%	95%	92%	85%	85%

Story Behind Performance:

Budget cuts, staff reductions, and financial solvency of the program were major challenges in the last year. Increased collaboration among colleagues, service providers, faith-based groups, as well as utilization of volunteers and student nurses were instrumental in rising to these challenges.

HEALTHY HOUSING

Objective: Assist high-risk residents to remain independent

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of residents participating in the Healthy Housing programs	100	214	204	130	150
Effectiveness Measures					
Percent of high-risk residents in targeted case management program who remain independent	50%	92%	92%	70%	80%

Story Behind Performance:

Collaboration with a public health nurse to identify resources for Medi-Cal clients, utilization of student nurses and non-RN college and high school volunteers to visit clients contributed to the success of the program in promoting health and preventing social isolation.

PUBLIC HEALTH SERVICES DIVISION

COMMUNITY EPIDEMIOLOGY PROGRAM

Objective: Conduct, participate in, and translate research and epidemiology projects

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
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	69	100	100
Number of women participating in the Marin Women's Study	7,000	14,000	14,500	14,500	14,500

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Story Behind Performance:

The number of women participating in the Marin Women's Study remains the same. No more participants are expected, as recruitment has concluded.

PUBLIC HEALTH PREPAREDNESS

Objective: Improve community readiness for responding to public health emergencies through training and education

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of person-hours* of preparedness training provided for HHS staff and MMRC volunteers	n/a	1,900	2,000	2,100	2,100
Number of California Health Alert Network (CAHAN) users	395	600	n/a	800	800
Number of medical/health plans drafted or revised	4	6	n/a	4	4
Efficiency Measures					
Number of drills, exercises, or actual events for which an after action report has been created	6	6	n/a	4	4
Effectiveness Measures					
Response rate in CAHAN notification drills	n/a	81%	n/a	60%	60%
Average rating given by exercise, drill, or actual event participants (5.0 point scale)	4.0	4.5	n/a	4.5	4.5
Average rating given to the quality of trainings and presentations on a 5.0 point scale)	n/a	n/a	n/a	4.5	4.5

*Person-hours are the number of people attending training multiplied by the number of training hours.

Story Behind Performance:

Developing medical and health plans are critical to an effective response to a public health disaster or emergency. These plans are coordinated with the Office of Emergency Services (OES) and often are written as annex's to the OES Emergency Operation Plan.

It is also important to drill or exercise written plans so that they can become operational. It is important that those involved in an actual response have had an opportunity to exercise plans and implement any revision that comes to light as a result of the exercise.

CAHAN is the emergency notification system used throughout the state. HHS uses this notification system to contact employees in case of an emergency.

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INTEGRATED CLINICS

Objective: Provide sexually transmitted diseases (STD), tuberculosis (TB), immunization and HIV clinical services at one accessible location

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of unduplicated clients served in the STD, TB, immunization and HIV programs at the Integrated Clinics	n/a	n/a	n/a	3,000	3,000
Effectiveness Measures					
Number of clients who received services at more than one program in the Integrated Clinics	n/a	n/a	n/a	125	125

Story Behind Performance:

The integrated clinics are providing services to the safety net population that are not available or easily accessible in other medical settings.

CALIFORNIA CHILDREN'S SERVICES (CSS)

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of cases reviewed annually and managed for treatment according to California Children's Services	500	511	513	535	535
Effectiveness Measures					
Percent of eligible children having a documented medical home and primary care provided	90%	93%	95%	94%	94%

Story Behind Performance:

All referred children were evaluated and managed appropriately although the number referred varies from year to year for reasons outside of the program's control.

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COMMUNITY HEALTH AND PREVENTION SERVICES

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of community events offering medical and dental screenings	n/a	6	n/a	10	10
Number of eligible clients received Targeted Case Management (TCM) services	n/a	n/a	n/a	220	220
Number of free health education classes and opportunities at the Connection Center	n/a	n/a	n/a	6	6
Effectiveness Measures					
Percent of clients referred for follow –up care and/or participating in health education at the Connection Center	n/a	n/a	n/a	15%	15%
Percent of TCM clients maintaining the connection to an appropriate medical home	n/a	n/a	n/a	55%	55%

Story Behind Performance:

Improved coordination of community health events through collaboration with Marin Medical Reserve Corp and the community clinic system.

