



AGENDA

**HUMAN RESOURCES COMMITTEE
A COMMITTEE OF THE BOARD OF DIRECTORS**

**REGULAR MEETING
Friday, September 16, 2022
9:00 AM
Administration Boardroom
600 N. Highland Springs Avenue, Banning, CA 92220**

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Administration Office at (951) 769-2101. **Notification 48 hours prior to the meeting** will enable the Hospital to make reasonable arrangement to ensure accessibility to this meeting. [28 CFR 35.02-35.104 ADA Title II].

TAB

I. Call to Order R. Rader

II. Public Comment

A five-minute limitation shall apply to each member of the public who wishes to address the Human Resources Committee of the Hospital Board of Directors on any matter under the subject jurisdiction of the Committee. A thirty-minute time limit is placed on this section. No member of the public shall be permitted to “share” his/her five minutes with any other member of the public. (Usually, any items received under this heading are referred to staff for future study, research, completion and/or future Committee Action.) (PLEASE STATE YOUR NAME AND ADDRESS FOR THE RECORD.)

On behalf of the San Gorgonio Memorial Hospital Board of Directors, we want you to know that the Board/Committee acknowledges the comments or concerns that you direct to this Committee. While the Board/Committee may wish to occasionally respond immediately to questions or comments if appropriate, they often will instruct the CEO, or other Administrative Executive personnel, to do further research and report back to the Board/Committee prior to responding to any issues raised. If you have specific questions, you will receive a response either at the meeting or shortly thereafter. The Board/Committee wants to ensure that it is fully informed before responding, and so if your questions are not addressed during the meeting, this does not indicate a lack of interest on the Board/Committee’s part; a response will be forthcoming.

OLD BUSINESS

III. ***Proposed Action - Approve Minutes** R. Rader A
• May 18, 2022, Regular meeting

NEW BUSINESS

IV. A. Employment Activity/Turnover Reports A. Karam B

1. Employee Activity by Job Class/Turnover Report (05/11/2022 – 09/12/2022)
2. Separation Reason Analysis – All Associates (05/11/2022 – 09/12/2022)
3. Separation Reason Analysis – Full and Part Time Associates (05/11/2022 – 09/12/2022)
4. Separation Reason Analysis – Per Diem Associates (05/11/2022 – 09/12/2022)
5. FTE Vacancy Summary (05/11/2022 – 09/12/2022)
6. RN Vacancy Summary (05/11/2022 – 09/12/2022)

- B. Workers Compensation report (08/01/2022 – 08/31/2022) C
- V. Education: A. Karam D
- Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payments FAQs
 - Suicide Prevention Awareness Month
- VI. Future Agenda Items R. Rader
- VII. Next Meeting: November 16, 2022
- VIII. Adjourn R. Rader

*** Requires Action**

In accordance with The Brown Act, Section 54957.5, all public records relating to an agenda item on this agenda are available for public inspection at the time the document is distributed to all, or a majority of all, members of the Committee. Such records shall be available at the Hospital office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Certification of Posting

I certify that on September 13, 2022, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital Human Resources Committee, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Human Resources Committee (*Government Code Section 54954.2*).

Executed at Banning, California, on September 13, 2022



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
 SAN GORGONIO MEMORIAL HOSPITAL
 BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
 May 18, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, May 18, 2022. In an effort to prevent the spread of COVID-19 (coronavirus), there was no public location for attending this board meeting in person. Committee members and members of the public participated via WebEx.

Members Present: Susan DiBiasi, Ron Rader (C), Steve Rutledge, Siri Welch

Excused Absence: Joel Labha

Staff Present: Steve Barron (CEO), Pat Brown (CNO/COO), Annah Karam (CHRO), Ariel Whitley (Executive Assistant)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair Ron Rader called the meeting to order at 9:07 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes: March 17, 2022, Regular Meeting	Chair Rader asked for any changes or corrections to the minutes of the March 17, 2022, regular meeting. There were none.	The minutes of the March 17, 2022, regular meeting was reviewed and will stand as presented.
NEW BUSINESS		
Reports		
A. Employment Activity/Turnover Reports		
1. Employee	Annah Karam, Chief Human Resources Officer, reviewed	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Activity by Job Class/ Turnover Report (03/13/2022 through 05/10/2022)	the report “Employee Activity by Job Class/Turnover Report” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet.	
2. Separation Reasons Analysis All Associates (03/13/2022 through 05/10/2022)	Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet. For this period, there were 19 Voluntary Separations and 2 Involuntary Separations for a total of 21.	
3. Separation Reason Analysis Full and Part Time Associates (03/13/2022 through 05/10/2022)	Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet. For this period, there were 10 Voluntary Separations and 2 Involuntary Separations for a total of 12.	
4. Separation Reason Analysis Per Diem Associates (03/13/2022 through 05/10/2022)	Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet. For this period, there were 9 Voluntary Separations and 0 Involuntary Separations for a total of 9.	
5. FTE Vacancy Summary (03/13/2022 through 05/10/2022)	Annah reviewed the “FTE Vacancy Summary” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet. Annah reported that the Facility Wide vacancy rate as of 05/10/2022 was 10.25%.	
6. RN Vacancy Summary (03/13/2022)	Annah reviewed the “RN Vacancy Summary” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
through 05/10/2022)	Annah reported that the Overall All RN Vacancy rate as of 05/10/2022 was 13.17%.	
B. Workers Compensation Report		
Workers Compensation Report (04/01/2022 through 04/30/2022)	Annah reviewed the Workers Compensation Reports covering the period of 04/01/2022 through 04/30/2022 as included in the Committee packet.	
Education	<p>Annah reviewed each education article as included in the committee packets:</p> <ul style="list-style-type: none"> • 10 Things you Might Not Know about Sexual Harassment: What You Don't Know Can Hurt You • You Are Not Alone – Mental Health Awareness in the Workplace • Workplace Mental Health – Resilience: A Strong Workforce Needs It 	
Future Agenda items	<ul style="list-style-type: none"> • Benefits • Transition from Principal to VOYA • SCORE Survey Results 	
Next regular meeting	The next regular Human Resources Committee meeting is scheduled for August 17, 2022.	
Adjournment	The meeting was adjourned at 9:43 am.	

