

DATE: November 18, 2021

TO: Dr. Stephen Follansbee, President, Members of the Health Service Board

FROM: Abbie Yant, RN, MA Executive Director SFHSS

RE: November 2021 Director's Report

SFHSS is Transitioning to an In-Person Working Environment and Remains Closed to the Public

The Health Service Board will continue to hold remote meetings and this practice will be reconsidered monthly beginning this month.

COVID-19 Update (see attached slides)

SFHSS urges all our members to get the vaccine. The vaccination priorities continue to be first and second doses for eligible persons which now include the 5-11-year-olds (6,022 HSS Members) and boosters for those eligible.

Effective November 1, 2021, all City employees are required to be fully vaccinated or have an approved exemption. SFHSS staff meet these requirements and began the transition to return to the office on November 1st. At this time, we are required to continue masking indoors and each employee must attest to their health screening daily. We are considering the timing and workflow to accommodate member in-person services. We continue to be cautiously optimistic that this transition will continue, though we are watchful and attending to Public Health guidance in this regard.

The City Administrator and the Controller's office are overseeing the building safety health orders and have surveyed all department safety plans to confirm guidelines are in practice.

Additionally, there is a concerted effort to attend to the safety of the Civic Center thanks to the [Mid-Market Vibrancy and Safety Plan](#). Increased police presence combined with Urban Alchemy Practitioners (or community ambassadors) who cover every block of the area that stretches from U.N. Plaza to Powell Street has been deployed to support a safer and cleaner Civic Center.

COVID-19 Vendor Update

The SFHSS health plans are making great strides to update their patient records so they can outreach to the unvaccinated as called for in the [HSB Resolution to Have Health Plans Urge SFHSS Members to Receive the COVID19 Vaccination](#).

Open Enrollment

Please join me in acknowledging the hard-working SFHSS staff for their tremendous efforts in conducting yet another successful Open Enrollment under pandemic and virtual work conditions. Led by Mitchell Griggs, COO with the tremendous support of the management team and staff of all divisions, staff were able to meet the October demand. A report on the Open Enrollment activities will be presented at the December HSB meeting.

Summary of Board of Supervisors-Letter of Inquiry and Government Audit and Oversight Committee Hearing

At the call of Supervisor Chan, SFHSS responded to a letter of inquiry regarding the provision of mental health services by the SFHSS Health Plans for active employees. This included Kaiser Permanente, Blue Shield of California, and United Health Care.

On October 21, 2021, Supervisor Chan, as a member of the Government Audit and Oversight Committee, held a hearing regarding Kaiser Permanente Mental Health Services. Abbie Yant, SFHSS Director provided testimony that addressed the 3 largest challenges facing our health plans (**see attached presentation**).

1. Varying Reporting Requirements
2. Workforce Shortages
3. Care Delivery Transformation

It is our current understanding that future hearings will be scheduled regarding other SFHSS Health Plan mental Health services.

Mental Health services continue to be a high priority for SFHSS. We are regularly meeting with our plans to understand the constraints and opportunities in meeting the demand.

Racial Equity Action Planning

This update highlights our department's ongoing racial equity work, as well as important updates within the field of diversity and inclusion at the city-wide and national levels. The SFHSS Racial Equity Action Plan seeks to normalize diversity education and dialogue in connection with our core values of *Respect* and *Inclusivity*. SFHSS Racial Equity Advisory members Leticia Harris and Holly Lopez are conducting a listening tour throughout November with CCSF departments that currently practice Land Acknowledgement before public events and other important gatherings, including board and commission meetings. Land Acknowledgement is a traditional custom that dates back centuries in many Native nations and communities to recognize the original stewards of the land on which we now live.

On a national scale, the month of November was recognized through the October 29th *White House Proclamation on National Native American Heritage Month*¹. This publication recognizes the influence of Native peoples on the advancement of our Nation and reaffirms a commitment to standing in solidarity against Tribal discrimination and injustice. The COVID-19 pandemic has highlighted and exacerbated preexisting inequities facing Tribal Nations and efforts to better understand and address these

health disparities are being publicized by the U.S. Department of Health and Human Services ².

The month of November also honors the generations of men and women that have served in the U.S. armed forces, including Native Americans, who face potential adverse health effects associated with military environment exposures. The November 9th *White House Proclamation on Veterans Day*³ speaks to our obligation to support our Nation's veterans through resource access for future security, opportunity, and dignity. This includes landmark strategic funding prioritizing underserved female and LGBTQ+ veterans to combat gender inequities. The arduous history of these minority groups who have struggled for decades to overcome disparities is manifesting in social change. Please join me in appreciating the work of those engaged in efforts to create lasting equity and inclusion for all.

Reference Links:

- Reference: 1 – White House Proclamation Native American Heritage Month: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/10/29/a-proclamation-on-national-native-american-heritage-month-2021/>
- Reference 2- U.S. Department of Health and Human Services, Indian Health Service Coronavirus Resource Page: <https://www.ihs.gov/coronavirus/>
- Reference 3 – White House Proclamation Veterans Day: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/11/09/a-proclamation-on-veterans-day-2021/>

Black-Out Period Notice (see attached memo)

The attached memorandum shall serve as the Black-Out Period notification to the Health Service Board (“Board”) that beginning on September 9, 2021, through June 23, 2022, HSB members are prohibited from unauthorized communications and other prohibited activities in connection with the San Francisco Health Service System (“SFHSS”) formal request for information (“RFI”) from prospective vendors before a proposed competitive bid process for the Medicare Advantage (“MA”) plans and the Annual Rates and Benefits process for the 2023 plan year.

UFCW & Employers Benefit Trust vs. Sutter Health

Claims notices were mailed on November 5, 2021. As of this writing, SFHSS is not yet in receipt of this notice. Affiliated Monitors, has a 10-year contract to monitor compliance; Dionne Lomax is the named Monitor. More information is located at <https://www.sutterhealthlawsuit.com/>

Legislative Report

SFHSS is consolidating legislative tracking to provide the most pertinent and up-to-date information about benefits administration and public health to our Health Service Board. Below are brief descriptions and resource links related to policy tracking and regulatory updates.

HHS Guidance Issued 10/1: The Department of Health and Human Services (HHS) Office for Civil Rights (OCR) issued [guidance](#) to help consumers, businesses, and health care entities understand when the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule applies to disclosures and requests for information about whether a person has received a COVID-19 vaccine. The guidance reminds the public that the HIPAA Privacy Rule does not apply to employers or employment records.

ACA Implementation FAQs Issued 10/5: The Departments of Labor (DOL), Health and Human Services (HHS), and the Treasury released Affordable Care Act (ACA) Frequently Asked Questions (FAQs) [Part 50](#) discussing the implementation of certain provisions of the Affordable Care Act (ACA), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The FAQs address whether group health plans and issuers can provide incentives including premium discounts to encourage participants to receive COVID-19 vaccines.

IRS Guidance Issued 10/7: The Internal Revenue Service (IRS) issued [Notice 2021-58](#), providing clarification for employers and plan administrators on the COBRA deadlines previously announced for employees affected by COVID-19. Under the previous emergency relief notices, up to one year must be disregarded in determining the due dates for individuals to elect COBRA continuation coverage and pay COBRA premiums during the Outbreak Period. This notice clarifies that the disregarded period for an individual to elect COBRA continuation coverage and the disregarded period for the individual to make initial and subsequent COBRA premium payments generally run concurrently.

Surprise Billing Interim Final Rule Released, Comments Due 12/6: The Department of Health and Human Services (HHS), the Department of Labor, and the Department of the Treasury, along with the Office of Personnel Management (OPM), released an [interim final rule](#), entitled “Requirements Related to Surprise Billing; Part II.” The rule is related to Title I (the No Surprises Act) of Division BB of the Consolidated Appropriations Act, 2021, and establishes new protections from surprise billing and excessive cost-sharing for consumers receiving health care items/services. Along with the release of the interim final rule, the Departments and OPM launched a [website](#) focused primarily on providing general information about No Surprises Act provisions.

OSHA Emergency Temporary Standard (ETS) Released, Comments Due 12/6: The Department of Labor (DOL) Occupational Safety and Health Administration (OSHA) has [released](#) an emergency temporary standard (ETS) requiring covered employers to develop, implement and enforce a mandatory COVID-19 vaccination policy unless they adopt a policy requiring employees to choose to either be vaccinated or undergo regular COVID-19 testing and wear a face covering at work. The emergency temporary standard covers employers with 100 or more employees – firm or company-wide – and provides options for compliance.