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of new strategies developed to address gaps in service delivery	n/a	n/a	n/a	4	4
Effectiveness Measures					
Percent of new strategies implemented to address gaps in service delivery	n/a	n/a	n/a	50%	50%

Story Behind Performance:

In these times of rapidly changing health service delivery models in our community, the ability to collaborate countywide and coordinate resources is essential to addressing gaps. Work in this area has focused on better coordination between adolescent health providers, between Women, Infant and Children (WIC) and Marin Community Clinics, and with the HIV service providers.

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TOBACCO PREVENTION AND CESSATION SERVICES PROGRAM

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of adults participating in tobacco education services	362	350	805	360	300
Number of adults participating in tobacco cessation services	39	60	109	70	60
Number of agencies/clinics that are trained to promote cessation services	9	10	15	10	10
Effectiveness Measures					
Percent of program participants that have quit or reduced smoking at six months following program completion	60%	60%	61%	60%	55%

Story Behind Performance:

The Tobacco Cessation Services Program continues to deliver a highly effective smoking cessation service to Marin County adults and has increased the capacity of other community agencies to address tobacco dependence with their clients. The program has done this by delivering and teaching evidence-based intervention, and following the Clinical Practice Guidelines set forth by the Office of the Surgeon General. Targeted numbers for FY 2011-12 are lower due to a decrease in program funding.

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 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of patients with out-of-hospital cardiac arrest (OHCA) transported by Emergency Medical Services (EMS)	n/a	71	n/a	70	70
Efficiency Measures					
Number of transported cardiac arrest patients with a return of spontaneous circulation in the field	n/a	22	n/a	24	24
Effectiveness Measures					
Number of transported cardiac arrest patients with a return of spontaneous circulation in the field discharged from hospital	n/a	11	n/a	12	12

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Story Behind Performance:

Cardiac arrest survival continues to be the "gold standard" by which local EMS Systems are measured. Changes in 2010 to Cardiopulmonary Resuscitation (CPR) guidelines along with "hands only" CPR training for citizens should result in improved survival rates in Marin. A return of spontaneous circulation, which means that the patient's own pulse and breathing are restored, is the standard measure for cardiac arrest survival.

WOMEN INFANT AND CHILDREN (WIC)

Objective: Improve rates of breastfeeding

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Percent of prenatal and postpartum women who are assigned a lactation peer counselor	100%	100%	100%	100%	100%
Effectiveness Measures					
➔ Percent of WIC infants who are breastfed at one year of age	59%	54%	56%	59%	59%

➔ Indicates Key Measure

Story Behind Performance:

Nationwide, breastfeeding duration has been difficult to influence because of societal barriers to breastfeeding. WIC provides breastfeeding education early on in pregnancy as well as breastfeeding and peer counseling support to address some of the societal barriers and increase duration of breastfeeding.

Marin breast feeding rates at one year of age are significantly higher than the state average.

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of calls received annually	2,137	1,920	1,887	1,887	1,700
Efficiency Measures					
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%	95%	96%	98%

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MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Effectiveness Measures					
Number of calls evaluated out	1,273	1,056	944	940	850
Number of calls becoming 10 day response referrals	644	644	698	710	700
Number of calls becoming 24 hour response referrals	168	171	245	237	200

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 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of referrals investigated by emergency response staff	864	864	943	947	900
Effectiveness Measures					
Percent of referrals responded in a timely manner	n/a	n/a	86%	88%	90%

Story Behind Performance:

Children and Family Services works within federal and state legal and regulatory parameters. Initial calls are screened by a Social Worker who utilizes an evidenced based tool to determine the level of risk and the response required. Calls that meet the emergency definition are separated; with the most urgent receiving an immediate response and others investigated within ten days per regulation.

