## DEPARTMENT OF PUBLIC HEALTH FY 2021-22 & FY 2022-23 BUDGET

### Our Mission and Vision

#### OUR MISSION

To protect and promote the health and well-being of all San Franciscans.

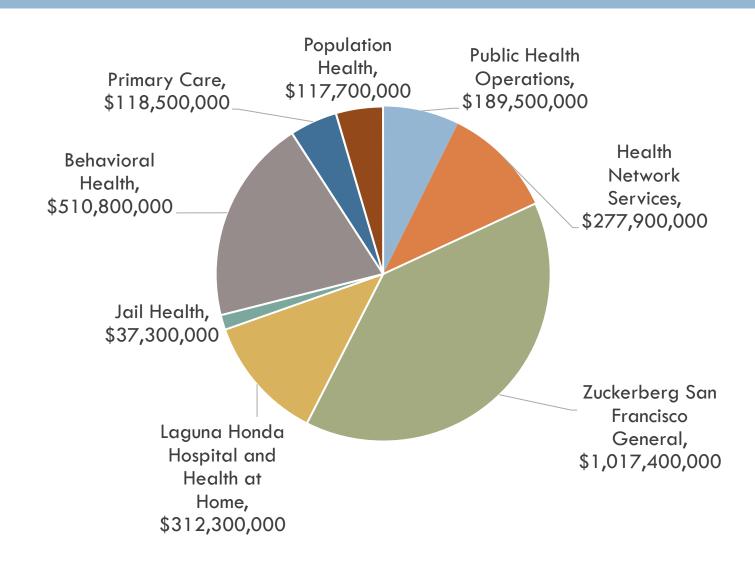
#### OUR VISION

Making San Francisco the healthiest place on earth.

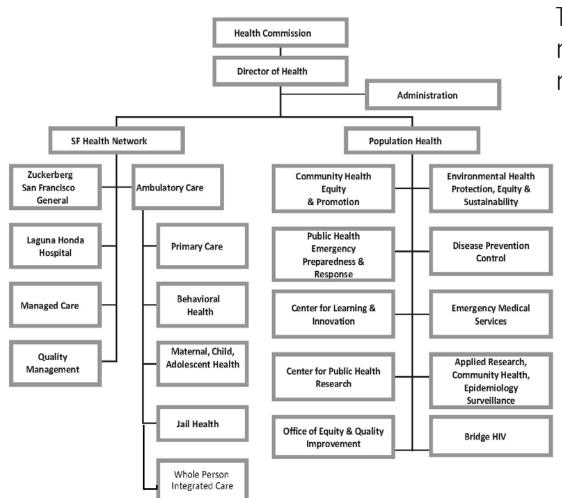
#### □ WHAT WE DO

- Assess and research the health of the community
- Develop and enforce health policy
- Prevent disease and injury
- Educate the public and train health care providers
- Provide quality, comprehensive, and culturally proficient health services
- Ensure equitable access to all

## DPH Approved FY 21-22 Base Budget \$2.6 Billion



### DPH: An Integrated Health Department



Two primary roles and two major divisions to fulfill its mission:



