

August 12, 2010

Health Service System Strategic Plan  
DRAFT pending Health Service Board Approval

Prepared by Catherine Dodd, RN, PhD, Health Service System Director

**Health Service System Overview**

The Health Service System (HSS) of the City & County of San Francisco is a major purchaser of healthcare benefits in the San Francisco Bay area. As of July 1, 2010, 106,466 employees, retirees and dependents were enrolled in the medical, dental and vision coverage administered by HSS. In the fiscal year ending in June 2009, the HSS budget for administering health and other benefits was \$616 million dollars.

HSS is uniquely governed. Per the San Francisco City Charter, a seven-member board – comprised of three appointees and four individuals elected from the employee and retiree membership – oversees the system. Premium rates and benefits for the membership are reviewed and approved annually by this Board.

**Strategic Landscape**

This strategic plan is a process for establishing the future direction of the Health Service System (HSS). It defines our mission, and establishes goals in support of the mission. A strategic plan cannot predict how conditions affecting the organization might evolve, and it cannot identify all the future issues and challenges that may surface. So this strategic plan must allow for flexibility, especially, given that HSS is operating in the changing climate of the health-care industry.

Many factors make the Health Service System a unique entity. Strategies that are successful for other entities may not be well-suited to HSS and its membership. However, a strategic plan should take note of the surrounding landscape. The Society for Human Resource Management identifies the following trends in employer-provided health benefits for 2010:

- On an annual percentage basis, the rising costs of health-care will continue to significantly outpace any increase in the workers’ wages.
- Employees will pay higher premiums and more out-of-pocket costs.
- More employees will be introduced to wellness programs and offered incentives to stay healthy by their employers.
- More employees will be offered high-deductible plans and/or health savings account options.
- More employers will tighten eligibility rules, or eliminate eligibility entirely for some types of employee dependents.

In other words, all employers are faced with a similar challenge – offering health benefits to the workforce, while devising strategies to hold down costs.

<sup>1</sup> [www.shrm.org/hrdisciplines/benefits/Articles/Pages/SixBenefitTrends.aspx](http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/SixBenefitTrends.aspx)

**Strategic Landscape** *(continued)*

In addition, the Health Service System notes the following factors, which should be considered when determining strategic direction:

- The average median age of an HSS member is rising.
- There is a limited number of insurers licensed by the state to provide HMO services in Northern California.
- There has been a business consolidation of medical groups and hospitals in the Bay area. This aggregation gives the larger entities leverage when they are in contract negotiations with insurers.
- As required by law, the City of San Francisco must balance its budget annually.
- There is public pressure, as evidenced in recent ballot initiative proposals, to reduce the amount of money the City contributes to employee health benefits.
- Because guidelines for applying the law have not been specifically spelled out by the federal government, the exact impact of the Patient Protection and Affordable Care Act (PPACA) on HSS benefits and costs has not been fully defined.
- Wellness initiatives for City employees are currently disaggregated across the different City departments.

A mission statement is a formal short written statement of the purpose of an organization. The mission statement guides decision-making and the actions of the organization. It provides “the framework or context within which the company’s strategies are formulated.”<sup>2</sup>

*Good to Great and the Social Sectors* proposes the following paradigm<sup>3</sup>:



<sup>2</sup> Hill, Ch., Jones, G. Strategic Management. Houghton Mifflin Company: New York, 2008. ISBN: 978-0-618-89469-7, page 11

<sup>3</sup> Collins, Jim. Good to Great and the Social Sectors. HarperCollins: New York, 2005. ISBN: 10:0-97732664-0-3, page 19

**DRAFT Health Service System Strategic Plan**

Mission & Purpose

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**What does the Health Service System do?**

The Health Service System administers health and other benefits for its members.

**Why?**

1. Because the Health Service System Board has been tasked by the voters of San Francisco with “conducting an annual review of health benefit costs, ensuring benefits are applied without favor or privilege, and administering the business of the Health Service System.”
2. Because the Health Service System has a fiduciary responsibility to its employee and retiree membership.
3. Because employee and retiree members rely on the Health Service System to negotiate and explain complex benefit packages.
4. Because healthy employees, retirees and their families have a greater sense of well being and can lead more productive lives.

**Health Service System Mission Statement**

HSS seeks opportunities to promote and protect the health and well being of employee and retiree members and their families, in order to achieve the vision of San Francisco’s public employees and retirees becoming the healthiest in the State.

