



# Healthy Marin Partnership

2024 – 2026 Marin Community Health Improvement Plan

Prepared by Marin County Public Health – January 9, 2024

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## Executive Summary

During the pandemic, Healthy Marin Partnership’s (HMP) collaboration persevered. HMP stakeholders advanced the 2021 Community Health Improvement Plan (CHIP), completed the 2022 Community Health Needs Assessment / Community Health Assessment (CHNA / CHA), and continued efforts to achieve racial equity. In parallel, Marin County Public Health (MCPH) established infrastructure and “radically collaborated” with the community to mount an equitable COVID-19 emergency response.

The 2024 – 2026 CHIP allows Marin County to apply lessons learned during the pandemic. The result is a plan more aligned with countywide efforts, builds on infrastructure and capacity to address racial equity gaps, and improves health for all Marin residents.

One of the cornerstones of an equitable COVID-19 emergency response was the formation of Community Response Teams (now known as Community Resiliency Teams [CRTs]). The teams co-created, accelerated, and amplified data-driven COVID-19 response activities. Another key factor in the county’s success was developing a unified, cross-sectoral emergency response plan with measurable and time-framed objectives linked to defined outcomes, which were monitored and adjusted regularly. The CRTs and MCPH continue to apply these methods in implementing and monitoring the CHIP to support action and ensure measurable progress.

## Background

### Healthy Marin Partnership (HMP)

**HMP Vision:** All who live, learn, and work in Marin County will experience lifelong health.

**HMP Mission:** Through shared commitment and collaboration, the HMP will leverage collective influence and resources to achieve health equity and catalyze meaningful improvement in health outcomes for all who live, learn, and work in Marin County.

**HMP Statement of Purpose:** HMP is a multi-sector and multi-disciplinary collaborative that strives to **advance health equity** through joint efforts organized around a common vision and shared goals.

HMP was formed in 1995 in response to a mandate requiring all not-for-profit hospitals to complete a community health needs assessment (CHNA) of the Marin community every three years. Marin hospitals joined together with Marin Health and Human Services (Marin HHS) and other community partners, including the Marin County Office of Education (MCOE) and the Marin Community Foundation (MCF), to develop a unified assessment process. Notably, the 2010 Patient Protection and Affordable Care Act requires all nonprofit hospitals to conduct a CHNA and develop an implementation strategy every three years.<sup>1</sup>

During the COVID-19 pandemic, Marin's healthcare, educational, and business sectors, alongside MCPH, built on partnerships forged through HMP and collaborated as a unified system to control the crisis, recognizing the critical role of non-medical providers, especially community organizations, in promoting health equity. The pandemic underscored the urgent need to address health inequities, particularly the effects of racism and climate change on marginalized communities. This led to a commitment to continued collaboration focusing on inclusion and community-driven solutions. In 2024, HMP expanded its membership to support pandemic recovery and the advancement of health equity. HMP is committed to advancing CHIP implementation.

## Factors Influencing CHIP Development

### California Advancing and Innovating Medi-Cal (CalAIM)

In 2023, the California Department of Health Care Services (DHCS) launched California Advancing and Innovating Medi-Cal (CalAIM). CalAIM is an opportunity to transform Medi-Cal and create a person-centered, trauma-informed, equity-oriented, data-driven, and outcomes-focused coordinated care system across our health and social sectors. To this end, HMP invited our county's two managed care plans, Kaiser Foundation Health Plan (KP) and Partnership Health of California (PHC) to join HMP. We aim to ensure inclusive and representative participation of key stakeholders to guide healthcare workforce development initiatives and inform county-level CalAIM collaborative planning and implementation.

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<sup>1</sup> IRS Federal Register Vol. 79 No. 250 <<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>>

## Population Health Management (PHM)

In 2023, the DHCS launched Population Health Management (PHM), a cornerstone of CalAIM. PHM establishes a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier, and happier lives, improved health outcomes, and health equity. DHCS now requires that Managed Care Plans (MCPs) complete a Population Needs Assessment (PNA) in partnership with local health departments and community collaboratives.

## Public Health Accreditation

Assessing the community's health and resources lays the foundation for setting community priorities, adopting community public health policy, planning and developing public health programs, and allocating and mobilizing community resources. A needs assessment is also required to attain and maintain Public Health Department Accreditation through the [Public Health Accreditation Board \(PHAB\)](#). In 2023, MCPH began the pursuit of Public Health Accreditation. This process intends to strengthen countywide health assessment and improvement planning processes and grounds them in best practices.

## Marin Health and Human Services (HHS) Strategic Plan

In 2023, Marin HHS launched its [strategic planning process](#) to update the [2018 Strategic Plan to Achieve Health and Wellness Equity](#). The updated strategic plan will use Results Based Accountability (RBA) to ensure that every action and decision is directly linked to measurable outcomes and tangible results.

## Results-Based Accountability (RBA)

In 2023, Marin HHS launched a quality improvement framework modeled on the National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality Improvement, which included implementing a performance management framework and RBA. MCPH will provide backbone support to CHIP implementation using the RBA framework to track the status of the effort or results of the actions taken to implement CHIP strategies or activities. This includes locally developed data dashboards as well as the Clear Impact Scorecard.

