

File No. 200532

Committee Item No. 3

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget & Appropriations Committee Date July 15, 2020

Board of Supervisors Meeting Date \_\_\_\_\_

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Completed by: Linda Wong Date July 10, 2020

Completed by: Linda Wong Date \_\_\_\_\_

**CITY AND COUNTY OF SAN FRANCISCO**  
**BOARD OF SUPERVISORS**  
**BUDGET AND LEGISLATIVE ANALYST**  
1390 Market Street, Suite 1150, San Francisco, CA 94102  
(415) 552-9292      FAX (415) 252-0461

**Budget Analysis Report**

To: Budget and Appropriations Committee  
From: Budget and Legislative Analyst's Office *David Jones*  
Re: Budget and Policy Analysis Report of the Department of Public Health  
Date: July 10, 2020

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**Executive Summary**

- The current year original budget for the Department of Public Health is \$2,427,029,042, \$751,831,980 (31 percent) of which comes from General Fund support.
- The Department of Public Health (DPH) is organized into nine divisions: (1) Public Health Administration; (2) Behavioral Health; (3) Zuckerberg San Francisco General Hospital (ZSFG); (4) Health At Home; (5) Jail Health; (6) Laguna Honda Hospital; (7) Health Network Services; (8) Primary Care; and, (9) Population Health. These divisions are further broken down into programs as follows (note that the City structures its budgetary controls by department and fund, not by departmental divisions or programs):
  - **Public Health Administration** includes DPH building operations, IT, compliance, finance, human resources, and other operating functions across DPH.
  - **Behavioral Health** includes mental health and substance abuse treatment services.
  - **ZSFG** provides inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health, and rehabilitation services for adults and children.
  - **Health At Home** is a home-health care program that provides nursing, physical therapy, occupational therapy, speech pathology, and home health aides.
  - **Jail Health** provides medical and health services for the San Francisco County Jails.
  - **Laguna Honda Hospital** provides nursing services to disabled or chronically ill adult residents in San Francisco, including providing specialized care for those with wounds, head trauma, stroke, spinal cord and orthopedic injuries, HIV/AIDS, and dementia.
  - **Health Network Services** includes HIV Health Services, Managed Care, Maternal Child and Adolescent Health, SFHN Administration, the Electronic Health record system, and Transitions.
  - **Primary Care** provides primary care health services at neighborhood clinics to keep the City's residents healthy.

- **Population Health** includes environmental health, disease prevention and control, community health epidemiology, HIV research, and other program areas.
- The Department of Public Health's total budget has grown over the last 10 years by \$966.2 million or 66.1 percent, from \$1.46 billion in FY 2010-11 to \$2.43 billion in FY 2019-20. The Department's total General Fund support has grown over the last 10 years by \$496.8 million or three-fold, from \$255.0 million in FY 2010-11 to \$751.8 million in FY 2019-20. A further breakdown by division is included in the body of this report.
- The Department of Public Health's total authorized full-time equivalent positions (FTEs) in FY 2019-20 are 6,977. This is 1,216 (or 21.1 percent) more than the 5,761 authorized FTEs 10 years earlier in FY 2010-11. Note that this FTE count reflects the total budget authority the Department has in a given year after considering salary savings assumed within the budget. A further breakdown of authorized FTEs by division is included in the body of this report.
- According to our review of the Department's budget, contracted services accounted for \$657.3 million in FY 2019-20, or 27.1 percent of the Department's total budget. A further breakdown of contracted services is included in the body of this report.
- Behavioral Health Services (BHS) serves a variety of people with mental health and substance use disorders, including adult and older adults, children, youth, and families. BHS provides services through increasing levels of care from Prevention, Early Intervention and Outreach, the lightest touch level of care, to Locked Facilities, which reflects the most intensive care environment.
- Behavioral Health Services system performance is evaluated and monitored through external audits of Mental Health and Substance Use Services per Medi-Cal requirements and contract management of Behavioral Health Services' contracted programs.
- In FY 2019-20, Behavioral Health Services had 115 contracts and \$1.32 billion in contract funding (contained in existing multi-year contracts, spanning multiple years) with external community organizations, of which \$293.9 million was budgeted in FY 2019-20.
- Behavioral Health Services' inventory of behavioral health beds includes 1,680 mental health treatment beds and 503 substance use treatment beds, including beds provided directly by the Department and beds provided by contracted agencies. A June 2020 analysis of patient flow recommended increasing bed capacity by 117 beds at an annual cost of approximately \$10.6 million.
- Behavioral Health Services' workforce vacancies and language capacity (particularly for Spanish, Russian, and Cantonese) have historically been a challenge. However, the Department has made progress addressing psychiatrist position vacancies, as the vacancy rate for psychiatrists citywide decreased from 23 percent in January 2020 to five percent in July 2020.
- The Department reports it is increasing Human Resources staffing in its budget proposal to address workforce vacancies and is targeting language capacity in hiring and working with the Department of Human Resources to explore alternative testing methods to certify language proficiency.

## Policy Options

1. *The Board of Supervisors' Budget and Appropriations Committee could: (a) request that the Department of Public Health report back on their plans to reallocate one-time funding from FY 2019-20 for behavioral health beds to address gaps in specific types of behavioral health beds identified in the Department's June 2020 patient flow analysis and additional ongoing funding needs; and (b) consider enhancing annual funding for these beds. The Department's patient flow analysis recommended a 117-bed increase, which would require an estimated ongoing cost of \$10,649,788.*
2. *The Board of Supervisors could request the Department of Public Health to provide a periodic update (e.g. quarterly) on Behavioral Health workforce vacancies and progress towards increasing language capacity through hiring to the Board of Supervisors.*

*Project staff: Dan Goncher, Christina Malamut, Emily Firgens*

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## Background and Organizational Structure

### Mission

According to the Mayor's proposed FY 2019-21 budget, the mission of the Department of Public Health is to protect and promote the health of all San Franciscans.<sup>1</sup>

### Organizational Structure

Within the City's budget system, the Department of Public Health (DPH) is organized into nine divisions: (1) Public Health Administration; (2) Behavioral Health; (3) Zuckerberg San Francisco General (ZSFG); (4) Health At Home; (5) Jail Health; (6) Laguna Honda Hospital; (7) Health Network Services; (8) Primary Care; and, (9) Population Health. The Annual Appropriation Ordinance approved by the Board of Supervisors each year specifies funding for each department, organizing the funding into divisions and accounts. Per Administrative Code Section 3.18, in general Departments may, with permission of the Controller, move appropriated monies between accounts (and across divisions) if the money is in the same fund and the same Department (unless that account was reduced by the Board of Supervisors, in which case a supplemental appropriation would be required). The exception is that Administrative Code Section 3.17 requires DPH and certain other City Departments to obtain a supplemental appropriation for any increase to the overtime budget.

While funding for DPH flows through the nine budgetary divisions described above, DPH provides services through two primary branches, (1) San Francisco Health Network (SFHN) and (2) Population Health as detailed below:

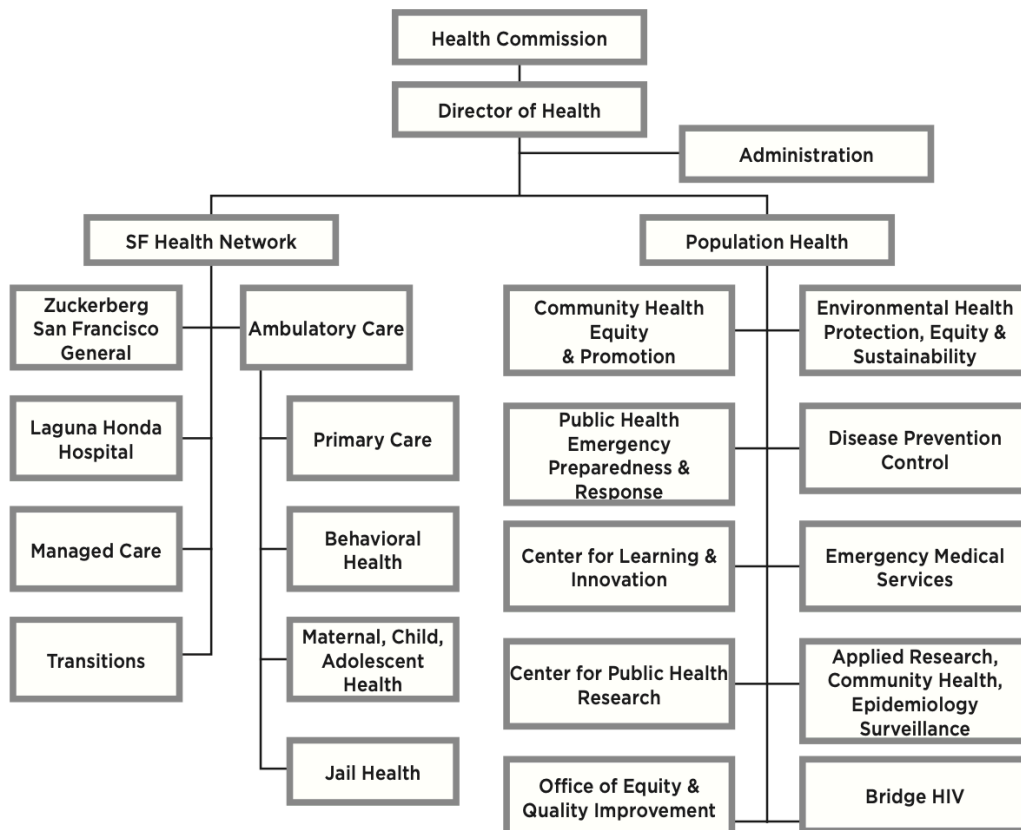
1. **SFHN** serves as the City's complete care network and covers primary care for all ages, dentistry, emergency and trauma treatment, medical and surgical specialties, diagnostic testing, skilled nursing and rehabilitation, and behavioral health. SFHN's services include ZSFG, Laguna Honda Hospital, Ambulatory Care, and Transitions, which focuses on client flow throughout the system.
2. **Population Health** is focused on protecting and improving health while promoting health equity across the City. It is comprised of 11 integrated areas that focus on addressing public health issues and includes: Environmental Health Protection and Sustainability; Community Health Equity and Promotion; Disease Prevention and Control; Emergency Medical Services; Public Health Preparedness and Response; Public Health Accreditation and Quality Improvement; Applied Research, Community Health Epidemiology and Surveillance; Center for Innovation and Learning; Center for Public Health Research; Bridge HIV (HIV research); and, the

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<sup>1</sup> FY 2019-20 and FY 2020-21 Mayor's Proposed Budget Book

Operations, Finance, and Grants Management Branch. Exhibit 1 below reflects this organizational structure.

**Exhibit 1. Department of Public Health Organization Chart**



Source: FY 2019-20 and FY 2020-21 Mayor's Proposed Budget Book

The budget divisions slightly differ from the organization chart displayed in Exhibit 1. Public Health Administration and Population Health, both shown in the organization chart, are also both distinct budget divisions. ZSFG, Laguna Honda Hospital, Primary Care, Behavioral Health, and Jail Health, shown under SFHN, are each a separate budget division. The last budget division, Health Network Services, is not explicitly shown in the organization chart but reflects the remaining programmatic areas under SFHN.

### Department Structural Changes

DPH's budgetary divisions have evolved over the 10-year period from FY 2010-11. With the transition to the City's new financial system, key changes occurred between FY 2017-18 and FY 2018-19 including the reorganization of costs into the following new divisions:

- **Administration**, which centralized the Department's operating support functions formerly under the Public Health Division, such as finance, IT, human resources, compliance, and facilities maintenance and building operations. This change also separated out the population health programs out of Public Health and into its own division;
- **Population Health**, which separated out the population health programs from the former Public Health Division;
- **Network Services**, which includes direct services such as Maternal Child Health, HIV Health Services, and Transitions, as well as SFHN support functions, including the Office of Managed Care and the Electronic Health Records system; and,
- **Behavioral Health**, a new division that combined the Mental Health and Substance Use Divisions into one division.

#### *Zuckerberg San Francisco General Hospital*

In 2016, ZSFG opened after almost eight years of planning, with increased capacity to include 284 beds compared to 252 beds previously. The Emergency Department also increased its capacity to 58 beds in the new main hospital from 27 beds previously.

#### **Current and Historical Budgeted Expenditures and Positions**

The Department's FY 2019-20 total original budget was \$2,427,029,042, \$751,831,980 (31 percent) of which came from General Fund support.

Exhibit 2 below shows a summary of the Department's 10-year historical budgeted expenditures and FTE authority. DPH's budget has increased from \$1,460,858,079 in FY 2010-11 to \$2,427,029,042, or by 66.1 percent. Over the same 10-year period, the budgeted FTEs for DPH increased from 5,761 to 6,977, or by 21.1 percent. Over this 10-year period the increase in funding was driven by increases in costs associated with citywide salary and fringe benefits; cost of doing business (CODB) adjustments for CBOs; correcting for shortfalls in the budgets for San Francisco General and Laguna Honda Hospital in FY 2013-14; the opening of the new building at ZSFG and purchasing of new furniture, fixtures, and equipment; expanded information technology systems and updating the electronic health records system, and implementation of the Affordable Care Act.

**Exhibit 2: 10-Year Historical Budgets and Position Authority**

<b>Fiscal Year</b>	<b>Original Budget</b>	<b>Budgeted FTE*</b>
FY 2010-11	\$1,460,858,079	5,761.18
FY 2011-12	\$1,577,277,867	5,736.63
FY 2012-13	\$1,675,336,013	5,866.52
FY 2013-14	\$1,908,611,827	6,194.8
FY 2014-15	\$1,984,261,187	6,382.55
FY 2015-16	\$2,033,997,389	6,672.00
FY 2016-17	\$2,058,876,439	6,904.14
FY 2017-18	\$2,198,181,187	6,964.86
FY 2018-19	\$2,369,898,228	6,956.84
FY 2019-20	\$2,427,029,042	6,977.07
<b>10-Year Change</b>	<b>66.1%</b>	<b>21.1%</b>

Source: Annual Appropriation Ordinances and Mayor’s Proposed Budgets

\*Budgeted FTE totals include budgeted attrition. Actual filled FTE will be lower than budgeted FTE due to additional unexpected vacancies.

Exhibit 3 below shows a comparison between the growth in the General Fund citywide with the growth in General Fund support for DPH. Within DPH’s budget, General Fund support has grown 195 percent (\$496,806,229) between FY 2010-11 and FY 2019-20, from \$255,025,751 to \$751,831,980. It is worth noting that in FY 2010-11, the base year for this analysis, the Department achieved its lowest level of General Fund support since FY 2004-05.<sup>2</sup> General Fund support increased 119 percent over 11 years between FY 2009-10 and FY 2019-20, which is more consistent with citywide growth in the General Fund.

Increases in General Fund support over the 10-year period are primarily driven by a FY 2013-14 correction to a historic structural shortfall in the Department’s budget, including adding permanent clinical positions; opening of the new Laguna Honda Hospital in December 2010 and the new Zuckerberg San Francisco General Hospital in 2016; funding for increased responsibilities under the federal Affordable Care Act; and, the development and implementation of the Department’s new Electronic Health Records project that as of FY 2018-19 was projected to cost \$383.3 million over 10 years.

<sup>2</sup> General Fund support was \$343,741,633 in FY 2009-10 and declined to \$255,025,751 in FY 2010-11.