Additional Bills of Interest by Topic Area	
Vaccine Accountability and Premium Protection HR (5622)	Primary and Virtual Care Affordability Act (HR 5541)
Easy Enrollment in Health Care Act (S 3001)	Healthy Competition for Better Care Act (S3139)
Access to Breast Cancer Diagnosis Act (HR 5769)	Cancer Drug Parity Act (S 3080)
New Parents Act (HR 5808)	Parental Bereavement Act (S 2935)

Follow up from Prior HSB Meetings

Medicare Advantage Request for Information (RFI)

SFHSS issued a request for information (RFI) on September 24, 2021. The RFI is located <https://sfhss.org/RFPs#tab-28761>. Seven submissions were received by the deadline of October 22, 2021. The discussion panel has met twice to discuss the information provided. At least one additional meeting is planned to complete the review process. A report to the Health Service Board is planned for presentation at the December 2021 Health Service Board Meeting.

Administration Updates

Quarterly Email Outcome Report for August-October-(**See attached document**)
 Transparency Regulation Summary-November 2021 (**See attached document**)

SAN FRANCISCO HEALTH SERVICE SYSTEM DIVISION REPORTS: November 2021

PERSONNEL

Welcome:

- TEX 1209: Benefits Technicians Raphaelle Calvin Hudson, Tony Leung, Axel Inglis, Dongchen Ma, and Yingshi Zhao all started between September 20 and November 1.

Recruitments:

- 1824: Principal Administrative Analyst Eligible list to be adopted 11/10/21.
- 2595: Senior Employee Assistance Counselor Position requested and is pending with MBO. Recruitment to start once the position is approved.
- 1209: Pending Job Announcement.

Employees' Working Status:

- HSS employees have been performing a mix of duties in a variety of locations, including but not limited to essential HSS work both in the office and remotely. HSS has initiated a transition plan to bring the workforce into the office by 12/1/21. SFHSS is following local public health guidance, DHR policy, and OSHA regulations to ensure a safe return.

OPERATIONS

- Member Services staff have begun to transition to in-office work, with 3-in-office days per week, and will be moving to pre-pandemic in-office schedules beginning in December.
- Member Services took 4656 calls in September and 9448 in October. October 2021's Open Enrollment saw the lowest number of calls over the last 5-year period.
- Virtual Consultations for retirees and active employees (new hires and those with changes in family circumstances), were also handled in October with 61 total consultations, 48 of which were with retirees.
- Five 1209 Benefit Technicians were hired and trained before and during Open Enrollment and they are currently supporting in the efforts of finalizing Open Enrollment activities.

ENTERPRISE SYSTEMS & ANALYTICS (ESA) (see attached slides)

- Functional Requirements documented, technical development completed, testing completed of the Health Net, Blue Shield PPO, and VSP eligibility files
- Functional Requirements documented and technical development underway of the vendor payment files for Health Net and Blue Shield
- Delinquency reconciliation report modifications have been completed.

COMMUNICATIONS

- SFHSS hosted 23 Open Enrollment Webinars
 - The average number of attendees per webinar is 94
 - Attendees per webinar ranged from 32 to 200
- SFHSS Distributed 6 Open Enrollment Emails
 - Open Enrollment landing page and eBenefits consistently ranked as our top two (2) most clicked stories in all six (6) emails
 - Contacting Member Services and our Raffle Prize giveaway was our third (3) most clicked-on items
- October eNews
 - Raffle Prize giveaway was our top story with 257 clicks
 - Open Enrollment was the second-highest story with 131 clicks
- Open Enrollment Firehouse Field Trip video received 1,300 views on YouTube
- Open Enrollment related webpages accounted for eight (8) of the Top 10 most visited webpages in October
 - The OE Landing page, eBenefits, and FSA, and calendar of OE Webinars all made the Top 10

FINANCE AND BUDGET

- Annual Financial Audit Fiscal year-end 2020-21 – Completed the entire audit virtually ending one week earlier than planned
- Processed double the amount of average monthly member refund checks as a result of the Operations project to clear out aging overages
- Expanded in-office staffing levels to be in the office three days a week
- Updated all SFHSS Supplier Headquarter State Information for New 12X Banned States Functionality Supplier Contracts and Purchase Orders
- Implementation of the Contractor Attestation Affirming Compliance with San Francisco's COVID-19 Contractor Vaccination Policy
- Revised Post-Pandemic Electronic Invoice and Payment Approval Policy to retain efficiencies of electronic versus paper approvals – subject to Controllers Office approval
- Supported ESA division and enlisted all staff to troubleshoot new CY 2022 plan and rates prior to system release for Open Enrollment
- Conclusion of the ARPA COBRA subsidy period ending reporting for HSS & Healthy Workers, and Payroll
- Initiated pre-delegation due diligence audits for the two new flex-funded health plans, Blue Shield PPO with Accolade and Health Net Canopy Care HMO
- Initiated pharmacy rebate audits with United Health Care and Blue Shield

CONTRACTS

- Executed Second Amendment with YMCA of San Francisco for Diabetes Prevention Program (DPP) services.
- Executed the Third Amendment with WORKTERRA for the administration of voluntary benefits.
- Issued and completed Request for Proposal (RFP) for American Sign Language (ASL) interpreter services and selected Partners in Communication (PiC).
- Issued RFP for Salesforce development of ongoing internal dependent eligibility verification audit solution.
- Finalized First Amendment to Controller's Office Agreement with Cheiron and Business Associates Agreement (BAA) for the annual audit process.
- Finalized Third Amendment to Controller's Office Agreement with KPMG and BAA for the annual audit process.
- Finalized Second Amendment to Controller's Office Agreement with Macias Gini & O'Connell LLP and BAA for the annual audit process.
- Drafted a Memorandum of Understanding for open enrollment screenings for uniformed members of the San Francisco Fire Department.
- Administration of City Contractor Vaccination Policy and COVID-19 attestations with onsite vendor partners and service providers.
- Completion and delivery of quarterly Kaiser account management performance assessment.
- Letter of Instruction executed with UnitedHealthcare for the active PPO plan transition to Blue Shield.

WELL-BEING (see attached slides)

- Launched the Social Connectedness Webpage for Retirees
- Provided a Key Player training = How we Reintegrate to Work – Why it Matters
- Implemented a Reintegrating to Work website and guide with resources and tools for employees
- Executed 21 flu clinics at 20 different locations
- Answered 600 calls between September and October into the EAP 24/7 Line

Attachments:

1. COVID-19 Updates
2. SFHSS Health Plan Behavioral Health Services Presentation to the GAO 10-21-2021
3. Black-Out Period Notice
4. HSB Email Tracker
5. Transparency Regulation Summary
6. ESA Slides
7. Well-Being Slides

San Francisco Health Service System Health Service Board

COVID-19 Update

November 18, 2021

Prepared by:
Health Solutions



SFHSS Specific Data—Testing

Cases:	Blue Shield of California (BSC) as of 10/25	Kaiser ^[1]		UnitedHealthcare (UHC)	
		Non-Medicare as of 10/20	Medicare as of 10/20	Non-Medicare as of 11/1	Medicare as of 10/20
Confirmed	1,212 *	NR	NR	190	852
Probable	NR	NR	NR	2	10
Possible	NR	NR	NR	34	29
Total	1,212	NR	NR	226	891
Test Results:					
Positive	1,212	3,486	582	38	61
Negative	25,797	143,573	19,390	500	1,503
Inconclusive / Unknown	NR	NR	NR	1,095	5,864
Total	27,009 ^[2]	147,059	19,972	1,633	7,428

NR Not Reported

[1] Does not represent unique members

[2] May be underreported due to claim submission lag

* In comparison to prior months, the number of cases reported increased significantly due to better data.

SFHSS Specific Data—Reported Vaccine*

	Blue Shield of California (BSC) as of 10/25	Kaiser		UnitedHealthcare (UHC)	
		Non-Medicare as of 10/17	Medicare as of 10/17	Non-Medicare as of 11/1	Medicare as of 10/20
Vendor:	Dose	Individuals		Individuals	
Moderna	4,260	Fully: 41,618 Partial: 1,432	Fully: 12,705 Partial: 184	Fully: 971 Partial: 323	Fully: 8,606 Partial: 2,152
Pfizer	10,782				
J&J (Single)	1,182				
Total	16,224	43,050	12,889	1,294	10,758
Total Members	34,418*	48,507	13,786	3,223	17,078

* Health Plan data regarding vaccination status is incomplete due to that fact that members receive the vaccine at a variety of locations. All Health plans and providers are working towards improving this data.

*Total member count from March 2021 Demographics report.

Vaccines are provided to all at no cost to members.