## Community Resiliency Teams' (CRTs) Role in the CHIP

Marin County Public Health reviewed the 2022 CHNA Priorities and Key Indicators with the [Community Resiliency Teams](#) (CRTs) that formed during the pandemic to accelerate and amplify COVID-19 response activities. The success of the CRTs was grounded in applying evidence-based and action-oriented strategies that brought a coalition of partners in specific geographic areas of the County to improve coordination, increase community ownership, and enhance strategic communication.

In the post-pandemic phase, CRTs are focused on the Social Determinants of Health (SDOH), including [economic stability](#), [education access and quality](#), [healthcare access and quality](#), [neighborhood and built environment](#), and [social and community context](#), as the pathway to recovery for low-income, marginalized communities and communities of color in Marin.

County zone map: San Rafael (red), Novato (yellow), West Marin (green), Southern Marin (blue).

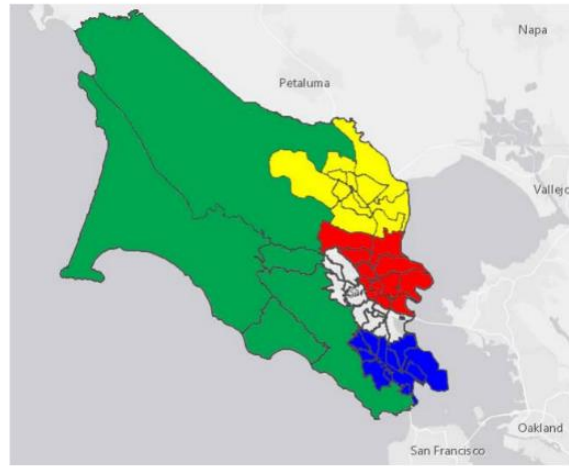


Figure 1: Marin County CRT Zone Map

Through a collaborative process, MCPH gathered representatives from the lead agencies represented at the HMP and the four health equity zones: San Rafael, West Marin, Southern Marin, and Novato (See Appendix A for a list of HMP agencies and participants). The discussion focused mainly on identifying and prioritizing strategies to develop the CHIP.

MCPH staff then worked with lead agencies and gathered feedback from partner organizations and community members to inform them of the development of strategies to implement the CHIP. Currently, the County of Marin funds the CRTs to implement the CHIP and other activities, and MCPH provides the backbone support to the CRTs in implementing the CHIP.

## CHIP Process Timeline

For this iteration of the CHIP, MCPH aligned health priorities identified in the 2022 CHNA / CHA with existing community initiatives, partnerships, programs, and services. Throughout 2023, MCPH's leadership and performance management team analyzed results from the needs assessment, reconciled community health priorities with current and emerging public health priorities and developed population and performance accountability measures. Starting in 2023, goals and strategies were developed, organized, and monitored according to the RBA performance management framework.

MCPH determined that CRTs would be its key partner for implementing community health improvement strategies, so it recommended that CRT lead agencies join HMP. Lead CRT agencies represent Marin County populations disproportionately affected by conditions contributing to poor health outcomes and health disparities. The formal inclusion in HMP leadership strengthened HMP and connected the CHIP process directly to community engagement and action.

Throughout 2023 and 2024, MCPH staff presented the 2022 CHNA/CHA to key community stakeholders, including CRT Lead Agencies and the Health Council. In 2024, public health staff worked with CRT Lead Agencies to identify strategies promoting equitable health opportunities. CRT Lead Agencies drafted scopes of work that identified time-framed improvement strategies that designated responsible parties

with defined action and measurable goals and objectives. CRT Lead Agencies are also deeply engaged in developing policy recommendations to address social drivers of health inequities in Marin and improve community conditions that impact their health and well-being.



Figure 2: CHIP Process Timeline

## 2022 Community Health Assessment (CHA)

HMP’s unified assessment process systematically examines the community’s overall health status. The CHA identifies a community’s health needs, perceived issues, and significant factors affecting local health outcomes. This assessment informs the development of a CHIP.

The [2022 Community Health Needs Assessment](#) (CHNA), as required for each Marin hospital, is available here:

1. Kaiser Permanente: [link to report](#)
2. MarinHealth Medical Center: [link to report](#)
3. Sutter Health’s Novato Community Hospital: [link to report](#)

### 2022 CHA Priorities and Key Indicators

CHNA Priority	Access to Mental/Behavioral Health and Substance Use Services	Access to Quality Primary Care Services	Access to Community Connections	Meeting Basic Needs
Priority Description	Mental health affects all areas of life, including physical well-being, ability to work and perform well in school, and to participate fully in family and community life	Access to comprehensive, quality primary health care—including affordable, convenient, and reliable source of care. Includes services supporting well-being, preventing diseases, reduce avoidable disability and premature death.	People who don't feel connected are less inclined to act in healthy ways to work with others to promote well-being for all.	To ensure health for all in Marin, we must also focus on the social determinants of health, including quality housing, adequate employment, food security, income, education, and social support system
Key Indicators	Overdose Deaths	Insurance Coverage	Suicide Mortality	Affordable Housing
	Substance Use	Differences by Race and Ethnicity	Excessive Drinking	Economics
	Mental Health Services	Preventable Hospitalizations	School Suspensions	Education
	Death by Self Harm			