**Exhibit 3: 10 Year General Fund Growth, Citywide and for DPH**

Fiscal Year	Citywide General Fund	Annual Increase	Percent Increase	DPH's General Fund	Annual Increase	Percent Increase
FY 2010-11	\$2,967,374,828	N/A	N/A	\$255,025,751	N/A	N/A
FY 2011-12	\$3,261,908,817	\$294,533,989	9.9%	\$363,248,532	\$108,222,781	42.4%
FY 2012-13	\$3,486,708,960	\$224,800,143	6.9%	\$446,564,180	\$83,315,648	22.9%
FY 2013-14	\$3,949,764,316	\$463,055,356	13.3%	\$553,738,906	\$107,174,726	24.0%
FY 2014-15	\$4,270,953,200	\$321,188,884	8.1%	\$614,148,840	\$60,409,934	10.9%
FY 2015-16	\$4,587,552,026	\$316,598,826	7.4%	\$636,954,904	\$22,806,064	3.7%
FY 2016-17	\$4,859,781,042	\$272,229,016	5.9%	\$607,589,333	(\$29,365,571)	(4.6%)
FY 2017-18	\$5,147,557,828	\$287,776,786	5.9%	\$715,478,756	\$107,889,423	17.8%
FY 2018-19	\$5,511,633,982	\$364,076,154	7.1%	\$738,781,992	\$23,303,236	3.3%
FY 2019-20	\$6,142,885,797	\$631,251,815	11.5%	\$751,831,980	\$13,049,988	1.8%

Citywide		DPH	
10-Year Growth:	\$3,175,510,969	10-Year Growth:	\$496,806, 229
Total % Growth:	107.0%	Total % Growth:	194.8%

Source: Annual Appropriation Ordinances and Mayor's Proposed Budgets

**COVID-19 Fiscal Impacts**

As of July 9, 2020, the Department of Public Health has spent \$96,538,167 on COVID-19 related activities and encumbered an additional \$76,726,643. Costs include procurement of personal protective equipment, disinfectant, and other cleaning supplies; the City's testing initiatives to prevent and manage outbreaks; expanded medical staffing and overtime for DPH medical staff; and, miscellaneous services within DPH like security, food, and communications related to the health emergency. Approximately 45 percent of the amount so far spent, or \$43,567,879, was for materials and supplies, primarily safety-related supplies (\$34,338,888) and clinic/lab supplies (\$6,105,658). The remaining amount spent to date was for personnel-related expenses (\$29,654,730), i.e. salaries and mandatory fringe benefits, non-personnel services (\$22,939,466), and equipment (\$376,090).

**Reimbursement from Federal and State Emergency Agencies**

According to the May 2020 Budget Outlook Update, the City expects the U.S. Federal Emergency Management Agency (FEMA) to reimburse 75 percent of eligible costs incurred in direct response to the health emergency. FEMA provided some initial guidance around what expenses will be reimbursed, including: emergency medical care, Emergency Operation Center costs, disinfection of public facilities, medical sheltering, purchase and distribution of food and protective equipment, and public

communications of health and safety information. In the past, the State of California’s Office of Emergency Services (Cal OES) has matched a portion of FEMA reimbursements, providing an additional 18.75 percent reimburse of eligible costs. This would bring the local portion of costs down to 6.25 percent. However, Cal OES has not yet activated this program.

## Historical Budgets by Division

Exhibit 4 below shows the historical expenditures for DPH by division. Detailed expenditure by fiscal year is provided in Appendix A. Note, the City’s financial and accounting systems are generally set up to control expenditures by fund and either high level account or budget authority depending on the fund, not by division. Therefore, departments are permitted to and often do transfer funds between divisions. A portion of the changes shown below may reflect reassignment of costs between divisions that occur through the budget approval process rather than a net increase in expenditure authority.

**Exhibit 4: DPH Division Summary: Total Budget, Contract Services, and FTEs**

Budgetary Division	FY 2019-20			Percent Change since FY 2010-11		
	Total Budget	Contracted Svcs	FTEs	Total Budget	Contracted Svcs	FTEs
Administration*	\$157,930,398	\$24,472,759	492.30	*	*	*
Behavioral Health**	\$446,435,136	\$286,066,015	668.69	44.0%	26.5%	25.8%
Zuckerberg SF General	\$990,916,291	\$217,171,607	3,032.97	58.4%	37.3%	12.4%
Health at Home	\$8,695,411	\$142,900	46.88	53.8%	12.6%	(3.8%)
Jail Health	\$36,963,392	\$1,974,510	155.88	37.1%	43.3%	8.1%
Laguna Honda	\$298,785,191	\$6,571,216	1,332.56	65.9%	29.6%	5.0%
Network Services*	\$263,582,557	\$77,771,004	363.76	*	*	*
Primary Care	\$101,258,852	\$5,042,523	450.28	59.9%	173.4%	0.4%
Population Health*	\$122,461,814	\$38,113,016	433.75	*	*	*
<b>Total</b>	<b>\$2,427,029,042</b>	<b>\$657,325,550</b>	<b>6,977.07</b>	<b>66.1%</b>	<b>39.2%</b>	<b>20.2%</b>

Source: Annual Appropriation and Salary Ordinances; Contracted services from budget reports.

\*New division added as of FY 2018-19; 10-year percent change figures not available.

\*\*Created as a separate division in FY 2018-19 by combining the Mental Health and Substance Use Divisions; 10-year percent change fields calculated by combining these two divisions in FY 2010-11.

### Administration (new Division as of FY 2018-19)

The Administration Division was created when the former Public Health Division was separated into two divisions (Population Health and Public Health Administration) starting in FY 2018-19 with budget information available for FY 2017-18. This division includes DPH building operations, IT, compliance, finance, human resources, and other operating functions across DPH. Funding for this division decreased over two years from

FY 2017-18 to FY 2019-20 from \$198,222,457 to \$157,930,398 or 20.3 percent. Before FY 2017-18, most of these services were located in the Public Health Division.

### **Population Health (new Division as of FY 2018-19)**

The Population Health Division is focused on protecting and improving health while promoting health equity across the City, and includes environmental health, disease prevention and control, community health epidemiology, HIV research, and other program areas. Similar to the Administration Division, this Division's services were split out to a new budgetary division within DPH as well as a new City department focused on homelessness services over the period. In FY 2016-17, Community Supportive Housing services were transferred from Population Health to the newly created Department of Homelessness and Supportive Housing. In FY 2018-19, Administrative Services, SFHN Managed Care, and Transitions were relocated to the newly created Administration and Network Services Divisions within DPH. Funding for this division increased over two years from FY 2017-18 to FY 2019-20 from \$98,755,924 to \$122,461,814 or 24.0 percent.

### **Network Services (new Division as of FY 2018-19)**

Similarly, the Network Services Division was created as a separate budgetary division starting in FY 2018-19. This division includes HIV Health Services, Managed Care, Maternal Child and Adolescent Health, SFHN Administration, the Electronic Health record system, and Transitions. Funding for these services has increased nine percent over two years from \$241,742,493 in FY 2017-18 to \$263,582,557 in FY 2019-20. Before FY 2018-19, some of these services were located in the Population Health Division.

### **Behavioral Health (new combined division as of FY 2018-19)**

The Behavioral Health Division was created in FY 2018-19 when the Mental Health and Substance Abuse Divisions were combined into one budgetary division. Funding for mental health and substance abuse services increased 54.8 percent over the last 10 years from \$288,303,177 in FY 2010-11 to \$446,435,136 in FY 2019-20.

### **Health at Home**

Health at Home is a home-health care program that provides nursing, physical therapy, occupational therapy, speech pathology, and home health aides. Health at Home's budget over the past 10 years has increased 53.8 percent from \$5,655,212 in FY 2010-11 to \$8,695,411 in FY 2019-20.

### **Jail Health**

The Jail Health Division provides medical and health services for the San Francisco County Jails. Since FY 2010-11 the Jail Health Division's budget has increased 37.1 percent from \$26,961,574 to \$36,963,392 in FY 2019-20.

### **Laguna Honda Hospital**

Laguna Honda Hospital provides nursing services to disabled or chronically ill adult residents in San Francisco, including providing specialized care for those with wounds, head trauma, stroke, spinal cord and orthopedic injuries, HIV/AIDS, and dementia. Over the past 10 years, the hospital's budget has increased 65.9 percent from \$180,063,980 in FY 2010-11 to \$298,785,191 in FY 2019-20. Note, Laguna Honda moved into its current facility in December 2010, midway through the base fiscal year for the 10-year comparison.

### **Primary Care**

The Primary Care Division provides primary care health services at neighborhood clinics to keep the City's residents healthy. Primary Care funding has increased 75.5 percent from \$57,704,870 in FY 2010-11 to \$101,258,852 in FY 2019-20.

### **Zuckerberg San Francisco General Hospital**

ZSFG provides inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health, and rehabilitation services for adults and children. It also serves as the designated trauma center for San Francisco and northern San Mateo County. Funding for ZSFG has increased 63.4 percent over the 10-year period between FY 2010-11 and FY 2019-20, from \$606,597,646 to \$990,916,291.

