

# San Francisco Health Service System Health Plan Behavioral Health Services

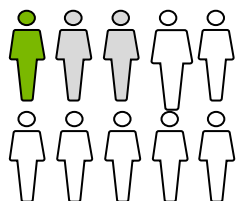
**San Francisco Board of Supervisors  
Government Audit and Oversight Committee  
October 21, 2021**

# 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 pain<sup>1</sup>

**3 Million**

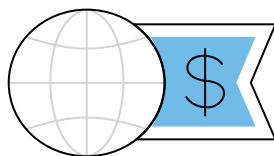
deaths are due to excess alcohol consumption every year<sup>2</sup>



Nearly **800,000** people die due to suicide every year<sup>3</sup>

By 2030 **\$16 Trillion** is the projected costs of mental disorders on the global economy<sup>4</sup> -- more than diabetes, respiratory disorders, and cancer combined<sup>5</sup>

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 isolated<sup>6</sup>.



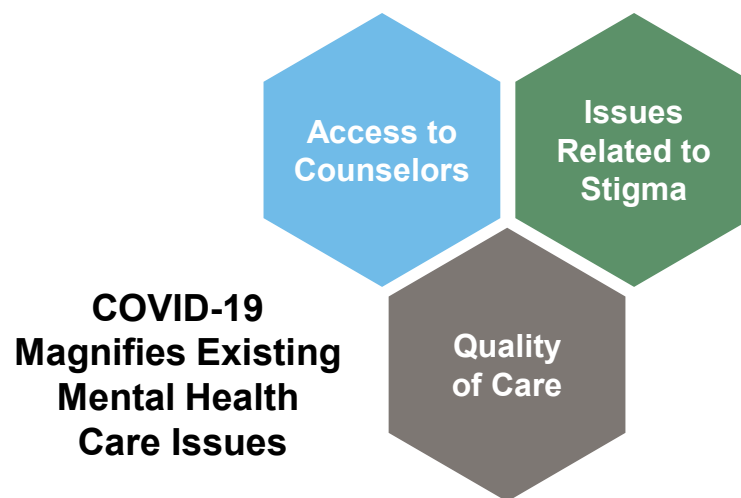
## Mental Health Exacerbated by the Pandemic:

**42%** Reported Declining Mental Health<sup>7</sup>

**57%** Reported Increasing Anxiety<sup>7</sup>

**21%** Increase of Psychotropic Medications<sup>8</sup>

**24%** Increase in Reports of Domestic Violence<sup>9</sup>



# 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 <sup>10</sup>
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
<b>Satisfaction</b> (including timeliness)	<ul style="list-style-type: none"> <li>DMHC</li> <li>OPA</li> <li>NCQA CAHPS</li> </ul>	BSC, KP
<b>Parity</b>	<ul style="list-style-type: none"> <li>Federal MHPAEA</li> <li>Federal CAA</li> <li>California MHP</li> </ul>	BSC, KP, UHC
<b>Clinical</b>	<ul style="list-style-type: none"> <li>NCQA HEDIS</li> </ul>	BSC, KP, UHC

## Key Findings—Department of Managed Care Access Data

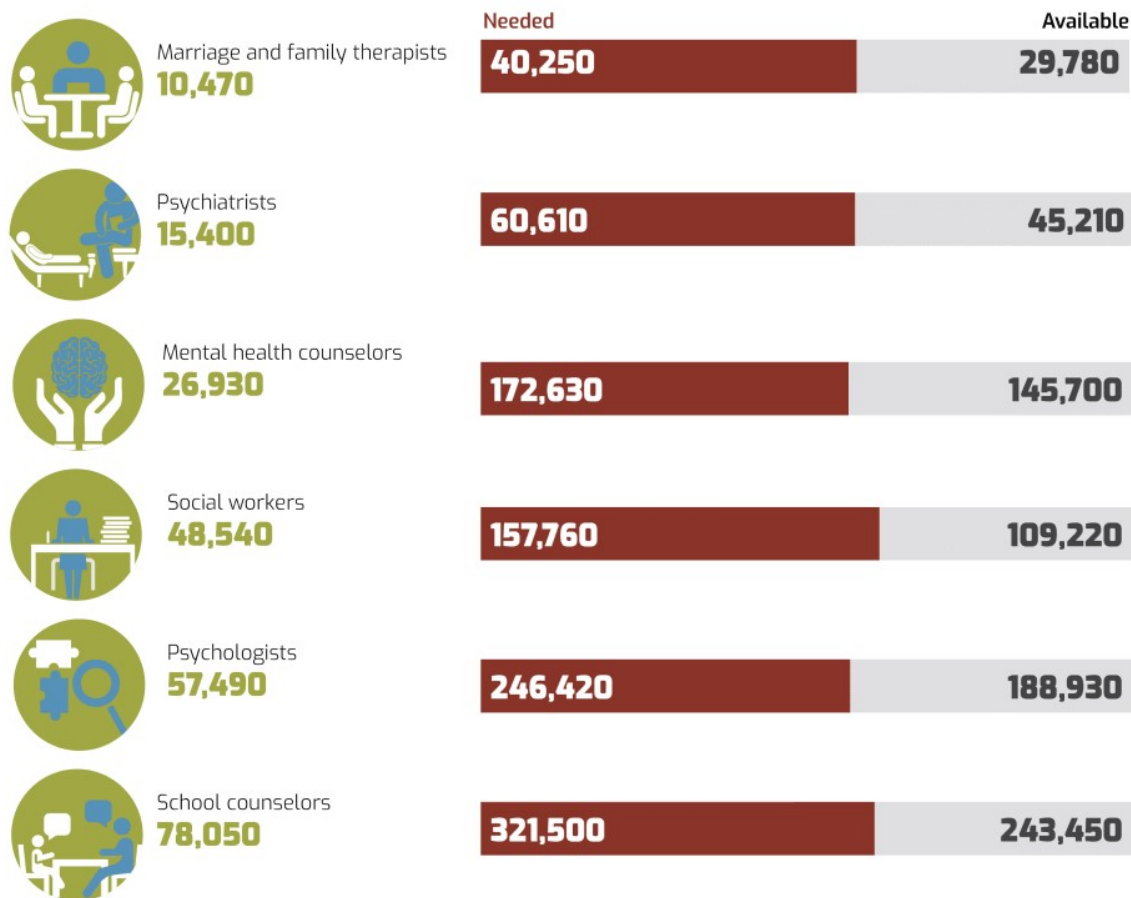
### 2019 DMHC Timely Access Results<sup>11</sup>—Plans Available to SFHSS Members