Values are the principles that guide an organization’s internal conduct, as well as its relationships with its customers, vendors, and other entities. These values should be expressed every day by its employees in the way the organization manages its business.

**Health Service System Core Values**

How we treat our members and each other:

We are RESPONSIVE to members.

We treat members and one another with RESPECT.

We EDUCATE and EMPOWER each other and our members

We are RESPONSIBLE for the work we do.

We APPRECIATE one another.

How we do our jobs:

We are each good TEAM members with individual ACCOUNTABILITY.

We are ACCURATE, EFFICIENT and PRODUCTIVE.

We strive for EXCELLENCE.

We are PROUD of the QUALITY of our work.

We have FUN and maintain our sense of humor.

The entire staff of the Health Service System reviewed and agreed on these values, defining the key words as follows:

- Responsive:** timely, compassionate, perceptive, empathetic
- Respect:** kindness, consideration, courtesy, patience, sensitivity, confidentiality
- Educate:** seek knowledge, share knowledge, explain, teach, learn
- Empower:** support, trust, share, are helpful, accept help
- Responsible:** capable, consistent, knowledgeable, reliable, diligent
- Appreciate:** acknowledge, praise, encourage, admire
- Team:** work together, contribute, collaborate, appreciate diversity
- Accountability:** diligence, honesty, acknowledge success & failure
- Accurate:** careful, correct, systematic, attentive
- Efficient:** energetic, proficient, performance-oriented, cost-conscious
- Productive:** goal-oriented, time sensitive, flexible, innovative
- Excellence:** measure results, optimistic, realistic
- Proud:** integrity, ethics, celebrate success
- Quality:** above average, high-achieving, best in class
- Fun:** forgiving, supportive, friendly, playful, creative

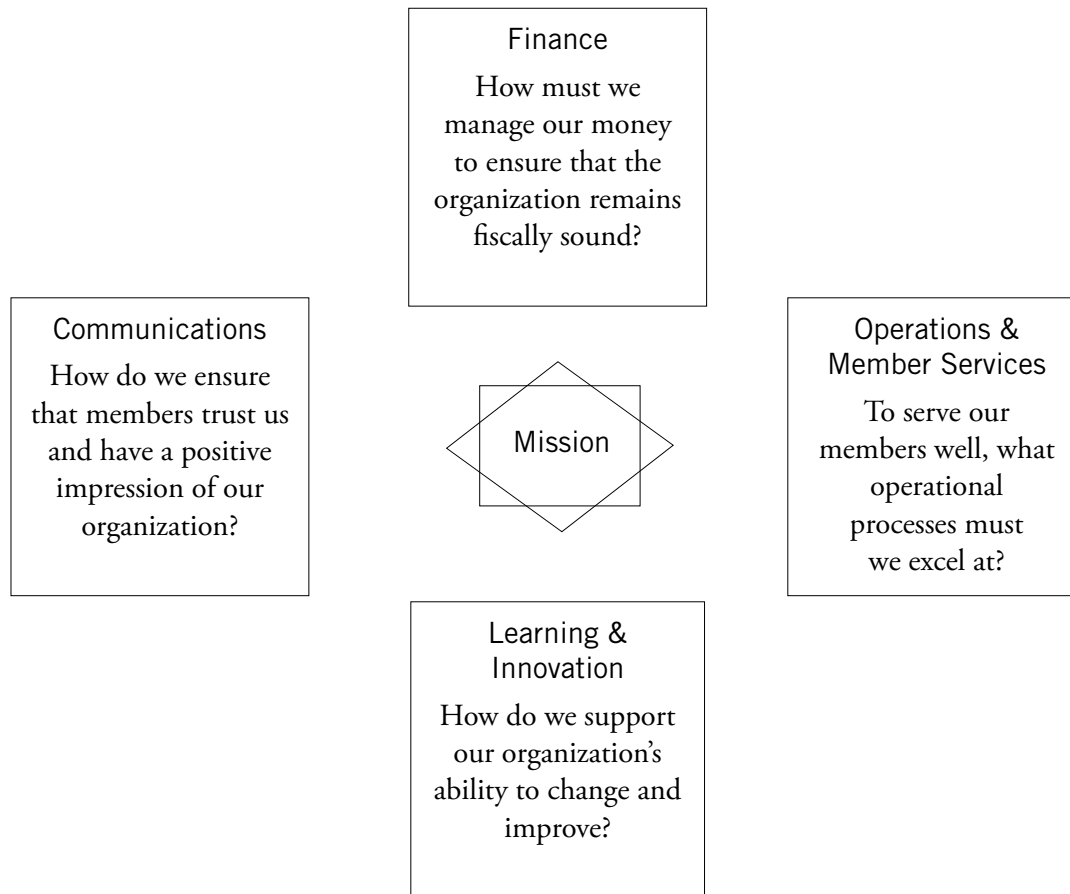
SWOT analysis is a tool for auditing an organization and its environment. It involves specifying the objective of the business venture or project and identifying the internal and external factors that are favorable and unfavorable to achieve that objective. SWOT helps determine if the goals set by the organization are achievable and in line with its mission.

