

# Health and Human Services FY 2014 - 16 Performance Plan

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# Health and Human Services FY 2014 - 16 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 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.

The Department of Health and Human Services is divided into:

- Planning and Administration Services Division
- Public Health Services Division
- Mental Health and Substance Use Services Division
- Social Services Division

## III. Program Description and Responsibilities

### ***Planning and Administration Services Division***

The Division of Planning and Administration 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:

#### *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 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

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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 and other financial operations. The department is funded principally by state and federal 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 manages the SAP software system related to HHS programs, including the payroll and billing functions.

### *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 County Administrator's or Board of Supervisors' approvals.

### *HHS Human Resources Management*

The 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 Office of 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; planning for the implementation of health care reform; 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.

### *Information Technology*

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

### **Public Health Services Division**

The Division of Public Health Services provides a variety of services targeted at promoting public health in Marin County.

### **Dental Clinics**

The Dental Clinic provides direct dental services to children, adolescents and adults, including services to clients of 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

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funding assistance for the most vulnerable clients; and provides oral health care at annual community events to target populations including the homeless.

### **Detention Medical**

The Detention Medical Services program provides medical services for the Marin County Jail and for Juvenile Hall. Basic services include triage, risk management, health assessments, referral, treatment and medications. The program works closely with the Sheriff and other law enforcement officials, community mental health services, the criminal justice system, and contracted dental and other services.

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

### **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.

### **Medical Clinics**

The medical clinics (HHS Health Clinics) are located at the Marin Health and Wellness Campus. Services include 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.

### **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.

### **Public Health Officer**

The statutorily required position of Public Health Officer is the primary County official to ensure the public health in cases of communicable disease outbreaks; public health disasters; and other events. The Public Health Officer also performs a variety of functions related to the community's health, ranging from outreach and communication with the provider community to disaster planning and health promotion.

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## **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 assessments; 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.

## ***Mental Health and Substance Use Services Division***

### **Mental Health**

The Mental Health and Substance Use Services Division provides age and linguistically and culturally competent services to adults, children and youth in Marin County.

#### *Mental Health and Substance Use Services Administration*

Mental Health and Substance Use Services Administration 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.

#### *Adult Mental Health Services*

Adult Mental Health Services provides an accessible, appropriate and comprehensive system of care to Marin County residents over age 18 that need critical mental health and substance use services. 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. Note that during FY 2013-14, the division will be moving toward further integration of mental health and substance use services, including redefinition of this program to address the range of services (both mental health and substance use) experienced by the clients.

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

#### *Youth and Family Mental Health Services*

Youth and Family Mental Health Services is responsible for providing age-appropriate and linguistically and culturally-competent 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. Note that during FY 2013-14, the division

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will be moving towards further integration of mental health and substance use services, including redefinition of this program to address the range of services (both mental health and substance use) experienced by the clients.

### *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 Pan (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.

### **Substance Use Services**

#### *Alcohol and Drug Programs*

Alcohol and Drug Programs works to prevent and treat alcohol and drug problems. The program 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 program serves as an administrative agency responsible for seeking and allocating federal, state and local grant funds to contract for the delivery of alcohol and drug services. Note that during FY 2013-14, the division will be moving towards further integration of mental health and substance services, including redefinition of this program to address the range of services (both mental health and substance use) experienced by the clients.

#### *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.

#### *AB 109 Prison Realignment*

The 2011 Public Safety Realignment transferred responsibility for a large segment of the criminal justice population from the State of California to local jurisdictions. The Marin County Board of Supervisors designated the Probation Department to be the primary agency responsible for supervision of realigned offenders in Marin. In response to the emerging needs of the criminal justice system the Department of Health and Human Services, Division of Mental Health and Substance Use Services, partnered with the Department of Probation through the Community Corrections Partnership (CCP). The CCP appointed the Marin County Department of Health and Human Services to lead the CCP Treatment Sub-Committee, which includes participants from all of its divisions, the Department of Probation and the Marin County Sheriff's

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Office. The CCP Treatment Sub-Committee is responsible for identifying both needs and gaps in services which arose due to realignment. There is a group consensus that for a significant percentage of the criminal justice population, there would be a higher degree of success with the client if underlying issues such as substance use disorders, mental illness and trauma were addressed. Providing behavioral health services to address the underlying issues in an offender's life will result in lower levels of recidivism and lead to higher levels of client self-sufficiency, improved allocation of limited resources and reduction in costs to the criminal justice system in the future.