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

TAB B

A B C D E F G H I J K

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

05/11/2022 THROUGH 09/12/2022

JOB CLASS/FAMILY	CURRENT NEW HIRES	2021 NEW HIRES	YTD NEW HIRES	CURRENT SEPARATIONS	2021 SEPARATIONS	YTD TERMS	ACTIVE ASSOCIATE COUNT	LOA ASSOCIATE COUNT	CURRENT TURNOVER	ANNUALIZED TURNOVER	
	05/11/2022 THROUGH 09/12/2022		01/01/2022 THROUGH 09/12/2022	05/11/2022 THROUGH 09/12/2022		01/01/2022 THROUGH 09/12/2022	AS OF 09/12/2022	AS OF 09/12/2022	AS OF 09/12/2022		
ADMIN/CLERICAL	7	17	15	11	22	15	79	5	13.92%	18.99%	1
ANCILLARY	6	28	10	8	24	14	62	0	12.90%	22.58%	2
CLS	0	7	2	3	8	3	19	0	15.79%	15.79%	3
DIRECTORS/MGRS	0	2	2	0	3	2	27	1	0.00%	7.41%	4
LVN	0	5	1	1	8	4	19	2	5.26%	21.05%	5
OTHER NURSING	5	30	18	10	27	16	73	5	13.70%	21.92%	6
PT	0	3	0	1	3	1	10	0	10.00%	10.00%	7
RAD TECH	1	6	4	2	7	4	35	0	5.71%	11.43%	8
RN	7	59	31	15	51	37	167	4	8.98%	22.16%	9
RT	0	4	0	1	2	1	21	1	4.76%	4.76%	10
SUPPORT SERVICES	10	34	22	13	32	20	84	0	15.48%	23.81%	11
											12
FACILITY TOTAL	36	195	105	65	187	117	596	18	10.91%	19.63%	13
											14
<i>Full Time</i>	22	113	67	31	97	58	401	14	7.73%	14.46%	15
<i>Part Time</i>	2	15	5	8	17	10	49	0	16.33%	20.41%	16
<i>Per Diem</i>	12	67	33	26	73	49	146	4	17.81%	33.56%	17
TOTAL	36	195	105	65	187	117	596	18	10.91%		18

Current Turnover: J22
Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:
Turnover for all Associates = 4.40%
Turnover for all RNs = 5.70%

SEPARATION ANALYSIS
ALL ASSOCIATES
05/11/2022 THROUGH 09/12/2022

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Full-Time	41.5%	0	4	3	11	9	0	27
Part-Time	10.8%	0	0	1	1	4	1	7
Per Diem	40.0%	0	10	4	5	5	2	26
Subtotal, Voluntary Separations	92.3%	0	14	8	17	18	3	60
Involuntary Separations								
Full-Time	6.2%	2	1	0	0	1	0	4
Part-Time	1.5%	1	0	0	0	0	0	1
Per Diem	1.5%	0	0	0	0	0	0	0
Subtotal, Involuntary Separations	7.7%	3	1	0	0	1	0	5
Total Separations	100.0%	3	15	8	17	19	3	65

Separation Reason Analysis
FULL AND PART TIME ASSOCIATES
05/11/2022 THROUGH 09/12/2022

