

Marin County Health and Human Services: An 'All-In' Approach

MICHELLE SHAVER

EXECUTIVE SUMMARY

In 2015, when Dr. Grant Colfax began as Director of the Marin County Department of Health and Human Services, he faced an all too common problem. While the department was doing great work through its various efforts, initiatives and plans, it was missing a strategic plan. It needed a plan that linked all efforts with the agency's mission, and aligned it with county-wide initiatives and its five-year plan. Dr. Colfax's solution was to engage staff in a bottom-up approach. The process was bifurcated to include

internal-facing and community-facing plans. Marin County included staff involvement and aligned its core values with the plan's focus areas. Contra Costa County's Employment and Human Services Agency is facing a similar situation. The county is doing very innovative work and has numerous strategic initiatives. This is an opportunity to borrow from Marin County and implement a bottom-up approach to strategic planning.

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Introduction

As the Marin County Department of Health and Human Services (HHS) approaches full implementation of its comprehensive strategic plan, there are many lessons to be learned for other county government agencies. Marin County's mission, vision and comprehensive strategic plan fundamentally align to advance equity. A thorough review of the County of Marin, its Department of Health and Human Services, and the department's strategic planning process will lay the foundation for lessons learned and the appropriateness of utilizing a similar approach within the County of Contra Costa Employment and Human Services Department (EHSD).

Marin County's Path to Equity

To begin, Marin County has a population of 256,802 people (RaceCounts.org, 2018). The county's social services are integrated with public health and behavioral health services under a larger umbrella combined with administration collectively and called the Department of Health and Human Services. HHS employs more than 650 individuals and has more than 40 programs at more than 12 locations. Such structure is often referred to as a super-agency or a super-hub agency. A super-agency is defined as an agency that houses many social services programs under one large umbrella. The advantages of this structure are efficiency, cross-training, accountability, improved coordination of services and greater customer satisfaction (County of Lassen, 2018).

While Marin County is ranked as one of the two wealthiest and healthiest counties within the State of California, it has the highest level of racial disparities (RaceCounts.org, 2018). Thus, given these

disparities, the internal and community-facing plans combined are a juxtaposition and "together outline a roadmap for Marin County HHS to advance equity over the next 5 years" (County of Marin HHS, 2018).

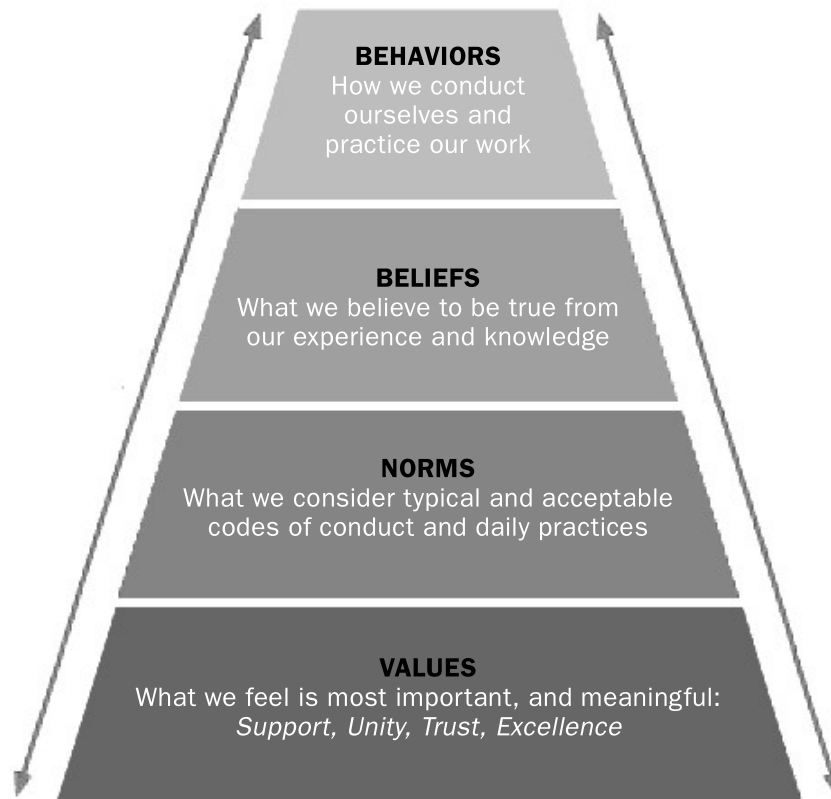
The Director

Dr. Grant Colfax M.D., the Director of HHS in Marin County, was hired in 2015. Within a relatively short period of time he championed a new strategic planning process for HHS. In a phone interview with Dr. Colfax on April 24th, 2018, he indicated that there was no overall strategic plan for the agency and that there was a need for one. Given his previous strategic planning experience, he was skilled at identifying the opportunity for structure provided through a solid plan and was able to quickly prescribe advancing forward with hiring a consultant to help with the day-to-day planning of the entire strategic planning process and implementation. Early on in Marin County's work with its first consultant, it became obvious that there was a need for an internal facing plan to bring staff on-board before fully engaging the community.