#### Population Health:

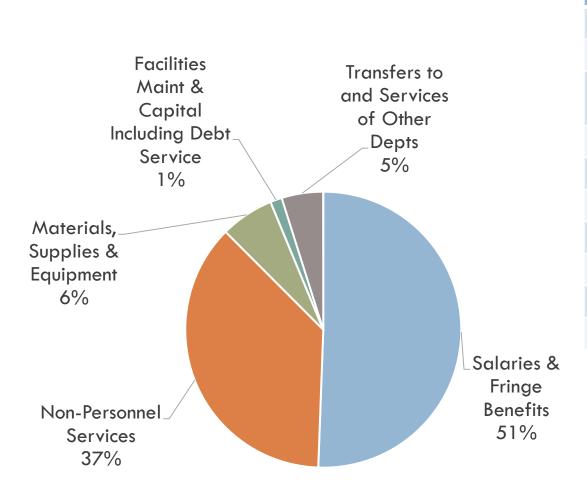
Protecting the health of the population



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

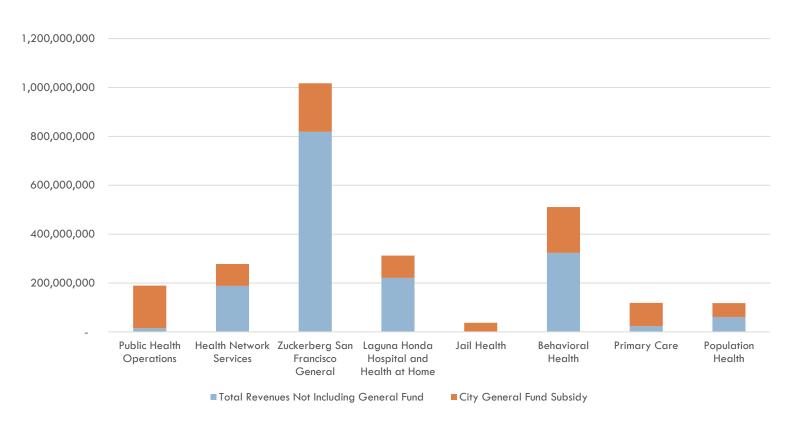
**San Francisco Health Network:** Promoting the health of our patients

## DPH Budgeted Expenses by Type



Positions By Division	FTE's
Public Health Operations	513
Health Network Services	525
Zuckerberg San Francisco General	2,841
Laguna Honda Hospital	1,324
Health at Home	44
Jail Health	152
Behavioral Health	742
Primary Care	606
Population Health	416
Total	7,163

## DPH Leverages Revenue to Offset General Fund



- DPH continues to offset 64% of its costs with revenue, requiring a general fund subsidy of only 36%
- FY 21-22 base budget includes \$930 million of General Fund

### Key Strategic Areas for FY21-23

Included in Budget Submission

- Continuing to Focus on Equity for Our Patients and Staff
- Developing New Medi-Cal Programs Under CalAIM

Under
Development
with Spring
Stakeholder
Processes

- Adapting and Sustaining Our COVID-19 Response
- Expanding Behavioral Health Programs (e.g. MHSF and overdose response)

## Initiatives Included in February Submission

#### Continuing to Focus on Equity for Our Patients and Staff

- Continued progress for all DPH divisions, including COVID Response
- Budget submission includes a significant investment to implement Racial Equity Action Plan

#### Implementing New Programs under CalAIM

- January proposal provides general framework, but no details or funding allocations
- Significant changes that will take place over <u>several</u> years and could require shifts in how we operate
- The State's approach is aligned with our key strategic initiatives will result in a new Medi-Cal benefits for Enhanced Care Management and In Lieu of Services
- Funding will likely continue to shift towards include value-based payments such as pay for outcomes / performance
- Known changes, including one year extension of Whole Person Care, are part of our proposal to meet target

# Under Development: Creating a Sustainable COVID-Response

## Continued Programming Under COVID-19 Response

- Community Outreach& Prevention
- Case Investigation& Contact Tracing
- Testing
- Isolation & Quarantine
- Clinicial Support at SIP Hotels
- Information & Guidance
- Outbreak Management
- Hospital & Clinical Cap acity
- Vaccinations

### Goals for FY 21-23 include:

- Creating a sustainable infrastructure to support near and long term needs
- Continue to develop programs with an Equity Lens

## Key stakeholder processes this Spring including

- Budget developed in conjunction with
  - Central COVID Command Leadership
  - Controller
  - Mayor

# Under Development: Behavioral Health Programming

### Continued rollout of MHSF programs

- Bed Expansion and Drug Sobering
- Facilities acquisition
- Expansion of Street Crisis Response Team
- Office of Coordinated Care
- Expansion of Behavioral Health Access Center
- Expansion of Behavioral Health Pharmacy hours to improve access to buprenorphine and other psychiatric prescriptions

### Key areas of expansion for FY 21-23 include:

- Expanding services in Permanent Supportive Housing
- Overdose prevention and response
- Expanding bed capacity

## Key stakeholder processes this Spring including

- Our City, Our Home Oversight Committee
- MHSF Implementation Working Group
- Mayor and Board of Supervisors
- CBOs and other contracted BH providers