### ***Social Services Division***

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 to employers and resources they need to become and remain successfully employed.

### **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.

### **Children 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 Health Services (CHS) 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 Program (CHDP) and Health Care Program for Children in Foster Care (HPCFC).

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 approved specialists.

MTU provides physical, occupational, 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

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with Medi-Cal and all youth birth through age 18 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.

### **Employment Services**

Employment Services is comprised of the California Work Opportunity and Responsibility to Kids (Cal WORKs) and the Workforce Investment Act (WIA).

Cal WORKs is 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 domestic abuse issues. This program provides services that assist county residents to locate and retain jobs and attain self-sufficiency.

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

### **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).

### **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 Cal WORKs program. Public assistance applications can be completed in person, by phone, by mail or online.

### **Public Assistance Eligibility**

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

California Work Opportunity and Responsibility to Kids (Cal WORKs) is California'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, and appropriate referrals to other agencies.



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The County Medical Services Program provides for the health care of medically indigent adults who do not qualify for Medi-Cal. Major program responsibilities include accurate and expeditious evaluation of eligibility, and ongoing evaluation of continuing eligibility for this medical insurance benefit.

The Cal Fresh Food Stamp program is designed to promote the general welfare and to safeguard the health and well-being of the state'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 Program is a County funded program that provides temporary cash aid to eligible adults who have no dependent children living with them. The goal of the program is to help clients obtain self-sufficiency.

### **Public Guardian**

The Public Guardian program administers three state-mandated programs: Lanterman Petris Short Conservatorships, Probate Conservatorships and the Representative Payee Program.

#### *1. Lanterman Petris Short (LPS) 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 Public Guardian is usually appointed conservator of the person. The Public Guardian's Office manages the program.

#### *2. 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.

#### *3. 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 with and outside agency or individual is providing case management services.

### **Veterans' Services**

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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.

*In addition to the five divisions, the department has two cross-division initiatives: a) Community Health and Prevention and b) Prevention Hub .*

### **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.

### **Prevention Hub**

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. 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.

## **IV. Accomplishments for FY 2013-14**

- Implemented the Affordable Care Act and embarked on a public assistance redesign effort aimed at improving efficiency and customer service
- Transitioned 3,000 children from Healthy Families to Medi-Cal
- Partnered with Seneca Family of Agencies to open a dedicated emergency foster home
- Completed initial phase of facility assessments for 120 N. Redwood, West Marin and 920 Grand facilities
- Created a new Health and Human Services (HHS) website, spearheaded internal communication efforts, produced a variety of quality videos and press releases, established a social media platform, and developed new publication designs
- HHS Media Team was named Marin Team of the Quarter
- Established an obesity prevention program infrastructure (The Nutrition Wellness Program), which included the creation of three Healthy Eating Active Living (HEAL) community implementation teams and securing \$1.5 million in funding over four years to support low-income, underserved Marin communities

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### V. Key Challenges and Outstanding Issues

- Identifying strategies to address increased demand for Mental Health Adult Residential placements
- Securing a permanent location for homeless shelter care
- Completing the Aging Action Plan Initiative, involving community stakeholders and addressing top key issues facing seniors in the community
- Completing the housing gap analysis
- Further developing the strategic plan to reduce prescription drug misuse

### VI. Performance Plan

| Department Goal   | Countywide Goal        |
|---|------------------------|
| <b>Goal I: Ensure the provision of essential and mandated services and benefit programs</b> | I. Healthy Communities |

| Initiative Description   | Program(s)   |
|--|--|
| Assist clients in accessing health insurance, including Medi-Cal | Mental Health and Substance Use Services, Public Health, Social Services |
| Increase access to services available to Medi-Cal beneficiaries  | Mental Health and Substance Use Services, Public Health, Social Services |

**Program:** Community Health and Prevention


**Objective:** Promote collaborative efforts for department- and community-based priorities that reflect multi-disciplinary, multi-sector partners and community engagement

| Workload Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|---------|---------|---------|---------|---------|---------|
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of Countywide and/or interdepartmental collaborative efforts coordinated or sustained by the program | N/A     | N/A     | N/A     | 10      | 10      | 10      |