Internal-Facing Plan

To begin, Marin County hired a consultant to assist with the strategic planning process. Later, they hired a consulting firm when it became evident that there was a need for a bifurcated process. The first consultant, David Barkan, assisted with the development of the internal plan and the second, Rami + Associates, provided two individuals who assisted with the community-facing plan. Rami + Associates were skilled with qualitative and quantitative data assessment. This made them ideal for leading the external

FIGURE 1
Four Focus Areas



planning process. Also, they were skilled in community evaluation, which was paramount in the development of the external-facing strategic plan. HHS initially worked on both plans at the same time, and it became clear that they needed to address internal issues first. This decision is what bifurcated the process. Thus, they set out to assess the needs of staff, address concerns, and set goals within the organization first.

While the core values identified for both plans were support, trust, unity, and excellence, their focus areas differed. Internally, the focus areas were: employee performance, health and well-being, shared leadership and participatory management, equity, diversity, and transparency, and measurement, learning, and evaluation (County of Marin HHS, 2018).

In other words, the internal plan focused on creating a healthy, happy and thriving workforce. In turn, the community would be well-served and staff would feel supported. While the vision and values carry over to both plans, it was essential to establish a strong foundation internally before expanding and building on it.

To begin, HHS identified that cultural change would be done through embracing a set of key values (County of Marin HHS, 2018). The culture is directly tied to their four focus areas (see *Figure 1*) and “this dual emphasis on culture and the four focus areas will lead to what matters most: the best possible programs and services for Marin County’s communities” (County of Marin HHS, 2018). By putting these values into practice, the HHS

employees will drive the culture change. HHS recognized that a bottom-up approach to changing their organizational culture would produce more positive and sustainable results than a top-down approach.

Next, the engagement and assessment processes consisted of five department-wide forums (engaging 120 employees), three planning teams: a strategic planning team (22 members), a data team (12 members), and a community facilitation team (28 members), a review of 45 data sources, 18 focus groups (involving 190 employees), an online survey (completed by 120 additional employees), and three leadership meetings (attended by 90 to 110 HHS managers). Marin County HHS took a strategy, action, outcome, and metric approach with each of the four focus areas (County of Marin HHS, 2018). In total, roughly 60 to 70 percent of the workforce provided feedback, with approximately 18 percent of the workforce participating in weekly meetings. The next steps in the action phase, making up the implementation of the inward facing planning, were identified as follows: 1) disseminate the plan across the department; 2) review and refine departmental structure to align with priorities; 3) identify resources and leadership for implementation; 4) establish baseline metrics; 5) prioritize actions; 6) establish a timeline for measuring progress; and 7) continue to further engage staff and make the plan part of the culture.

When members of the HHS strategic planning teams ranked all issues in each age group and each vulnerable population, there were six key issues identified that drove disparities within Marin County. The criteria staff considered included inequity, number of residents at risk, severity of issues, importance to the community, and importance to the staff or HHS. Finally, when developing strategies and actions, Marin County considered these cross-cutting issues. This approach paralleled with lifespan development in identifying the key issues. By doing so, the specific issues for Marin County's vulnerable populations came to light.

External-Facing Plan

The explicit goal of this community-focused strategic plan was to increase both health and wellness equity by focusing on issues that drive disparities. The concept of alignment with other county-wide initiatives was instrumental. Two examples of alignment with county-wide initiatives included the county's five-year business plan and the racial equity action plan. HHS staff were asked to review the external plan, identify how the plan aligned with their work internalization, and make suggestions for better partnering to achieve shared strategic goals (County of Marin HHS, 2018).

The "how-to" of implementing the plan is identified as being data-driven, being evidence-based, capitalizing on collaboration opportunities, and tracking outcomes. The HHS strategic planning teams ranked all issues in each age group and each vulnerable population and found six issues that emerged as cross-cutting topics. These six issues are poverty, educational attainment, trauma, behavioral health, and climate change.