Figure 3: CHNA/CHA Priorities and Key Indicators

### 2024 Marin County Public Health (MCPH) Priorities Based on the CHA/CHNA

After reviewing the 2022 CHNA and CHA Priorities and Key Indicators, MCPH’s priorities were identified through an in-depth analysis of local health data, stakeholder input, and emerging public health challenges. These priorities reflected the community's most pressing health needs and formed the foundation of the CHIP. The result is a more focused plan on community-driven public health priorities: **Overdose Prevention, Access to Services, Reducing Gaps in Life Expectancy, and Climate Change.**

Of note, some of the CHA/CHNA broad key indicators, such as affordable housing, economics, school suspensions, and education, are replaced by more specific metrics using an RBA framework in areas where the indicators relate directly to work currently being conducted by the CRTs, MCPH, Marin HHS, and community partners.

PH Priority	Overdose Prevention	Access to Services	Reducing Disparities in Life Expectancy	Climate Action-Community Preparedness
Priority Description	Reduce the risk of drug overdoses by increasing access to naloxone and to evidence-based treatments for substance-use disorders.	Identify specific barriers that prevent access to healthcare and implement either known strategies or develop and implement new strategies to lower the barrier.	Reduce Premature death rates due to cardiovascular disease	Amplify local climate action and prepare for climate-related public health emergencies

Figure 4: 2024-2026 CHIP Priorities

## 2024-2026 CHIP Priorities

### CHIP Priority # 1 – Overdose Prevention

The opioid crisis and rising overdose deaths, particularly those involving fentanyl and other synthetic opioids, are a growing concern in Marin County and across the country.

**Result: Prevent the harm of accidental drug overdose in all Marin County communities**

*Strategies and lead and supporting partners identified will be incorporated from existing work plans.*

- Indicator 1.1: # of accidental fatal drug overdoses in Marin County
  - 2024 Goal: 10% reduction in accidental overdose deaths in 2024 relative to 2023
  - 2025 Goal: 10% reduction in overall accidental overdose deaths in 2025 relative to 2024
  - 2026 Goal: TBD
- Indicator 1.2: % of Medi-Cal recipients enrolled in Medication Assisted Treatment for Opioid Use Disorder
  - 2024 Goal: 10% increase in the proportion of Medi-Cal beneficiaries with Opioid Use Disorder (OUD) enrolled in Medication Assisted Treatment in 2024 relative to 2023
  - 2025 Goal: 10% increase in the proportion of Medi-Cal beneficiaries with Opioid Use Disorder (OUD) enrolled in Medication Assisted Treatment in 2025 relative to 2024
  - 2026 Goal: TBD

### CHIP Priority #2 – Access to Care

Access to healthcare services, including preventive care, mental health support, and primary care, remains a critical issue in Marin County. Despite its wealth, there are significant gaps in accessibility for specific populations, particularly in rural or lower-income areas. Barriers such as affordability, transportation, language, and cultural differences can limit residents' ability to receive timely care.

**RESULT: All Marin residents are linked to the health-related services for which they are eligible**

*Strategies and lead and supporting partners identified will be incorporated from existing work plans.*

- Indicator 2.1: # of eligible residents enrolled in Medi-Cal
  - 2024 Goal: Increase the number of Marin residents enrolled in Medi-Cal by 5% in 2024 relative to 2023
  - 2025 Goal: Increase the number of Marin residents enrolled in Medi-Cal by 5% in 2025 relative to 2024
  - 2026 Goal: TBD
- Indicator 2.2: # of eligible residents enrolled in Cal-Fresh
  - 2024 Goal: Increase the number of Marin residents enrolled in Cal-Fresh by 5% in 2024 relative to 2023 (by race and ethnicity)
  - 2025 Goal: Increase the number of Marin residents enrolled in Cal-Fresh by 5% in 2025 relative to 2024 (by race and ethnicity)
  - 2026 Goal: TBD

- Indicator 2.3: % of Medi-Cal recipients who are pregnant and enrolled in Women, Infants, and Children (WIC) program
  - 2024 Goal: Increase the percent of Medi-Cal recipients who are pregnant and enrolled in WIC by 5% in 2024 relative to 2023
  - 2025 Goal: Increase the percent of Medi-Cal recipients who are pregnant and enrolled in WIC by 5% in 2025 relative to 2024
  - 2026 Goal: TBD
- Indicator 2.4: % of the population experiencing homelessness enrolled in Medi-Cal
  - 2024 Goal: Increase the percent of the population experiencing homelessness enrolled in Medi-Cal by 10% relative to 2023
  - 2025 Goal: Increase the percent of the population experiencing homelessness enrolled in Medi-Cal by 10% relative to 2024
  - 2026 Goal: TBD

### CHIP Priority #3 – Reduce Disparities in Life Expectancy

Life expectancy in Marin County is notably higher than the national average; however, disparities exist, particularly among communities of color and lower-income residents.

