

Health and Human Services FY 2012-13 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) plans, 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, condition, 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 branches and divisions, many of the programs and initiatives administered within these divisions are coordinated and operated from an integrated department-wide approach.

Health and Human Services is divided into:

- Administration and Planning Services Division
- Prevention Hub
- Community Health Services Branch
 - Public Health Services Division
 - Mental Health and Substance Use Division
- Human Services Branch
 - Social Services Division
 - Aging and Adult Social Services Division

III. DIVISION / PROGRAM DESCRIPTION AND RESPONSIBILITIES

ADMINISTRATION AND PLANNING SERVICES DIVISION

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

GENERAL ADMINISTRATION

The major program responsibilities of the General Administration program include:

Health and Human Services FY 2012-13 Performance Plan

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 of Finance monitors and authorizes expenditures for all budgeted programs, purchases equipment and supplies, and pays the department's bills. The Office of Finance also assures that revenues are optimized while establishing controls to minimize costs and avoid audit disallowances. The Office of Finance also oversees the implementation and management of the SAP software system related to HHS programs 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, housing and planning agencies to further HHS goals and programs; organization and planning for broad HHS initiatives including the department restructuring initiatives.

Health and Human Services FY 2012-13 Performance Plan

Information Technology:

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

PREVENTION HUB

The unit links prevention programs, staff and opportunities across the department to leverage prevention resources. There are seven content areas: tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, injury and violence free living, reproductive and sexual health and mental/emotional well being.

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 (e.g., medical home, good nutrition, and physical activity); promoting healthy lifestyle choices (e.g., 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.

COMMUNITY HEALTH SERVICES

The new Branch of Community Health Services encompasses the former divisions of Public Health, Mental Health, and Alcohol, Drug and Tobacco Programs. It focuses on the range of activities and services to address a full range of prevention, coordination, outreach and treatment issues that are faced by Marin County residents.

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

Health and Human Services FY 2012-13 Performance Plan

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; building an integrated medical and public health response; and convening healthcare partners (hospitals, clinics, skilled nursing facilities and organizations serving at-risk populations) to develop and maintain the capacity to respond to medical/health emergencies in a collaborative and coordinated way.

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; monitoring performance of the 9-1-1 emergency medical dispatch system; monitoring delivery of trauma care services; and

Health and Human Services FY 2012-13 Performance Plan

collaborating with stakeholders on preparedness planning for emergency medical and public health response during a disaster.

5. INTEGRATED CLINICS

The Integrated Clinics (HHS Health Clinics) located at the Marin Health and Wellness Campus is comprised of the sexually transmitted disease (STD) clinic, tuberculosis (TB) clinic, HIV and Immunization clinics. These clinics provide direct medical services to patients in their specialized areas.

The STD Clinic provides confidential services to clients including testing for STDs, diagnosis, treatment, partner follow-up and certain family planning services.

The TB Clinic provides tuberculosis diagnosis, treatment of suspect and active cases, and preventive treatment.

The HIV Clinic provides primary HIV medical care and case management services.

The Immunization Clinic provides vaccines for school and travel, as well as Tuberculosis Skin testing.

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 general dentistry, emergency care services, and oral health education. The Dental Clinic assists clients with referrals for specialty services; collaborates with community based organizations to identify funding assistance for the most vulnerable clients; and provides oral health care at annual community events to target populations including the homeless.

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.

Health and Human Services FY 2012-13 Performance Plan

MENTAL HEALTH AND SUBSTANCE USE SERVICES

MENTAL HEALTH

Mental health 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 programs.

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 MENTAL HEALTH 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:

Health and Human Services FY 2012-13 Performance Plan

- Oversee mental health services for Marin County Medi-Cal beneficiaries under age 18
- 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

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.

Health and Human Services FY 2012-13 Performance Plan

SUBSTANCE USE

Substance Use programs work to plan, implement, administer and evaluate an array of Alcohol and Other Drug treatment services operated by community based organizations in Marin County.

6. ALCOHOL AND DRUG PROGRAMS

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.

These programs are participating in the new FY 2011-12 cross-collaborative efforts within the Department of Health and Human Services called the "Prevention Hub". The purpose of the Hub is to encourage cross-collaboration of prevention efforts across all HHS divisions and programs. ADTP funded providers are encouraged to look for joint opportunities in their prevention work with mental health, public health, social service, aging and adult and other topics through connecting with the Hub, attending Prevention Core Competency trainings and collaborating with other community based prevention providers.

7. 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 on the decline 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.

8. 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

Health and Human Services FY 2012-13 Performance Plan

reducing drug abuse and mandating that participants seek needed medical, mental health and dental treatment.