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<sup>12,13</sup>

**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:

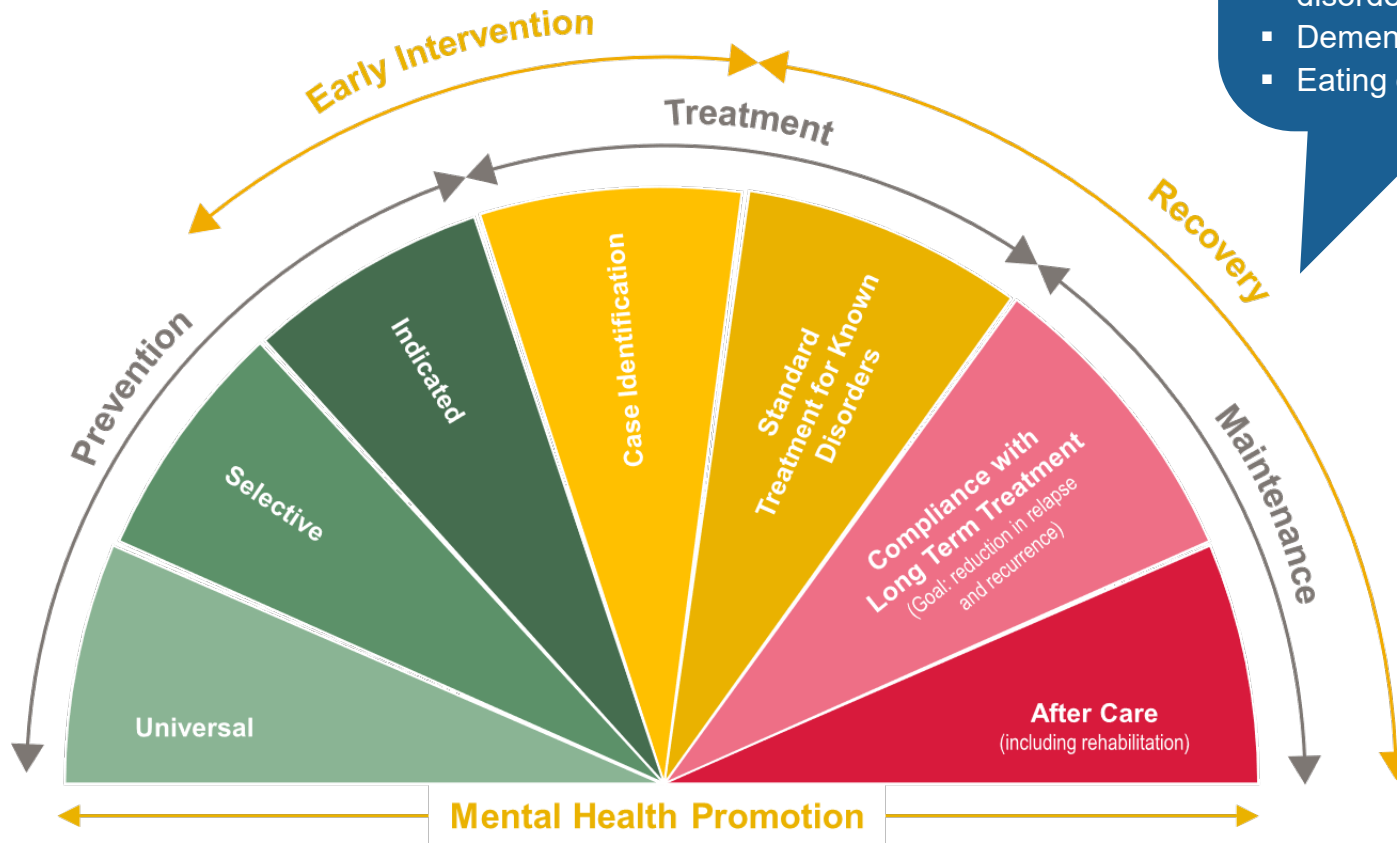
- **“No Wrong Door”**—Access to mental health care can happen through any entry point within the health care system
- **Integrated Care**—Using CMS’ Collaborative Care Model, integrate mental health into the primary care setting to provide whole-person care
- **Measurement**—Clinical outcomes based on 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 solutions<sup>14</sup>

**Driven by major categories<sup>15</sup>:**

- 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.



**KAISER PERMANENTE®**

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

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 &amp; 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>

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