#### **RESULT: Reduce the burden of premature, preventable heart disease in all Marin communities**

*Strategies and lead and supporting partners identified will be incorporated from existing work plans.*

- Indicator 3.1: % of premature cardiovascular disease mortality
  - 2024 Goal: 10% reduction in premature cardiovascular mortality (<75 yrs) in Marin County in 2025 relative to 2023
  - 2025 Goal: TBD
  - 2026 Goal: TBD
- Indicator 3.2: % of Medi-Cal recipients with whom diabetes is well controlled (a1c.7)
  - 10% increase in proportion of Medi-Cal recipients with well-controlled diabetes (a1c<7) in 2025 relative to 2023

### CHIP Priority #4 – Climate Action and Community Preparedness

With rising concerns over climate change and its health impacts, MCPH is prioritizing climate action, focusing on the intersection of environmental health and community preparedness. Key to this effort is partnering with the [Marin Climate Justice Collaborative](#), an initiative led by Canal Alliance, a lead CRT, and Marin City Climate Resilience and Health Justice, to ensure the development of built environment policies and infrastructure projects that reduce climate risks and create healthier communities.

#### **RESULT: Communities that are most vulnerable to the impacts of climate change are prepared for natural disasters**

*Strategies and lead and supporting partners identified will be incorporated from existing work plans.*

- Indicator 4.1: # of people receiving real-time communications in emergencies (AlertMarin notifications)
  - 2024 Goal: # of people registered to receive AlertMarin notifications (in HPI 1 communities) will increase by 5% in 2024 relative to 2023.
  - 2025 Goal: # of people registered to receive AlertMarin notifications (in HPI 1 communities) will increase by 5% in 2025 relative to 2024.
  - 2026 Goal: TBD
- Strategy: Build capacity and climate resilience to ensure a safe and equitable future for low-income residents and communities of color in Marin County ([Marin Climate Justice Collaborative](#)). (Policy Development)
  - 2024 Goal:
    - San Rafael: Launch [Nuestro Canal, Nuestro Futuro](#) initiative in the Canal area of San Rafael by October 2024 (Canal Alliance)
    - Marin City: Secure funding for a historically Black community's landmark Health Impact Assessment (HIA) to inform the neighborhood vision plan (Marin County Public Health).
  - 2025 Goal:
    - San Rafael: Convene monthly resident advisory committee (Canal Alliance).
    - Marin City: Complete Phase 1 of the HIA by November 2025 (Marin County Public Health).
  - 2026 Goal:
    - San Rafael: Finalize neighborhood vision plan by November 2026 (Canal Alliance).
    - Marin City: Complete Phase 2 of the HIA by November 2026 (Marin County Public Health).

## Implementation and Monitoring

MCPH tracks and reports progress towards the CHIP's indicators, strategies, goals, and measures through program-specific work plans and the broader Public Health Performance Management system. The CRT Program, along with its lead agencies, develop detailed annual work plans that outline specific strategies, with data collected quarterly. As the backbone organization for the CRTs, MCPH compiles summary reports, including an annual progress report on CHIP priorities. These reports will highlight key strategy and policy recommendations to guide the development of the CHIP or to refine future activities. Additionally, any required resources—such as organizations, research, or partners—will be identified and described in both the summary and annual progress reports. The CHIP's indicators and goals for the coming years will be restated, revised, or introduced in the 2024, 2025, and 2026 progress reports.

## Summary

The development of the 2024-2026 Marin Community Health Improvement Plan (CHIP) was a multi-step, collaborative effort that brought together key stakeholders to ensure the plan addressed the community's needs while aligning with public health priorities identified in the 2022 Community Health Assessment (CHA). The process began with a thorough review of the requirements set forth by the Future of Public Health (FoPH) Funding and Spending Plan, which emphasized the importance of the Community Health Assessment (CHA) and CHIP as foundational elements for public health improvement. These requirements were carefully integrated into the planning process to ensure the plan's relevance and effectiveness.

In addition to aligning with FoPH funding guidelines, the CHIP planning process worked to ensure consistency with other key initiatives, including the County of Marin Racial Equity Action Plan (REAP), the Healthy Marin Partnership (HMP), and the Public Health Accreditation Board (PHAB). Special attention was given to syncing the CHIP with the Community Resiliency Teams (CRTs) goals, which were central to Marin County Public Health's post-pandemic planning efforts.

The collaborative nature of the process was evident as the Marin County Public Health (MCPH) Internal CHIP Team held regular meetings to discuss and refine the plan. This team worked closely with the HHS Executive Leadership and the HMP CHIP Steering Committee, which oversaw the plan's development. Through ongoing collaboration, MCPH aligned the CHIP with the CRTs' post-pandemic recovery efforts, ensuring that the new plan addressed the unique challenges faced by the community following the pandemic.

In parallel, the CHIP Steering Committee conducted detailed reviews of the plan's alignment with equity initiatives, CRT goals, and HMP priorities. These discussions ensured that equity remained at the forefront of the plan's development. Numerous meetings were held to review the CRT framework, including internal reviews and all-staff public health meetings, to refine the plan further and ensure all perspectives were considered.

Stakeholder engagement played a key role in shaping the CHIP. Formal presentations were made to key stakeholders, including the Health Council, CRTs, and HMP, to ensure alignment and gather valuable feedback. These engagements fostered an open dialogue, which contributed to a final plan that was both comprehensive and impactful.

Overall, the 2024-2026 CHIP development was a structured and inclusive process driven by collaboration, alignment with critical public health initiatives, and a commitment to equity. By integrating feedback from diverse stakeholders and ensuring that the plan addressed both immediate and long-term community health needs, the result was a robust and well-rounded CHIP that will guide public health efforts in Marin County for the coming years.