ALCOHOL AND DRUG SERVICES DIVISION

ALCOHOL AND OTHER DRUG PREVENTION

Objective: Reduce the number of youth and young adults engaged in binge drinking

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of binge drinking prevention policies/ordinances adopted by cities or towns in Marin County	6	2	2	2	4
Number of media spots on binge drinking prevention efforts	181	100	100	100	100

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Story Behind Performance:

The City of San Rafael changed its policy so that there is one permit process and adopted an ordinance increasing requirements for responsible beverage service at community events and festivals. The Bay Area Community Resources (BACR) required screening of all students reporting to mental health services. And Marin County Office of Education (MCOE) adopted one new district policy to combat the resurging alcohol industry sponsorship of school fundraisers and events. Media stories continued on a regular basis throughout the year and focused almost solely on the issue of binge drinking in the Tamalpais Union High School District.

Objective: Implement three community based coalitions to reduce binge drinking and poly-substance abuse in Marin County

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Implement evidence-based strategies through community-based local coalitions to address high rate and poly substance abuse.	n/a	n/a	n/a	n/a	6
Efficiency Measures					
Percentages of strategies implemented with results demonstrated through the evaluation process	n/a	n/a	n/a	n/a	25

Story Behind Performance:

Community based coalitions utilizing evidence-based environmental strategies have been documented to be the most effective way to address the access and appeal of alcohol and other drugs across the lifespan. These efforts will be evaluated as part of the Continuum of Services Strategic Plan evaluation. The new Continuum of Services Strategic Plan 2010-2015 calls for local, community-based initiatives to mobilize residents and municipalities to address high rate and poly substance abuse. The County will be funding three local community coalitions to implement evidence-based environmental strategies utilizing the Strategic Planning Framework and providing training/technical assistance through community consultants and HHS staff.

ALCOHOL AND DRUG PROGRAM

Objective: Provide early identification, intervention and referral to treatment services for individuals at-risk of or diagnosed with substance use disorders

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Train staff from Primary Health Clinics, Divisions within HHS, other county departments and community-based organizations to implement "Screening,	n/a	n/a	n/a	100	200

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MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Brief Intervention and Referral to Treatment" Model					
Efficiency Measures					
Number of sites (health care, Departmental Programs, etc.) that are trained to screen for, provide brief intervention and referral to treatment	n/a	n/a	n/a	5	10
Effectiveness Measures					
Numbers of individuals who are provided early intervention and referral to treatment to decrease the frequency and severity of substance use disorders	n/a	n/a	n/a	150	400

Story Behind Performance:

The new Continuum of Services Strategic Plan 2010-2015 calls for the implementation of screening, brief intervention and referral to treatment services in medical, community and school based settings to identify risky alcohol and other drug use before individuals become addicted. The County will be funding five Screening Brief Intervention and Referral to Treatment (SBIRT) sites to implement evidence-based services to engage individuals in plan to reduce their alcohol and other drug use or be referred to centralized assessment and care management. SBIRT research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through primary care screening. Interventions such as SBIRT have been found to: decrease the frequency and severity of drug and alcohol use, reduce the risk of trauma, and increase the percentage of patients who enter specialized substance abuse treatment. In addition to decreases in substance abuse, screening and brief interventions have also been associated with fewer hospital days and fewer emergency department visits. Cost-benefit and cost-effectiveness analyses have demonstrated net-cost savings from these interventions.

Objective: Expand the adoption of prevention strategies and engage community partners to coordinate implementation

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of cross-divisional efforts	n/a	n/a	n/a	5	5
Number of community partners engaged in advancing primary prevention strategies	n/a	n/a	n/a	40	40
Efficiency Measures					
Percent of new primary prevention grants and contracts obtained or funded by HHS that include collaboration with the Prevention Hub and at least two HHS divisions	n/a	n/a	n/a	90%	90%

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Story Behind Performance:

The Prevention Hub is a new cross divisional effort, it is important to put in place clearly articulated expectations about its intended impact and in what ways HHS anticipates its existence will affect the design and delivery of services and supports countywide. Aggressive targets have been put in place for FY 2010-11 to build on the momentum already in place with the launch of this effort. These reflect a push towards more integrated department and authentic partnerships with the community in service of the HHS mission.