Marin County HHS's mission is "to promote and protect the health, well-being, self-sufficiency, and safety of all people in Marin County" (County of Marin HHS, 2018). The strategic planning process affirmed that the mission is solid and it describes what they do (HHS, 2018). Both the community- and internally-facing plans support the mission. In fact, both plans, as above-mentioned, align with other county-wide initiatives. This mission supports the Marin County HHS vision, which was developed as part of the strategic planning process. Their vision is "all in Marin flourish." Further, they developed an "All in Marin" logo that appears instrumental in branding their strategic plan.

The community-facing plan was developed by first reviewing key county data. This included county-wide data, health assessments, reports by age, and reports by topic. Also, ten focus groups with 144 clients and eligible non-clients were held in three different languages around the county and with all age

groups for the purpose of community engagement. In addition, stakeholder engagement was achieved by conducting four meetings that included over 60 stakeholders (June to November of 2017) and by administering an online and paper comment form (County of Marin HHS, 2018). These forms had a subset of the focus group questions. Further, HHS staff engagement activities included a Leadership Council meeting, regular meetings with the executive team, strategic planning team, and community facilitation team, and meetings with the Finishing Team. The Finishing Team was responsible for reviewing final products before going to print and dissemination.

Next, the “All in Marin” HHS strategy to advance equity was solidified. This strategy included four focus areas: 1) client—embrace a culture where client perspectives and needs through the lifespan come first; 2) community—ensure change is co-created and driven by community members; 3) conditions—transform equitable conditions; and 4) quality—strengthen effectiveness of their work with data and innovation. It is important to note that while not all focus areas are related to all of their programs, that all of their work is related to quality (Marin County HHS, 2018). Also, like the internal plan, equity is the lens through which Marin County views both plans.

By 2023, the one-to-five-year outcomes to be achieved (County of Marin HHS, 2018) are:

- **Client**—more people will receive the right services whenever and when they need them
- **Community**—HHS is more responsive to its communities
- **Conditions**—policies, systems and environments will be more equitable
- **Quality**—programs and services are more effective

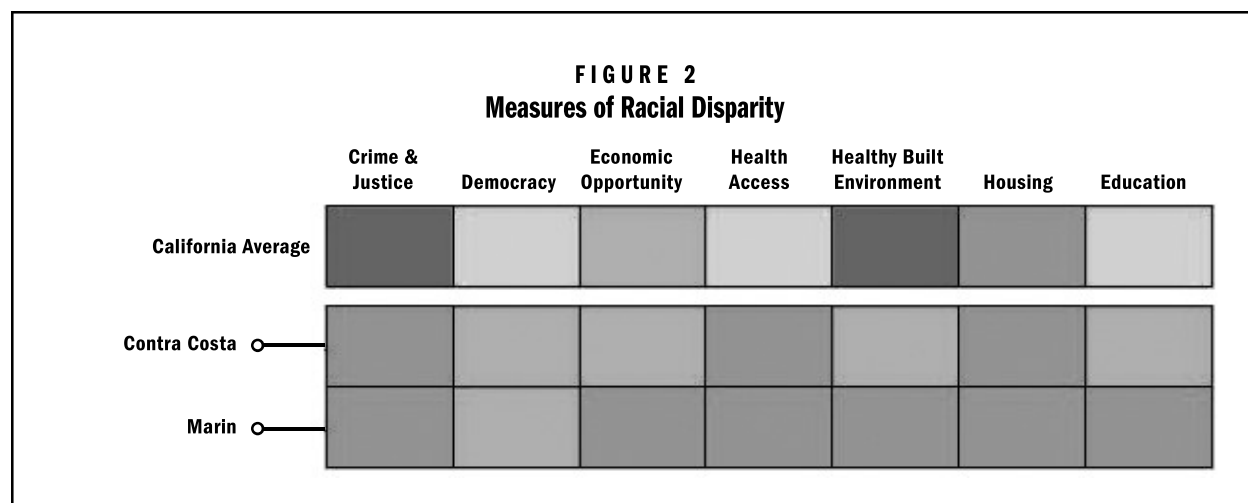
Through these outcomes, residents of Marin County will be healthier, safer, and more resilient, and Marin County HHS will be more efficient and better support its communities. Together they will help

Marin County achieve its long-term goal of health and wellness equity (County of Marin HHS, 2018).