SOCIAL SERVICES

The Division of Social Services administers public assistance programs, including California Work Opportunity and Responsibility to Kids (Cal WORKs), Cal Fresh (Food Stamps), General Assistance, Medi-Cal, and County Medical Services Program (CMSP). The Division is also a partner in the operation of the Marin Employment Connection which connects Marin residents and employers to the resources they need to become and remain successfully employed.

CHILDREN'S AND FAMILY SERVICES

Children and Family 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.

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

Health and Human Services FY 2012-13 Performance Plan

social workers and probation officers to ensure that children in foster care receive needed health services.

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.

The General Assistance (GA) Program is a county funded and administered program. It provides basic monthly subsistence by means of a loan to qualified adults with no dependent children. The goal of the GA program is to support development of long-term self-sufficiency. In FY 2011-12 the Board of Supervisors adopted changes to the program standards which include a time limit for employable recipients of 180 days per 12 month period.

EMPLOYMENT SERVICES

Employment Services is comprised of two program components, California Work Opportunity and Responsibility to Kids (Cal WORKs) and the Workforce Investment Act (WIA). Cal WORKs program provides temporary financial assistance and employment focused services to families with minor children who have income and property below state maximum limits for their family size. It reduces dependency by promoting job preparation, and provides services aimed at removing barriers to employment such as mental health, substance abuse or

Health and Human Services FY 2012-13 Performance Plan

domestic abuse issues. This program provides services that assist county residents to 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.

This Division of Social Services is also a partner in the operation of the MEC which connects Marin residents and employers to the resources they need to become and remain successful.

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. Public Assistance applications can be completed in person, on the telephone, by mail or online.

IN-HOME SUPPORT SERVICES

The In-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).

AGING AND ADULT SOCIAL SERVICES

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.

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 who 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.

Health and Human Services FY 2012-13 Performance Plan

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.

PUBLIC GUARDIAN

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.

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.

Health and Human Services FY 2012-13 Performance Plan

IV. ACCOMPLISHMENTS FOR FY 2011-12

- Began the extensive process of reorganizing the former Division of Public Health, Division of Mental Health and Division of Alcohol Drug Programs into a single, integrated Division of Community Health
- Conducted the biennial Point in Time Count of persons experiencing homelessness, coordinating over 50 different agencies and teams throughout the county to count homeless and precariously housed. This count is a critical tool for planning and coordinating services to meet the needs of those without stable housing.
- Initiated Marin's first Housing First program, through a contract with Ritter Center, 12 chronically homeless individuals have been housed permanently in rental units throughout the county, providing permanent housing with support and aims to house Marin's most vulnerable homeless
- Analyzed the department's ability to provide health related data to the public. Implemented recommendations, including designation of two main information and referral lines; 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 public communications through messaging and outreach efforts; and developed a web based system that provides easy access to health, demographic and public service utilization data reports (www.healthymarin.org/reportcenter)
- Worked with key stakeholders - Office of Emergency Services, Cities of San Rafael, Novato, St. Vincent's, American Red Cross, Marin Humane Society, and Marin Medical Reserve Corp – to establish agreed upon conditions for declaring a cold emergency and developed a resources guide
- Collaborated with Probation and other justice departments to plan for and implement Treatment and Sustainability services under AB 109 Public Safety Realignment for eligible high risk probationers
- Implemented medi-cal managed care as a member of Partnership HealthPlan of California to assure access to quality medical care for safety net services

V. GOALS AND KEY INITIATIVES FOR FY 2012-13

GOAL I

Ensure the provision of essential and mandated services and benefit programs

Countywide Goal	Healthy Communities
------------------------	---------------------

FY 2012-13 Key Initiatives	
1.	Expand eligibility program outreach, access and support to increase accessibility to public benefits and other services for families in crisis
2.	Integrate childrens' services
3.	Complete Area Agency on Aging 2012 – 2016 plan

Health and Human Services FY 2012-13 Performance Plan

GOAL II

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

Countywide Goal	Healthy Communities
------------------------	---------------------

FY 2012-13 Key Initiatives

1. Implement Prevention Hub that includes shared policies and practices throughout the department and across multiple issues
2. Diagnose depression or other mental health issues for the mental health program for older adults
3. Broaden the use of the Screening, Brief Intervention and Referral to Treatment (SBIRT) approach to identify substance use and depression issues earlier
4. Minimize the use of the Personal Belief Exemption where vaccine preventable conditions are present
5. Increase the number of Supplemental Security Income (SSI) applications approved as a result of our assistance
6. Establish countywide Healthy Eating Active Living strategic plan based upon the “collective impact” model of change
7. Provide mental health first aid, promoters and mental health related prevention services

GOAL III

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

Countywide Goal	Healthy Communities
------------------------	---------------------