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 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
➔ Number of adolescents receiving division-funded substance abuse intervention services	80	105	80	120	120
Effectiveness Measures					
➔ Percent of adolescents who successfully completed treatment	57%	63%	78%	60%	60%
Percent of adolescents in treatment that reduced their juvenile justice involvement at discharge	75%	40%	93%	75%	75%

➔ Indicates Key Measure

Story Behind Performance:

In FY 2010-11 the County contracted with a local community-based provider to expand Medi-Cal funded adolescent treatment services at three sites. Three additional sites have been state certified and will increase adolescent access to treatment in FY 2011-12. Adolescent treatment and early intervention services have been identified as a gap in Marin County for many years and this allows for expansion through previously untapped federal funding.

SUBSTANCE ABUSE TREATMENT SERVICES BASE PROGRAM

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of adult clients admitted to substance abuse treatment services (excluding residential detoxification)	673	625	600	600	400
Number of adult clients admitted to Base residential detoxification services	1,280	925	925	925	700

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MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Average percentage of adult clients waitlisted for substance abuse treatment services (excluding residential detoxification)	21%	27%	25%	25%	15%
Effectiveness Measures					
Percent of clients that successfully completed a treatment episode (excluding residential detoxification)	55%	50%	50%	50%	50%

Story Behind Performance:

Implementation of the new Alcohol, Tobacco and Other Drug Strategic Plan 2010-2015 has led to a restructuring of services and resources to reflect a more integrated, comprehensive and evidenced-based system of service delivery to prevent, intervene and treat the chronic nature of substance abuse.

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

Objective: Reduce jail and prison recidivism among clients completing treatment through the Adult Drug Court and SACPA Programs

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of clients transitioned from SACPA to Adult Drug Court	10	5	18	12	20
Effectiveness Measures					
➔ Percent of successful Adult Drug Court treatment completions	50%	73%	33%	50%	50%
Percent of clients employed at treatment completion	75%	62%	75%	100%	100%

➔ Indicates Key Measure

Story Behind Performance:

The Division of Alcohol, Drug and Tobacco Programs, in conjunction with the Probation Department completed an analysis in September 2010 of the graduates from SACPA between 2004 and 2010. After a random sample was gathered and recidivism was investigated, it was determined that of the graduates, 75 percent did not commit a new crime.

Due to the fiscal challenges within Marin County and the state, the PC1210 and Adult Drug Court teams combined pre-court meetings to discuss the clients across the Collaborative Court system. The two court calendars are maintained as two separate matters, but combining the teams allows for better collaboration and also leads for more fluid referrals between the PC1210 program and the Adult Drug Court. A single representative from each of the following offices attends the team meeting: District Attorney, Public Defender, Probation, Center Point, Inc. (treatment provider). The Adult Drug Court Assessment Specialist and the Adult Drug Court coordinator/PC1210 Coordinator also attend the

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SOCIAL SERVICES DIVISION

PUBLIC ASSISTANCE ELIGIBILITY

Objective: Increase access to services for those in Marin who are most vulnerable

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
→ Number of clients served through medi-cal managed care	n/a	n/a	20,500	21,500	21,800
→ Number of families receiving food stamps	n/a	n/a	3,852	4,700	5,000
→ Number of children enrolled and retained in health insurance products	n/a	n/a	13,000	13,300	13,500

→ Indicates Key Measure

Story Behind Performance:

Caseload increases reflect department's additional efforts to provide outreach to the community in the area of Public Assistance programs. A core component of the department's mission is to serve those who are most vulnerable. This is addressed through a variety of strategies including increasing access to benefits that link individuals and families with needs to resources that can support them in crisis.

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of applications for public benefits received via the C4Yourself system	n/a	n/a	175	700	1,000
Efficiency Measures					
Number of days between application date and date of application approval/denial	n/a	n/a	n/a	42	45
Effectiveness Measures					
Percentage of applicants who received a timely response (as defined by regulation) to their online application	n/a	n/a	n/a	85%	85%

Story Behind Performance:

Workloads in Public Assistance has continued to climb, with caseloads increasing close to ten percent during calendar year 2010. Demand for services is anticipated to outpace resources, minimizing staff's ability to respond and approve applications in an efficient and timely manner.