SFHSS Specific Data—Hospitalizations

Each carrier reports inpatient hospitalization data differently:

- **Blue Shield of California:** 77 cases for the time period of 8/1/2020 – 9/30/2021
- **Kaiser Permanente of California:** 24 cases (of which 7 were in ICU) as of September 2021
- **UHC Non-Medicare:** 12 cases (of which 4 were/are in ICU and 2 with a ventilator) since inception of pandemic
- **UHC Medicare:** 262 cases (of which 53 were/are ICU and 21 with a ventilator) since inception of pandemic

COVID Booster—Process and Communications

BSC	Kaiser	UHC Non-Medicare	UHC Medicare
<p>Members who are fully vaccinated that have provided an email address and are registered with an online account will be sent an email when eligible for an additional dose of the vaccine.</p>	<p>Kaiser will continually update kp.org/covidvaccine with information about vaccination eligibility, vaccine availability, scheduling options (including online), and locations where walk-in service is available.</p> <p>Members can also get the booster at no cost from any facility or large-scale vaccination site that has been approved as a COVID-19 vaccine provider by the state department of health.</p> <p>KP encourages members to get the COVID-19 booster wherever there is availability — even outside of Kaiser Permanente.</p>	<p>Providers will determine if eligible and members can utilize the COVID vaccination resources on myuhc.com for vaccine locator and should review CA specific eligibility on boosters.</p>	<p>Continued promotion online, through standard communications such as eNews and health planner, training of advocates to answer questions and check booster eligibility, an email series in Oct/Nov to encourage vaccine adoption (targeting unsure/unknown members), via multi-channel Flu Vaccination campaign, via continuous monitoring of member needs and CDC recommendations.</p>

COVID Booster—Data

- Booster data from Kaiser, BSC, and UHC Non-Medicare plans is not available at this time but is expected for future meetings
- UHC Medicare has reported 1,354 members have received a third shot (counting shots that are 180+ days after member being fully vaccinated)

COVID Health Plan Benefit Info

	BSC as of 10/28/2021	Kaiser Non-Medicare as of 10/25/2021	Kaiser Medicare as of 10/25/2021	UHC Non-Medicare as of 10/29/2021	UHC Medicare as of 11/1/2021
Early Rx Refills Available?	Yes	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	Yes, through 1/20/2021	Yes, through 8/31/2020
Tele-Medicine	Via PCP: Copays waived Via Teladoc: No copay	No copay (no end date on this)	No copay (no end date on this)	COVID related copays waived through 10/17/2021 Non-COVID related copays waived through 9/30/2020	COVID treatment related copays waived through 3/31/2021 COVID testing related copays waived through the national public emergency
Tele-Behavioral Health	No copay	No copay (no end date on this)	No copay (no end date on this)	COVID related copays waived through 1/20/2021 Non-COVID related copays waived through 9/30/2020	COVID related copays waived through 3/31/2021
Testing / Diagnostics	Copays waived	Copays waived through the last day of the month following the end of the national public health emergency	Copays waived through last day of the month following the end of the national public health emergency.	Copays waived through 10/17/2021	Copays waived through the national public emergency

COVID Health Plan Benefit Info (cont.)

	BSC as of 10/28/2021	Kaiser Non-Medicare as of 10/25/2021	Kaiser Medicare as of 10/25/2021	UHC Non-Medicare as of 10/29/2021	UHC Medicare as of 11/1/2021
Treatment	Copays waived for treatment between 3/31/2020 – 2/28/2021	Copays waived through 7/31/21	Copays waived through 12/31/21	Copays waived through 4/29/2021 Out-of-Network waived through 10/22/2020	Copays waived through 3/31/2021
Specialist and Primary Care	If a member presents at a specialist office and receives testing or treatment with a COVID-19 diagnosis, there would be no member cost share for services	Copays waived through 7/31/21	Copays waived through 12/31/21	Pan deductible and coinsurance applies	Copays waived through 9/30/2020 for specialist; through 12/31/2020 for Primary Care
Other	https://www.blueshieldca.com/coronavirus/your-coverage	https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information	https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information	Emotional support line available: 1-866-342-6892 Sanvello: On-demand emotional support mobile app, free to members https://www.uhc.com/health-and-wellness/health-topics/covid-19	

San Francisco Health Service System Health Plan Behavioral Health Services

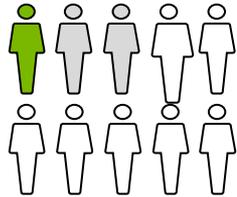
**San Francisco Board of Supervisors
Government Audit and Oversight Committee
October 21, 2021**

Agenda

- Introduction: SFHSS Health Plan Behavioral Health Inquiry
- Key Findings:
 - Variable Data,
 - Workforce Shortage,
 - Care Delivery Transformation
- Next Steps
- In Closing
- Mental Health Support Resources

Introduction—The Mental Health Crisis

State of Mental Health Prior to COVID-19 Pandemic:



More than **1 in 3** people worry or are stressed and 3 in 10 experienced physical pain¹

3 Million

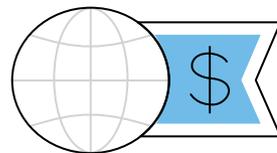
deaths are due to excess alcohol consumption every year²



Nearly **800,000** people die due to suicide every year³

By 2030 **\$16 Trillion** is the projected costs of mental disorders on the global economy⁴ -- more than diabetes, respiratory disorders, and cancer combined⁵

More than **two in ten** adults in the US and UK say they always or often feel lonely, lack companionship, or feel left out or isolated⁶.



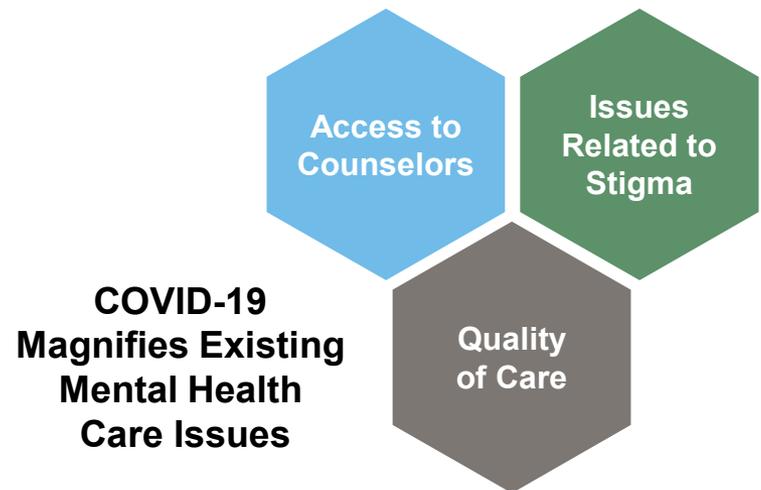
Mental Health Exacerbated by the Pandemic:

42% Reported Declining Mental Health⁷

57% Reported Increasing Anxiety⁷

21% Increase of Psychotropic Medications⁸

24% Increase in Reports of Domestic Violence⁹



SFHSS Health Plan Behavioral Health Inquiry: Key Findings

Through ongoing evaluation and in response to the Letter of Inquiry, SFHSS has identified the following areas to address with its health plans:

1) Varying reporting requirements

Variable reporting by plans: Standardize reporting to include utilization, cost, quality and effectiveness of care with performance metrics

2) Workforce shortages

Significant shortage of trained professionals: Support training and recruitment and growth (short and long-term) of network, Emphasis on BIPOC, LGBTQ+, and adolescent care specialists

3) Care delivery transformation

Address care across the spectrum: Clear pathways for members to seek care including options for self-guided resources, counseling, prescribing providers, and inpatient care for mental health and substance use disorders

Key Findings—Health Plan Enrollment

The following table outlines the San Francisco Health Service System enrollment by health provider as of January 1, 2021. These counts include employees and dependents.

Health Plan	SFHSS Employee and Dependent Lives as of 1/1/2021 ¹⁰
Blue Shield of California (BSC)	34,418
Kaiser Permanente (KP)	55,172
UnitedHealthcare (UHC)	2,843

Key Findings—Varying Reporting Requirements

There are several agencies and accrediting organizations as well as state and federal regulations that monitor mental health care. Additionally, health plan reporting continues to evolve in response to new legislation such as California’s SB855 and SB221.

Required measures generally falls into three categories: satisfaction (including timeliness), parity of benefits, and clinical.

This leads to varying reporting that is reported on a vendor’s entire book of business, much of which is not verifying the quality or efficacy of care delivered to SFHSS members.