FY 2012-13 Key Initiatives

1. Increase accessibility of services and supports for individuals who are dually diagnosed through trainings and integration of Health and Human Services programs in Health, Mental Health and Substance Use programs
2. Assess and develop approaches to address gaps in the children and family services system
3. Implement healthcare reform community readiness 2014
4. Enhance the protection of older adults with the establishment of a fiduciary abuse specialist team
5. Develop countywide policy framework for domestic violence
6. Implement AB 12 transitional Foster Care, which extends foster care benefits for eligible youth beyond age 18, until they are age 21

GOAL IV

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

Health and Human Services FY 2012-13 Performance Plan

Countywide Goal	Managing for Results
------------------------	----------------------

FY 2012-13 Key Initiatives
1. Support Dominican Leadership development program by sending seven HHS employees
2. Increase capacity of staff and community based organizations to provide services for clients who have co-occurring disorders
3. Explore technological solutions that provide enhanced mobile capacity for staff that work outside of the office environment and remotely
4. Further HHS leadership development thru the department Leadership Committee, County Management Academy, Bay Area Social Services Consortium and other training and mentoring opportunities

GOAL V

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

Countywide Goal	Healthy Communities
------------------------	---------------------

FY 2012-13 Key Initiatives
Explore social media tools as a means improve internal and external communication
Utilize web-based applications to improve internal and external access to population based data and service utilization information and trends
Standardize demographic, epidemiological and other data to inform policy, planning and programs

VI. KEY CHALLENGES AND OUTSTANDING ISSUES

- Preparing for 2014 and Health Care reform
- Responding to organizational and mandate changes at the federal and state level
- Continuing to restructure services, supports and delivery mechanisms given continuing state and federal 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 land coordinated fashion
- Coordinating and sustaining appropriately paced strategies that grow the integrated service capacity of Federally Qualified Health Centers (FQHC's) (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

Health and Human Services FY 2012-13 Performance Plan

- 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
- Evaluating state's focus on long-term care restructuring and realignment and its impact on programs and services to older adults
- Doing succession planning with 24 percent of department workforce likely to retire over the next five years, and the high percentage of employees over 60 years old

VII. PERFORMANCE MEASURES

ADMINISTRATION AND PLANNING SERVICES DIVISION

Department Goal	Goal IV: Strengthen methods, practices and systems to ensure efficient and effective delivery of services and strategic plan implementation.
------------------------	--

Objective: Increase the percentage rate of completed annual performance evaluation

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
➔ Percentage of staff who have a performance evaluation completed in the past year	n/a	n/a	55%	75%	80%

➔ Indicates a 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 has implemented Microsoft SharePoint as a tool to manage the tracking and completion of employee evaluations. Despite having a systematic process for tracking evaluations, the challenge is holding supervisors accountable for completing an evaluation every 12 months. The plan is to enhance monitoring in FY 2012-13 with the goal of seeing completed evaluation percentage increase.

Health and Human Services FY 2012-13 Performance Plan

PREVENTION HUB

COMMUNITY HEALTH AND PREVENTION SERVICES

Department Goal	Goal V: Increase awareness of, and access to, County and community services.
------------------------	--

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of community events offering medical and dental screenings	6	8	16	10	10
Number of free health education classes and opportunities at the Connection Center	n/a	4	18	6	8
Effectiveness Measures					
Percent of clients referred for follow –up care and/or participating in health education at the Connection Center	n/a	10%	25%	15%	15%

➔ Indicates a Key Measure

Story Behind Performance: The program works in close partnership with community organizations, such as the Marin City Health and Wellness Clinic which recently achieved Federally Qualified Health Care (FQHC) status; the Oral Health Advisory Board which identifies and supports opportunities for improved access to oral health services; and with the Community Connect events which link underserved communities to much needed medical screenings, flu shots and health education.

Department Goal	Goal V: Increase awareness of, and access to, County and community services and supports.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
----------	----------------------	----------------------	----------------------	----------------------	----------------------

Health and Human Services FY 2012-13 Performance Plan

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of new strategies developed to address gaps in service delivery	n/a	2	5	4	5
Effectiveness Measures					
Percent of new strategies implemented to address gaps in service delivery	n/a	n/a	50%	50%	50%

➔ Indicates a Key Measure

Story Behind Performance: Working with communities to improve their health has been accomplished through participation in the Novato Wellness Collaborative, the Healthy Novato collaborative, the Marin Adolescent Health Network and the Marin City Multi-Disciplinary Task Force. Each collaborative has identified strategies unique to their communities or constituencies that support better health service delivery and ultimately improved community health outcomes.