- Strengths: Attributes of the organization that are helpful to achieving its objectives.
- Weaknesses: Attributes of the organization that can prevent it from achieving its objectives.
- Opportunities: External conditions that can aid the organization in meeting its objectives.
- Threats: External conditions which could prevent the organization from meeting its objectives.

<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>- Dedicated Board with wise experienced members and enthusiastic new members</li> <li>- Experienced Benefits Analysts, Administration, EAP, Communications, Finance staff</li> <li>- Excellent finance and accounting processes</li> <li>- Improved relationships with key departments</li> <li>- Respect of retirees, elected officials and union leadership</li> <li>- Robust vendor management</li> <li>- Dashboard development</li> <li>- Excellent actuarial support</li> <li>- Wellness classes</li> <li>- Well-established EAP program</li> <li>- Excellent benefits communication program</li> <li>- Excellent “Information Management staff”</li> <li>- Positive customer perceptions</li> </ul>	<p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>- Staff at different levels of skill</li> <li>- Disaggregated HR benefits administration (by department)</li> <li>- Lack of operations processing sophistication</li> <li>- Paper systems that are often inefficient</li> <li>- SFERS insulation</li> <li>- Staff vacancies, civil service delays</li> <li>- Lack of reliable IT support, plan</li> <li>- Inconsistent customer satisfaction</li> <li>- Annual renewal deadlines can give vendors upper hand in rate negotiations</li> </ul>
<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>- Filling staff vacancies</li> <li>- Establish standardization across classifications</li> <li>- Improve operational efficiency and process improvement</li> <li>- Improve electronic information management</li> <li>- Add report card measures and continue to implement and improve dashboard</li> <li>- Broadening wellness program</li> <li>- Educate members about the costs of not preventing illness and managing disease</li> <li>- Implementing eMerge 9.0</li> <li>- Develop new plan options</li> </ul>	<p><b>Threats:</b></p> <ul style="list-style-type: none"> <li>- Federal health reform complexity</li> <li>- Healthcare vendor/provider consolidation and monopolies</li> <li>- No transparency into vendor business practices and resulting profit margins</li> <li>- NO City or departmental IT infrastructure</li> <li>- Citywide budget</li> <li>- Changing landscape of voter acceptance of employee benefits</li> </ul>



A balanced scorecard was first devised in 1987 by semi-conductor industry management consultant Art Schneiderman, and is now widely used across many industries as strategic performance management tool. It is a set of measures that look at four fundamental performance areas of an organization: financial performance, customer satisfaction, internal operations, and learning and innovation. Finance measures include tracking diversity and stability of funding as measuring the success of accounting practices and cost reduction activities. Operations & Member Service measures include quality of service, productivity, and efficiency. Communications measures assess the organization’s reputation with its members and how well it is keeping members informed. Learning and innovation focuses on how the organization and its people continually develop new skills and capabilities.