# DPH Approach to the FY 21-23 Budget Submission

- Focus on revenue opportunities to meet general fund reduction target
- Maintain services our proposal does not include any service reductions
- Minimize new initiatives that do not align with our key areas of focus
- Participate in stakeholder processes for the development of COVID-19 and Behavioral Health budget occurring this Spring
- Balancing proposal relies on using DPH's FY 20-21 fund balance reported in the Controller's 6 month report
- DPH has not submitted a 2.5% contingency proposal; if required to do so expenditure reductions likely needed

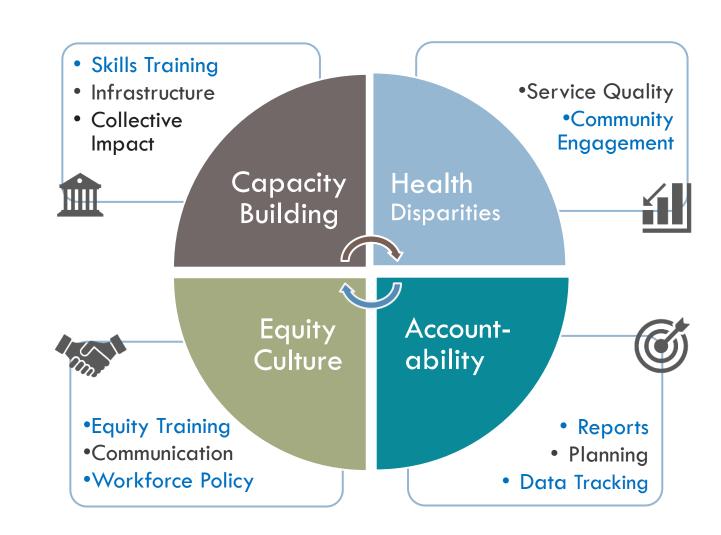
## DPH Proposal to Meet Target

Budget Instructions	FY 21-22 FY 22-23			Two-Year Total		
7.5% General Fund Reduction Target	\$	(59,507,361)	\$	(59,507,361)	\$	(119,014,722)
Revenue Growth Assumed in Deficit	\$	-	\$	(17,841,075)	\$	(17,841,075)
	\$	(59,507,361)	\$	(77,348,436)	\$	(136,855,797)
2.5% Contingency	\$	(19,835,787)	\$	(19,835,787)	\$	(39,671,574)
DPH Proposal to Meet Target						
Revenue Initiatives						
Medi-Cal Program Changes Under CalAim	\$	24,593,430	\$	15,219,196	\$	39,812,626
ZSFG Baseline Revenues	\$	17,961,215	\$	17,961,215	\$	35,922,429
LHH Baseline Revenues	\$	-	\$	4,295,678	\$	4,295,678
Delay of Federal DSH Reductions	\$	51,672,841	\$	-	\$	51,672,841
One-Time Behavioral Health Settlement Revenues	\$	8,440,000	\$	-	\$	8,440,000
Expenditures - New Initiatives						
Racial Equity Action Plan Implementation	\$	(726,633)	\$	(1,481,924)	\$	(2,208,557)
Total Proposed	\$	101,940,852	\$	35,994,165	\$	137,935,017
Net Balancing - Above/(Below) Target	\$	42,433,491	\$	(41,354,271)	\$	1,079,220
Dom	lo lo lo	g Contingenc	., Ta	reset to Most	\$	(38,592,354)

## Equity — Building sustainability

#### **Expanding:**

- Training
- WorkforcePolicy
- DataTracking
- CommunityEngagement
- HealthDisparities



## Workforce and Health Equity

- New trainings, policies and data tracking to increase diversity, equity and inclusion in hiring, discipline, and promotion as outlined in the DPH Racial Equity Action Plan.
- Establish community engagement standards and resources with staff training and new technology to increase communication, expanding on REAP objectives.
- Continue development of workflows and resources to improve access and quality of care for groups burdened by health disparities.
- Administering \$15 million of new ongoing programming reinvested from public safety departments budgeted in FY 2020-21