Focus	Organization(s)	SFHSS Plan Reporting
Satisfaction (including timeliness)	<ul style="list-style-type: none"> ▪ DMHC ▪ OPA ▪ NCQA CAHPS 	BSC, KP
Parity	<ul style="list-style-type: none"> ▪ Federal MHPAEA ▪ Federal CAA ▪ California MHP 	BSC, KP, UHC
Clinical	<ul style="list-style-type: none"> ▪ NCQA HEDIS 	BSC, KP, UHC

Key Findings—Department of Managed Care Access Data

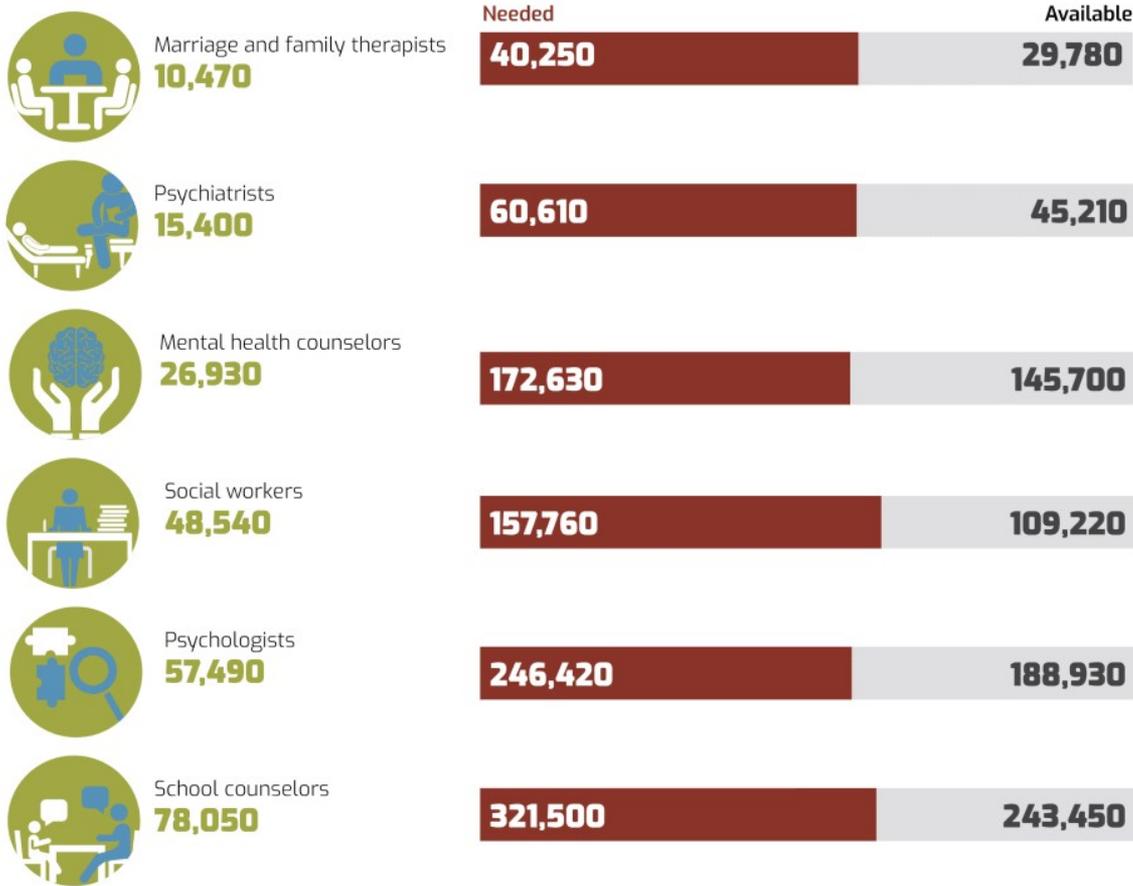
2019 DMHC Timely Access Results¹¹—Plans Available to SFHSS Members

Data from this Department of Managed Care (DMHC) table combines Commercial (i.e., Non-Medicare) product survey results, across **all provider types** (primary care, specialty, non-physician mental health, and ancillary). UnitedHealthcare (UHC) is not subject to DMHC regulations for SFHSS’ self-funded PPO plan so there is no data to report.

Plan	DMHC % Surveyed Providers Meeting <u>Urgent</u> Appointment Wait Time Standards (48 hours)	DMHC % Surveyed Providers Meeting <u>Non-Urgent</u> Appointment Wait Time Standards (10 Business Days)
Blue Shield of California	66%	81%
Kaiser Permanente	77%	91%

Key Findings—Workforce Shortages^{12,13}

The Substance Abuse and Mental Health Services Administration estimates that by 2025, the U.S. will have shortage of:



- The Substance Abuse and Mental Health Services Administration projects major shortages across provider type by 2025, especially for Black, Indigenous and People of Color, LGBTQ+, and adolescent populations
- The demand and gap in care for bilingual and culturally competent psychological care services will continue to grow, even in culturally diverse areas

Key Findings—Care Delivery Transformation

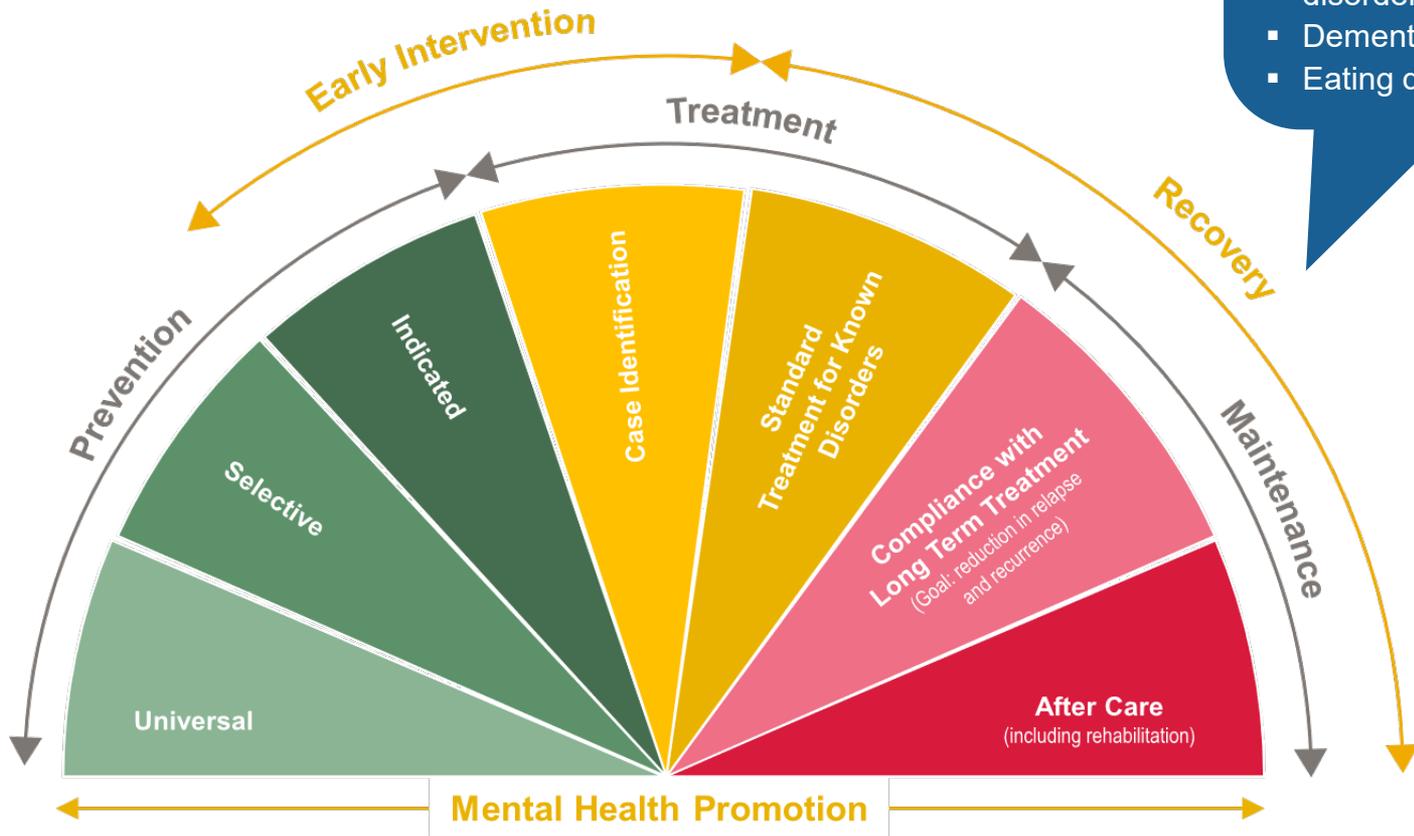
Solutions implemented by SFHSS and/or its health plans should take into consideration evidence-based care delivery methods:

- **“No Wrong Door”**—Access to mental health care can happen through any entry point within the health care system
- **Integrated Care**—Using CMS’ Collaborative Care Model, integrate mental health into the primary care setting to provide whole-person care
- **Measurement**—Clinical outcomes based on data reporting and Patient Reported Outcomes Measures (PROMs)
- **Best Practices**—Use of evidence-based screening tools to identify best treatment
- **Continuous Improvement**—Shared learning on disease progression and improvement for major conditions

Key Findings—Care Delivery Transformation

Due to the broad spectrum of illness and continuum of severity, clinical care and other resources must address member’s where they’re at through a wide range of solutions¹⁴

- Driven by major categories¹⁵:**
- Anxiety disorders
 - Mood disorders (depression/bipolar)
 - Schizophrenia/psychotic disorders
 - Dementias
 - Eating disorders



Key Findings—SFHSS Employee Assistance Services Role

Utilization of the SFHSS EAP has increased over the last 3 years as outlined in the following table:

Data Point	2019	2020*	2021**	% Change from 2019 to 2021
Management Consultations	Avg. 13 / month	Avg. 21 / month	Avg. 21 / month	47% increase
Organizational Services	337 / year (Avg. 28 / month)	1,185 / year (Avg. 99 / month)	1,219 YTD (Avg.152 / month)	138% increase
Individual Cases	Avg. 49 / month	Avg. 74 / month	Avg. 77 / month	44% increase

* 2020 data represents monthly averages from 2019 from January through March for SFHSS EAP and real time data that includes data from ComPsych from April through December.