## Appendix A: Healthy Marin Partnership Agencies

Canal Alliance \*

Hospital Council Northern & Central California

Kaiser Permanente

Marin Center for Independent Living [Co-Chair, Eli Gelardin]

Marin City Health and Wellness Center

Marin Community Clinics

Marin Community Cooperation Team\*

Marin Community Foundation

Marin County Health and Human Services [Co-Chair, Lisa Santora]

Marin County Office of Education

Marin Health

North Bay Leadership Council

North Marin Community Services\*

Novato Community Hospital-Sutter Health

San Rafael Chamber of Commerce

West Marin Community Services\*

\*Indicates lead agency for Community Resiliency Team

## Appendix B: 2024 CHIP Activities, Goals & Performance Measures

<b>CHIP PRIORITY #1: OVERDOSE PREVENTION</b>				
<b>RESULT STATEMENT: Prevent the harm of accidental drug overdose in all Marin County communities.</b>				
<b>POPULATION INDICATOR 1.1: # of accidental fatal drug overdoses in Marin County</b>				
2024 Goal: 10% reduction in accidental overdose deaths relative to 2023 2025 Goal: 10% reduction in accidental overdose deaths relative to 2024 2026 Goal: TBD				
<b>STRATEGY: Expand Naloxone Training and Distribution</b>				
<b>ACTIVITY</b>	<b>GOAL</b>	<b>PERFORMANCE MEASURE</b>	<b>ORG./ PROGRAM RESPONSIBLE</b>	<b>REPORTING FREQUENCY</b>
CRT: CRT Naloxone Distribution	By March 31 <sup>st</sup> , 2024, increase Naloxone distribution in the community by working with CRT Lead Agencies to build their capacity to distribute Naloxone Kits, track distribution #s and report the # of kits distributed to HHS quarterly.	# of Naloxone Kits Distributed in 2024 by CRT Lead Agencies and partners (RBA PM)	<b>HHS PH:</b> OD Free Marin, CRT Program <b>Partner Orgs:</b> CRT Lead Agencies	Quarterly
Naloxone Training & Education	By December 31, 2024, increase proficiency in using Naloxone to prevent overdoses by providing at least 15 trainings per quarter in partnership with CRTs and other partners.	# of Naloxone Trainings provided in 2024 (RBA PM)	<b>HHS PH:</b> OD Free Marin, CRT Program <b>Partner Orgs:</b> CRT Lead Agencies	Quarterly
CRT: Provide guidance and technical assistance to support CRT Lead Agencies independently ordering Naloxone and FTS directly from distributor.	By December 31, 2024, all four CRT Lead Agencies will be trained to order Naloxone directly from the distributor.	# of CRT Lead agencies trained to order Naloxone directly from the distributor.	<b>HHS PH:</b> OD Free Marin	Annually
Provide Naloxone education and training during MRC Lifesaving Skills Training.	By December 31 <sup>st</sup> , 2024, the MMRC Program will have trained at least 200 community members how to use	# of community members trained through Lifesaving Skills Training in 2024	<b>HHS PH:</b> MMRC	Quarterly

	Naloxone via the Lifesavings Skills training.			
CRT: CRT Lead Agencies will partner with MMRC to host and promote Life Skills Training Program.	By December 31 <sup>st</sup> , 2024, CRT Lead Agencies will partner with MMRC to host and promote at least 1 Life Skills Training Program per year.	# of Lifesavings Skills Training per Year per CRT.	<b>HHS PH:</b> CRT Program, MMRC Program <b>Partner Orgs:</b> CRT Lead Agencies	Annually
CRT: Increase Naloxbox installations throughout the County.	By December 31 <sup>st</sup> , 2024, install up to 2 new NaloxBoxes in each CRT zone.	# of NaloxBoxes installed per zone in 2024	<b>HHS PH:</b> OD Free Marin <b>Partner Orgs:</b> CRT Lead Agencies	Annually

**POPULATION INDICATOR 1.2: % of Medi-Cal recipients enrolled in Medication Assisted Treatment (MAT) for Opioid Use Disorder**

**2024 Goal:** 10% increase in the proportion of Medi-Cal beneficiaries with Opioid Use Disorder (OUD) enrolled in Medication Assisted Treatment (MAT) in 2024 relative to 2023.  
**2025 Goal:** 10% increase in the proportion of Medi-Cal beneficiaries with Opioid Use Disorder (OUD) enrolled in Medication Assisted Treatment (MAT) in 2025 relative to 2024.  
**2026 Goal:** TBD

**STRATEGY: Increase access to Medication Assisted Treatment (MAT)**

<b>ACTIVITY</b>	<b>GOAL</b>	<b>PERFORMANCE MEASURE</b>	<b>ORG./ PROGRAM RESPONSIBLE</b>	<b>REPORTING FREQUENCY</b>
Provide outreach and education to Marin pharmacies to reduce stigma around MAT prescription use	By Dec. 31, 2024, research, plan, and pilot a way to reduce stigma patients encounter at pharmacies when picking up MAT prescripts	Pilot completed at 1 pharmacy	<b>HHS PH:</b> OD Free (ITR Action Team)	Annually
Enforce DHCS rules for Substance Use treatment programs which must provide MAT to clients or conduct “warm handoffs” to MAT	By Dec. 31, 2024, prepare for 2025 annual contracted Substance Use Treatment provider site visits to review compliance with required MAT policy. Site visits will discuss MAT training for staff and ways to reduce stigma/barriers to MAT inside treatment programs.	Site visit template completed	<b>HHS BHRS:</b> SUD	Annually
Provide training for pharmacists on effectively	By Dec. 31, 2024, make online educational training available on the	# of visitors to training page	<b>HHS PH:</b> ODFM <b>Partner Orgs:</b> KP	Annually