# Examples of DPH Programs to Address Health Disparities

#### Maternal Child Health

- Doula trainings and access
- Food security
- Eliminating perinatal health disparities
- Primary Care Population HealthEquity Strategies
  - Clinic data stratified for race
  - Equity Goals
  - Prioritize populations impacted by health disparities for access to care and population health initiatives, including COVID-19 testing and vaccine
- The Dream Keeper: Reinvestments from Public Safety

#### Behavioral Health

- Population specific wellness promotion and treatment services
- Culturally Congruent and Innovative Practices for Black/African American Communities
- Wellness Centers at Hope SF
- Workforce development and pipeline programs for workforce diversity
- Telehealth to expand language services

#### Population Health

- Ending the HIV Epidemic
- Youth United Through Health Education
- Targeted Tobacco Cessation Services
- Sugary Drink Distribution Tax funded community programs for communities disproportionately affected

## Racial Equity Action Plan

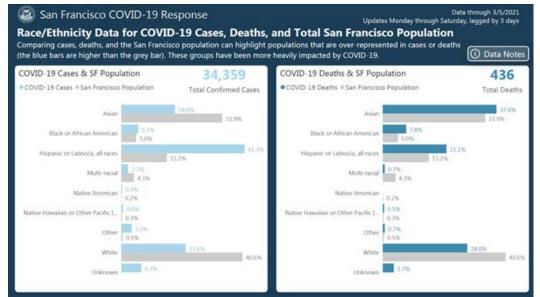
REAP Focus Area	Primary Goal
1. Hiring and Recruitment	Diversify clinical providers and managers
2. Retention and Promotion	Increase promotion into management
3. Discipline and Separation	Elimination of disparities in discipline
4. Diverse and Equitable Leadership	Accountability standards for managers
5. Mobility, Professional Development	Development opportunities for all staff
6. Culture of Inclusion	Enforceable respectful workplace standard
7. Boards and Commissions	Equity standard for budget/policy decisions

## Equity and COVID

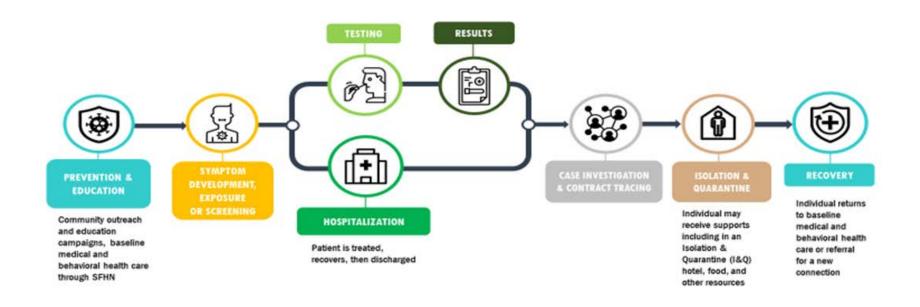
- COVID-19 has disproportionately impacted communities of color in San Francisco and across the United States.
  - This disproportionality is because of a long history of institutionalized racism and structural inequities.

In order to address this impact the DPH/CCC neighborhood and equity branch and the community branch work to ensure continuity, accountability, transparency, dedicated communications and coordination around populations most impacted by

COVID.



### COVID Continuum of Care



Integration of efforts occur through the entire spectrum of car: prevention- including outreach and education, testing, case investigation/contact tracing, connections to care including I&Q, and vaccination.

### COVID-19 PREVENTION, MITIGATION, and CARE FUNDING for COMMUNITY ORGANIZATIONS

- \$5.25 mil
- Two categories
  - 1. Community Outreach and Care
    - Outreach and prevention messaging
    - Test site support
    - Case Investigation/Contact Tracing (CI/CT)
    - Community Care (Isolation and Quarantine support)

2. CI/CT Training Center

# Contracting – Transparency and Integrity

- Since 2019 DPH has taken significant steps to ensure compliance with new Controller and City Attorney recommendations and improve contract oversight
- Bi-weekly meetings with City Attorney to ensure timely and continuous progress on compliance with recommendations
- Programs are highly regulated and monitored by outside agencies including State and Federal oversight bodies

