

DEPARTMENT OF PUBLIC HEALTH FY 24-26 BUDGET

Our Mission and Vision

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□ **OUR MISSION**

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

□ **OUR VISION**

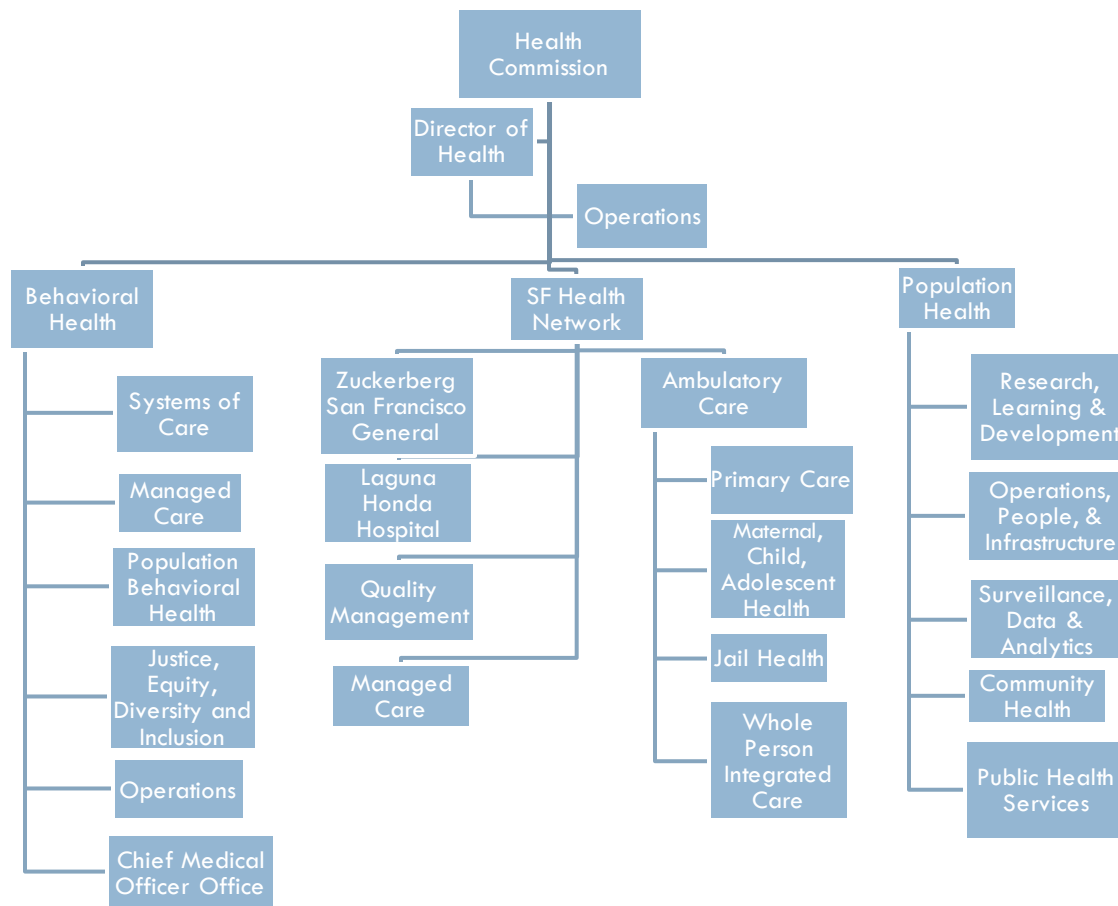
- Making San Francisco the healthiest place on earth.

□ **WHAT WE DO**

- Assess and research the health of the community
- Develop and enforce health policy
- Protect the public from major public health threats, e.g., pandemics
- Prevent disease and injury
- Educate the public and train health care providers
- Provide quality, comprehensive, and culturally proficient health services
- Ensure equitable access to health care
- Reduce health disparities

DPH: An Integrated Health Department

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



Population Health:
Protecting the health of the population



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Health Network: Promoting the health of our more than 100,000+ patients