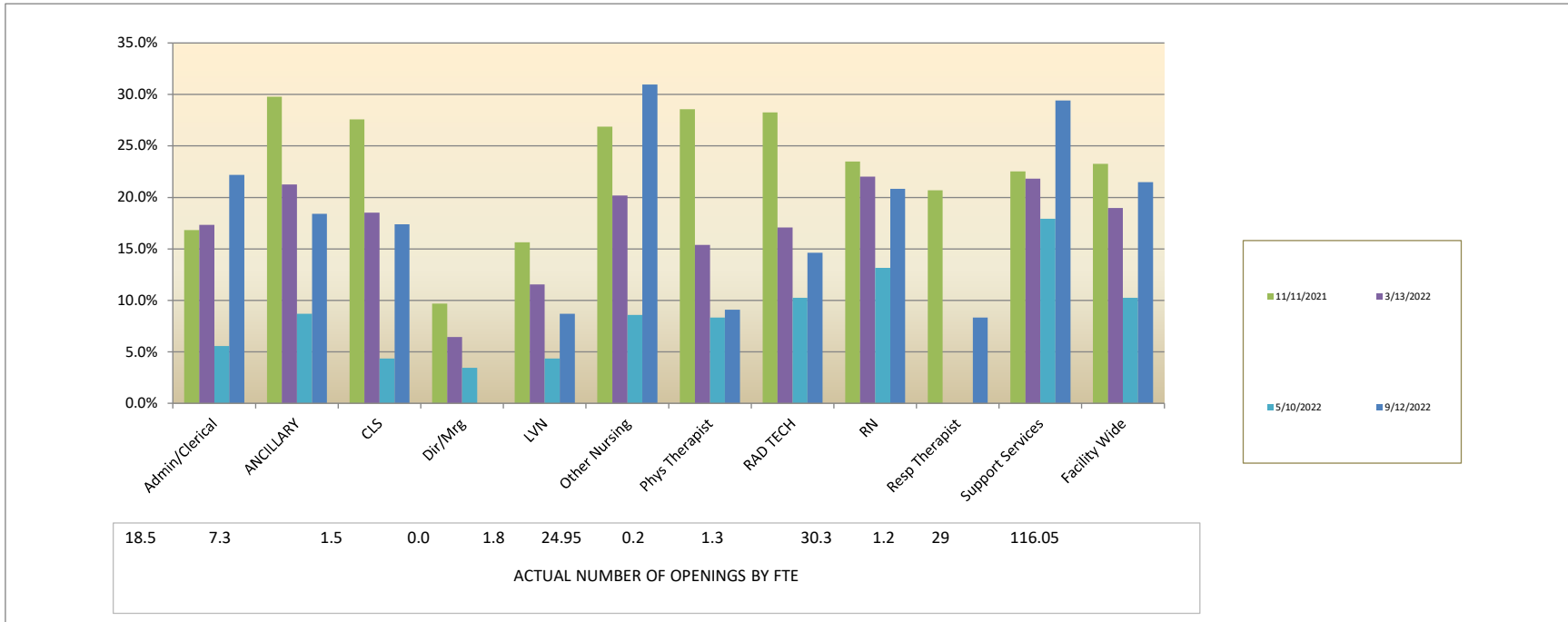
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
<i>Voluntary Separations</i>								
Family/Personal Reasons	23.1%	0	3	2	2	2	0	9
New Job Opportunity	28.2%	0	1	0	6	4	0	11
Job Dissatisfaction	2.6%	0	0	1	0	0	0	1
Relocation	7.7%	0	0	0	1	2	0	3
Medical Reasons	0.0%							0
Did not Return from LOA	10.3%	0	0	0	0	3	1	4
Job Abandonment	2.6%	0	0	0	1	0	0	1
Return to School	5.1%	0	0	1	0	1	0	2
Pay	0.0%							0
Employee Death	5.1%	0	0	0	1	1	0	2
Not Available to Work	0.0%							0
Unknown	0.0%							0
Retirement	2.6%	0	0	0	1	0	0	1
<i>Subtotal, Voluntary Separations</i>	87.2%	0	4	4	12	13	1	34
<i>Involuntary Separations</i>								
Attendance/Tardiness	2.6%	1	0	0	0	0	0	1
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	10.3%	2	1	0	0	1	0	4
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
<i>Subtotal, Involuntary Separations</i>	12.8%	3	1	0	0	1	0	5
Total Separations	100.0%	3	5	4	12	14	1	39

Separation Reason Analysis
Per Diem Associates Only
05/11/2022 THROUGH 09/12/2022

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Family/Personal Reasons	11.5%	0	1	0	1	1	0	3
New Job Opportunity	42.3%	0	5	1	3	1	1	11
Job Dissatisfaction	3.8%	0	0	0	0	1	0	1
Relocation	3.8%	0	0	0	0	0	1	1
Medical Reasons	0.0%							0
Did not Return from LOA	0.0%							0
Job Abandonment	26.9%	0	3	3	1	0	0	7
Return to School	0.0%							0
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	7.7%	0	1	0	0	1	0	2
Unknown	0.0%							0
Retirement	3.8%	0	0	0	0	1	0	1
Subtotal, Voluntary Separations	100.0%	0	10	4	5	5	2	26
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	0.0%							0
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
Subtotal, Involuntary Separations	0.0%	0	0	0	0	0	0	0
Total Separations	100.0%	0	10	4	5	5	2	26

FTE Vacancy Summary: 05/11/2022 THROUGH 09/12/2022

	<u>Admin/Clerical</u>	<u>ANCILLARY</u>	<u>CLS</u>	<u>Dir/Mrg</u>	<u>LVN</u>	<u>Other Nursing</u>	<u>Phys Therapist</u>	<u>RAD TECH</u>	<u>RN</u>	<u>Resp Therapist</u>	<u>Support Services</u>	<u>Facility Wide</u>
11/11/2021	16.84%	29.79%	27.59%	9.68%	15.63%	26.88%	28.57%	28.26%	23.50%	20.69%	22.52%	23.26%
3/13/2022	17.35%	21.25%	18.52%	6.45%	11.54%	20.19%	15.38%	17.07%	22.03%	0.00%	21.82%	18.97%
5/10/2022	5.56%	8.70%	4.35%	3.45%	4.35%	8.60%	8.33%	10.26%	13.17%	0.00%	17.92%	10.25%
9/12/2022	22.20%	18.42%	17.39%	0.00%	8.70%	30.97%	9.09%	14.63%	20.83%	8.33%	29.41%	21.48%