## Formalizing Relationships with Foundations

Per Mayor's Executive Order, DPH is formalizing relationships with Foundations through MOUs, requiring their compliance with the City's Sunshine Ordinance

City Attorney is developing template for long term agreements and is actively engaged in discussion with our foundations. The current work and status is as follows:

- Public Health Foundation has a long-standing MOU establishing compliance
- ZSFG Foundation
  - Established an interim agreement on disclosures approved by the City Attorney
  - Began monthly meetings between ZSFG Foundation and ZSFG Executive Team on foundation projects
  - Trained ZSFG managers, directors & executive staff on grants and gift acceptance process
- CityBridge (formerly Friends of LHH) MOU negotiations are ongoing with the
   City Attorney on interim agreement
  - the department is no longer accepting donations from the organization until they are in compliance

# Other Actions Taken on Gift Acceptance

- Posting of DPH Donors on sfdph.org
- Gifts promptly reported to the Controller
- Education on City's Ethics Code by DPH's Office of Compliance and Privacy Affairs:
  - Developed an annual Statement of Incompatible Activities, which must be signed by the employee, and is tracked by the office
  - Developed a robust annual Compliance, Privacy and Ethics rules training, and tracks completion rates
  - Enhanced communication regarding compliance issues through the quarterly Compliance Matters newsletter (i.e. December's issue focused on Gift Rules)
  - Developed a more comprehensive Code of Conduct to advise employees of their ethical requirements as DPH employees

### Internal Contracting Controls

#### **Contracting and Monitoring is a Collaborative Process**



Multiple layers of oversight to ensure an ethical and transparent process for awarding contracts, gift receipt, and performance monitoring.

This creates redundancy in our system, leaving no one unit's authority unchecked.

### External Oversight

- Within the contracting process there are multiple approval levels, beginning from within the Department, followed by the City Attorney and the Office of Contract Administration
- Most contracted services provided to DPH are subject to the Department's Health Commission approval, and Civil Service Commission approval, and all contracted services follow the City's Administrative Code
- Moreover, spending is controlled via many levels of fiscal oversight, including a structured invoicing process, where expenditures are approved after comparing actuals to budgeted line-items and prior to reimbursement, and subject to routine audit by the Controller's Office

### Monitoring Contractor Performance

DPH has a robust annual performance monitoring process, as well ongoing evaluations that occur in real time throughout the year.

#### **Quality of Care**

- Review of Performance on Contract Objectives
- Annual Performance, Fiscal and Compliance Monitoring
- Outcome Data Analysis
- Chart Audits
- Tri-Annual State Audit of Behavioral Health Services
- Annual review of Audited Financial Statements
- Program Utilization Review and Quality Committee (PURQC)

#### **Client Input**

- Client Satisfaction Surveys
- Formal Grievances
- Whistleblower Complaints (also staff)

## Local Audits and Performance Projects by Controller

#### **Audits and Assessment Reports**

#### 2018-2019

- DPH: Opportunities Exist to Improve the Environmental Health Branch's Ethical Climate, Inspection and Billing Processes, and System Capabilities
- 2016 Procurement Card Program Audit (summary of results of multiple audits; DPH was one of seven audited departments)
- DPH: Field Follow-up of the 2016 Audit of the Department's Employee Separation Process

#### 2019-2020

- 2016 Public Health and Safety General Obligation Bond Funds Were Spent in Accordance With the Ballot Measure
- DPH: HIV Health Services' Controls Over Gift Cards Need Significant Improvement to Prevent Loss and Misappropriation

#### 2020-2021

 DPH: San Francisco Health Plan Properly Manages SF City Option Program Funds, but Program Improvements Are Needed to Address the Growing Balance of Employer-Contributed Funds

#### **Performance Reports**

#### 2018-2019

- EMS Dashboards: Conversion to PowerBI
- EMS Patient-Centered Performance Measures
- Protected Health Information Registry Phase 2
- Sharepoint for Contract Tracking and Workflows
- Compliance and Privacy e-training Contract Management
- Syringe access and recovery
- Consultant for subacute beds opportunities

## Thank You