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## **Contracted Services by Division**

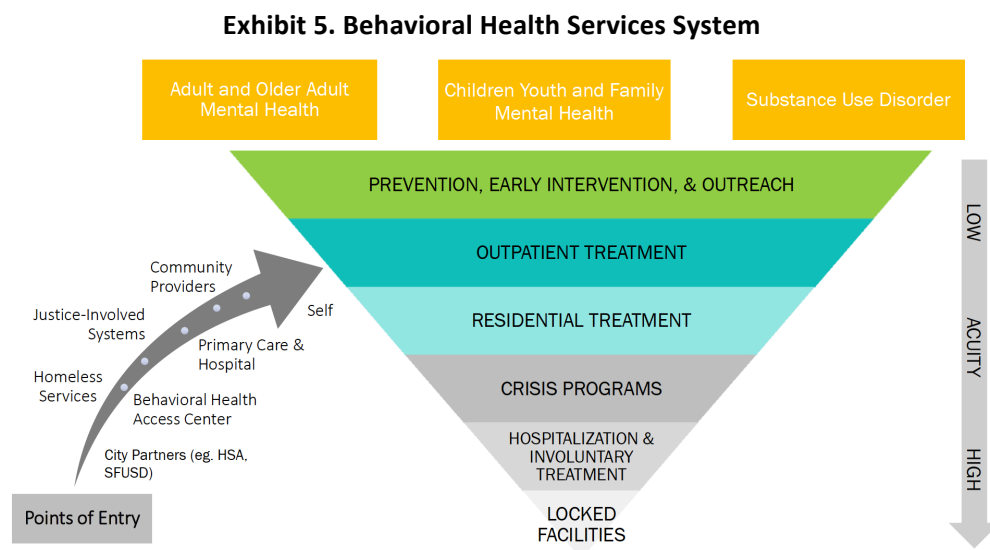
The Department's contracted services accounted for \$657,325,550, or 27.1 percent of the Department's total FY 2019-20 budget down from 32.3 percent in FY 2010-11. Although contracted services spending increased over the period by 39.2 percent from \$427,082,506 to \$657,325,550, total Department spending increased at a faster rate (66.1 percent). The largest percent increase in contracted services occurred within the Primary Care Division, which increased from \$1,844,357 in FY 2010-11 to \$5,042,523 in FY 2019-20 (173.4 percent). Detailed expenditure by fiscal year is provided in Appendix B.

## Policy Questions

We were asked to provide additional information about: (1) the Behavioral Health Services system of care and Behavioral Health bed capacity; (2) nursing staffing and chronic vacancies; and, (3) cultural and linguistic competency of DPH staff. The following subsections summarize our research and analyses on these topics.

### Behavioral Health Services System of Care

Behavioral Health Services serves a variety of people with mental health and substance use disorders, including adult and older adults, children, youth, and families. In May 2019, DPH presented the graphic shown below in Exhibit 5 to the Board of Supervisors. This graphic illustrates the points of entry into the behavioral health services and the increasing levels of care from Prevention, Early Intervention and Outreach, the lightest touch level of care, to Locked Facilities, which reflects the most intensive care environment.



Source: DPH

### *Behavioral Health System Performance*

DPH reports that Behavioral Health Services system performance is evaluated and monitored through external audits of Mental Health and Substance Use Services per Medi-Cal requirements and contract management of Behavioral Health Services' contracted programs. DPH summarizes the performance measures used to evaluate programs into three areas: (1) Access to Care, which looks at timely access to treatment and successfully linking clients to lower levels of care; (2) Clinical Outcomes, which aims to decrease behavioral health needs and increase strengths among clients, decrease frequency of substance use, and reduce re-admission to inpatient and psychiatric

emergency services; and, (3) Client Satisfaction, which focuses on overall satisfaction, including access to care, quality and appropriateness of care, consumer participation in treatment and cultural sensitivity.<sup>3</sup>

*External Contracts for Behavioral Health Services*

In FY 2019-20, Behavioral Health Services had 115 contracts and \$1.32 billion in contract funding (contained in existing multi-year contracts, spanning multiple years) with external community organizations, of which \$293.9 million was budgeted in FY 2019-20. BHS contracts may include funding that only covers one service area (e.g. mental health treatment) or contracts may be combined to include funding for both mental health services and substance use disorder services, depending on the capacity and expertise of the selected vendor. The majority of total contract funding was for mental health only (\$698.3 million) and combined mental health and substance use services (\$489.0 million). Total contract funding by service type is shown in Exhibit 6 below. The full list of contracts is shown in Appendix C.

**Exhibit 6: Total Not-to-Exceed Multi-Year Contract Funding for Behavioral Health Services Contracts, as of FY 2019-20**

<b>Contracts By Service Type</b>	<b>Total Not-to-Exceed Amount</b>
Mental Health Only	\$698,307,011
Substance Use Only	124,718,227
Mental Health and Substance Use	488,987,169
Other MHSA Specific Services*	6,503,420
<b>Total Not to Exceed Amount</b>	<b>\$1,318,515,827</b>
<b>Total FY 2019-20 Funded Amount</b>	<b>\$293,895,245</b>

Source: DPH

\*Mental Health Service Act (MHSA) funding is used for specific services that align with MHSA funding subcategories (Other MHSA Specific Services), or the funding may contribute to the support of broader mental health services (e.g. as a match to draw down MediCal funding). Of the overall MHSA funding of \$81,027,275, the rest is allocated to the line-items containing "Mental Health" above.

*Behavioral Health Services Workforce Vacancies and Language Capacity*

DPH reports that workforce vacancies have been a challenge within Behavioral Health Services historically, but there has been positive progress in decreasing psychiatrist vacancies in 2020. The Department reports that workforce vacancies are due to insufficient Human Resources staffing as well as increased competition for psychiatrists and other clinical staff. To address this, the Department has worked with the Department of Human Resources (DHR) to create a new Psychiatrist job classification series with an adjusted pay scale. This resulted in a decrease in psychiatrist vacancies

<sup>3</sup> DPH, Behavioral Health Services Presentation to Budget and Finance, May 1, 2019.

citywide from 23 percent in January 2020 to five percent in July 2020. As of May 2019, 20 percent of Behavioral Health clinician positions citywide were vacant according to a Behavioral Health Services presentation to the Board of Supervisors' Budget and Finance Committee. However, the Department did not have updated vacancy numbers for clinicians as of the writing of this report. The Department is increasing Human Resources staffing in its budget proposal to address these and other vacancies throughout the Department.

Behavioral Health Services staff has also cited challenges providing language appropriate services, particularly for Spanish, Russian, and Cantonese Speakers. To address this issue, DPH staff report they are working with DHR to explore alternative testing methods, which will observe social distancing when testing resumes, to certify language proficiency. In addition, they are targeting this language capacity in hiring and intern/fellow recruitment.

### **Behavioral Health Beds**

DPH provides various types of behavioral health beds for mental health and substance use disorder treatment, seeking to deliver services in the least restrictive setting in San Francisco. A brief overview of the types of behavioral health beds provided by DPH, either directly or through contracted agencies, is listed below.

#### **Mental Health Beds**

##### *Crisis Stabilization*

- **Psychiatric Emergency Services (PES):** (max = 23 hours) Provides crisis stabilization, complete medical and psychiatric assessment and evaluation services, and initial treatment, if appropriate. Beds are available 24 hours per day, 7 days per week.
- **Psychiatric Urgent Care:** (max = 23 hours) Services are designed to work with individuals who are experiencing a behavioral health crisis. This community-based program serves as a voluntary alternative to hospitalization and operates 24 hours per day.
- **Acute Diversion Units:** (up to 14 days) Licensed 24-hour certified mental health rehabilitation treatment environment. Psychiatrists and Nurse Practitioners coordinate medical care, while 24/7 staffing provides rehabilitation and recovery treatment.

##### *Acute Psychiatric Care*

- **Acute Psychiatric Inpatient:** Acute psychiatric services provide high-intensity, acute psychiatric services 24 hours a day for individuals in acute psychiatric distress and experiencing acute psychiatric symptoms and/or at risk of harm to self or others.