<p>communicating with patients about Naloxone use.</p>	<p>ODFM website to help pharmacists learn how to discuss overdose risks and the importance of carrying naloxone with patients and track # of visitors to training page.</p>			
<p>Develop a project outline and an RFP to contract with a consultant to design an anti-stigma social media campaign focused on reducing the stigma associated with using medications to treat and live with opioid use disorder.</p>	<p>By December 31<sup>st</sup>, 2024, develop a project outline and an RFP for a consultant to support the development of a comprehensive anti-stigma social media campaign aimed at reducing the stigma surrounding the use of medications to treat and manage opioid use disorder.</p>	<p>Project Outline Completed AND RFP Completed AND Possible Consultants Identified</p>	<p><b>HHS PH:</b> ODFM</p>	<p>Quarterly</p>

<b>CHIP PRIORITY #2: ACCESS TO CARE</b>				
<b>RESULT STATEMENT: All Marin residents are linked to the health-related services for which they are eligible</b>				
<b>POPULATION INDICATOR 1.1: # of eligible residents enrolled in Medi-Cal</b>				
<b>2024 Goal:</b> Increase the number of Marin residents enrolled in Medi-Cal by 5% in 2024 relative to 2023				
<b>2025 Goal:</b> Increase the number of Marin residents enrolled in Medi-Cal by 5% in 2025 relative to 2024				
<b>2026 Goal:</b> TBD				
<b>STRATEGY: Increase awareness of Medi-Cal benefits and the number of eligible persons enrolled in Medi-Cal</b>				
<b>ACTIVITY</b>	<b>GOAL</b>	<b>PERFORMANCE MEASURE</b>	<b>ORG./ PROGRAM RESPONSIBLE</b>	<b>REPORTING FREQUENCY</b>
CRT: Train CRT Lead Agencies on Medi-Cal, including requirements, benefits, and places people can enroll along with providing bilingual fliers for enrollment locations and details.	By December 2024, 100% of CRT Lead Agencies have received training and resources on Medi-Cal eligibility and places people can enroll.	# of CRT Lead Agencies who have received training and resources on Medi-Cal eligibility and places people can enroll.	<b>HHS SS:</b> Public Assistance <b>HHS PH:</b> OD Free Marin, CRT Program <b>Partner Orgs:</b> CRT Lead Agencies	Annually
CRT: Each CRT Lead Agency will host one health fair and provide information on Medi-Cal eligibility and enrollment to participants.	By December 2024, CRT lead agencies will host 2 health fairs.	# of CRT hosted community health fairs	<b>HHS SS:</b> Public Assistance <b>HHS PH:</b> CRT Program <b>Partner Orgs:</b> CRT Lead Agencies	Annually

<b>POPULATION INDICATOR 2.2: # of eligible residents enrolled in Cal-Fresh</b>				
<b>2024 Goal:</b> Increase the number of Marin residents enrolled in Cal-Fresh by 5% in 2024 relative to 2023 (by race and ethnicity)				
<b>2025 Goal:</b> Increase the number of Marin residents enrolled in Cal-Fresh by 5% in 2025 relative to 2024 (by race and ethnicity)				
<b>2026 Goal:</b> TBD				
<b>STRATEGY: Increase awareness of Cal-Fresh benefits and the number of eligible persons enrolled in Cal-Fresh</b>				
<b>ACTIVITY</b>	<b>GOAL</b>	<b>PERFORMANCE MEASURE</b>	<b>ORG./ PROGRAM RESPONSIBLE</b>	<b>REPORTING FREQUENCY</b>
CRT: CRT Lead Agencies will participate in the Cal-Fresh TaskForce that will develop strategies to increase CalFresh enrollment.	By December 31 <sup>st</sup> , 2024, 50% of Lead Agencies will be participating in the CalFresh taskforce.	% of CRT Lead Agencies participating in the Cal-Fresh TaskForce	<b>HHS Social Services:</b> Public Assistance <b>HHS PH:</b> CRT Program	Quarterly
CRT: Train CRT Lead Agencies on Cal-Fresh, including requirements, benefits, and places people can enroll along with providing bilingual fliers for enrollment locations and details.	By December 31 <sup>st</sup> , 2024, 100% of CRT Lead Agencies have received training and resources on Cal-Fresh eligibility and places people can enroll.	# of CRT Lead Agencies who have received training and resources on Cal-Fresh eligibility and places people can enroll.	<b>HHS Social Services:</b> Public Assistance <b>HHS PH:</b> OD Free Marin, CRT Program <b>Partner Orgs:</b> CRT Lead Agencies	Annually
Maintain Cal-Fresh place-based services by continuing the placement of Marin HHS Eligibility workers onsite 2 days a week at Canal Alliance to support enrollment in CalFresh and Medi-Cal.	By December 31 <sup>st</sup> , 2024, Marin HHS Eligibility workers will have worked onsite at Canal Alliance an average of 2 days per week for at least 50 weeks within 2024.	# of days Marin HHS Eligibility Workers worked on-site at Canal Alliance.	<b>HHS Social Services:</b> Public Assistance <b>HHS PH:</b> CRT Program <b>Partner Orgs:</b> Canal Alliance	Quarterly