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**Program:** Prevention Hub - Women, Infants and Children (WIC)

**Objective:** Improve and maintain breastfeeding rates in WIC participants

|   | <b>Workload Measures</b>   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|--|---------|---------|---------|---------|---------|---------|
|   |  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Number of prenatal and postpartum women who are assigned to a lactation peer counselor | N/A     | N/A     | N/A     | 250     | 280     | 300     |
|   | <b>Effectiveness Measures</b>  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|   |  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Percent of WIC infants who are breastfed at one year of age                            | 61%     | 65%     | 64%     | 65%     | 65%     | 65%     |

**Program:** Prevention Hub - Women, Infants and Children (WIC)

**Objective:** Reduce obesity rates in WIC participants aged two to five

|   | <b>Workload Measures</b>  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|---|---------|---------|---------|---------|---------|---------|
|   |   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Number of children aged two to five in the program served           | N/A     | N/A     | N/A     | 1,200   | 1,200   | 1,200   |
|   | <b>Effectiveness Measures</b>                                       | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|   |   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Percent of children in program with a healthy Body Mass Index (BMI) | N/A     | N/A     | N/A     | 80%     | 80%     | 80%     |

**Story Behind Performance:**

Body Mass Index (BMI) is a number calculated from a child's weight and height. It is used as a screening tool to identify possible weight problems for children. The Centers for Disease Control and the American Academy of Pediatrics recommend the use of BMI to screen for overweight and obesity in children beginning at 2 years old. A healthy BMI range for Children 2-5 is 5th percentile to less than the 85th percentile.

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| Department Goal   | Countywide Goal        |
|---|------------------------|
| <b>Goal II: Prevent injury, physical and mental illness, and chronic conditions among residents</b> | I. Healthy Communities |

| Initiative Description  | Program(s)                               |
|---|--|
| Develop a prevention framework for intimate partner violence                          | Community Health and Prevention          |
| Develop a crisis residential program, peer crisis counseling and a mobile crisis unit | Mental Health and Substance Use Services |

**Program:** Mental Health and Substance Use Services

**Objective:** Improve access to services by under-served communities and populations

| Workload Measures                           | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|---------|---------|---------|---------|---------|---------|
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of Latinos served                    | N/A     | N/A     | 342     | 356     | 375     | 463     |
| Effectiveness Measures                      | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Percent of Medi-Cal eligible Latinos served | N/A     | 2.78%   | 2.73%   | 2.85%   | 3.00%   | 3.70%   |

**Story Behind Performance:**

Mental Health and Substance Use Services (MHSUS) has identified vulnerable populations such as Latinos, youth in foster care, homeless and precariously housed people, veterans and people with co-occurring disorders. In FY 2014-15, MHSUS is focusing on increasing services to adult Latinos and analyzing data for other vulnerable populations. Based on this analysis, MHSUS will add measures for an additional population to this goal in FY 2015-16.

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| Department Goal   | Countywide Goal        |
|---|------------------------|
| <b>Goal III: Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents</b> | I. Healthy Communities |

| Initiative Description                                      | Program(s)   |
|---|--|
| Locate a permanent shelter to support chronic homelessness  | Administration; Social Services; Mental Health and Substance Use Services; Community Health and Prevention |
| Implement Healthy Eating and Active Living strategic plan   | Community Health and Prevention  |
| Develop a prescription drug misuse and abuse strategic plan | Administration; Public Health; Mental Health and Substance Use Services; Community Health and Prevention   |

**Program:** Adult Mental Health - Psychiatric Emergency Services (PES)

**Objective:** Improve service outcomes for Crisis Mental Health Services

|  | Workload Measures  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|--|--|---------|---------|---------|---------|---------|---------|
|  |  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Number of clients receiving triage services  | N/A     | N/A     | N/A     | 150     | 300     | 300     |
|  | Number of adult consumers assessed at PES  | 300     | 294     | 269     | 270     | 225     | 180     |
|  | Effectiveness Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|  |  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Percentage of clients released to non-hospital environment receiving triage services | N/A     | N/A     | N/A     | 70%     | 75%     | 80%     |
|  | Percentage of clients released to non-hospital environment assessed at PES           | 63%     | 68%     | 69%     | 70%     | 75%     | 80%     |