*Locked Residential Treatment*

- **Locked Subacute Care:** Facilities such as the Mental Health Rehabilitation Center (MHRC) and Institute of Mental Disease (IMD) are for individuals who are placed on a Lanterman-Petris-Short (LPS) Conservatorship due to grave disability or are on a forensic court ordered hold. These programs provide psychosocial rehabilitation to stabilize mental illness impact on daily functioning, establish medication adherence, improve life and social skills, develop positive coping strategies, and wellness recovery stabilization. Forensic placements engage in competency restoration so they can return to court to address their charges.

*Psychiatric Respite*

- **Psychiatric Respite:** Hummingbird Place Peer Respite provides behavioral health support and engagement to adults and older adults in a behavioral health respite program with a navigation center threshold. The goal of the program is to encourage participation and willingness to engage in ongoing recovery and wellness programs to maximize each individual's functional capacity. The center has capacity for day drop-in clients (25) and has 29 overnight beds.

*Open Residential Treatment*

- **Mental Health and Co-occurring Diagnosis Residential Treatment Programs:** Residential group living program provides treatment for managing life with mental illness, life skills and social skills building, developing positive coping strategies, pre-vocational/vocational skills, medication adherence and wellness recovery stabilization. Residential treatment programs offer stays up to 60 days, 90 days, or one year.

*Residential Care Facilities*

- **Residential Care Facilities and Residential Care Facilities for the Elderly (RCF/E):** RCF's offer group living for people with disabilities (either medical or psychiatric) who need help with meal preparation, medication monitoring, and personal care, but do not need daily acute medical care. Individual RCF's may specialize in particular clinical areas such as mental health rehabilitation and geriatrics.

*Transitional and Supportive Housing*

- **Cooperative Living:** (no limit) Apartments that are leased or owned by an agency and rented by four to five residents who share the responsibility for rent and utilities. Residents receive individual case management services and attend regular house meetings facilitated by a case manager to assist clients in the coordination of maintaining a communal household. Providers of these services typically subsidize a portion of operating costs.



- **Support Hotel:** (no limit) While the hotel itself is not a clinical treatment environment, the level of practical support exceeds that available in a standard hotel or shelter placement. A lesser degree of practical support is available in a Support Hotel than in a Residential Care Facility.
- **Stabilization Rooms:** (7-day incremental stays) Stabilization rooms are single room occupancy units that are dispersed in other supportive housing locations or within unsupported SROs. Individuals who are placed in stabilization rooms receive case management. As this placement is a temporary program placement, the individuals, do not require a source of income.

### **Substance Use Disorder Treatment Beds**

#### *Withdrawal Management*

- **Medical Detox and Social Detox:** Short-term treatment of substance withdrawal between 4 and 20 days.

#### *Open Residential Treatment*

- **Substance Use Residential Treatment:** Beds for individuals with substance use disorder; individuals can stay up to 90 days, pending medical necessity.

#### *Transitional and Supportive Housing*

- **Residential Stepdown:** A person exiting residential treatment may stay in the step-down residence for up to one year and must participate in off-site outpatient treatment.

### **Mental Health and Substance Use Bed Capacity**

DPH's inventory of behavioral health beds includes mental health and substance use treatment beds, in addition to behavioral health supported housing units. Exhibit 7 below summarizes the number of mental health treatment beds in the City's mental health services system for FY 2018-19, and Exhibit 8 summarizes the number of substance use treatment beds.

**Exhibit 7: Mental Health Treatment Beds, FY 2018-19**

Type	Number of Beds
<b>Crisis Stabilization (74 beds, all in County)</b>	
Psychiatric Emergency Services	18
Psychiatric Urgent Care	12
Acute Diversion Units	44
<b>Acute Psychiatric Care (44 beds, all in County)</b>	
ZSFG Acute Psychiatric Inpatient	44
<b>Locked Residential Treatment (341 beds)</b>	
Mental Health Rehabilitation Center at Behavioral Health Center	47
SF Healing Center	54
Out of County Locked Treatment Facilities ( <i>Includes State Hospital and Psychiatric Skilled Nursing Facilities</i> )	240*
<b>Psychiatric Respite (29 beds)</b>	
Hummingbird Place Psychiatric Respite	29
<b>Open Residential Treatment (149 beds)</b>	
Mental Health and Co-Occurring Disorder Residential Treatment	149
<b>Residential Care Facilities (631 beds)</b>	
Residential Care Facility in County	231*
Residential Care Facility out of County	83*
Residential Care Facility for the Elderly in County	165*
Residential Care Facility for the Elderly out of County	152*
<b>Transitional and Supportive Housing (412 beds)</b>	
Cooperative Living	225
Support Hotel	136
Stabilization Rooms	51
<b>Total</b>	<b>1,680</b>

\*Number of beds based on census as of Dec. 31, 2019.

Source: DPH

**Exhibit 8: Substance Use Treatment Beds, FY 2018-19**

Type	Number of Beds
<b>Withdrawal Management (55 beds)</b>	
Medical Detox	28
Social Detox	27
<b>Open Residential Treatment (251 beds)</b>	
Substance Use Residential Treatment	251
<b>Transitional and Supportive Housing (197 beds)</b>	
Residential Step down	197
<b>Total</b>	<b>503</b>

Source: DPH

*DPH Behavioral Health Bed Optimization Project*

In 2020 the DPH Mental Health Reform team performed a bed optimization simulation with a third-party modeling vendor to help answer how many beds are needed to maintain flow of patients and reduce adult client wait times to zero.<sup>4</sup> Their analysis, published in June 2020, utilizes FY 2018-19 billing data and bed information to model utilization of beds and then create a hypothetical scenario of how increased capacity would improve patient flow. Exhibit 9 below reflects the report’s recommendations on where to increase capacity and estimated annual operating costs. The analysis recommends an increase of 117 beds, with the most beds being added for Locked Subacute Treatment (31) and Residential Care Facilities (31). The cost of adding these 117 beds is estimated to cost \$10,649,788 annually.

**Exhibit 9: DPH Behavioral Health Bed Optimization Simulation Recommendations**

<b>Bed Category</b>	<b>Recommended Bed Increase</b>	<b>Annual Median Cost per Bed</b>	<b>Total Annual Cost</b>
Locked Subacute Treatment	31	\$177,208	\$5,493,433
Mental Health Residential Treatment (12 month)	20	97,127	1,942,530
Psychiatric Skilled Nursing Facility	13	106,580	1,385,540
Residential Care Facilities (Board and Care)	31	31,390	973,090
Residential Care Facilities for Elderly	22	38,873	855,195
<b>Total</b>	<b>117</b>	<b>N/A</b>	<b>\$10,649,788</b>

Source: DPH, Behavioral Health Bed Optimization Project Analysis

The analysis above did not account for additional beds funded in FY 2019-20 which have not yet opened (as described below). Department staff report that they are considering shifting these unspent one-time funds to support funding for the types of beds identified above, but ongoing funding would be needed. The Board of Supervisors could: (a) request that the Department report back on their plans to reallocate one-time funding from FY 2019-20 and additional ongoing funding needs; and (b) consider enhancing annual funding for these beds.

**Enhanced Funding for Additional Beds**

The FY 2019-20 adopted budget included funding to add more than 100 behavioral health (including both mental health and substance use disorder) treatment and recovery beds in addition to the 100 beds added during FY 2018-19 to improve patient flow and allow individuals to move to the appropriate level of care in a more timely manner. In total, DPH received funding for 212 beds, including 14 beds in locked

<sup>4</sup> San Francisco Department of Public Health, Behavioral Health Bed Optimization Project: Analysis and Recommendations for Improving Patient Flow. June 2020.

subacute care facilities and 188 beds in community placements. Of these, 100 (47 percent) have been opened, 79 (37 percent) have not yet been opened, and 33 (16 percent) have been eliminated or are no longer being implemented. The 179 beds that have been opened or are still pending are shown in Exhibit 10 below.