Takeaways

Marin County’s approach to their strategic planning process has been thorough and strategically thought out. It appears that the use of consultants certainly aided in achieving this goal. Dr. Colfax supported this assessment and indicated that for anyone considering implementing a strategic planning process and developing a plan that will actually be utilized rather than sit on a shelf and collect dust, at least one full-time equivalent position should be allotted, or a consultant should be utilized, specifically for strategic planning. The consultant ensures that the process continues to move forward rather than stalling along the way. Also, it appears that a fresh set of eyes not working on day-to-day operations is paramount to keeping a fresh and balanced perspective. Furthermore, Marin County adapted its plan and remained flexible along the way. It appears that they were not as married to deadlines as they were to the process and to having a solidified working plan.

Alignment is an overarching theme for Marin County HHS’s strategic planning process from its core values to the internal- and external-facing plans, and county-wide initiatives to HHS internal plans, such as Area Agency on Aging Plan, the Mental Health Services Act, public health related prevention plans, and so forth. The strong leadership within Marin County HHS allowed for an internal process that was a bottom-up rather than the traditional top-down approach. Certainly while the idea was brought forth by Dr. Colfax, the process was allowed to flourish from the bottom-up. Focus groups were conducted and facilitated by staff; the concepts and progress were revisited in communication through meetings, workgroups, emails, and the intranet. Through the leadership within the organization it appears that the culture of the agency was well-defined and instilled through the day-to-day operations. This approach has allowed the process to be seamless. At no point in time should Marin County HHS staff be uninformed as to the focus



areas, mission, vision, and other underpinnings of their strategic plan and planning processes, as they are incorporated in their day-to-day operations and revisited whenever possible.

In addition, Marin County's approach to including service recipients and eligible individuals in their external plan is ideal for eliminating problems that might occur when only engaging community-based organizations. Rather than replicating their approach to service delivery, services should be data- and needs-driven.

Contra Costa County

The population of Contra Costa County is 1,081,232 individuals, and the county is ranked 32 in terms of disparity (RaceCounts.org, 2018). Across the board, both counties fare better in most measures of racial disparity, except in economic opportunity (see *Figure 2*), while Marin County remains a little worse off (RaceCounts.org, 2018). EHSD employs over 2,000 individuals, provides more than 60 programs at over 39 locations. EHSD's five core values are Exceptional Customer Service, Open Communication, Embracing Change, Practicing Ethical Behavior, and Embracing Diversity. EHSD's vision is "Contra Costa County will continue to be a thriving community where all individuals and families can be healthy, safe, secure and self-sufficient." Its mission is "Employment & Human Services partners with the community to deliver quality services

to ensure access to resources that support, protect, and empower individuals and families to achieve self-sufficiency."

One of the biggest challenges for Contra Costa County is likened to working a puzzle backwards, similar to what HHS had to do. There currently are numerous initiatives, projects, and plans that will need to align with the strategic plan. Examples include EHSD's Area Agency on Aging Plan, the Community Action Plan, Strategic Priorities and Initiatives, Age-Friendly Communities, Addressing Organizational Culture, and CitySpan, to name a few. A thoroughly thought-out strategic plan will connect all of these siloed initiatives and serve as the backbone for future initiatives. Building a strong foundation for all EHSD initiatives will provide the necessary framework for sustainability of a strategic plan both within the organization and externally.

Finally, the next steps recommended for Contra Costa County Employment and Human Services Department are to: 1) pause current strategic initiatives and refrain from adding new ones; 2) take advantage of Marin County's offer to provide additional sit-down meetings to help formulate a "how to get started plan"; 3) focus on an internal-facing plan first; 4) hire a consultant who is knowledgeable about staff engagement, metrics, and community collaboration and engagement and plan implementation and evaluation; 5) identify milestones and an estimated timeline; 6) have fun; and 7) do not quit!

Conclusion

While the infrastructure and demographics differ between Marin and Contra Costa Counties in terms of delivery of social services, racial disparity, size and demographics, it is clear that Marin County has been successful in providing leadership to engage in a bottom-up approach to their strategic planning process, as well as in establishing community engagement in its endeavors. For Contra Costa County, and any other agency that may be considering duplicating Marin County's efforts, it will be essential to continue monitoring Marin County's implementation along the way. Their strategic plan is certainly not for collecting dust.

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References

- County of Lassen, (2018). Health and Social Services Agency. Retrieved May 1, 2018 from <http://www.lassencounty.org/dept/health-and-social-services/health-social-services>
- County of Marin, (2018). Shared strategic planning documents.
- Race counts, (2018). Retrieved May 2, 2018 from <http://www.racecounts.org/county/contra-costa/>