WOMEN INFANT AND CHILDREN (WIC)

Department Goal	Goal I: Ensure the provision of essential and mandated services and benefits.
------------------------	---

Objective: Improve rates of breastfeeding

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 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	54%	56%	61%	59%	62%

➔ Indicates a Key Measure

Story Behind Performance: Nationwide, breastfeeding duration has been difficult to influence because of social barriers to breastfeeding, such as lack of support for the breastfeeding mother in the hospital and workplace. Compared to state breastfeeding rates at one year, Marin rates are significantly higher. WIC's goal is to continue to offer the Breastfeeding Peer Counseling Program to clients to address the most common societal barriers and support increased duration of breastfeeding.

Health and Human Services FY 2012-13 Performance Plan

TOBACCO PREVENTION AND CESSATION SERVICES PROGRAM

Department Goal	Goal II: Prevent injury, physical and mental illness, and chronic conditions among residents.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of adults participating in tobacco education services	350	805	360	300	300
Number of adults participating in tobacco cessation services	60	109	70	60	65
Number of agencies/clinics that are trained to promote cessation services	10	15	10	10	8
Effectiveness Measures					
Percent of program participants that have quit or reduced smoking at six months following program completion	60%	61%	60%	55%	55%

➔ Indicates a Key Measure

Story Behind Performance: The Adult Tobacco Cessation Service provided by the County is continuing to address one of the most critical public health needs in Marin County: the prevention of tobacco related disease created by cigarette smoking. Tobacco consumption is the most important preventable cause of morbidity, mortality, and excess health care costs in the county and the state. Successful cessation depends on two factors: 1) the proportion of smokers who are trying to quit; and 2) the proportion of quit attempts that result in long-term success. The program offered by Bay Area Community Resources (BACR) provides direct counseling intervention for smoking cessation and helps tobacco dependent people realize how to protect those around them from the harms of second-hand smoke. BACR works to increase the capacity of Marin County agencies to identify, intervene, and treat tobacco users, thereby magnifying the effects of their efforts to reach people with tobacco-dependence. With the support of the Board of Supervisors, the department's properties are now smoke free.

Health and Human Services FY 2012-13 Performance Plan

COMMUNITY HEALTH SERVICES BRANCH

PUBLIC HEALTH DIVISION

COMMUNITY EPIDEMIOLOGY PROGRAM

Department Goal

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

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 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	113	69	160	100	400

➔ Indicates a Key Measure

Story Behind Performance: Program staff participated in countywide effort to improve communications with the public by developing and promoting a web-based system which provides easy access to health, demographic, and public service utilization reports. The number of programs linked to data/statistics should increase due to utilization of web-based application which has improved access and utilization of local health data.

PUBLIC HEALTH PREPAREDNESS

Department Goal

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

Objective: Improve community readiness for responding to public health emergencies through training and education, critical infrastructure development, and collaboration/coordination with health care partners

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
----------	----------------------	----------------------	----------------------	----------------------	----------------------

Health and Human Services FY 2012-13 Performance Plan

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of person-hours* of preparedness training provided for HHS staff and MMRC volunteers	1,900	2,100	2,200	2,100	2,100
Number of California Health Alert Network (CAHAN) users	600	800	800	800	800
Number of medical/health plans drafted or revised	6	n/a	4	4	10
Efficiency Measures					
Number of drills, exercises, or actual events for which an after action report has been created	6	n/a	4	4	4
Effectiveness Measures					
Response rate in CAHAN notification drills	81%	60%	50%	60%	50%
Average rating given by exercise, drill, or actual event participants (5.0 point scale)	4.5	n/a	4.5	4.5	4.5
Average rating given to the quality of trainings and presentations on a 5.0 point scale)	n/a	4.5	4.5	4.5	4.5

➔ Indicates a Key Measure

Story Behind Performance: The Public Health Preparedness program continues its efforts to ensure HHS staff and Marin Medical Reserve Corps volunteers are trained to respond during an emergency in a coordinated and efficient manner.

INTEGRATED CLINICS

Department Goal	Goal IV: Strengthen methods, practices and systems to ensure efficient and effective delivery of services and strategic plan implementation.
------------------------	--

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of unduplicated clients served in the STD, TB, immunization and HIV programs at the Integrated Clinics	n/a	n/a	4,184	4,000	4,000

Health and Human Services FY 2012-13 Performance Plan

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Effectiveness Measures					
Number of clients who received services at more than one program in the Integrated Clinics	n/a	n/a	208	200	200

➔ Indicates a Key Measure

Story Behind Performance: Approximately five percent of clients at the Integrated Clinics received services from more than one program. Referrals between the programs have been streamlined with the co-location of the clinics, which has increased efficiency.