TAB C



DASHBOARD REPORT

Fiscal Year Basis: July

SUMMARY DATA

FiscalYear	ValuationDate	Values			Count	Open Count
		Total Paid	Total Reserves	Total Incurred		
2015-2016	2022-08-31	841,015	83,409	924,425	40	4
2016-2017	2022-08-31	205,546	-	205,546	27	-
2017-2018	2022-08-31	72,312	-	72,312	18	-
2018-2019	2022-08-31	87,684	7,313	94,997	15	1
2019-2020	2022-08-31	68,021	6,544	74,565	15	2
2020-2021	2022-08-31	206,943	67,614	274,558	22	3
2021-2022	2022-08-31	67,816	60,095	127,911	18	7
2022-2023	2022-08-31	140	10	150	1	-
Grand Total		1,549,478	224,986	1,774,464	156	17

DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 8/31/2022

Reporting Period 8/1/2022 - 8/31/2022

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
16000811		Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	171,431	20,485	191,915
20805905		Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	110,454	57,921	168,374
16000026		Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	135,729	21,717	157,446
16001005		Medical Surgical	Burn or Scald - Heat or Cold Exposures -	2016-07-21	Closed	98,814	-	98,814
16000233		Environmental Services	Strain or Injury By	2016-02-20	Closed	93,934	-	93,934
16000357		Medical Surgical	Struck or Injured By	2016-03-16	Open	82,643	10,906	93,549
16000185		Medical Surgical	Fall, Slip or Trip Injury	2016-02-13	Closed	77,289	-	77,289
15000959		Environmental Services	Miscellaneous Causes	2015-07-06	Closed	61,315	-	61,315
15001161		CT/Echotechnology	Strain or Injury By	2015-08-20	Re-Open	27,063	30,301	57,364
15001966		Emergency Department	Cut, Puncture, Scrape Injured by	2015-12-05	Closed	55,952	-	55,952

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	34	21.79%	572,372	32.26%
Medical Surgical	32	20.51%	443,211	24.98%
Dietary	18	11.54%	19,745	1.11%
Emergency Department	17	10.90%	83,991	4.73%
Surgical Services	7	4.49%	203,759	11.48%
Intensive Care Unit (ICU)	7	4.49%	5,706	0.32%
Obstetrics	5	3.21%	214,744	12.10%
Laboratory	5	3.21%	7,777	0.44%
Medical Staff	4	2.56%	14,706	0.83%
Business Office	4	2.56%	27,144	1.53%

SEVERITY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	34	21.79%	572,372	32.26%
Medical Surgical	32	20.51%	443,211	24.98%
Obstetrics	5	3.21%	214,744	12.10%
Surgical Services	7	4.49%	203,759	11.48%
Emergency Department	17	10.90%	83,991	4.73%
CT/Echotechnology	1	0.64%	57,364	3.23%
Security Department	3	1.92%	47,323	2.67%
Nursing Administration	2	1.28%	36,846	2.08%
Business Office	4	2.56%	27,144	1.53%
Dietary	18	11.54%	19,745	1.11%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	44	28.21%	430,314	24.25%
Fall, Slip or Trip Injury	25	16.03%	743,320	41.89%
Struck or Injured By	21	13.46%	189,861	10.70%
Burn or Scald - Heat or Cold Exposures - Contact	16	10.26%	130,989	7.38%
Cut, Puncture, Scrape Injured by	13	8.33%	73,001	4.11%
Exposure	12	7.69%	62,233	3.51%
Caught In, Under or Between	10	6.41%	13,411	0.76%
Rubbed or Abraded By	8	5.13%	43,560	2.45%
Miscellaneous Causes	7	4.49%	87,774	4.95%

SEVERITY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Fall, Slip or Trip Injury	25	16.03%	743,320	41.89%
Strain or Injury By	44	28.21%	430,314	24.25%
Struck or Injured By	21	13.46%	189,861	10.70%
Burn or Scald - Heat or Cold Exposure	16	10.26%	130,989	7.38%
Miscellaneous Causes	7	4.49%	87,774	4.95%
Cut, Puncture, Scrape Injured by	13	8.33%	73,001	4.11%
Exposure	12	7.69%	62,233	3.51%
Rubbed or Abraded By	8	5.13%	43,560	2.45%
Caught In, Under or Between	10	6.41%	13,411	0.76%

TAB D



Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payments

Frequently Asked Questions (FAQs)

Posted 8/25/2022

Q. Who qualifies for a retention payment?

A. In order to be eligible for a retention payment, workers must be employed at least part-time during the Qualifying Work Period, and be directly employed or contracted by a Qualifying Facility:

- **An acute care hospital** as defined in Health and Safety Code section 1250(a)
- **An acute psychiatric hospital** as defined in Health and Safety Code section 1250(b)
- **A skilled nursing facility** as defined in Health and Safety Code section 1250(c)
- **A health clinic** affiliated, owned, or controlled by a person or entity that owns or operates an acute care hospital as defined above, and operated by a nonprofit corporation that conducts medical research and provides health care to patients through a group of 40 or more physicians and surgeons, who are independent contractors representing not less than 10 board certified specialties, and not less than two-thirds of whom practice on a full-time basis at the clinic, as set forth in Health and Safety Code section 1206(l)
- **A health clinic** directly conducted, maintained, or operated by the federal government that is affiliated, owned, or controlled by a person or entity that owns or operates an acute care hospital as defined above
- **A primary care clinic** as defined by Health and Safety Code section 1204(a) that is directly conducted, maintained, or operated by the State of California or by any of its political subdivisions or districts, or by any city government, and affiliated, owned, or controlled by a person or entity that owns or operates an acute care hospital as defined above
- **A physician organization** that is part of a fully integrated delivery system that also includes a health facility or health system, and a nonprofit health care service plan that provides medical services to enrollees in a specific geographic region of the State through an affiliate hospital system whereby the physician organization and nonprofit health care service plan have an exclusive contract to provide those medical services
- **A public hospital system** comprised of the public hospitals set forth below, and its affiliated governmental health and behavioral health provider entities, including nonhospital settings:



- UC Davis Medical Center, UC Irvine Medical Center, UC San Diego Medical Center, UC San Francisco Medical Center, UCLA Medical Center, Santa Monica/UCLA Medical Center (also known as the Santa Monica-UCLA Medical Center and Orthopedic Hospital), LA County Health System Hospitals, LA County Harbor/UCLA Medical Center, LA County Olive View UCLA Medical Center, LA County Rancho Los Amigos National Rehabilitation Center, LA County University of Southern California Medical Center, Alameda Health System Hospitals (including Highland Hospital and Fairmont and John George Psychiatric facilities, Alameda Hospital, and San Leandro Hospital), Arrowhead Regional Medical Center, Contra Costa Regional Medical Center, Kern Medical Center, Natividad Medical Center, Riverside University Health System-Medical Center, San Francisco General Hospital, San Joaquin General Hospital, San Mateo Medical Center, Santa Clara Valley Medical Center, and Ventura County Medical Center

Q. What is the Qualifying Work Period?

- A. The Qualifying Work Period is a period identified by the Department of Health Care Services (DHCS) that is used to determine whether an eligible employee meets the definition of a part time or full-time employee.

For the purposes of the Hospital and Skilled Nursing Facility COVID-19 Worker retention payment program, the Qualifying Work Period is July 30, 2022 through October 28, 2022.

Q. How are eligible employees identified as part-time or full-time?

- A. To be considered an eligible part-time employee, you must work on-site at a Qualifying Facility for a single Covered Entity or Covered Services Employer and be paid for working at the facility between 100 and 399 hours during the Qualifying Work Period.

To be considered an eligible full-time employee, you must work on-site at a Qualifying Facility for a single Covered Entity or Covered Services Employer and be paid for working at the facility for at least 400 hours during the Qualifying Work Period.

If the employee has taken approved leave during the Qualifying Work Period and the employee would otherwise qualify as a full-time or part-time employee based on hours normally worked on the site of a Qualifying Facility, the single Covered Entity or Covered Services Employer may attest that the employee is considered to be a full-time or part-time employee on the site of a Qualifying Facility by the Covered Entity or Covered Services Employer.



Q. How are new employees who start working for a Covered Entity or a Covered Services Employer within the Qualifying Work Period treated for purposes of part-time/full-time status?

A. New employees who begin working for a Covered Entity or a Covered Services Employer during the Qualifying Work Period may be eligible for a retention payment, even if they did not work the entire 91-day period. The employee must work at least 100 hours to qualify as part-time and 400 hours to qualify as full-time.

Q. When determining if an eligible employee is considered part-time or full-time status, can hours be combined for those who work at multiple Qualified Facilities?

A. Part-time and full-time status is based on total employee hours worked during the Qualifying Work Period for a single Covered Entity or Covered Service Employer at Qualified Facilities. Therefore, you may combine hours worked at multiple facilities under a single employer. However, hours worked under multiple employers cannot be combined.

Q. Are only employees directly employed by Qualifying Facilities eligible to receive an incentive payment?

A. No, employees working at Qualified Facilities for an employer contracted with the facility may also be eligible.

In addition, physicians who are working at Qualified Facilities through a contract arrangement between the facility and an Independent Practice Association or physician group, may also be eligible to receive incentive payments.

Q. Do employees who work for facilities other than an acute care hospital and related clinics, psychiatric hospital, or skilled nursing facilities qualify for this retention payment? (e.g., Assisted Living or Intermediate Care Facilities).

A. No. The Hospital and Skilled Nursing Facility COVID-19 Worker retention payment program is specifically for employees who work at a Qualifying Facility.