**DRAFT Health Service System Strategic Plan**  
 Strategic Goals 2010/2011 - 2012/2013

August 12, 2010

GOAL	TIMELINE	RESPONSIBILITY	SCORECARD	TARGET
<b>Customer Service Excellence</b>				
Measure 1: Average call abandonment rate (ABAN)	6/2011	LG	OMS, C	Currently 5% target. Roll-out a new target of 2%.
Measure 2: Average speed to answer (ASA)	6/2011	LG	OMS, C	Current target is 30 sec. Roll-out new target of 90% in 30 seconds.
Measure 3: Average wait time (onsite in lobby)	6/2011	LG	OMS, C	Current target is 10 minutes. New target is 90% less than 10 minutes.
Measure 4: Quality assurance percentage score	6/2011	LG	OMS, C	Conduct observations of randomly selected member contacts for 10 key critical elements: Phone & In person: 1.) greeting, 2.) confirm address 3.) listening, 4.) respectful & controlled communication, 5.) accuracy 6.) completeness, 7.) assess knowledge transfer, 8.) close, 9.) documentation and follow-up 10) Event Processing accuracy.
Measure 5: Enrollment/Status change processing time	7/2010 - 6/2012	LG, MV	O, C	Target is 90% of enrollment applications will be processed within 2 business days.
Measure 6: Open Enrollment application processing time	4/2010 - 6/2011	LG, MV	O, C	95% of OE applications will be processed by May 31, 2011.
Measure 7: Partnerships with Human Resource professionals (aka DPOs)	7/1/2011	LG, CD, RP		Target is partnerships with 75% of DPOs..
Measure 8: eMerge to PeopleSoft 9.0 transition	7/2010 - 6/2012	LG, CD, RC	O, F	eMerge PeopleSoft 9.0 transition will be planned and implemented in a "learning environment" with minimal member disruption.
Measure 9: Member Services contact online	9/2010 - 6/2011	LG, RP	OMS, C	Establishment of HIPPA compliant and operationally supported electronic communication to and from members.
Measure 10: Work with SFERS	7/2010 - 7/2013	LG	OMS, C	Target HSS and SFERS will meet regularly.

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<b>Maintain High Standards for Accounting Processes</b>				
Measure 1: Error-free, clean, external annual trust fund audit.	7/2010 - 6/2013	RC, CD	F	Develop year-end financial statements and supported by thorough documentation and accurate year-end close.
Measure 2: Develop detailed staffing and administration cost projections and present for all stages of approval.	7/2010 - 6/2011	RC, CD	F	Annual budget that accurately projects financial needs of the department.
Measure 3: Develop a plan for implementation of automated credit card processing for HSS member transactions.	7/2010 - 6/2011	RC, CD, RP	F, O, C	Autopay will be automated.
Measure 4: Review and update where appropriate all billing and invoicing processes.	7/2010 - 6/2011	RC	F, I	100% of key billing and invoicing processes will be documented and redundancies identified and evaluates for best practices.
Measure 5: Establish system for delinquency billing.	9/2010 - 6/2011	LG, RC	F, O	Delinquencies decrease year over year
Measure 6: Develop standardized reports from operations on over-ages and delinquency periodic and year-end clean-up.	7/2010 - 6/2011	RC, LG	F, O	Practices will be improved; reduce staff hours required to prepare pre-audit reports.
<b>GOAL</b>	<b>TIMELINE</b>	<b>RESPONSIBILITY</b>	<b>SCORECARD</b>	<b>TARGET</b>
<b>Improve Member Records Retention Policies</b>				
Measure 1: Transfer deceased member (without surviving dependents) records from file folders to paperless/electronic system.	10/2010 - 6/ 2012	LG, LS	O	100% electronic storage of deceased member data.
Measure 2: Update terminated member record retention system.	10/2010 - 6/2012	LG, LS	O	Integrate with PeopleSoft 9.0.
Measure 3: Evaluate off-site storage contents and need for long-term retention.	10/2010 - 6/2012	LG, LS	O	100% inventory off-site storage contents.

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<b>Maximize Staff Effectiveness</b>				
Measure 1: All HSS staff successfully complete annual training plan.	7/2011	CD, LG, RC	OMS, C, F, LI	Target: 95% Staff training plans are updated annually based on the needs of the organization.
Measure 2: Supervisors successfully complete management training plan and have Individual Development Plan (IDP).	1/2011	CD, LG	OMS, C, F, LI	Target: 100%. General Mgmt training plan is updated annually based on the dept need. Individual development plan (IDP) to supplement.
Measure 3: Complete technology assessment for operational processes.	7/2011	LG	OMS	100%. HSS operational processes will be evaluated to determine technology solutions to streamline, automate, or improve tracking.
Measure 4: All employees have a performance appraisal and SMART goals	1/2011	CD, LG, RC, MV	OMS, C, F	Target: 100% SMART Goals = Specific, measurable, attainable, realistic, time-bound.
Measure 5: Employee satisfaction with work environment	8/2010-1/2012	CD, LG, RC, MV,	OMS, C, F	Target: year one establish baseline via survey. Year two 75% or more staff surveyed report overall satisfaction with work environment.
Measure 6: Maintain current departmental Disaster Response Plan	7/2011-7/2013	LG, MV	OMS, C, F	Plan to be updated annually. 100% of employees receive disaster plan training.
Pilot Measure: Resolution of escalated issues	8/2010 - 6/2011	LG, MV	OMS	Target: 90% within 48 hours. Escalated issues include appeals, mgmt exceptions, disgruntled customers, complicated cases, etc.