**Exhibit 10: Status of Additional Beds Funded in FY 2018-19 and FY 2019-20, as of June 2020**

Bed Category	FY 2018-19 Funded, Opened in 2019	FY 2019-20 Funded, Not Yet Open	Total
Substance Use Residential Step Down	72		72
Hummingbird Place Psychiatric Respite	14	27*	41
SF Healing Center	14		14
Mental Health and Co-Occurring Disorder Residential Treatment		52**	52
<b>Total</b>	<b>100</b>	<b>79</b>	<b>179</b>

Source: DPH

\*20-25 beds at Hummingbird were ready to open as of June 2020 but have been delayed due to the COVID-19 health emergency

\*\*Sites not yet selected

As note above, as of June 2020, DPH reports that the following 33 beds funded in FY 2019-20 have been eliminated or are no longer being implemented, including:

- 10 residential beds for transitional age youth that were eliminated as part of the FY 2019-20 midyear rebalancing; and
- 23 Behavioral Health Assisted Living Community Placements that are no longer being implemented due to changes per legislation (Board of Supervisors File 190928).

### **Nursing Vacancies**

DPH reports that as of June 2020, there were 59 vacant registered nurse FTEs, or 4.2 percent of all 1,388 FTE listed in the Annual Salary Ordinance. These 59 vacancies include 13 FTEs for which candidates have been selected and are being processed and 46 FTEs for which candidates have yet to be selected and processed. This represents a decrease of 84 vacant FTEs from the prior year. In response to COVID-19, Mayor Breed issued a Declaration to expedite City hiring of nurses along with other front-line health care workers.<sup>5</sup> In response to this need the City has hired an additional 90 nurses. Exhibit 11 below shows vacancy rates for registered nurses for the last three years. Note, these figures represent position authority as listed in the Annual Salary Ordinance,

<sup>5</sup> Mayor Breed Hiring Declaration, March 17, 2020:  
[https://sfmayor.org/sites/default/files/Supplement\\_v3\\_03172020\\_stamped.pdf](https://sfmayor.org/sites/default/files/Supplement_v3_03172020_stamped.pdf).

and not total budget authority which is adjusted to reflect approximately 10 percent savings for positions the Department cannot hire without exceeding its authority.

**Exhibit 11: Registered Nurses Vacancy Rates, FY 2017-18 – FY 2019-20**

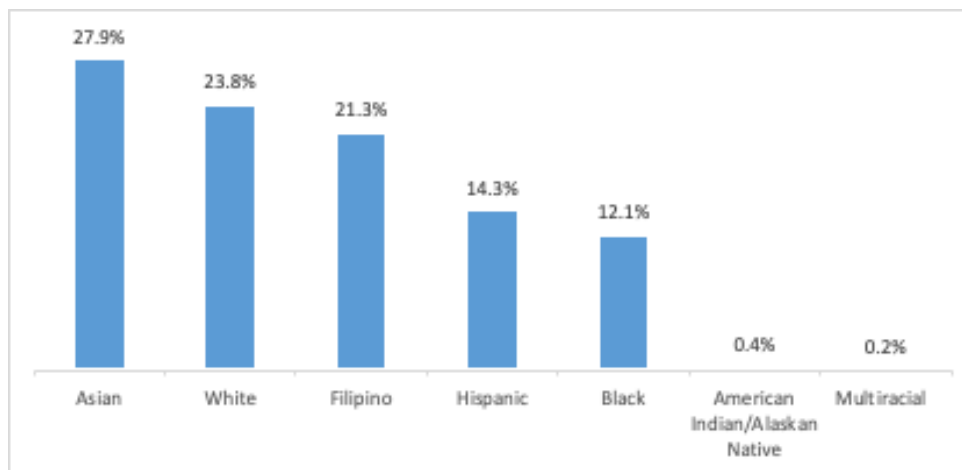
Year	Total FTEs	Vacant FTEs	Percent Vacant
2017-18	1,356.95	167.88	12.4%
2018-19	1,357.59	142.58	10.5%
2019-20	1,388.64	59.00	4.2%
<b>3-Year Average</b>	<b>1,367.73</b>	<b>123.15</b>	<b>9.1%</b>

Source: Vacancy information provided by DPH in June of each year; total FTEs from positions reports

### Staff Linguistic and Cultural Competency

Exhibit 12 below provides race and ethnicity demographics for DPH staff as of FY 2019-20 from the Department of Human Resources. Approximately 28 percent of staff identify as Asian, 24 percent identify as White, 21 percent identify as Filipino, 14 percent identify as Hispanic, and 12 percent identify as Black.

**Exhibit 12. DPH Staff Race and Ethnicity, FY 2019-20**



Source: San Francisco Department of Human Resources

According to Language Access Ordinance (LAO) Compliance Data,<sup>6</sup> as of 2018, 41.1 percent of DPH public contact staff identify as multilingual (2,708 staff). Languages spoken by multilingual public contact staff include Spanish (893 staff), Cantonese (631 staff), Filipino (431 staff), Mandarin (288 staff), Vietnamese (69 staff), Russian (42 staff), and Other (215 staff). The LAO Compliance Report finds that DPH is in compliance with all measures, including: (1) having an adequate number of public contact employees

<sup>6</sup> LAO data is maintained by the City’s Office of Civic Engagement and Immigrant Affairs, located within the Office of the City Administrator.

who are multilingual; (2) having a language access policy; (3) submitting their annual compliance report on time; (4) providing language services training for public contact staff; and, (5) completing mandatory training.<sup>7</sup>

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## Policy Options

1. *The Board of Supervisors could: (a) request that the Department of Public Health report back on their plans to reallocate one-time funding from FY 2019-20 for behavioral health beds to address gaps in specific types of behavioral health beds identified in the Department's June 2020 patient flow analysis and additional ongoing funding needs; and (b) consider enhancing annual funding for these beds. The Department's patient flow analysis recommended a 117-bed increase, which would cost an estimated ongoing cost of \$10,649,788.*
2. *The Board of Supervisors could request the Department of Public Health to provide a periodic update (e.g. quarterly) on Behavioral Health workforce vacancies and progress towards increasing language capacity through hiring to the Board of Supervisors.*

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<sup>7</sup> Language Access Ordinance Compliance Reports Dashboard (Citywide and Department Data): <https://sfgov.org/oceia/lao-compliance-data>.

**Appendix A: DPH 10-Year Budget and FTEs by Division**

Fiscal Year	Administration Budget	Behavioral Health Budget	Zuckerberg SF General Budget	Health at Home Budget	Jail Health Budget	Laguna Honda Budget	Network Services Budget	Primary Care Budget	Public Health Budget	Population Health Budget	Mental Health Budget	Substance Abuse Budget	Total Budget
2010-11	-	-	\$625,720,394	\$5,655,212	\$26,961,574	\$180,063,980	-	\$63,337,105	\$249,178,322	-	\$247,236,150	\$62,705,342	\$1,460,858,079
2011-12	-	-	\$682,003,489	\$5,889,937	\$27,624,286	\$188,379,236	-	\$66,083,367	\$305,591,646	-	\$239,453,022	\$62,252,884	\$1,577,277,867
2012-13	-	-	\$735,823,249	\$6,496,357	\$28,831,213	\$207,207,782	-	\$77,745,686	\$311,037,862	-	\$243,160,854	\$65,033,010	\$1,675,336,013
2013-14	-	-	\$851,117,092	\$6,603,240	\$29,511,187	\$223,910,306	-	\$80,061,181	\$383,841,620	-	\$263,760,647	\$69,806,554	\$1,908,611,827
2014-15	-	-	\$865,893,212	\$7,178,019	\$30,839,962	\$244,370,414	-	\$84,862,178	\$403,370,254	-	\$278,326,565	\$69,420,583	\$1,984,261,187
2015-16	-	-	\$850,227,248	\$7,267,271	\$31,435,122	\$248,708,348	-	\$90,009,525	\$441,484,867	-	\$289,470,684	\$75,394,324	\$2,033,997,389
2016-17	-	-	\$837,174,636	\$7,767,692	\$33,666,051	\$274,828,720	-	\$90,904,673	\$443,223,295	-	\$302,830,821	\$68,480,551	\$2,058,876,439
2017-18	\$198,220,457	\$367,389,006	\$895,266,975	\$8,015,975	\$34,712,599	\$262,405,084	\$241,742,493	\$91,672,674	-	\$98,755,924	-	-	\$2,198,181,187
2018-19	\$143,282,969	\$393,831,948	\$952,418,170	\$8,206,050	\$35,893,354	\$330,400,664	\$295,916,173	\$101,027,803	-	\$108,921,097	-	-	\$2,369,898,228
2019-20	\$157,930,398	\$446,435,136	\$990,916,291	\$8,695,411	\$36,963,392	\$298,785,191	\$263,582,557	\$101,258,852	-	\$122,461,814	-	-	\$2,427,029,042
<b>10-Year Change</b>			<b>58.4%</b>	<b>53.8%</b>	<b>37.1%</b>	<b>65.9%</b>		<b>59.9%</b>					<b>66.1%</b>