** 2021 data represents January through August.

Next Steps

Reporting Requirements: SFHSS' health plans to provide standardized data on cost, utilization, timely access to care, and provider demographics; as well as integrated care models to support the primary care/behavioral health connection.

- Require health plan reporting metrics for SFHSS' population to ensure ongoing monitoring and accountability.

Workforce Shortages: SFHSS supports the training and recruitment of Behavioral Health professionals particularly persons of color to meet the demand for services.

- Support health plans and other agencies working to address shortages and to increase network size.

Care Delivery Transformation: SFHSS continues to work with its health plans to ensure members are receiving the right care at the right time, with a positive member experience

- Continue Behavioral Health inquiry to ensure member access to needed services.

In Closing

SFHSS shares the interest of ensuring quality and timely access to mental health care for its members and continues to push the dialogue and act in this area.

SFHSS encourages the Board of Supervisors, the Health Service Board, its health plans, and the many organizations focused on mental health workforce shortages to consider both short and long-term solutions to address current and future needs.

SAN FRANCISCO HEALTH SERVICE SYSTEM

SFHSS Member Services

1145 Market Street, 3rd Floor
San Francisco, CA 94103

Main: (628) 652-4700

Toll-free: (800) 541-2266

Fax: (628) 652-4701

Operating Hours:

Monday, Tuesday, Wednesday, Friday

9am – 12pm and 1pm – 5pm

Thursday

10am – 12pm and 1pm – 5pm

Employee Mental Health & Substance Abuse Benefits



Call [\(877\) 263-9952](tel:(877)263-9952) to find a provider and schedule an appointment.

Call [\(800\) 464-4000](tel:(800)464-4000) to make an appointment or contact your Primary Care Physician.



KAISER PERMANENTE®

You don't need a referral to see a therapist. You can make an appointment to see a therapist without a referral from your primary care physician.



Call [\(866\) 282-0125](tel:(866)282-0125) to make an appointment.

Appendix

Behavioral Health Support Resources

Employee Assistance Program: The Employee Assistance Program (EAP) is dedicated to significantly contributing to a healthier work environment and employee well-being. Offering a variety of confidential counseling, consultation, coaching & education services, EAP counselors are licensed therapists with many years of diverse experience in mental health, business and as City employees. <https://sfhss.org/eap>

Health Plan Benefits: Mental health services are included in all medical plans offered to employees and retirees. For information for current health plan mental health and substance use disorder coverage, tools, and access visit: <https://sfhss.org/Using-Your-Benefits/using-your-benefits-employees/mental-health-emp>

Behavioral Health Support Resources

If you need help right away—for yourself or a loved one—call 911 or use the emergency numbers below.

SFHSS Employee Assistance Plan	Substance Use Helpline	National Domestic Violence Hotline	National Suicide Prevention Lifeline
(628) 652-4600 or (800) 795-2351	1-855-780-5955	1-800-799-7233 1-800-787-3224 (TTY)	1-800-273-8255 1-800-799-4889 (TTY) Online Lifeline Chat
Employee Assistance Counselors are available for individual confidential telephone counseling and consultations. Our phones are answered 24 hours a day, 7 days a week	If you feel that you or a loved one are experiencing signs of addiction, call the confidential helpline to get 24/7 support and guidance on treatment options and coverage.	Call for crisis intervention, information, and referrals to local services for victims of domestic violence.	If you or someone you know is in suicidal crisis or emotional distress, get emergency help right away. Contact the lifeline for 24/7, free, and confidential support and crisis intervention.

Behavioral Health Support Resources

If you need help right away—for yourself or a loved one—call 911 or use the emergency numbers below.

National Parent Hotline	National Sexual Assault Hotline	National Center for Victims of Crimes	Safe Call Now (for public safety employees)
(855) 427-2736	(800) 656-HOPE (800) 656-4673	(202) 467-8700	(206) 459-3020
<p>Being a parent is a critically important job, 24 hours a day. It's not always easy.</p> <p>The National Parent Hotline provides emotional support from a trained advocate to become an empowered and a stronger parent.</p>	<p>RAINN (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence organization. RAINN created and operates the National Sexual Assault Hotline in partnership with more than 1,000 local sexual assault service providers across the country.</p>	<p>The National Center is, at its core, an advocacy organization committed to—and working on behalf of—crime victims and their families.</p>	<p>Safe Call Now is a confidential, comprehensive, 24-hour crisis referral service for all public safety employees, all emergency services personnel and their family members nationwide.</p>

Sources

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11. DHMC Timely Access to Care Standard: <https://www.dmhc.ca.gov/healthcareincalifornia/yourhealthcarerights/timelyaccesstocare.aspx>
12. [National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025 \(hrsa.gov\)](#)
13. [Answering the demand for services \(apa.org\)](#)
14. [New Directions in Definitions - Reducing Risks for Mental Disorders - NCBI Bookshelf \(nih.gov\)](#)
15. [What is Mental Illness? - Mental Health Association in Forsyth County \(triadmentalhealth.org\)](#)

MEMORANDUM

DATE: November 18, 2021

TO: Dr. Stephen Follansbee President, and Members of the Health Service Board

FROM: Abbie Yant, RN, MA Executive Director SFHSS

RE: Black-Out Period Notice through June 2022

This memorandum shall serve as the Black-Out Period notification to the Health Service Board (“Board”) that beginning on September 9, 2021, through June 23, 2022, HSB members are prohibited from unauthorized communications and other prohibited activities in connection with the San Francisco Health Service System (“SFHSS”) formal request for information (“RFI”) from prospective vendors prior to a proposed competitive bid process for the Medicare Advantage (“MA”) plans and the Annual Rates and Benefits process for the 2023 plan year.

Pursuant to the Board’s Service Provider Selection Policy, the Board must be notified of the start of this Black-Out Period prior to the release of any solicitation for the selection of a primary service provider, as well as prior to the beginning of the annual SFHSS Rates and Benefits process.

During this period, the Board is prohibited from any communications or activities, with current or potential future service providers, on matters relating to SFHSS competitive bid processes for the selection of the primary service provider for medical plans, including but not limited to MA plans, for the 2023 plan year (“Unauthorized Communications and Other Prohibited Activities”), except communications related to SFHSS matters during Board or Board Committee Meetings.

Unauthorized Communications and Other Prohibited Activities include communications and activities prohibited by state and local laws related to conflicts of interest, including Section 15.103 of the City’s Charter, Article III (Conduct of Government Officials and Employees), Chapter 2 (Conflict of Interest and Other Prohibited Activities) of City’s Campaign and Governmental Conduct Code, Section 1.126 of the San Francisco Campaign and Governmental Conduct Code (Campaign Reform Ordinance), and Section 87100 *et seq.* and Section 1090 *et seq.* of the Government Code of the State of California.

Communications and activities include face-to-face conversations, conversations through one or more third parties or intermediaries, telephone conversations, emails, text messages, letters, faxes, or any other social media, written or electronic communications.

Any communications with current or potential future service providers for reasons unrelated to SFHSS during this period must be immediately disclosed in writing to the Executive Director and the Board.

MEMORANDUM

DATE: November 18, 2021
TO: Dr. Stephen Follansbee, President of the Health Service Board
FROM: Abbie Yant, Executive Director of the San Francisco Health Service System
RE: Health Service Board Email Outcome Report for August-October 2021

Health Service Board Future Email Outcome Reports:

The following email activities were tracked and categorized under the email policy with the following categories:

- Member Services Experience (General Information, Feedback)
- Benefits Inquiry (Open Enrollment, Eligibility/Enrollment, Payments, Provider Information)
- Policy Questions (Rates & Benefits, Plan/Provider changes)
- Board Meeting Questions (Time of the meeting, Public Comment Instructions, Agenda)
- Miscellaneous Inquiry (Unrelated Board matters or questions)

In total, 6 emails were received between August through October. The SFHSS Member Service team responded, addressed, or had conversations with members who contacted the Health Service Board by email. Both policy questions were forwarded to the Board and one benefits inquiry was forwarded to the board.