Q. Who is considered a covered service employee?

A. Covered service employees provide onsite services for a covered services entity at a Qualified Facility including, but not limited to: clerical, dietary, environmental services, laundry, security, engineering, facilities management, administrative, or billing services. Eligible covered service employees must meet the minimum number of onsite hours to qualify for a retention payment.



Q. Are Covered Entities and Covered Services Employers required to offer a bonus payment in order for employees to be eligible to receive a retention payment?

A. Although employer bonus payments are not required for employees to be eligible to receive a base retention payment, an employee may be eligible to receive an additional matching retention payment amount if they received a bonus payment from the employer on or after December 1, 2021, or will receive a bonus payment prior to December 31, 2022. A bonus payment is a monetary compensation paid to you by the employer for:

- Hazard or bonus pay as a result of the COVID-19 pandemic
- Bonus pay based on performance or financial targets or a payout resulting from performance sharing programs designed to provide employees with a share in performance gains
- Compensation paid in response to operational needs including, but not limited to, staffing shortages or recruitment needs

Q. How much is the retention payment?

A. For an **eligible full-time employee**, the State payment amount shall be up to \$1,000 plus the amount of matching retention payment paid to the eligible full-time employee by the Covered Entity or Covered Services Employer, up to a maximum State payment of \$1,500.

For an **eligible part-time employee**, the State payment amount shall be up to \$750 plus the amount of matching retention payment paid to the eligible part-time employee by the Covered Entity or Covered Services Employer, up to a maximum State payment of \$1,250.

For an **eligible physician**, the State payment amount shall be up to \$1,000.

DHCS may reduce payment amounts described above subject to *pro rata* reductions based on volume of requests and funding appropriated.

Q. Is an employee still eligible for a retention payment if they no longer work for the same employer when payments are made?

A. Yes. To qualify for a retention payment, employees must have met the qualifications of a part-time employee at a minimum and have worked at the Qualifying Facility during the Qualifying Work Period and on the Date of Record.

Q. What is the Date of Record?

A. The date that an employee must continue to be employed by a Covered Entity or Covered Services Employer in order to be eligible for a retention payment.

The Date of Record has been established by DHCS to be November 28, 2022.



Q. How will DHCS ensure that employers do not include supervisors or managers on the employee list?

A. Employers must submit accurate information and are required to attest to the appropriateness of payments being requested under penalty of perjury.

Q. How do I submit my employee's information?

A. As DHCS develops a system for application and data submission, guidance and updates will be provided through various channels including:

- DHCS Worker retention payment website – DHCS will regularly update this site with the most relevant information, including specific FAQs and submission information for eligible employees
- Worker retention payment listserv WRP@MAILLIST.DHS.CA.GOV
- DHCS Stakeholder Updates
- Collaborative messages from Provider Associations and SEIU

Q. What employee information will be required in the attestation?

A. At a minimum, Covered Entities and Covered Services Employers shall submit to DHCS the following information for each eligible worker by a date specified by DHCS (includes but is not limited to):

- Name of the eligible worker
- Mailing address of the eligible worker
- The total amount of matching retention payments that the Covered Services Employer paid or will pay to the eligible worker
- Total number of hours for which the Covered Services Employer compensated the eligible worker during the Qualifying Work Period
- A list of Covered Entities that are contracted with the Covered Services Employer will need to be provided to DHCS

However, additional information necessary to make payments and ensure the appropriateness of payments will also be required. DHCS will provide more detailed guidance in the coming weeks.

Q. Will Covered Entities and Covered Services Employers that are a part of a large network be allowed to apply systemically rather than by location?

A. Yes. DHCS supports and encourages systemic applications.

Q. When can Covered Entities and Covered Services Employers begin submitting information for eligible employees/workers and their payment amounts?

A. Submission can begin as soon as November 29, 2022. All requests for payment must be submitted no later than 5 p.m. (PST) on December 30, 2022. DHCS encourages early submissions so all applications can be validated prior to the final due date.



- Q. Does DHCS envision a process for eligible workers to receive payment if their employer refuses to submit an attestation for the base retention payment?**
- A. No, DHCS does not intend to make retention payments to individual eligible workers without the attestation from a Covered Entity or Covered Services Employer.
- Q. For Continuing Care Retirement Communities (CCRC) that have a Skilled Nursing Facility (SNF) on the campus, there may be some employees that work in the SNF and other parts of the CCRC. Will they be eligible for the payment if it is unclear how many hours the employee worked specifically in the SNF?**
- A. In determining whether an employee is eligible for a retention payment, only the total hours worked at a Qualifying Facility during the Qualifying Work Period, for a single Covered Entity or Covered Service Employer, shall be considered. For the purposes of this example, only the hours worked at the SNF (Qualifying Facility) shall be considered. It is the Covered Entity or Covered Services Employer's responsibility to account and attest to these hours.
- Q. Will employees be expected to return any excess funds if they receive multiple \$750 base retention payments from part-time employers by mistake?**
- A. Employees should not be paid more than once. Employers should make every effort to avoid requesting multiple retention payments for a single employee. Employees who receive more than one retention payment may return the excess payments to DHCS.
- Q. Will DHCS publish how much each employer received in retention payments and how many eligible employees were part-time/full-time?**
- A. DHCS will track and document payments made to Covered Entities and Covered Services Employers but does not intend to publish information on individual payments for the purposes of the payments made under Labor Code section 1490 et seq.
- Q. What is the expected timeline for payments?**
- A. DHCS anticipates issuing payments to Covered Entities and Covered Services Employers in January 2023.
- Q. What if there is a change in ownership of the skilled nursing facility during the Qualifying Work Period? How will the application and payment process work?**



- A. Eligible employees are entitled to payments. In the event the ownership of a Covered Entity or Covered Services Employer changes during the Qualifying Work Period, it is the responsibility of both the prior and new owner of the Covered Entity or Covered Services Employer to notify DHCS, and to take all actions necessary to ensure that eligible employees receive their retention payments.