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**Program:** Aging and Adult Social Services

**Objective:** Ensure older and dependent adults are safe in the community

|  | <b>Workload Measures</b>                                      | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|--|---|---------|---------|---------|---------|---------|---------|
|  |   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Number of Adult Protective Services (APS) cases opened        | N/A     | N/A     | N/A     | 600     | 625     | 650     |
|  | <b>Effectiveness Measures</b>                                 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|  |   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Percentage of APS cases resolved and stabilized for 12 months | N/A     | N/A     | N/A     | 90%     | 93%     | 95%     |

**Story Behind Performance:**

The Adult Protective Services (APS) program provides services to protect, prevent, and remedy abuse of elders and dependent adults. APS strives to reduce risk, maintain and enhance quality of life, promote self-sufficiency, and respect the right to self-determination.

APS social workers investigate and seek to correct situations of abuse and neglect. The social worker will offer the older or dependent adult a plan of services, using the least restrictive method of intervention. With the goal of enabling the person to live as safely and independently as possible, the APS social worker will coordinate services with available family, supportive friends and community resources.

By tracking the overall number of cases opened, APS will be able to measure trends and evaluate such factors as whether reports of abuse are on the rise or decline and consider what factors may be contributing to either trending direction (e.g., increased incidents of abuse, increased reporting). By tracking recidivism over a one-year period, APS will be able to measure the longer-term stability of its interventions or other factors that may lead to subsequent reports to APS about the same individual. This will aid in determining the effectiveness of APS involvement and the effectiveness of collateral formal and informal resources.

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## Health and Human Services FY 2014 - 16 Performance Plan

**Program:** Aging and Adult Social Services

**Objective:** Ensure eligible older adults and adults with disabilities can remain independent in their homes

| Workload Measures  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|--|---------|---------|---------|---------|---------|---------|
|  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of In Home Supportive Services (IHSS) cases opened            | N/A     | N/A     | N/A     | 200     | 210     | 220     |
| Effectiveness Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Percent of IHSS cases receiving timely assessments and reassessments | N/A     | N/A     | N/A     | 90%     | 92%     | 95%     |

**Story Behind Performance:**

The goal of In Home Support Services (IHSS) is to assist eligible older adults and individuals with disabilities to maintain independence in their home environment. IHSS social workers and nurses make annual visits to assess and review needs to determine the appropriate level of in-home domestic and personal care assistance that an individual may require. Based on the amount of care hours needed, IHSS then provides payment to the caregiver of the individual's choosing.

By tracking the number of cases opened as well as the timeliness of initial assessments and reassessments, IHSS will be able to track community demands for the program, thereby informing the need for staff as well as caregiver and other community resources. These measurements will also assist with evaluating the efficiency of internal operations.



## Health and Human Services FY 2014 - 16 Performance Plan

**Program:** Mental Health Managed Care Plan

**Objective:** Provide oversight and medical direction for the Emergency Medical Services (EMS) system with a focus on improving survival rates for patients with cardiac arrest

| Workload Measures  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|--|---------|---------|---------|---------|---------|---------|
|  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of 9-1-1 patient contacts by EMS system                                     | 14,442  | 14,938  | 15,177  | 15,000  | 15,000  | 15,000  |
| Number of 9-1-1 cardiac arrest patients with resuscitation attempted               | 113     | 127     | 113     | 120     | 120     | 120     |
| Effectiveness Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Percent of cardiac arrest patients receiving bystander CPR                         | 46%     | 31%     | 36%     | 40%     | 45%     | 50%     |
| Percent of cardiac arrest patients with return of spontaneous circulation          | 28%     | 32%     | 31%     | 32%     | 32%     | 35%     |
| Percent survival for all cardiac rhythms   | 15%     | 15%     | 22%     | 20%     | 18%     | 20%     |
| Percent survival for ventricular fibrillation or pulseless ventricular tachycardia | 46%     | 35%     | 51%     | 50%     | 50%     | 50%     |