<b>POPULATION INDICATOR 2.3: % of Medi-Cal recipients who are pregnant and enrolled in Women, Infants, and Children (WIC) program</b>				
<b>2024 Goal:</b> Increase the % of MediCal recipients who are pregnant and enrolled in WIC by 5% in 2024 relative to 2023.				
<b>2025 Goal:</b> Increase the % of MediCal recipients who are pregnant and enrolled in WIC by 5% in 2025 relative to 2024.				
<b>2026 Goal:</b> TBD				
<b>STRATEGY: Increase awareness of WIC services and eligibility</b>				
<b>ACTIVITY</b>	<b>GOAL</b>	<b>PERFORMANCE MEASURE</b>	<b>ORG./ PROGRAM RESPONSIBLE</b>	<b>REPORTING FREQUENCY</b>
Increase awareness of WIC services and eligibility by providing community presentations (including providers).	By December 31 <sup>st</sup> , 2024, the WIC program will have provided at least 8 (2 per quarter) of community presentations.	# of community presentations provided by WIC	HHS PH: WIC	QUARTERLY
Increase awareness of WIC services and eligibility by posting informational on social media.	By December 31 <sup>st</sup> , 2024, the WIC program will have posted at least 4 (1 per quarter) of social media posts.	# social media posts on WIC services and eligibility	HHS PH: WIC	QUARTERLY

**POPULATION INDICATOR 2.4: % of population experiencing homelessness enrolled in Medi-Cal**

**2024 Goal:** Increase the percent of the population experiencing homelessness enrolled in Medi-Cal by 10% relative to 2023  
**2025 Goal:** Increase the percent of the population experiencing homelessness enrolled in Medi-Cal by 10% relative to 2024  
**2026 Goal:** TBD

**STRATEGY: Design a cross-divisional secured data sharing process to identify unhoused individuals who are not enrolled in Medi-Cal, CalFresh, or other benefits programs, and assist them in applying for these benefits**

ACTIVITY	GOAL	PERFORMANCE MEASURE	ORG./ PROGRAM RESPONSIBLE	REPORTING FREQUENCY
Data Science Training and Transition (DSTT) Program (Phase1)	By December 31 <sup>st</sup> , 2024, increase data science skills across HHS Analyst and Epidemiology teams working with public benefits and homelessness data	Completion of one-year DSTT training program	HHS PH: Epidemiology HHS HCC HHS BHRS HHS SS	One time
Data Science Training and Transition (DSTT) Program (Phase 2)	By December 31 <sup>st</sup> , 2024, establish an automated data system to enable targeted public benefits enrollment in Coordinated Entry population.	Establishment of a data system process to generate a list of Coordinated Entry members not currently enrolled in one or more public benefits	HHS PH: Epidemiology	Annual
Data Science Training and Transition (DSTT) Program (Phase 2?)	Establish an automated data system to monitor public benefits enrollment in Coordinated Entry population	Completion of a real-time data dashboard to track progress of benefits outreach efforts	HHS PH: Epidemiology	Annual

<b>CHIP PRIORITY #3: REDUCE DISPARITIES IN LIFE EXPECTANCY</b>				
<b>RESULT STATEMENT: Reduce the burden of premature, preventable heart disease in all Marin communities</b>				
<b>POPULATION INDICATOR 3.1: % of premature cardiovascular disease mortality</b>				
2024/2025 Goal: 10% reduction in premature cardiovascular mortality (<75 yrs) in Marin County in 2025 relative to 2023				
2026 Goal: TBD				
<b>STRATEGY: Create policies, systems, and environments that promote health and prevent disease by making healthy choices accessible and reducing tobacco use.</b>				
<b>ACTIVITY</b>	<b>GOAL</b>	<b>PERFORMANCE MEASURE</b>	<b>ORG./ PROGRAM RESPONSIBLE</b>	<b>REPORTING FREQUENCY</b>
Improve quality and productivity of community and school gardens within low HPI communities in Marin by partnering with community-based organizations to establish and/or increase the productivity of existing gardens.	By June 30th, 2024, engage 8 organizations in contracts to oversee garden(s) as part of the Marin HEAL Garden Project	# of organizations under contract for the Marin HEAL Garden Project	<b>HHS PH:</b> Marin Nutrition Wellness Program <b>Partner Orgs:</b> Marin County Cooperation Team, Marin City Community Services District, Marin City Schools, San Geronimo Valley Community Center, Shoreline School District, Alcohol Justice,	Bi-Annual
Establish a mechanism for measuring, tracking, and reporting productivity and food recipients of community and school gardens within low HPI communities in Marin.	By December 31, 2024, develop a Food Production Tracking Tool to ensure appropriate reporting of types and quantity of food produced by community and school gardens and the recipients of the food.	Completion of Food Production Tracking Tool	<b>HHS PH:</b> Marin Nutrition Wellness Program, Epidemiology <b>Partner Orgs:</b> UC Cooperative Extension	Bi-Annual
Improve gardening knowledge in the community	By December 31 <sup>st</sup> , 2024, Marin HEAL Program will host at least 7 gardening workshops.	# of gardening workshops hosted	<b>HHS PH:</b> Marin Nutrition Wellness Program <b>Partner Orgs:</b>	Bi-Annual
Ban Second-Hand Smoke (SHS) in all multi-unit housing in Sausalito.	By June 30, 2024, Sausalito will adopt a 100% secondhand smoke ban on all multi unit housing.	Signed policy agreement from Sausalito	<b>HHS PH:</b> Marin County Tobacco Prevention Program <b>Partner Orgs:</b> City of Sausalito, Bay Area Community	Bi-annual