MENTAL HEALTH AND SUBSTANCES USE DIVISION

MENTAL HEALTH YOUTH AND FAMILY SERVICES

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

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of children assessed who need Mental Health treatment	467	485	435	375	375
Efficiency Measures					
Total days in residential treatment	5,754	5,699	3,516	5,000	4,000
Effectiveness Measures					
Number of children placed in residential treatment	29	30	20	24	20

➔ Indicates a Key Measure

Story Behind Performance: The theory behind the objective is to allow the child to spend more time in his/her home environment and so that he/she does not miss out on normal developmental milestones best experienced in his/her own community and home.

The department hopes to continue the downward trend in the use of residential placements for children from Marin County with the continued efforts to provide Therapeutic Behavioral

Health and Human Services FY 2012-13 Performance Plan

Services in family homes and the work of Community Mental Health Youth and Family Services staff in collaboration with Seneca Programs, the contract agency for wrap around services..

PSYCHIATRIC EMERGENCY SERVICES

Department Goal	Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of children and adolescents admitted	155	118	147	185	185
Number of adults admitted	983	961	931	1,200	1,200
Effectiveness Measures					
Percent of child/adolescent clients not discharged to inpatient psychiatric hospitalization	75%	78%	67%	65%	65%
Percent of adult clients not discharged to inpatient psychiatric hospitalization	65%	71%	63%	60%	60%

➔ Indicates a Key Measure

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

Nintey 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 a 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.

Health and Human Services FY 2012-13 Performance Plan

MENTAL HEALTH PLAN

Department Goal	Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Total number of Medi-Cal beneficiaries	19,973	21,646	22,963	21,000	23,000
Efficiency Measures					
Amount of approved claims per beneficiary served annually	\$4,990	\$5,308	\$4,120	\$4,500	\$4,300
Effectiveness Measures					
Penetration rate: the number of Medi-Cal clients served compared to the total population of Medi-Cal beneficiaries	11%	10%	7%	9%	10%

➔ Indicates a Key Measure

Story Behind Performance: As the provider network is trained in group and individual Evidenced Based Practices, there has been an increase in family therapy and group therapy authorizations and claims since July 1, 2011.

SUPPORT AND TREATMENT AFTER RELEASE (STAR) PROGRAM

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

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 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of jail bookings for participants after two years	19	8	n/a	18	18

Health and Human Services FY 2012-13 Performance Plan

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Effectiveness Measures					
Percent reduction in the average number of offenses by participants in the program	50%	67%	42%	70%	70%
Number of jail days for participants enrolled in the program for at least 12 months	411	440	535	300	300

➔ Indicates a Key Measure

EMERGENCY MEDICAL SERVICES

Department Goal	Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of patients with out-of-hospital cardiac arrest (OHCA) transported by Emergency Medical Services (EMS)	71	70	113	70	70
Efficiency Measures					
Number of transported cardiac arrest patients with a return of spontaneous circulation in the field	22	24	32	24	28
Effectiveness Measures					
Number of transported cardiac arrest patients with a return of spontaneous circulation in the field discharged from hospital	11	12	17	12	15

➔ Indicates a Key Measure

Story Behind Performance: Cardiac arrest survival rates are considered one of the “gold standards” in EMS system design and performance. Marin has an enviable record with survival rates from cardiac arrest higher than the national average.

Health and Human Services FY 2012-13 Performance Plan

CHILDREN AND FAMILY SERVICES, EMERGENCY RESPONSE

Department Goal

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

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 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of calls received annually	1,920	1,887	1,997	1,700	1,850
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	92%	95%	94%	98%	99%
Effectiveness Measures					
Number of calls evaluated out	1,056	944	952	850	600
Number of calls becoming 10 day response referrals	644	698	724	700	800
Number of calls becoming 24 hour response referrals	171	245	311	200	450

➔ Indicates a Key Measure

Story Behind Performance: While Marin County Children and Family Services (CFS) is experiencing a very slight increase in calls to report child abuse and neglect, the number of calls that do not meet the legal standard for an in-person investigation and therefore being “evaluated out” is decreasing. Also, the number of calls serious enough to warrant an immediate (within two hours) response is increasing. In other words the calls coming to CFS are increasing in seriousness. In order to make sure that all of these calls are evaluated thoroughly and in as objective manner as possible, it is crucial that staff utilize the evidence based evaluation tool: Structured Decision Making. Staff is utilizing this tool more and more frequently, ensuring safety as well as the least intrusion possible for the children.

Health and Human Services FY 2012-13 Performance Plan

Department Goal

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

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 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of referrals investigated by emergency response staff	864	943	1,035	900	1,250
Effectiveness Measures					
Percent of referrals responded in a timely manner	n/a	86%	93%	90%	95%

➔ Indicates a Key Measure

Story Behind Performance: Marin County Children and Family Services staff are continuing to improve their adherence to state and federal guidelines by investigating allegations of child abuse and neglect quickly. This has been accomplished by administrative staff paying close attention to this measure and supporting staff to do the work in the time allotted by the state. This attention has resulted in an increase in the proportion of referrals that are investigated quickly. This not only helps the state meet federal requirements, it serves families well and keeps children safe.