Fiscal Year	Administration FTE	Behavioral Health FTE	Zuckerberg SF General FTE	Health at Home FTE	Jail Health FTE	Laguna Honda FTE	Network Services FTE	Primary Care FTE	Public Health FTE	Population Health FTE	Mental Health FTE	Substance Abuse FTE	Total FTE
2010-11	-	-	2,616.56	46.05	138.36	1,232.12	-	459.25	708.06	-	515.84	44.94	5,761.18
2011-12	-	-	2,645.80	46.05	138.18	1,203.08	-	456.67	686.07	-	513.17	47.61	5,736.63
2012-13	-	-	2,697.65	44.59	138.90	1,210.49	-	488.58	695.29	-	532.95	58.07	5,866.52
2013-14	-	-	2,905.13	44.37	137.48	1,314.23	-	498.26	694.83	-	542.72	57.78	6,194.80
2014-15	-	-	2,965.97	44.25	140.30	1,335.79	-	516.72	768.09	-	545.53	65.90	6,382.55
2015-16	-	-	3,059.59	44.93	140.43	1,342.90	-	545.04	889.66	-	586.55	62.90	6,672.00
2016-17	-	-	3,030.43	46.95	155.49	1,348.13	-	517.22	1,168.57	-	566.28	71.07	6,904.14
2017-18	483.43	642.95	3,015.81	46.86	165.42	1,329.96	293.22	494.25	-	450.98	-	-	6,922.88
2018-19	509.88	663.33	3,029.80	46.89	165.03	1,325.75	311.83	473.17	-	431.16	-	-	6,956.84
2019-20	492.30	668.69	3,032.97	46.88	155.88	1,332.56	363.76	450.28	-	433.75	-	-	6,977.07
<b>10-Year Change</b>			<b>15.91%</b>	<b>1.80%</b>	<b>12.66%</b>	<b>8.15%</b>		<b>(1.95%)</b>					<b>21.10%</b>

Source: Annual Appropriation Ordinances and Positions Reports

**Appendix B: DPH 10-Year Contract Services by Division**

Fiscal Year	Administrati on Budget	Behavioral Health Budget	Zuckerberg SF General Budget	Health at Home Budget	Jail Health Budget	Laguna Honda Budget	Network Services Budget	Primary Care Budget	Public Health Budget	Population Health Budget	Mental Health Budget	Substance Abuse Budget	Total Budget
2010-11	-	-	\$158,217,929	\$126,912	\$3,485,256	\$5,072,301	-	\$1,844,357	\$77,244,824	-	\$170,630,385	\$55,460,542	\$472,082,506
2011-12	-	-	\$181,604,709	\$196,912	\$3,485,256	\$6,043,182	-	\$2,177,957	\$80,789,627	-	\$161,446,074	\$54,312,302	\$490,056,019
2012-13	-	-	\$200,663,266	\$216,912	\$3,487,856	\$4,758,748	-	\$2,472,530	\$83,000,993	-	\$160,740,460	\$55,335,952	\$510,676,717
2013-14	-	-	\$210,522,959	\$266,912	\$3,551,404	\$4,518,458	-	\$3,113,999	\$88,066,119	-	\$174,361,318	\$60,119,024	\$544,520,193
2014-15	-	-	\$184,410,067	\$259,000	\$3,682,667	\$5,467,724	-	\$3,364,082	\$114,337,909	-	\$182,699,913	\$58,307,319	\$552,528,681
2015-16	-	-	\$184,410,067	\$259,000	\$3,682,667	\$5,467,724	-	\$3,364,082	\$114,337,909	-	\$182,699,913	\$58,307,319	\$552,528,681
2016-17	-	-	\$192,947,498	\$141,190	\$2,601,368	-\$3,501,374	-	\$4,055,575	\$112,826,196	-	\$201,486,912	\$57,083,622	\$567,640,987
2017-18	\$68,359,173	\$248,012,151	\$200,790,738	\$142,900	\$1,779,022	\$5,775,468	\$67,770,568	\$4,097,905	-	\$28,598,247	-	-	\$625,326,172
2018-19	\$24,307,616	\$266,666,507	\$206,807,112	\$142,900	\$1,925,265	\$5,672,147	\$70,746,470	\$4,176,010	-	\$36,592,470	-	-	\$617,036,497
2019-20	\$24,472,759	\$286,066,015	\$217,171,607	\$142,900	\$1,974,510	\$6,571,216	\$77,771,004	\$5,042,523	-	\$38,113,016	-	-	\$657,325,550
<b>10-Year Change</b>			<b>37.3%</b>	<b>12.6%</b>	<b>(43.3%)</b>	<b>29.6%</b>		<b>173.4%</b>					<b>39.2%</b>

Source:

Budget

Reports



**Appendix C: Behavioral Health Service Contracts Total Not-to-Exceed Multi-Year Funding, As of FY 2019-20**

Num	Agency	Mental Health Services	SUD Services	Combined MH/SUD Services	MHSA Specific Services	Adult/OA	Children Youth and Families	Transitional Age Youth	Contract Not-to-Exceed Amount
1	A Better Way	✓					✓		\$9,327,034
2	Addiction Research & Treatment, dba BAART		✓			✓			35,952,000
3	AJW, Inc.	✓					✓		642,300
4	Alternative Family Services	✓					✓		9,680,288
5	BAART Community Health Care	✓				✓			3,277,325
6	Baker Places	.	.	✓		✓			55,475,141
7	Baker Places - Hummingbird (BHC at ZSFGH)	✓				✓			9,969,867
8	Baker Places new Community Hummingbird (1156 Valencia)	✓				✓			9,540,278
9	Bayview Hunters Point Foundation	.	.	✓		✓	✓		9,757,806
10	Bayview Hunters Point Foundation - Methadone		✓			✓			8,123,500
11	Brainstorm Tutoring	✓					✓		1,150,874
12	Carekinesis	✓					✓		840,000
13	Catholic Charities-St. Vincent School for Boys	✓					✓		6,020,134
14	Center for Juvenile and Criminal Justice	✓					✓		2,484,966
15	Central City Hospitality House	✓				✓			8,804,235
16	Christine Frazita	✓					✓		150,119
17	City College of San Francisco	.	.	✓		✓			2,265,200
18	Community Awareness and Treatment Services (CATS)	.	.	✓		✓			9,548,108
19	Community Awareness and Treatment Services CATS- (MedRes.)		✓			✓			23,186,920
20	Community Housing Partnership	✓				✓			428,401
21	Community Youth Center	✓					✓	✓	5,164,304
22	Conard House, Inc.	✓				✓			44,862,764
23	Crestwood Behavioral Health, Inc.	✓				✓			77,280,000
24	Crossing Edge Consulting				✓	✓			560,868
25	Curry Senior Center (MHSA)	.			✓	✓			1,820,000
26	Curry Senior Center (SUD/MH)	.	.	✓		✓			5,324,306
27	Dignity Health- St. Francis Memorial Hospital	✓				✓			1,764,000
28	Dignity Health/St. Mary's Medical Ct.- McAuley	✓					✓		5,695,836
29	East Bay Agency for Children	✓					✓		1,056,199
30	Edgewood Center for Children and Families	✓					✓		24,224,508
31	Edgewood Center for Children and Families-TIS	✓					✓		143,500
32	Episcopal Community Services	✓				✓			5,696,208
33	Family Service Agency (Deaf Counseling)	✓				✓	✓		2,190,321
34	Family Service Agency Lead/PRSPR/BH Engagement Spec)	.	.	✓		✓			4,092,357
35	Family Service Agency of SF	✓				✓	✓	✓	36,533,164
36	Family Service Agency/Felton (BEAM UP and TAY Linkage)	✓				✓		✓	3,378,202
37	Family Service Agency/Felton-Merge with SF Suicide Prevention	.	.	✓		✓			2,279,248
38	Fort Help		✓			✓			8,359,664
39	Fort Help Mission		✓			✓			4,200,000
40	Friendship House of American Indians		✓			✓			2,065,697
41	Golden Bear Associates	.	.	✓		✓	✓		1,087,684
42	Harder & Company Community Research	✓				✓			918,400
43	Harm Reduction Therapy Center	✓			✓	✓		✓	5,606,351
44	Hatchuel Tabernik & Associates	✓				✓			1,305,653
45	HealthRIGHT 360 - SOC Regular	.	.	✓		✓			84,064,915
46	HealthRIGHT 360 Check Writing	.	.	✓		✓	✓	✓	100,947,391
47	HealthRIGHT 360 Fiscal Intermediary	.	.	✓		✓	✓		79,058,563
48	Helios Healthcare, LLC	✓				✓			8,400,000
49	Homeless Children's Network	✓					✓		6,989,849