Health Service Board Email Outcome Report April-July		
Member Need	Monthly Total	Action
Member Services	1	Closed
Benefits Inquiry	3	Closed
Policy Questions	2	Closed
Board Meeting Questions	0	Closed
Miscellaneous	0	Closed

Month	Emails
August	1
September	2
October	3

Health Service Board-November 18, 2021 Transparency Regulation Summary

The Departments of Labor, Health and Human Services, and Treasury issued a set of FAQs delaying enforcement of the ACA health plan price transparency rule issued in November 2020 and providing some delay and guidance for the health plan provisions in the Consolidated Appropriations Act of 2021 (the “CAA”).

While SFHSS, as the plan sponsor, is responsible for compliance with the CAA and price transparency requirements, due to the nature of the data needed SFHSS will delegate much of the responsibility to its carriers through contracting. As of this report, all SFHSS carrier partners have confirmed they are either in compliance already or working towards being in compliance by the given deadline and/ or deadline extensions.

The table below shows the provisions and descriptions of the rules. There are 6 pages total.

Provisions	Description	Enforcement Date and Commentary
Prohibition of Gag Clauses in Provider Contracting	Prohibit plans and issuers from entering into an agreement with a provider, network or association of providers, third-party administrator, or other service provider offering access to a network of providers that would directly or indirectly restrict the plan or issuer from: (1) providing provider-specific cost or quality of care information or data to referring providers, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries, or enrollees of the plan or coverage; (2) electronically accessing de-identified claims and encounter data for each participant, beneficiary, or enrollee; and (3) sharing such information, consistent with applicable privacy regulations. In addition, plans and issuers must annually submit to the Departments an attestation of compliance with these requirements.	December 27, 2020 , good faith compliance until Agencies issue implementation guidance and require submission of attestations of compliance in 2022.
ID Card Deductible and Out-of-Pocket Maximum Disclosure	Require plans and issuers to include in clear writing, on any physical or electronic plan or insurance identification (ID) card issued to participants, beneficiaries, or enrollees, any applicable deductibles, any applicable out-of-pocket maximum limitations, and a telephone number and website address for individuals to seek consumer assistance.	Plan years beginning on or after January 1, 2022 , with good faith effort to comply.

Provisions	Description	Enforcement Date and Commentary
Updated Provider Directory	Establish standards related to provider directories that are intended to protect participants, beneficiaries, and enrollees with benefits under a plan or coverage from surprise billing. These provisions generally require plans and issuers to establish a process to update and verify the accuracy of provider directory information and to establish a protocol for responding to requests by telephone and electronic communication from a participant, beneficiary, or enrollee about a provider's network participation status. If a participant, beneficiary, or enrollee is furnished an item or service by a nonparticipating provider or nonparticipating facility, and the individual was provided inaccurate information by the plan or issuer under the required provider directory or response protocol that stated that the provider or facility was a participating provider or participating facility, the plan or issuer cannot impose a cost-sharing amount that is greater than the cost-sharing amount that would be imposed for items and services furnished by a participating provider or participating facility and must count cost-sharing amounts toward any in-network deductible or in-network out-of-pocket maximum.	Plan years beginning on or after January 1, 2022 , with good faith effort to comply.
Updated Billing Disclosure	These provisions will provide patients with financial peace of mind while seeking emergency care as well as safeguard them from unknowingly accepting out-of-network care and subsequently incurring surprise billing expenses. Bans surprise billing for emergency services. Emergency services, regardless of where they are provided, must be treated on an in-network basis without requirements for prior authorization. Bans high out-of-network cost-sharing for emergency and non-emergency services. Patient cost-sharing, such as co-insurance or a deductible, cannot be higher than if such services were provided by an in-network doctor, and any coinsurance or deductible must be based on in-network provider rates. Bans out-of-network charges for ancillary care (like an anesthesiologist or assistant surgeon) at an in-network facility in all circumstances. Bans other out-of-network charges without advance notice. Health care providers and facilities must provide patients with a plain-language consumer notice explaining that patient consent is required to receive care on an out-of-network basis before that provider can bill at the higher out-of-network rate.	Plan years beginning on or after January 1, 2022 , with good faith effort to comply (model notice is available).
Continuity of Care	Establish continuity of care protections that apply in the case of an individual with benefits under a group health plan or group or individual health insurance coverage offered by a health insurance issuer. These protections ensure continuity of care in instances when terminations of certain contractual relationships result in changes in provider or facility network status.	Plan years beginning on or after January 1, 2022 , with good faith effort to comply.

Provisions	Description	Enforcement Date and Commentary
Machine Readable File—In-Network Rates and Out-of-Network Allowed Amounts	Require non-grandfathered group health plans and health insurance issuers offering non-grandfathered coverage in the group and individual markets to disclose on a public website information regarding in-network provider rates for covered items and services, out-of-network allowed amounts and billed charges for covered items and services and negotiated rates and historical net prices for covered prescription drugs in three separate machine-readable files.	July 1, 2022
ACA Price Comparison Tool	Require plans and issuers to make price comparison information available to participants, beneficiaries, and enrollees through an internet-based self-service tool and in paper form, upon request.	Plan years beginning on or after January 1, 2023 , for 500 items and services, and plan years beginning on or after January 1, 2024 , for all covered items and services.
CAA Price Comparison Tool	Require plans and issuers to make price comparison information available to participants, beneficiaries, and enrollees through an internet-based self-service tool and in paper form, upon request. CAA has a provision that add a requirement that price information also must be provided over the telephone.	Plan years beginning on or after January 1, 2023 , (combined with ACA Price Comparison Tool).

Provisions	Description	Enforcement Date and Commentary
<p>CAA Pharmacy Drug Cost and Coverage Reporting</p>	<p>Include certain reporting requirements for plans and issuers. These reporting requirements primarily relate to prescription drug expenditures, requiring that plans and issuers submit relevant information to the Departments. This information includes general information regarding the plan or coverage, such as the beginning and end dates of the plan year, the number of participants, beneficiaries, or enrollees, as applicable, and each state in which the plan or coverage is offered. Plans and issuers must also report the 50 most frequently dispensed brand prescription drugs, and the total number of paid claims for each such drug; the 50 most costly prescription drugs by total annual spending, and the annual amount spent by the plan or coverage for each such drug; and the 50 prescription drugs with the greatest increase in plan expenditures over the plan year preceding the plan year that is the subject of the report, and, for each such drug, the change in amounts expended by the plan or coverage in each such plan year. Additionally, plans and issuers must report, among other things, total spending by the plan or coverage broken down by the type of costs, including hospital costs and provider and clinical service costs, for primary care and specialty care separately; spending on prescription drugs by the plan or coverage as well as by participants, beneficiaries, and enrollees, as applicable; and the average monthly premiums paid by participants, beneficiaries, and enrollees and paid by employers on behalf of participants, beneficiaries, and enrollees, as applicable. Plans and issuers must report the impact on premiums of rebates, fees, and any other remuneration paid by drug manufacturers to the plan or coverage or its administrators or service providers with respect to prescription drugs prescribed to participants, beneficiaries, or enrollees in the plan or coverage, including the amount paid with respect to each therapeutic class of drugs and for each of the 25 drugs that yielded the highest amount of rebates and other remuneration under the plan or coverage from drug manufacturers during the plan year. Finally, plans and issuers must report any reduction in premiums and out-of-pocket costs associated with these rebates, fees, or other remuneration. Finally, these provisions require the Departments to issue biannual public reports on prescription drug reimbursements under group health plans and group and individual health insurance coverage, prescription drug pricing trends, and the impact of prescription costs on premium rates, 10 aggregated in such a way that no drug or plan specific information will be made public. In addition, these reports must not include any confidential or trade secret information submitted to the Departments.</p>	<p>Indefinitely until further rulemaking or guidance, prepare for first reporting as of December 27, 2022.</p>

Provisions	Description	Enforcement Date and Commentary
Machine-Readable File—Prescription Drugs	Require non-grandfathered group health plans and health insurance issuers offering non-grandfathered coverage in the group and individual markets to disclose on a public website information regarding in-network provider rates for covered items and services, out-of-network allowed amounts and billed charges for covered items and services and negotiated rates and historical net prices for covered prescription drugs in three separate machine-readable files.	Indefinitely until further rulemaking
Advanced Explanation of Benefits	Require plans and issuers, upon receiving a “good faith estimate” regarding an item or service as described in PHS Act section 2799B-6, to send a participant, beneficiary, or enrollee (through mail or electronic means, as requested by the participant, beneficiary, or enrollee) an Advanced Explanation of Benefits notification in clear and understandable language. The notification must include: (1) the network status of the provider or facility; (2) the contracted rate for the item or service, or if the provider or facility is not a participating provider or facility, a description of how the individual can obtain information on providers and facilities that are participating; (3) the good faith estimate received from the provider; (4) a good faith estimate of the amount the plan or coverage is responsible for paying, and the amount of any cost-sharing for which the individual would be responsible for paying with respect to the good faith estimate received from the provider; and (5) disclaimers indicating whether coverage is subject to any medical management techniques. The notice also must indicate that the information provided is only an estimate based on the items and services reasonably expected to be provided at the time of scheduling (or requesting) the item or service and is subject to change and any other information or disclaimer the plan or coverage determines appropriate that is consistent with information and disclaimers required under this section of the statute.	Indefinitely until further rulemaking