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual*	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of new applications received for Cal Fresh (Food Stamps)	3,742	5,056	5,300	5,549	6,000
Efficiency Measures					
Percent of expedited requests processed within three days per federal mandate	93%	84%	90%	91%	93%
Effectiveness Measures					
Percent of applications approved	64%	62%	62%	62%	65%

Story Behind Performance:

Due to recent implementation of a new system, C-IV Statewide Automated Welfare System, data is not available for the FY 2009-10 Workload Measures; estimates are provided. The C-IV consortium is resolving problems with reporting aspects of the application. Additionally, the department is working to develop in-house expertise to mine data from C-IV using alternate tools.

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
➔ Number of new applications received for Medi-Cal	8,922	9,808	9,000	8,900	9,000
Efficiency Measures					
Percent of applications processed with 30 days	72%	72%	71%	71%	72%
Effectiveness Measures					
Percent of applications approved	55%	56%	57%	58%	58%

➔ Indicates Key Measure

Story Behind Performance:

The condition of the economy has had significant impact on the community and the benefits issuance area. While trends indicate a leveling off of applicants, the impact of health care reform, and Partnership Health Plan assuming a role in Marin will effect issues surrounding Medi-Cal and eligibility. The current outreach efforts underway in the County are expected to provide increased applications.

Due to recent implementation of a new system, C-IV Statewide Automated Welfare System, data is not available for the FY 2009-10 Workload Measures thus only estimates are provided. The C-IV

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consortium is resolving problems with reporting aspects of the application. Additionally, the department is working to develop in-house expertise to mine data from C-IV using alternate tools.

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 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
➔ Numbers of visits to the Career Resource Center	11,189	14,780	16,340	15,000	14,000
Efficiency Measures					
Number of visits per employment counselor FTE	1,865	2,464	2,179	3,000	2,800
Effectiveness Measures					
➔ Percentage of enrolled WIA Adult clients who enter employment first quarter after exiting the program (*)	88%	78%	79%	80%	80%

➔ Indicates Key Measure

*FY 2009-10 actual performance outcomes have not been released by the state so we are providing an estimate at this time.

Story Behind Performance:

FY 2009-10 saw increased customers accessing services at the Marin Employment Connection (MEC) as the national and local economies continued to struggle through the recession. Economic indicators are mixed regarding whether unemployment will decrease during FY 2010-11, or later. The MEC currently has a number of American Recovery and Reinvestment Act funded employment development counselor positions that the department will not be able to sustain past June 2011 because of the elimination of federal stimulus funding.

CHILDREN AND FAMILY SERVICES, ADOPTION & LICENSING

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of Adoptive parents served in Adoption Assistance Program (AAP)	221	221	235	220	220
Efficiency Measures					

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MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Number of AAP families re-assessed annually	111	111	140	140	140
Effectiveness Measures					
Number of Relative Homes Assessed for placement	9	16	20	15	15
Number of Foster Homes Licensed for placement	8	8	3	3	3

Story Behind Performance:

A permanent, stable home for a child can be adoptive, extended family, a guardian or a foster family that agrees to take a child long term. All evidence indicates that a stable, loving home provides the most positive outcomes in safety and well-being. Education, recruitment and outreach towards these providers continues to be a priority.

CHILDREN AND FAMILY SERVICES, CONTINUING SERVICES

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Workload Measures					
Number of children served by CWS excluding probate guardianship and Inter-County Transfer cases - in placement	98	127	93	93	90
Number of children served by CWS excluding probate guardianship and Inter-County Transfer cases – at home	n/a	n/a	135	135	130
Efficiency Measures					
Number of children receiving Youth Pilot Project services	56	36	33	36	36
Effectiveness Measures					
Children receiving Youth Pilot Project services who remain in their stable home	54	30	28	30	30
Dollar savings to the cost of placement	\$281,200	\$265,000	n/a	\$265,000	\$270,000

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.

Health and Human Services FY 2011-12 Performance Plan

CHILDREN'S HEALTH INITIATIVE (CHI)

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

MEASURES	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Target	FY 2011-12 Target
Effectiveness Measures					
➔ Number of children enrolled in low-income health insurance products	12,000	12,000	12,000	12,000	11,000

➔ Indicates Key Measure

Story Behind Performance:

CalKids suffered a significant drop in enrollment with the imposition of a monthly premium. CalKids premiums along with downward pressure on the economy, increased Medi-Cal and Healthy Families enrollment.