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<b>Prepare for HSS Board Approval, RFP for Medical Plan Replacement that Supports the Mission of the Health Service System</b>				
Measure 1: Establish RFP process in compliance with City contracting guidelines.	8/2010 - 12/2011	CD, RC	F	All City Controller requirements for RFP review and vendor selection are met; no requirements violated.
Measure 2: Benefit design will seek to establish evidence based requirements for improving care through improved medical service-related communication, meaningful use of technology for patient tracking, case management and disease management.	8/2010 - 9/2010	CD, RC	OMS, F	RFP responses will include: evidence-based prevention services (e.g. smoking cessation, nutrition & exercise counseling), disease management (including mental health and substance abuse) using care coordination including follow-up, enhanced member communication (telephonic and electronic), meaningful use of technology, urgent care appointment access, mandatory completion of health risk assessment and partnering with employer to improve health status of members at worksite, medication management including follow-up on adherence and effectiveness, completion of Advanced Health Directives for all adults and POLST forms for seriously ill members, screening for domestic violence, compliance with HEDIS measure, coordination across all domains of Health care system including discharge planning and community care coordination to prevent hospital readmission, quarterly reporting on "HSS dashboard" and additional requirements.
Measure 3: RFP requirement will facilitate HSS operationalizing dashboard maintenance.	11/2010 - 6/2011	CD, RC	F	HSS will manage parts of dashboard.

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<b>Prepare for HSS Board Approval, RFP for Medical Plan Replacement that Supports the Mission of the Health Service System (continued)</b>				
Measure 4 Negotiate rates and benefits which reflect increased vendor transparency while offering opportunities to reduce cost, maintain quality and keep benefits accessible to eligible members and dependents.	9/2010 - 6/2012	RC, CD	F	Rates and Benefit coverage will equal or be less than the average of the most populated 10 counties in California, Federal Reinsurance applications will be sought.
Measure 5 Strengthen engagement of vendors in health promotion and chronic disease improvement by adding new performance guarantees in these areas.	10/2010 - 1/2011	RC, CD, MO	F, LI	1)Require Vendors to provide population based and department specific data on disease burden (claims, dx, rx, hospital/ specialty utilization) 2)HRA participation required 3)quarterly reporting of dashboard measures on prevention by vendors to HSS Board 4) collect data on smoking, nutrition and exercise as vital signs and prescribe interventions 5) Implement programs focused on "disease burden" specific to departmental/retiree membership.
Pilot Measure Establish pricing mechanism that allows defined clases of newly ineligible members/dependents to participate at a resigned rate.	10/2010 - 10/2012	CD, RC	F, LI	Define classes of members who may qualify and issue memo or report on economic feasibility for the System and members.
Pilot Measure Benefit plan designs will allow for innovative programs to promote health and manage disease.	10/2010 - 1/2011	RC, CD, MO	F, LI	Opportunity for pilot programs with incentives for wellness participation, medication adherence will be included in RFP.
GOAL	TIMELINE	RESPONSIBILITY	SCORECARD	TARGET
<b>Establish Accurate Annual Rate Calculation System</b>				
Measure 1 Successfully coordinate all aspects of annual rate calculations for all employers and retirees.	1/2011 - 1/2013	RC	F	Meet annual deadline for publishing highly accurate rates and loading into PeopleSoft.

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<b>Ensure Consistency and Accuracy of Employee Health Benefit Communication</b>				
Measure 1: Operations and Communications Leadership will work to ensure consistency and accuracy of information given to members.	6/2010 - 6/2011	RP, LG	OMS, C	Communications manager attends weekly Operations staff meetings at least 90% of the time.
Measure 2: Maintain current member information materials.	7/2010 - 6/2013	RP, LG, LS	OMS, C	Annual inventory of member materials used by Benefits Analysts finds less than 1% of items in circulation are outdated or obsolete.
Measure 3: Benefits Analysts will be well-informed about Open Enrollment information and changes.	7/2010 - 3/2011	LG, MV	OMS	Staff to receive training and testing on Open Enrollment information All staff will test at 90% as minimum competency on "closed book."
Measure 4: Member guides will be accurate.	7/2010 - 2/2013	RP, LG	OMS, C	Year over year reduction in number of factual errors in printed and online materials.
GOAL	TIMELINE	RESPONSIBILITY	SCORECARD	TARGET
<b>Evaluate Opportunities for Reducing Paper Benefit Guides in Favor of Online Guides</b>				
Measure 1: Provide online Open Enrollment Benefit guides for all active employees.	7/2010 - 6/2013	RP, LG	C, LI	Guides will be available online, communication strategies will be implemented and evaluated, reduction in number of paper guides printed.
Measure 2: Preference survey offered to active employees.	7/2010 - 6/2011	RP, LG	C, LI	Active employees are provided with to a survey indicating preferences for paper versus online benefit guides.