ALCOHOL AND OTHER DRUG PREVENTION

Department Goal

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

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of binge drinking prevention policies/ordinances adopted by cities or towns in Marin County	2	2	2	4	4

Health and Human Services FY 2012-13 Performance Plan

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Number of evidenced-based alcohol or other drug prevention strategies implemented through community-based organizations or local coalitions	n/a	n/a	n/a	6	6
Number of media spots on binge drinking prevention efforts	100	100	n/a	100	100
Efficiency Measures					
Percentage of strategies implemented with results demonstrated through the annual evaluation process	n/a	n/a	n/a	25%	50%

➔ Indicates a Key Measure

Story Behind Performance: With the formation of three community coalitions, this objective has been expanded to include reduction of other drug use in addition to binge drinking.

ALCOHOL AND DRUG PROGRAM

Department Goal	Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Train staff from Primary Health Clinics, Divisions within HHS, other County departments and community-based organizations to implement "Screening, Brief Intervention and Referral to Treatment" Model	n/a	n/a	100	200	50
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	5	10	5
Effectiveness Measures					
Percent of clients that screened as appropriate for an assessment for treatment services successfully admitted to treatment services	n/a	n/a	n/a	n/a	75%

➔ Indicates a Key Measure

Health and Human Services FY 2012-13 Performance Plan

Story Behind Performance: Significant effort in FY 2011-12 has been dedicated to training staff and integrating Screening Brief Intervention and Referral to Treatment (SBIRT) into primary health and other community settings. While great strides have been made to increase understanding of the value of early identification and intervention across an array of primary health, mental health and other community settings, the division is opting in FY 2012-13 to place a greater focus on a smaller number of sites that engage a greater larger number of individuals at-risk of complex and/or co-occurring issues.

Department Goal

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

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of cross-divisional efforts	n/a	n/a	5	5	10
Number of community partners engaged in advancing primary prevention strategies	n/a	n/a	40	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	90%	90%	90%

➔ Indicates a Key Measure

SUBSTANCE ABUSE TREATMENT SERVICES BASE PROGRAM

Department Goal

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

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

Health and Human Services FY 2012-13 Performance Plan

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of adult clients admitted to substance abuse treatment services (excluding residential detoxification)	625	600	561	400	350
Number of adult clients admitted to Base residential detoxification services	925	925	602	700	600
Average percentage of adult clients waitlisted for substance abuse treatment services (excluding residential detoxification)	27%	25%	12%	15%	20%
Effectiveness Measures					
Percent of clients that successfully completed a treatment episode (excluding residential detoxification)	50%	50%	45%	50%	45%

➔ Indicates a Key Measure

HUMAN SERVICES BRANCH

SOCIAL SERVICES DIVISION

PUBLIC ASSISTANCE ELIGIBILITY

Department Goal	Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
➔ Number of clients served through medi-cal managed care	n/a	20,500	21,500	21,800	21,500
➔ Number of families receiving food stamps	n/a	3,852	4,700	5,000	5,000
➔ Number of children enrolled and retained in health insurance products	n/a	13,000	13,300	13,500	13,500

➔ Indicates a Key Measure

Health and Human Services FY 2012-13 Performance Plan

Department Goal

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

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of applications for public benefits received via the C4Yourself system	n/a	175	700	1,000	1,000
Efficiency Measures					
Number of days between application date and date of application approval/denial	n/a	n/a	42	45	45
Effectiveness Measures					
Percentage of applicants who received a timely response (as defined by regulation) to their online application	n/a	n/a	85%	85%	85%

➔ Indicates a Key Measure

Department Goal

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

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of new applications received for Cal Fresh (Food Stamps)	5,056	5,300	5,549	6,000	5,500
Efficiency Measures					
Percent of expedited requests processed within three days per federal mandate	84%	90%	91%	93%	90%
Effectiveness Measures					
Percent of applications approved	62%	62%	62%	65%	62%

➔ Indicates a Key Measure

Health and Human Services FY 2012-13 Performance Plan

Department Goal

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

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
➔ Number of new applications received for Medi-Cal	9,808	9,000	8,900	9,000	9,000
Efficiency Measures					
Percent of applications processed with 30 days	72%	71%	71%	72%	71%
Effectiveness Measures					
Percent of applications approved	56%	57%	58%	58%	58%

➔ Indicates a Key Measure

EMPLOYMENT AND TRAINING, MARIN EMPLOYMENT CONNECTION

Department Goal

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

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
➔ Numbers of visits to the Career Resource Center	14,780	16,340	15,277	14,000	13,000
Efficiency Measures					
Number of visits per employment counselor FTE	2,464	2,179	1,909	2,800	2,600

Health and Human Services FY 2012-13 Performance Plan

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Effectiveness Measures					
➔ Percentage of enrolled WIA Adult clients who enter employment first quarter after exiting the program (*)	78%	79%	52%	80%	80%

➔ Indicates a Key Measure

*FY 2009-10 actual performance outcomes have not been released by the state so only estimates are provided at this time.