Num	Agency	Mental Health Services	SUD Services	Combined MH/SUD Services	MHSA Specific Services	Adult/OA	Children Youth and Families	Transitional Age Youth	Contract Not-to-Exceed Amount
50	Homeless Children's Network (Ma'at Program)	✓					✓		6,408,000
51	Horizon Unlimited of SF	•	•	✓			✓	✓	7,215,546
52	Huckleberry Youth Programs	✓					✓	✓	2,907,790
53	Hyde Street	✓				✓			9,474,439
54	Instituto Familiar de la Raza	✓				✓	✓	✓	28,795,895
55	Jamestown Community Center		✓				✓		1,344,000
56	Japanese Comm. Youth Council (JCYC)		✓				✓		1,881,600
57	Jewish Family and Children Services	✓				✓	✓		1,163,635
58	Justice and Diversity Center of the Bar Association of SF (formerly SF Bar Association - HAP)	✓				✓			1,127,379
59	Justice and Diversity Center of the Bar Association of SF (formerly SF Bar Association - HAP)	✓				✓			3,246,814
60	Larkin Street Youth Services	•	•	✓		•		✓	1,432,206
61	Larkin Street Youth Services (3rd Street Fl)				✓			✓	1,400,000
62	Latino Commission		✓			✓			6,096,595
63	Medimpact Healthcare System, Inc. (Pharmacy)	✓				✓			21,593,120
64	Mental Health Association San Francisco - Peer Engagement Services and Warmline	✓				✓			3,502,800
65	Mental Health Association San Francisco - TAY	•			✓			✓	231,073
66	Mental Health Management (Canyon Manor)	✓				✓			5,530,000
67	Learning for Action (MHSA)	✓					✓		672,000
68	Mission Council		✓			✓			2,615,500
69	Mount St. Joseph- St. Elizabeth (Epiphany)	•	•	✓		✓	✓		4,117,075
70	NAMI San Francisco	•			✓	✓			661,715
71	Native American Health Center				✓	✓			429,764
72	NICOS	✓				✓			606,341
73	Oakes Children's Center	✓					✓		9,448,871
74	Positive Resource Center	✓				✓			18,075,044
75	Progress Foundation	✓				✓		✓	94,523,518
76	Public Health Institute	✓					✓		846,445
77	Rafiki Coalition for Health and Wellness	✓			•	✓			3,626,287
78	RAMS - MH Adult	✓				✓			23,467,824
79	RAMS - Peer to Peer	•	•	✓	✓	✓		✓	28,388,060
80	RAMS - Vocational Rehab	✓				✓		✓	20,739,037
81	RAMS-Children	•	•	✓			✓		27,683,289
82	RAMS-PAES	•	•	✓		✓			9,133,024
83	Safe and Sound (formerly SF Child Abuse Prevention Center)	✓					✓		1,362,650
84	San Francisco AIDS Foundation	•	•	✓		✓			4,307,834
85	San Francisco LGBT Center				✓			✓	1,400,000
86	San Francisco Mental Health Education Funds	•	•	✓		✓	✓	✓	814,877
87	San Francisco Study Center	✓				✓			5,753,420
88	Seneca Center	✓			✓		✓	✓	40,529,444
89	Special Services for Groups (OTTP)	✓					✓		8,083,604
90	St. James Infirmary	✓				✓			1,286,785
91	Superior Court of California, County of San Francisco		✓			✓			2,789,479
92	Swords to Plowshares	✓				✓			2,805,487
93	The Salvation Army (contract)-Adult Probation		✓			✓			1,663,816
94	The Salvation Army (Grant- Prop 47/LEAD)		✓			✓			4,546,265
95	UCSF - Child Trauma Research Project	✓					✓		1,022,399
96	UCSF Alliance Health Project (MH)	✓				✓			5,535,878
97	UCSF Alliance Health Project (SUD)		✓			✓			1,531,721
98	UCSF Child and Adolescent Services	✓					✓		6,471,862
99	UCSF Citywide	•	•	✓		✓			22,811,510
100	UCSF Citywide Employment Program	✓				✓			3,320,000
101	UCSF Citywide Employment Program- First Impressions (new from 1/1/20-6/30/20 in	✓				✓			2,292,062

Num	Agency	Mental Health Services	SUD Services	Combined MH/SUD Services	MHSA Specific Services	Adult/OA	Children Youth and Families	Transitional Age Youth	Contract Not-to-Exceed Amount
	FY19-20)								
102	UCSF Citywide SPR	✓				✓			49,275,951
103	UCSF Infant Parent Program	✓					✓		6,374,716
104	UCSF -Regents DSAAM		✓			✓			9,608,095
105	UCSF-Dialectical Behavior Therapy Clinic	✓					✓		93,017
106	Unity Care	✓					✓		336,000
107	Victor Treatment Center	✓					✓		3,121,367
108	Westcoast Children's Clinic	✓					✓		3,031,832
109	Westside Community Mental Health Center	.	.	✓		✓	✓		23,347,118
110	Westside Community Mental Health Center - Methadone		✓			✓			8,869,794
111	Yale School of Medicine	✓				✓			100,800
112	YMCA of San Francisco (Bayview)	✓				✓			1,921,123
113	YMCA Urban Services - SF HOPE	✓				.	✓		6,308,295
114	YMCA Urban Services (CYF and SUD)	.	.	✓			✓		5,835,911
115	Youth Leadership Institute		✓				✓		1,883,581
	<b>Total</b>	<b>69</b>	<b>17</b>	<b>22</b>	<b>10</b>	<b>75</b>	<b>47</b>	<b>17</b>	<b>\$1,318,515,827</b>

BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

## MEMORANDUM

TO: Dr. Grant Colfax, Director, Department of Public Health  
Severin Campbell, Office of the Budget and Legislative Analyst

FROM: Linda Wong, Assistant Clerk  
Budget and Appropriations Committee

DATE: June 1, 2020

SUBJECT: HEARING MATTER INTRODUCED

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The Board of Supervisors' Budget and Appropriations Committee has received the following hearing request, introduced by Supervisor Sandra Lee Fewer:

**File No. 200532**  
**Hearing on the budget for the Public Health Department, including an analysis of changes over the last decade, structure for the department, and COVID-19- related impacts on services, revenues and expenditures; and requesting the Public Health Department and the Budget and Legislative Analyst to report.**

Pursuant to the hearing request, you or a representative will be expected to attend and present on the subject when this matter is agendized.

If you have any comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

c: Greg Wagner, Department of Public Health  
Dr. Naveena Bobba, Department of Public Health  
Nicholas Menard, Office of the Budget and Legislative Analyst

# Introduction Form

By a Member of the Board of Supervisors or Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning : "Supervisor  inquiries"
- 5. City Attorney Request.
- 6. Call File No.  from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No.
- 9. Reactivate File No.
- 10. Topic submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.**

Sponsor(s):

Subject:

The text is listed:

Signature of Sponsoring Supervisor:

For Clerk's Use Only