Suicide Prevention Awareness Month (SPAM)

If you or someone you know is struggling or in crisis, help is available. **Call** or **text** 988 or chat 988lifeline.org to reach the 988 Suicide & Crisis Lifeline.

Suicidal thoughts, much like mental health conditions, can affect anyone regardless of age, gender or background. In fact, suicide is often the result of an untreated mental health condition. Suicidal thoughts, although common, should not be considered normal and often indicate more serious issues.

September is Suicide Prevention Awareness Month —a time to raise awareness of this stigmatized, and often taboo, topic. We use this month to shift public perception, spread hope and share vital information to people affected by suicide. Our goal is ensuring that individuals, friends and families have access to the resources they need to discuss suicide prevention and to seek help.

Throughout the month of September, NAMI will highlight the “Together for Mental Health,” campaign which encourages people to bring their voices together to advocate for better mental health care, including an effective crisis response system. After years of advocacy and preparation, 988 is now available nationwide as the new number to contact for mental health, substance use and suicide crises — a simple, easy-to-remember way for people to get help. This new number will allow people to quickly connect with support during a crisis, 24/7, no matter where they live.

Ultimately, NAMI wants any person experiencing suicidal thoughts or behaviors to have a number to call, a system to turn to, that would connect them to the treatment and support they need.

Crisis Resources

- If you or someone you know is experiencing a mental health crisis, **call** or **text** 988 immediately.
- If you are uncomfortable talking on the phone, you can chat the Suicide & Crisis Lifeline at 988lifeline.org.
- You can also text **NAMI** to **741-741** to be connected to a free, trained crisis counselor on the Crisis Text Line.
- [Know the Warning Signs and Risk Factors of Suicide](#)
- [Being Prepared for a Crisis](#)
- [Read our guide, "Navigating a Mental Health Crisis"](#)
- [What You Need to Know About Youth Suicide](#)
- Need more information, referrals or support? Contact the [NAMI HelpLine](#).

How To Engage With Together For Mental Health

During Suicide Prevention Awareness Month, [please refer to these images and graphics](#) you can use on your website and social media accounts. Use #SuicidePrevention or #Together4MH

While suicide prevention is important to address year-round, Suicide Prevention Awareness Month provides a dedicated time to come together with collective passion and strength to address difficult topic. The truth is, we can all benefit from honest conversations about mental health conditions and suicide, because just one conversation can change a life.

Pre-Order NAMI's First Book: “You Are Not Alone”

“You Are Not Alone,” NAMI's first ever book, is here to offer help. Written by Dr. Ken Duckworth with the expertise of a leading psychiatrist and the empathy of a family member affected by mental illness, this comprehensive guide includes stories from over 130 people who have been there — including people with mental illness and caregivers — and understand how challenging it can be to find the help you need, when you need it. Their stories are what makes this book different from your typical mental health guide.

The book covers how to get help, pathways to recovery, the intersection of culture and mental health, and many more important topics to guide any person's mental health journey. NAMI's hope is that this guide can help people find that key help and support sooner and make recovery more accessible to those trying to find it.

Pre-order your copy of the book today or for bulk purchases, visit [Porchlight- You Are Not Alone](#).

Share Key Fast Facts

These are only a few of the reasons why it's important to take part in promoting Suicide Prevention Awareness Month. Please use these facts and others, including the "[It's Okay to Talk About Suicide](#)" infographics on our website, to encourage discussions with your community through social media or other forms of outreach.

Individual Impact:

- **79%** of all people who die by suicide are male.
- Although **more women** than men attempt suicide, men are **4x** more likely to die by suicide.
- Suicide is the **2nd leading** cause of death among people aged 10–14 and the 3rd leading cause of death among people aged 15-24 in the U.S.
- Suicide is the **12th leading** cause of death overall in the U.S.
- **46%** of people who die by suicide had a diagnosed mental health condition - but research shows that **90%** may have experienced symptoms of a mental health condition.