Story Behind Performance: American Recovery and Reinvestment Act stimulus funding expired June 2011 and Marin Employment Center lost three employment development counselors, which accounts for the sharp increase in number of visits per employment counselor FTE. Although demand for services has not returned to pre-recession levels, demand is starting to trend downward, with fewer individuals visiting the Career Resource Center. Economic indicators such as the unemployment rate for Marin are also mirroring this trend.

CHILDREN AND FAMILY SERVICES, ADOPTION & LICENSING

Department Goal	Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of adoptive parents served in Adoption Assistance Program (AAP)	221	235	235	230	240
Efficiency Measures					
Number of AAP families re-assessed annually	111	140	140	140	145
Effectiveness Measures					
Number of Relative Homes Assessed for placement	16	20	20	15	25
Number of Foster Homes Licensed for placement	8	3	3	3	5

➔ Indicates a Key Measure

Health and Human Services FY 2012-13 Performance Plan

Story Behind Performance: In conjunction with Seneca Center, Marin Children and Family Services (CFS) has started a kinship support program for relatives who are caring for the children of family members. New state regulations are making it possible for more federal funds to go to relative caregivers bringing them to the same level as adoptive parents and increasing the families served. Marin County CFS will continue to strive to increase the adoptive families matched with children in need, giving more service to the county.

Marin County is increasing the amount of children afforded permanency both in adoptive and relative homes.

CHILDREN AND FAMILY SERVICES (CFS), CONTINUING SERVICES

Department Goal	Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of children served by Child Welfare Services (CWS) excluding probate guardianship and Inter-County Transfer cases	127 n/a	105 135	99 135	90 130	125 110
Efficiency Measures					
Number of children receiving Youth Pilot Project services	36	28	58	36	45
Effectiveness Measures					
Children receiving Youth Pilot Project services who remain in their stable home	30	27	52	30	40
Dollar savings to the cost of placement	\$265,000	\$265,000	\$700,000	\$270,000	\$280,000

➔ Indicates a Key Measure

Story Behind Performance: Marin County CFS continues to utilize the Youth Pilot Program to stabilize families and support families to keep their children safely in their own home. In spite of some difficulties with funding for this program, it is intended that this program will be enhanced in the next fiscal year. The department is currently referring more families to this service than last year.

Health and Human Services FY 2012-13 Performance Plan

CHILDREN'S HEALTH INITIATIVE (CHI)

Department Goal	Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents.
------------------------	---

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Effectiveness Measures					
➔ Number of children enrolled in low-income health insurance products	12,000	12,000	12,000	11,000	12,000

➔ Indicates a Key Measure

CALIFORNIA CHILDREN'S SERVICES (CCS)

Department Goal	Goal I: Ensure the provision of essential and mandated services and benefit programs
------------------------	--

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of cases reviewed annually and managed for treatment according to California Children's Services	511	513	565	585	600
Effectiveness Measures					
Percent of eligible children having a documented medical home and primary care provided	93%	95%	96%	98%	98%

➔ Indicates a Key Measure

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.

Health and Human Services FY 2012-13 Performance Plan

AGING AND ADULT SOCIAL SERVICES

CARE TRANSITIONS NURSE CASE MANAGEMENT

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of EMS calls responded to	95%	90%	92%	92%	90%
Effectiveness Measures					
➔ Percent of EMS calls responded to within 10 minutes (urban)	95%	92%	94%	94%	90%

➔ Indicates a Key Measure

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. Public Health Nurse Case Managers provide a variety of interventions to individuals upon discharge from the hospital which results in a much more successful transition to home. Medication management, teach back of self care techniques, assistance with making appointments, transportation to appointments and liaison with physicians creates a scenario for success. Changing the name of Project Independence and creating an identify of assistance with transitions will pave the way for the expansion of this program and embracing the Community Based Transitions funded by the Centers for Medicare and Medicaid Services via the Affordable Care Act.

HEALTHY HOUSING

Department Goal	Goal III: Improve the recovery, self-sufficiency and safety of Marin residents.
------------------------	---

Objective: Assist high-risk residents to remain independent

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of residents participating in the Healthy Housing programs	214	204	130	150	150

Health and Human Services FY 2012-13 Performance Plan

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Effectiveness Measures					
Percent of high-risk residents in targeted case management programs who remain independent	92%	92%	70%	80%	92%

➔ Indicates a Key Measure

Story Behind Performance: Applying the upstream concept of Public Health Nursing intervention in residential facilities for disabled and low income seniors, the Healthy Housing goal is to prevent social isolation by providing health education, referrals for service and support which minimizes functional decline.