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<b>Evaluate Financial Data and Identify Measures that Would Assist in Educating Members About Costs</b>				
Measure 1: Members will engage as partners in staying healthy and reducing health costs.	9/2010 - 6/2013	RP, CD, MO, RC	C, LI, F	When appropriate HSS materials will consistently include information about how individuals can stay healthy and any documented corresponding decrease in coverage costs will be promoted.
<b>Administer Vendor Contracts to Compliance</b>				
Measure 1: Vendor services will be monitored for continuous quality improvement.	7/2010 - 6/2012	RC, CD, MO	F, O	Vendor reportcards will be completed quarterly.
Measure 2: Keep all annual vendors contracts up-to-date with current regulatory and business requirements.	7/2010 - 6/2012	RC	F	Contract renewals completed annually by July 1 reflecting all new business and regulatory requirements.
Measure 3: Identify new dashboard measures to ensure vendors are meeting contractual requirements for condition management and other wellness initiatives.	7/2010 - 6/2013	RC, CD, MO, LG	F, LI	Dashboard measures will be enhanced, tracked and reported.
<b>Enable HSS Board Effectiveness</b>				
Measure 1: Implement Board governance policies.	7/2010 - 6/2012	CD	LI	Board Governance evaluation will be completed at end of each year.
Measure 2: Ensure prompt response to Board issues.	7/2010 - 6/2012	CD, LS	C	Board questions and concerns will be addressed within 1 working day.
Measure 3: Member input to HSS Board.	7/2010 - 6/2012	RP, LS	C	Number of communications from HSS members to Board will increase.

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GOAL	TIMELINE	RESPONSIBILITY	SCORECARD	TARGET
<b>Heighten Members' Awareness of Board Activities and Fiduciary Responsibility</b>				
Measure 1: Board and Committee meeting agendas posted online.	7/2010 - 6/2011	RP, LS	C	100% Board and Committee agendas posted on line line 72 hours prior to meetings.
Measure 2: Financial metrics published as charts on the website.	7/2010 - 6/2012	RP, RC	C, F	Annual posting of financial netrics.
GOAL	TIMELINE	RESPONSIBILITY	SCORECARD	TARGET
<b>Plan, Design and Implement Health and Wellness Promotion Program</b>				
Measure 1: Establish "Culture of Health" throughout leadership of CCSE, CCD, SFUSD, Courts, and Retiree membership.	9/2010 - 6/2011	CD, WC	LI	Will be embraced by leadership of 50% departments (including Courts, CCD and SFUSD) and will begin planning for data based interventions promoting wellness.
Measure 2: Improve work environments.	11/2010 - 6/2013	WC, CD	LI	10% of Departments (including CCD, Courts, and SFUSD) will participate in efforts to improve work environments.
Measure 3: Strengthen engagement of vendors in health promotion and chronic disease improvement by adding performance guarantees in these areas.	10/2010 - 1/2011	RC, CD, MO	F, LI	Vendors will provide data and report quarterly on dashboard measures including prevention and health promotion measures.
Measure 4: Establish early measures of success, including ROI, for employee wellness programs.	7/2010 - 6/2012	WC, RC, CD	F, C, LI	Measures will be established and measured.

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GOAL	TIMELINE	RESPONSIBILITY	SCORECARD	TARGET
<b>Heighten Awareness of and Participation in Employee Wellness Initiatives</b>				
Measure 1: Enable participation in employee health fairs.	7/2010 - 6/2012	RP, WC	C, LI	Annual fair participation will meet or exceed previous numbers and evaluations will be conducted; opportunities for smaller fairs at different sites will be evaluated.
Measure 2: Expand wellness-oriented classes offered by HSS to employees and retirees.	7/2010 - 6/2011	WC, RP	C, LI	Expand number, variety and location of lunchtime classes.
Pilot Measure: Improve choice architecture in work environments and surrounding neighborhoods.	7/2010 - 6/2012	WC, RP	C, LI	Identify and communicate at least 1 opportunity in every department's work environment to encourage employees to make healthier choices.

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