### Story Behind Performance:

While it accounts for a small percentage of all patients seen by EMS providers, survival from cardiac arrest is viewed as a key quality indicator for most EMS systems. Surviving a cardiac arrest depends on a number of factors, including availability of bystander CPR, prompt access to 9-1-1, pre-arrival instructions by a trained dispatcher, and rapid response by EMS personnel. This “chain of survival” requires the integration of many elements in order to maximize outcomes, including community education and training. The EMS Program is responsible for this integration and has led collaborative efforts to teach “hands only” CPR to the Marin community, resulting in training 5,793 individuals to date. The EMS Program also hosts an annual “Marin County Survivors’ Celebration” to honor both survivors and their life-savers in the community. The department will continue to track the survival rates for cardiac arrest as evidence of its continuing efforts to provide the highest quality emergency medical services to Marin residents and visitors.

## Health and Human Services FY 2014 - 16 Performance Plan

**Program:** HIV/AIDS

**Objective:** Reduce the transmission of HIV/AIDS in Marin

| Workload Measures  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|--|---------|---------|---------|---------|---------|---------|
|  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of unduplicated clients served  | 140     | 128     | 130     | 110     | 110     | 110     |
| Effectiveness Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Percent of HIV Program participants with an undetectable viral load            | 92%     | 95.8%   | 95.2%   | 97%     | 95%     | 95%     |
| Percent of HIV/AIDS clients receiving two or more primary care visits per year | 89.4%   | 69.8%   | 76.9%   | 75.0%   | 75.0%   | 75.0%   |

**Story Behind Performance:**

Clients are remaining healthy on medication and therefore only come in for medical visits twice per year. Sometimes the second visit does not fall within the funding fiscal year and therefore contributes to an under-representation in the percentage receiving two visits per year.

**Program:** HIV/AIDS

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

| Workload Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|---------|---------|---------|---------|---------|---------|
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of internal and external programs linked to health data/statistics used to support program planning, policy development, research, needs assessments and grant proposals | 160     | 75      | 130     | 100     | 100     | 100     |

**Story Behind Performance:**

Clients are remaining healthy on medication and therefore only come in for medical visits twice per year. Sometimes the second visit does not fall within the funding fiscal year and therefore contributes to an under-representation in the percentage receiving two visits per year.

## Health and Human Services FY 2014 - 16 Performance Plan

**Program:** Public Assistance Eligibility

**Objective:** Increase percentage of eligible persons participating in the Cal Fresh program

| Workload Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|---------|---------|---------|---------|---------|---------|
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of applications for Cal Fresh benefits received                                    | 7,071   | 7,541   | 6,815   | 6,707   | 7,000   | 7,000   |
| Number of persons receiving Cal Fresh benefits  | 7,873   | 8,890   | 9,408   | 9,981   | 10,380  | 10,650  |
| Number of households receiving Cal Fresh benefits   | 4,610   | 5,241   | 5,541   | 5,767   | 5,933   | 6,044   |
| Effectiveness Measures  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Percent of new applications for Cal Fresh benefits processed within regulatory timeframes | 97%     | 95%     | 94%     | 95%     | 95%     | 95%     |
| Percent of eligible population receiving Cal Fresh benefits                               | 43%     | 42%     | 71%     | 75%     | 78%     | 80%     |

**Story Behind Performance:**

The combined efforts of Health and Human Services staff and community partners have resulted in a steady increase in persons and households receiving Cal Fresh benefits. This trend promises to continue, given increased outreach efforts and a growing collaboration with the San Francisco Marin Food Banks. Timely processing of applications has been slightly impacted in a downward direction due to an increase in applications, staff turnover, and the demands that implementation of the Affordable Care Act has placed on existing resources.

## Health and Human Services FY 2014 - 16 Performance Plan

**Program:** Public Assistance Eligibility

**Objective:** Increase access to health care for County residents through enrollment in health care plans

| Workload Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|---------|---------|---------|---------|---------|---------|
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of new applications for Medi-Cal received                                | 6,674   | 6,318   | 5,391   | 6,554   | 7,000   | 6,500   |
| Number of persons enrolled in the Medi-Cal program                              | 20,462  | 19,953  | 17,547  | 22,000  | 23,000  | 24,000  |
| Effectiveness Measures  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Percent of new applications for Medi-Cal processed within regulatory timeframes | N/A     | N/A     | N/A     | 74%     | 80%     | 85%     |