<p><b>Note:</b> Sausalito is the only remaining jurisdiction in Marin who has not yet banned SHS at 100%.</p>			<p>Resources (BACR), Smoke-Free Marin Coalition</p>	
<p>Establish a framework to implement Minimum Floor Pricing Laws across all jurisdictions in Marin County. <i>(POLICY DEVELOPMENT)</i></p>	<p>By December 31, 2024, draft Minimum Floor Pricing ordinance language and solicit review and feedback from stakeholders.</p>	<p>Draft ordinance completed  AND  Feedback received from stakeholders</p>	<p><b>HHS PH:</b> Tobacco Prevention Program <b>Partner Orgs:</b> BACR, Marin County Board of Supervisors, Marin Mayors Association (MMA), Marin County Counsel, Marin Legislative Team, Smoke Free Marin Coalition</p>	<p>Bi-annual</p>
<p>Host health fairs with blood pressure screenings and smoking cessation resources</p>	<p>By December 31<sup>st</sup>, 2024, CRT lead agencies will host 2 health fairs.</p>	<p># of CRT hosted community health fairs</p>	<p><b>HHS PH:</b> CRT Program, Tobacco Prevention Program <b>Partner Orgs:</b> CRT Lead Agencies, FQHCs</p>	<p>Annual</p>
<p><b>POPULATION INDICATOR 3.2: % of Medi-Cal recipients with whom diabetes is well controlled (a1c.7)</b></p>				
<p>2024/2025 Goal: 10% increase in proportion of Medi-Cal recipients with well-controlled diabetes (a1c&lt;7) in 2025 relative to 2023 2026 Goal: TBD</p>				
<p><b>STRATEGY: IN DEVELOPMENT</b></p>				
<p><b>ACTIVITY</b></p>	<p><b>GOAL</b></p>	<p><b>PERFORMANCE MEASURE</b></p>	<p><b>ORG./ PROGRAM RESPONSIBLE</b></p>	<p><b>REPORTING FREQUENCY</b></p>

**CHIP PRIORITY #4: CLIMATE ACTION AND COMMUNITY PREPAREDNESS**

**RESULT STATEMENT: Communities that are most vulnerable to the impacts of climate change are prepared for natural disasters**

**POPULATION INDICATOR 4.1: # of people receiving real-time communications in emergencies (AlertMarin notifications)**

**2024 Goal:** # of people registered to receive AlertMarin notifications (in HPI 1 communities) will increase by 5% in 2024 relative to 2023.  
**2025 Goal:** # of people registered to receive AlertMarin notifications (in HPI 1 communities) will increase by 5% in 2025 relative to 2024.  
**2026 Goal:** TBD

**STRATEGY: Utilize CRT Organizations to conduct outreach and enroll residents in AlertMarin.**

ACTIVITY	GOAL	PERFORMANCE MEASURE	ORG./ PROGRAM RESPONSIBLE	REPORTING FREQUENCY
CRT: CRT Lead Agencies will conduct outreach and education activities related to AlertMarin enrollment at events and in community outreach efforts.	By December 31 <sup>st</sup> , 2024 the CRT Program will have created AlertMarin enrollment tracking and reporting mechanisms for all CRT Lead Agencies.	% of CRT Lead Agencies with AlertMarin enrollment and tracking mechanisms	<b>HHS PH:</b> CRT Program <b>Other Orgs:</b> Office of Emergency Management, CRT Lead Agencies, Zone partners	Quarterly
CRT: CRT Lead Agencies will conduct outreach and education activities related to AlertMarin enrollment at events and in community outreach efforts.	By December 31 <sup>st</sup> 2024, each zone will have increased the # of persons registered for Alert Marin in priority neighborhoods by 2.5%.	% increase in AlertMarin enrollments per priority neighborhood	<b>HHS PH:</b> CRT Program <b>Other Orgs:</b> Office of Emergency Management, CRT Lead Agencies, Zone partners	Quarterly

**POPULATION INDICATOR 4.2 IN DEVELOPMENT**

**2024 Goal:** IN DEVELOPMENT

**STRATEGY: Build capacity and climate resilience to ensure a safe and equitable future for low-income residents and communities of color in Marin County (Marin Climate Justice Collaborative).**

ACTIVITY	GOAL	PERFORMANCE MEASURE	ORG./ PROGRAM RESPONSIBLE	REPORTING FREQUENCY