Enterprise Systems and Analytics Monthly Report

Health Service Board Meeting | November 18, 2021

Project	Status	Key Accomplishments
Compliance: Cybersecurity / Disaster Preparedness / Regulatory		<ul style="list-style-type: none"> • Annual Interconnectedness Agreement with CON submitted • Continuity of Operations Plan (COOP) reviewed and updated
VOIP telephony upgrade		<ul style="list-style-type: none"> • PO issued by OCA – Procurement proceeding
Dependent Eligibility Verification Audit		<ul style="list-style-type: none"> • Drafted and Released RFP for salesforce developer services • Panel review of responses ongoing • Internal meeting with ESA, Communications and Member Services held
Benefits Administration		<ul style="list-style-type: none"> • Drafting development requirements for MHN eligibility file • Evaluating modifications on LTD eligibility files to support vendor requirements for hours worked
Social Determinants of Health (SDoH) / Data Measurement Plan		<ul style="list-style-type: none"> • Continued development of data measurement plan • Follow up meetings with health plans regarding SFHSS 3-year plan completed • Presentation to HSB on 11/18
Open Enrollment		<ul style="list-style-type: none"> • Health Net, VSP and BSC PPO – Accolade eligibility files approved for migration to production environment • Health Net and BSC PPO payment files in development • Delinquency reconciliation report modifications completed • Cobra eligibility file modifications approved for migration to production
Year-End Processing		<ul style="list-style-type: none"> • Internal planning meeting held 11/15



On Schedule, Adequate Resources, Within Budget, Risks in Control



Potential issues with schedule /budget can be saved with corrective actions



Serious issues. Project most likely delayed or significant budget overrun

Well-Being Monthly Report

Health Service Board Meeting | November 18, 2021

W@W Key-Player Virtual Training

Topics Covered:

- ✓ **How we Reintegrate to Work– Why it Matters**
 - Supporting whole person well-being
 - Providing resources to support employees with self-care for re-entry and reintegration
 - Encouraging supportive talk among peers

Attendees: 80 Champions and Department Leads for Well-Being

How We Reintegrate to Work- Why it Matters

The American Psychological Association reports that Americans are experiencing the highest levels of stress since April 2020, and that 84% of adults surveyed experienced feelings of anxiety, sadness or anger. Just as we all had different pandemic experiences, our re-entry experiences will be diverse. It's important to remember, feeling stressed is not a sign of weakness, it is normal in these circumstances. Tap into resources to help support employees in the next phase of returning to work.



By watching this webinar, you will learn:

- How to support whole-person well-being and why this matters
- Resources to support employees with self-care for re-entry and re-integration
- How to encourage supportive talk among peers

Important considerations for reintegration:

- Acknowledge varied experiences in pandemic-response
- Emphasize support resources
- Over-communicate often
- Lead by example in creating a culture of well-being

Training Materials:

- Training Deck
- Return to Work Guide
- Resiliency and Support Visuals
- Listening with RASA Tools

Guide: Reintegrating to Work

For Employees

Better Every Day

The pandemic has affected each one of us in many different ways. As you engage with co-workers, take on new work or readjust to getting back in the office, you may experience diverse emotions such as stress, anxiety and even excitement. It's important to remember that these feelings are normal in these circumstances. Here are tips and resources to help you.

- 1 TAKE CARE OF YOURSELF**

Start a practice of self-care. Use your breaks throughout the day to engage in that practice that matters most to you.

 - ✓ It's easy to forget about ourselves and take care of others, however if you completely forget about your own self care it may be difficult to focus on helping those we care for most. Take time to focus on taking care of yourself and **engage in daily practice of self care**. Get started by visiting: <https://sfhss.org/ezd/learn/self-care>
 - ✓ Find an activity that resonates most with you. Check out **FREE** activities available to you at <https://sfhss.org/events>
- 2 TALK ABOUT YOUR EXPERIENCE**

Talking about our experiences, challenges and difficulties throughout the pandemic can righten our feelings. Talk with people you trust about your feelings and experiences about what you've learned, work-life balance, re-integrating back to your regular work or going back into the workplace.

 - ✓ Support one another. Engage in conversations using **R.A.S.A.** (receive, appreciate, summarize and ask), a skill that can help when others are sharing their experiences with you.
- 3 DON'T WAIT, SEEK OUT SUPPORT**

Take good care of yourself and utilize available services to support you—seek out help to navigate steps you need to take to ensure you manage stressors you may be experiencing.

 - ✓ **Talk to a therapist** about finding ways to better understand yourself and identify strategies to discuss any concerns you may have. Start by calling **SATF EAP** at [652-4500](tel:652-4500)
 - ✓ Find support that is meaningful and useful to your needs. All SFHSS registered health plans provide **FREE** mental health benefits to support your emotional well-being. Explore your benefits and identify the support that matters most to you.

SFHSS.ORG/WELL-BEING

SAN FRANCISCO HEALTH SERVICE SYSTEM



W@W Department Support

Support for Reintegration at Work:

- 1. Welcome back packages offered to Well-Being Key Players:** Provided fruit and incentives to departments who will host well-being activities, promote well-being resources and encourage well-being practices in November in support of reintegrating to work.
 - ✓ 22 departments
- 2. Supporting Staff Well-Being Presentations:** Well-Being staff have been invited to present at all-staff meetings about well-being resources that can support staff through transition.
 - ✓ 4 department presentations
- 3. Reintegrate Back to Work Webpage:** A resource for employees, managers and supervisors that support reintegration to work and include:
 - ✓ How to support whole-person well-being and why this matters
 - ✓ Resources to support self-care
 - ✓ How to engage and encourage employees to share their experiences

<https://sfhss.org/reintegrating-work>

Reintegrating to Work

In our "Safer Return Together" from the COVID-19 pandemic, essential workers continue to be essential, some activated DSWs have shifted back to regular work whereas others continue their DSW assignment, and telecommuters return to the worksite. Supporting the health and well-being of ourselves and our employees is critical. With proper planning and providing continued support to our workforce, together we will strengthen working relationships, reduce anxiety, and facilitate a positive working atmosphere.

Use the resources below to explore:

- [How to support whole-person well-being and why this matters](#)
- [Resources to support self-care](#)
- [How to engage and encourage employees to share their experiences](#)

To download a printable version of the Reintegrating to Work Guide, click [HERE](#).



Employees

The pandemic has affected each one of us in many different ways. As you engage with co-workers, take on new work or readjust to getting back in the office, you may experience diverse emotions such as stress, anxiety and even excitement. It's important to remember that these feelings are normal in these circumstances.

- 1. Take Care of Yourself
- 2. Talk About Your Experience
- 3. Don't Wait, Seek Out Support



Supervisors and Managers

To support employees supervisors, managers and leaders must focus on relational practices to help cultivate staff cohesion and community in the workplace.