OFFICE OF THE PUBLIC GUARDIAN

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

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

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Number of interagency and multi-disciplinary meetings within the County and with community partners	n/a	58	45	40	40
Efficiency Measures					
Number of referrals for conservatorship	n/a	79	70	64	70
Effectiveness Measures					
Number of cases sent in to court	n/a	50	60	64	30

➔ Indicates a Key Measure

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.

Health and Human Services FY 2012-13 Performance Plan

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 its role in the community. The number of meetings and trainings is expected to decrease as community and County partners better understand the Public Guardian's purpose, role and services. In order to further measure its effectiveness and educate accordingly, in the next fiscal year the department will begin keeping a log to track the number of inquiries concerning conservatorship.

The number of cases sent to court will be modified to measure the number of conservatorships established in court. The reason for this change is that this is a better measure of the amended objective of collaborating with partners to maintain more at risk adults in independent living environments, particularly with respect to Probate cases. Additionally, the number of referrals received for conservatorship will be bifurcated to reflect the number of Lanterman Petris Short (LPS) Referrals versus the number of Probate Conservatorship Referrals. The success of our continued objective of educating the community about the least restrictive alternatives to conservatorship is most reflected in the number of probate referrals received.

VIII. NEW PERFORMANCE MEASURES

Program Name: Mental Health and Substance Use

Department Goal

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

Objective: To plan for and implement comprehensive, coordinated services for eligible, high-risk probationers that will result in positive behavior change and reduce recidivism

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Development and/or expansion of Health and Human Services programs and services to meet the needs of high-risk probationers	n/a	n/a	n/a	6	10
Effectiveness Measures					
Percent of high-risk probationers, referred by the Probation Department who are served by new or expanded services	n/a	n/a	85%	100%	100%
Percent of high-risk offenders who successfully complete Probation	n/a	n/a	n/a	25%	33%

➔ Indicates a Key Measure

Health and Human Services FY 2012-13 Performance Plan

Story Behind Performance: AB 109 realigns three major groups of offenders to counties: those on Post Release Community Supervision (PRCS) who formerly would have been on state parole; the Non-Non-Nons, or 3-Nons, who are those convicted of non serious (1192.7(c) PC), non-violent (667.5(c) PC) and non-registerable (PC 290) sex offenses with no serious, violent, or registerable sex offense priors and who are sentenced locally; and State Parole Violators who must serve their revocation time in county jail rather than prison. Assembly Bill 109 is a major corrections reform legislation that “realigns” responsibility for offenders who have historically been supervised by State of California’s Department of Corrections and Rehabilitation to county probation departments. The Marin County Probation Department manages this significant task through intensive community-based supervision of offenders released from prison, in conjunction with local treatment and service providers. Planning, coordination and implementation of services for this high-risk population, provided by the department and its contracted community-based partners, is being coordinated by the Division of Alcohol, Drug and Tobacco Programs.

Program Name: Mental Health and Substance Use

Department Goal	Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents.
------------------------	---

Objective: Improve Marin County’s Division of Mental Health and Substance Use Services capacity to provide integrated services to individuals with co-occurring mental health (including trauma) and substance use conditions

MEASURES	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Target	FY 2012-13 Target
Workload Measures					
Percent of Mental Health and Substance Use organizations completing the COMPASS-EZ self assessment tool	n/a	n/a	n/a	100%	100%
Percent of Mental Health and Substance Use organizations completing the Code-CAT EZ & submitting a co-occurring competency development plan	n/a	n/a	n/a	50%	100%
Percent of Mental Health and Substance Use organizations who developed a Quality Improvement/Action Plan	n/a	n/a	n/a	60%	100%
Effectiveness Measures					
Percent of co-occurring clients identified and Referred for Treatment	n/a	n/a	n/a	35%	50%
Percentage of staff who are co-occurring competent	n/a	n/a	n/a	25%	50%

➔ Indicates a Key Measure

Health and Human Services FY 2012-13 Performance Plan

Story Behind Performance: ZIA Partners' Quality Improvement Tool Kit has been made available to HHS staff and contract providers that include the COMPASS-EZ and Code-Cat EZ. The Division of ADT included a request for all contracted agencies to develop an improvement plan with particular focus on the following: Improving welcoming of clients with co-occurring issues to facilitate access and/or retention; improving screening and identification in all data systems of the prevalence of co-occurring clients recognized (whether or not they already have a diagnosis); and improving co-occurring competency (through on the job learning) of all staff