Community Impact:

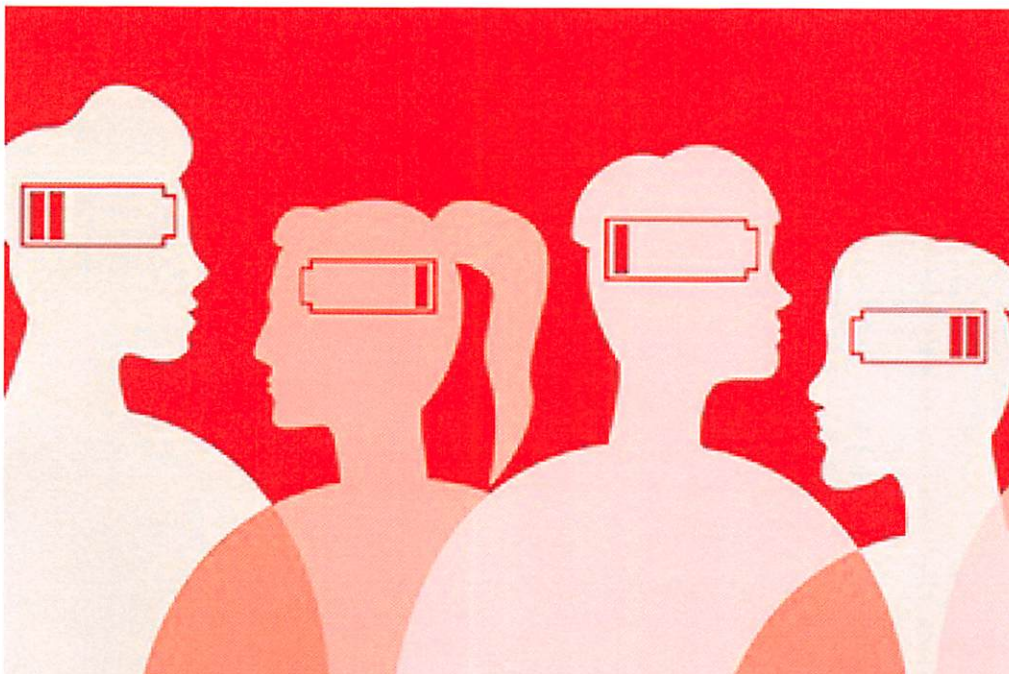
- Annual prevalence of serious thoughts of suicide, by U.S. demographic group:
 - **4.9%** of all adults
 - **11.3%** of young adults aged 18-25
 - **18.8%** of high school students
 - **45%** of LGBTQ youth
- The **highest rates** of suicide in the U.S. are among American Indian/Alaska Natives followed by non-Hispanic whites.
- Lesbian, gay and bisexual youth are **nearly 4x** more likely to attempt suicide than straight youth.
- Transgender adults are **nearly 9x** more likely to attempt suicide than the general population.
- Suicide is the **leading cause** of death for people held in local jails.

Data from CDC, NIMH and other select sources.

Blogs and Personal Stories

Blog

[View All >](#)

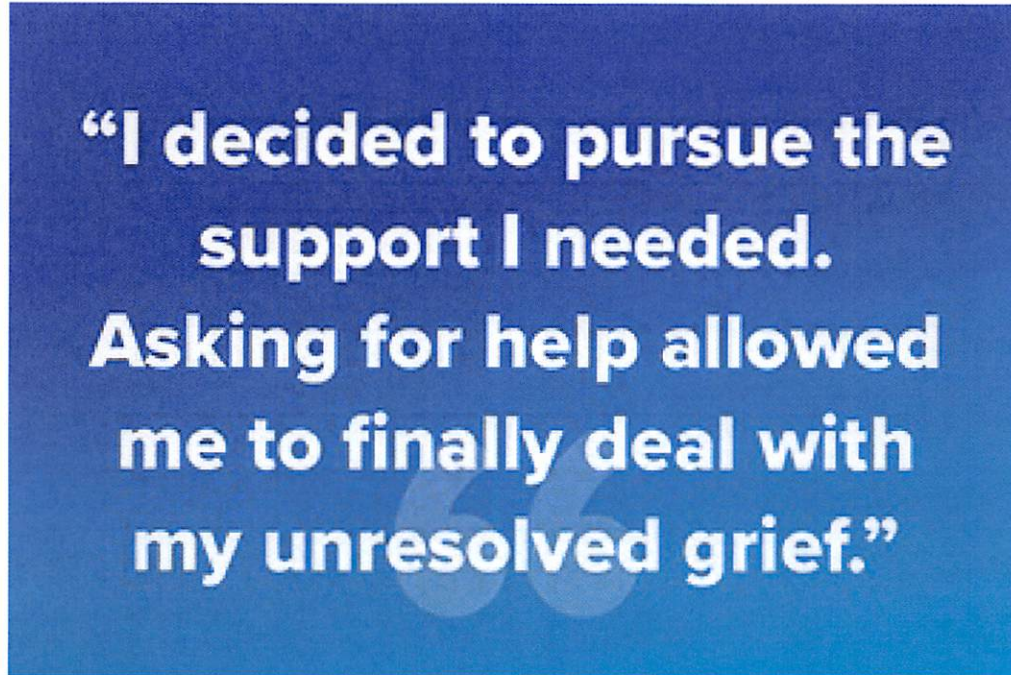


It is important that we assess the state of suicide and...

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Personal Stories

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For a long time, I blamed myself for his death. How did I...

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Advocate

Join our movement to advocate for a better mental health care system by signing up for advocacy alerts and **taking action** when opportunities arise in your community.

Contact Us Main 703-524-7600

Member Services 888-999-6264

HelpLine 800-950-6264

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