- 1. Create a Space and Focus on Community Building & Connection
- 2. Acknowledge, Appreciate & Recognize Employees
- 3. Lead through Change & Uncertainty

Upcoming Events

[View Calendar](#)

NOV 2 [Chair Exercises - SFHSS](#)
Tuesday, November 2, 2021 3:00pm - 3:30pm

NOV 2 [Belly Dancing/Bollywood- ZSFG \(Zoom\)](#)
Tuesday, November 2, 2021 10:00pm - 10:30pm

NOV 3 [Feldenkrais-ZSFG \(Zoom\)](#)
Wednesday, November 3, 2021 11:00am - 11:30am

NOV 3 [Emotional Eating: The Connection Between Mood and Food](#)
Wednesday, November 3, 2021 11:00am - 12:00pm

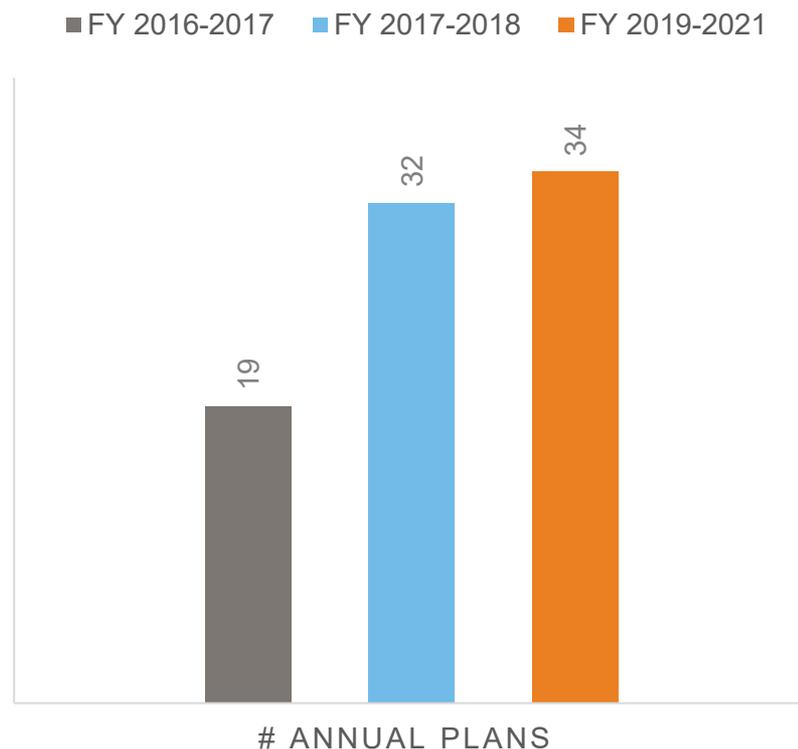
Well-Being@Work: Annual Plans

- ✓ # of Departments with Annual Plans: 34
- ✓ Key Players
 - # of Champions: 202 representing 86% of departments
 - # of Department Leads: 46 representing 75% of departments

Annual Plan Objectives

- 1. Raise Awareness:** Communicate monthly to promote well-being resources/services.
- 2. Offer Programs:** Host or facilitate at least 1 well-being activity per quarter and 1 department-led activity in the fiscal year.
- 3. Create a Culture:** Prioritize recognition efforts with leadership and among peers; use DHR policies to drive well-being strategy.

COMPLETED DEPARTMENT ANNUAL PLANS



Launched Social Connectedness Website - Retirees

Engage with resources to explore ways to connect, feel empowered, increase health and wellness and foster connections.

Focus Areas:

1. Connections & Empowerment
2. Well-Being & Community

Encouraging Retirees To:

1. Connect with Others
2. Build and Support Their Community

<https://sfhss.org/social-connectedness>

Connections & Empowerment

When we cultivate connections, we learn from each other. We empower ourselves to promote our own well-being. Use the resources below to help support your social and emotional health, and foster connections.



[San Francisco Health Service System](#)

Explore seminars and virtual Group Exercise classes



[San Francisco Human Services Agency](#)

Access & Empowerment



[San Francisco Recreation & Parks](#)

The Golden Gate Park Senior Center. Find information on programs and virtual classes just for seniors.



[Institute On Ageing](#)

Lifelong Learning Courses for Seniors in the Bay Area.

Well-Being & Community

Improving our well-being and having a core community reduces our stress and allows us to focus on our wellness habits and wellbeing of those around us. Interested in exploring your well-being and building community? Click on the resources below.



[San Francisco Human Services Agency](#)

Community & Connection



[San Francisco Human Services Agency](#)

LGBTQIA+ Care Navigation Program



[San Francisco Library](#)

Explore opportunities to build community and engage.



[Volunteer](#)

Bay Area Volunteer Opportunities for Older Adult Groups

SFHSS Internal EAP

Utilization of organizational services and individual cases have increased over the last 3 years as outlined in the following table:

Data Point	2019	2020*	2021**	% Change from 2019 to 2021
Management Consultations	Avg. 13 / month	Avg. 21 / month	Avg. 21 / month	47% increase
Organizational Services	337 / year (Avg. 28 / month)	1,185 / year (Avg. 99 / month)	1,219 YTD (Avg.152 / month)	138% increase
Individual Cases	Avg. 49 / month	Avg. 74 / month	Avg. 77 / month	44% increase

* 2020 data for individual cases represent monthly averages from 2019 from January through March for SFHSS EAP and real time data that includes SFHSS EAP and ComPsych from April through December.

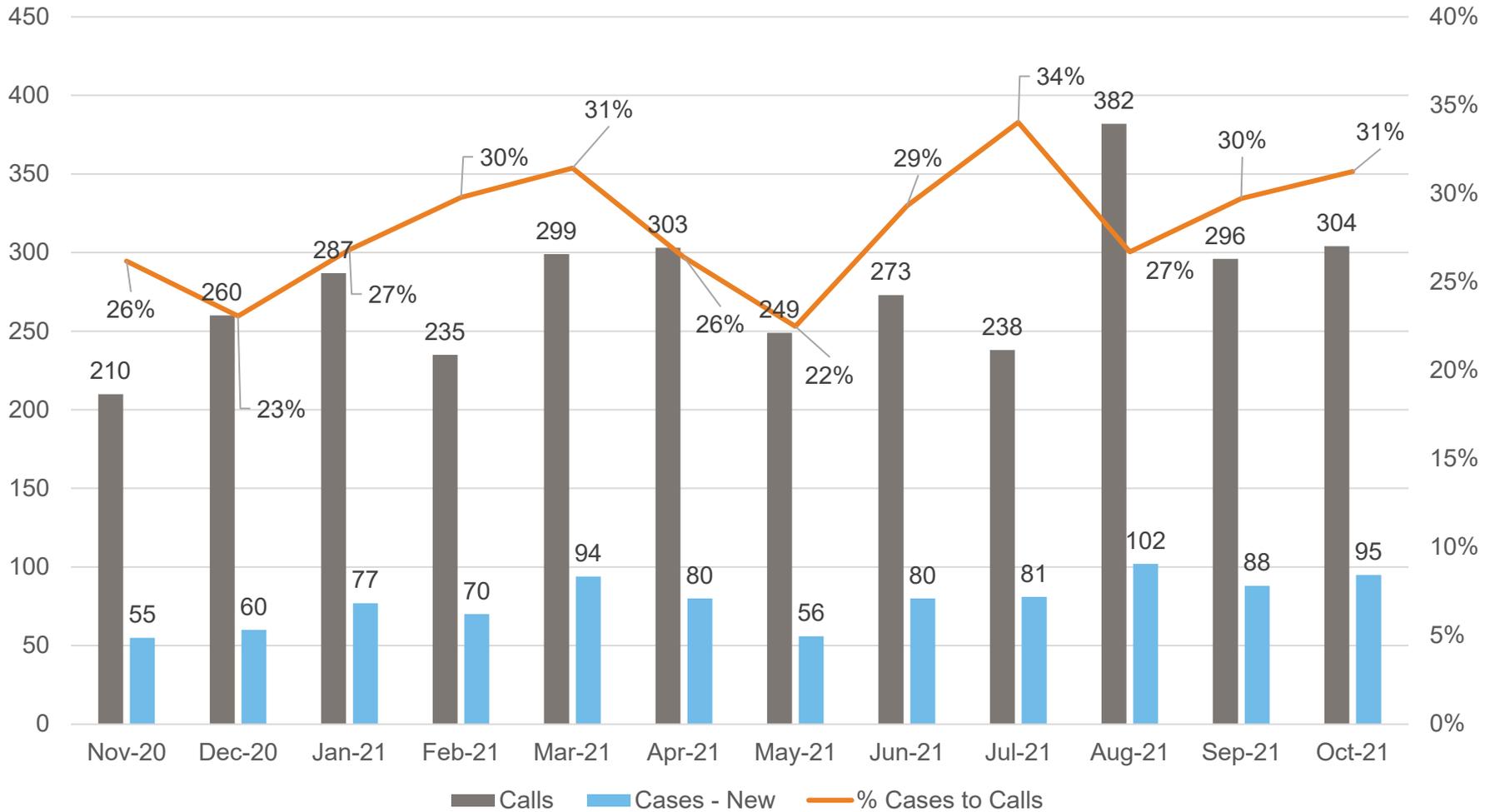
** 2021 data represents January through August.

Services

(Data represents 11/1/2020 through 10/31/2021)

- 3,104 individuals served
- 1,720 services provided
- 252 leadership consultations
- 849 individual consultations
- Responded to 20 critical incidents serving 150 individuals
- Took on 114 new cases

External 24/7 EAP + SFHSS Internal EAP: Total Number of Calls, Cases and % Cases Over a 12 Month Period



Year over Year Comparisons

Highlights:

Launched 24/7 EAP in Late April 2020 yielding a high call and case volume for May and June of 2020

2021: Calls & Cases

- Highest call volume and cases took place in August. Representing the 3rd highest calls and cases by month since the inception of the program
 - ✓ Calls – 382
 - ✓ Cases 102