### Story Behind Performance:

Following a decline in Medi-Cal applications and persons enrolled in FY 2012-13, applications for and participation in the Medi-Cal program appears to be rapidly increasing in the current year. Beginning with the start of the Affordable Care Act (ACA) open enrollment period, Health and Human Services staff have received a high volume of inquiries and applications for Medi-Cal and the Covered California programs. It is difficult to accurately project future applications, total enrollment and the eligible population that will be enrolled, due to system limitations and other challenges associated with the State of California's implementation of the ACA. Current data-reporting capabilities do not support timeliness measurements at this time; however, Public Assistance Eligibility staff expect to have this capacity in place by early next year.


## Health and Human Services FY 2014 - 16 Performance Plan

| Department Goal  | Countywide Goal          |
|--|--------------------------|
| <b>Goal IV: Strengthen methods, practices and systems to ensure efficient and effective delivery of services and strategic plan implementation</b> | IX. Managing for Results |

| Initiative Description  | Program(s)      |
|---|-----------------|
| Work with the County Administrator's Office to identify equity metrics for health and aging | Department-wide |

**Program:** Planning and Administration

**Objective:** Increase the percentage rate of completed annual performance evaluation

|   | Effectiveness Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|--|---------|---------|---------|---------|---------|---------|
|   |  | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Percentage of staff who have a performance evaluation completed in the past year | 55%     | 55%     | 55%     | 80%     | 85%     | 85%     |

| Department Goal   | Countywide Goal        |
|---|------------------------|
| <b>Goal V: Increase awareness of, and access to, County and community services and supports</b> | I. Healthy Communities |

| Initiative Description                                    | Program(s)   |
|---|--|
| Create Affordable Care Act outreach and education network | Community Health and Prevention; Mental Health and Substance Use Services; Social Services |

## Health and Human Services FY 2014 - 16 Performance Plan

**Program:** Nutrition Wellness Program/Healthy Eating Active Living

**Objective:** Reduce childhood obesity in targeted communities

| Workload Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|---------|---------|---------|---------|---------|---------|
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of low-income community members reached through educational workshops and events                                   | N/A     | N/A     | N/A     | 1,800   | 1,800   | 1,800   |
| Effectiveness Measures  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Percent of sampled participants attending educational workshops indicating increased consumption of fruits and vegetables | N/A     | N/A     | N/A     | 60%     | 75%     | 75%     |
| Percent of 5th graders in low-income schools that have a healthy weight   | N/A     | N/A     | N/A     | 69%     | 70%     | 71%     |

**Story Behind Performance:**

It is unlikely that the department would see significant changes in childhood obesity rates in the short term, but this is the true measure of effectiveness over the next five to ten years.

**Program:** Nutrition Wellness Program/Healthy Eating Active Living

**Objective:** Engage local community members in strategies that promote Healthy Eating and Active Living (HEAL)

| Workload Measures   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|---------|---------|---------|---------|---------|---------|
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Number of community health representatives, peers, and promotoras trained in strategies to promote HEAL | N/A     | N/A     | N/A     | 40      | 40      | 40      |
| Effectiveness Measures  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
| Percent of participants indicating increased capacity to implement strategies to promote HEAL           | N/A     | N/A     | N/A     | 75%     | 75%     | 75%     |

## Health and Human Services FY 2014 - 16 Performance Plan

**Program:** Media and Communications

**Objective:** Promote awareness of Health and Human Services (HHS) services and supports

|  | <b>Workload Measures</b>  | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|--|---|---------|---------|---------|---------|---------|---------|
|  |   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Total annual number of videos produced and distributed about HHS programs | N/A     | N/A     | N/A     | 30      | 35      | 35      |
|  | Annual number of page views of the HHS website                            | N/A     | N/A     | N/A     | 276,000 | 300,000 | 320,000 |
|  | Annual number of e-newsletters produced                                   | N/A     | N/A     | N/A     | 15      | 26      | 35      |
|  | <b>Effectiveness Measures</b>   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|  |   | Actual  | Actual  | Actual  | Target  | Target  | Target  |
|  | Total number of Marin HHS YouTube channel video views                     | N/A     | N/A     | N/A     | 6,000   | 7,000   | 8,500   |