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DPH's Proposed Budget

FY 2024-25 and FY 2025-26

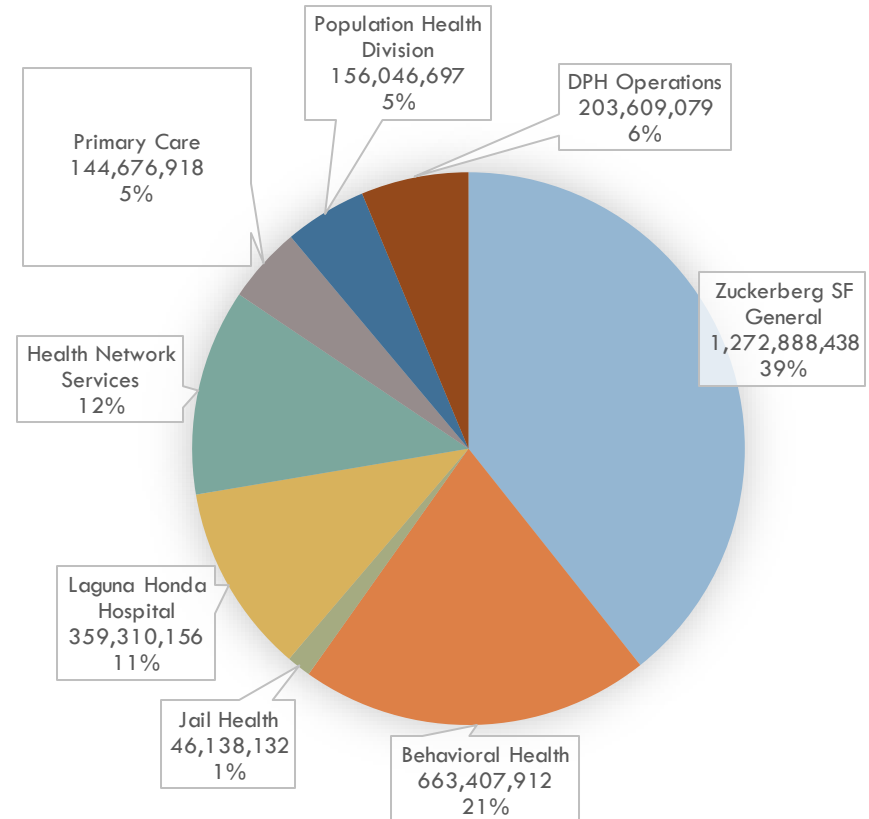
Overview of DPH's 24-25 Budget

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DPH Division	FY 24-25 Budget	FTE
Zuckerberg SF General	1,272,888,438	2,986
Behavioral Health	663,407,912	821
Jail Health	46,138,132	160
Laguna Honda Hospital	359,310,156	1,334
Health Network Services	391,042,785	783
Primary Care	144,676,918	524
Population Health Division	156,046,697	484
DPH Operations	203,609,079	603
Total	3,237,120,117	7,694

- Budget increases by 1.5% compared to current year and remains stable in the second year
- In FY 24-25, our general fund support is reduced from 26% to 25% (\$47 M reduction)
- Over 75% of DPH's budget leverages revenue

FY 24-25 Budget

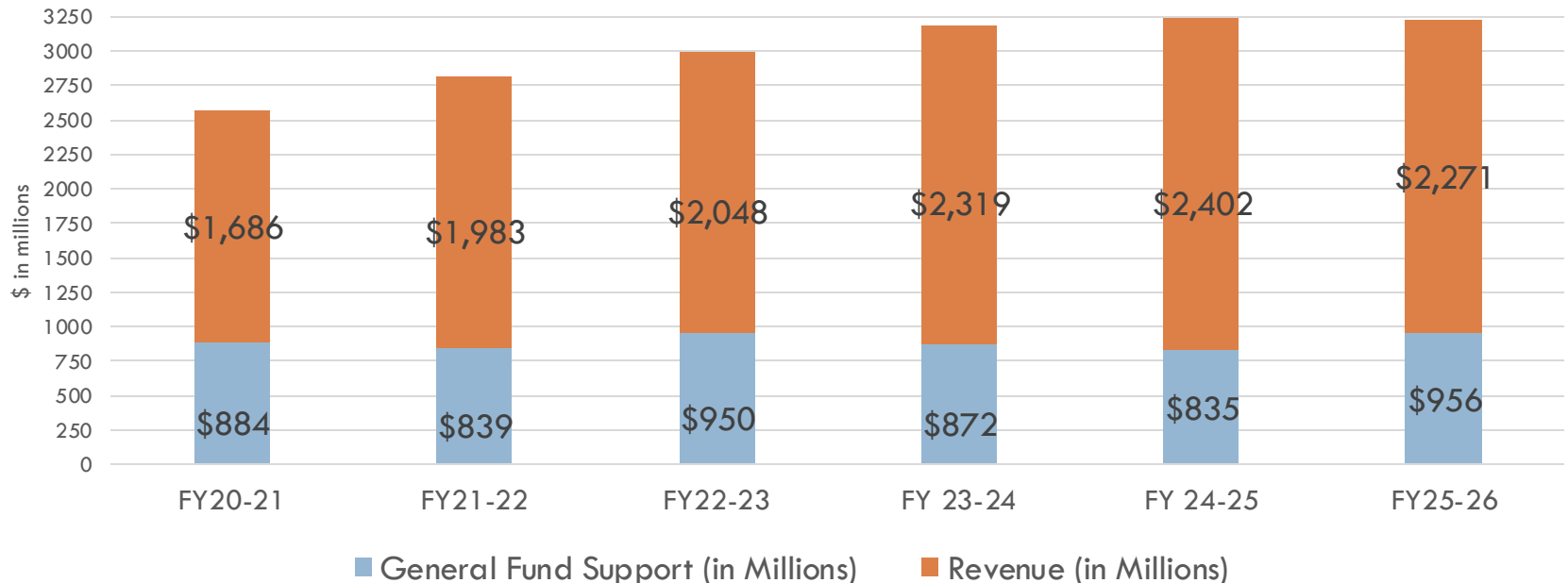


Funding Sources and Reducing General Fund Support

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- DPH increased revenue by \$300 M in the two year budget to reduce general fund support (\$180 M in FY 2024-25 and \$126 M in FY 2025-26)
- 31% of the budget (\$1 billion) comes from Medi-Cal. DPH also earns Medicare, other patient revenues, State Realignment, State and Federal Grants, etc.

Revenue Remains a Consistent Proportion of DPH's Total Budget



DPH Positions by Division

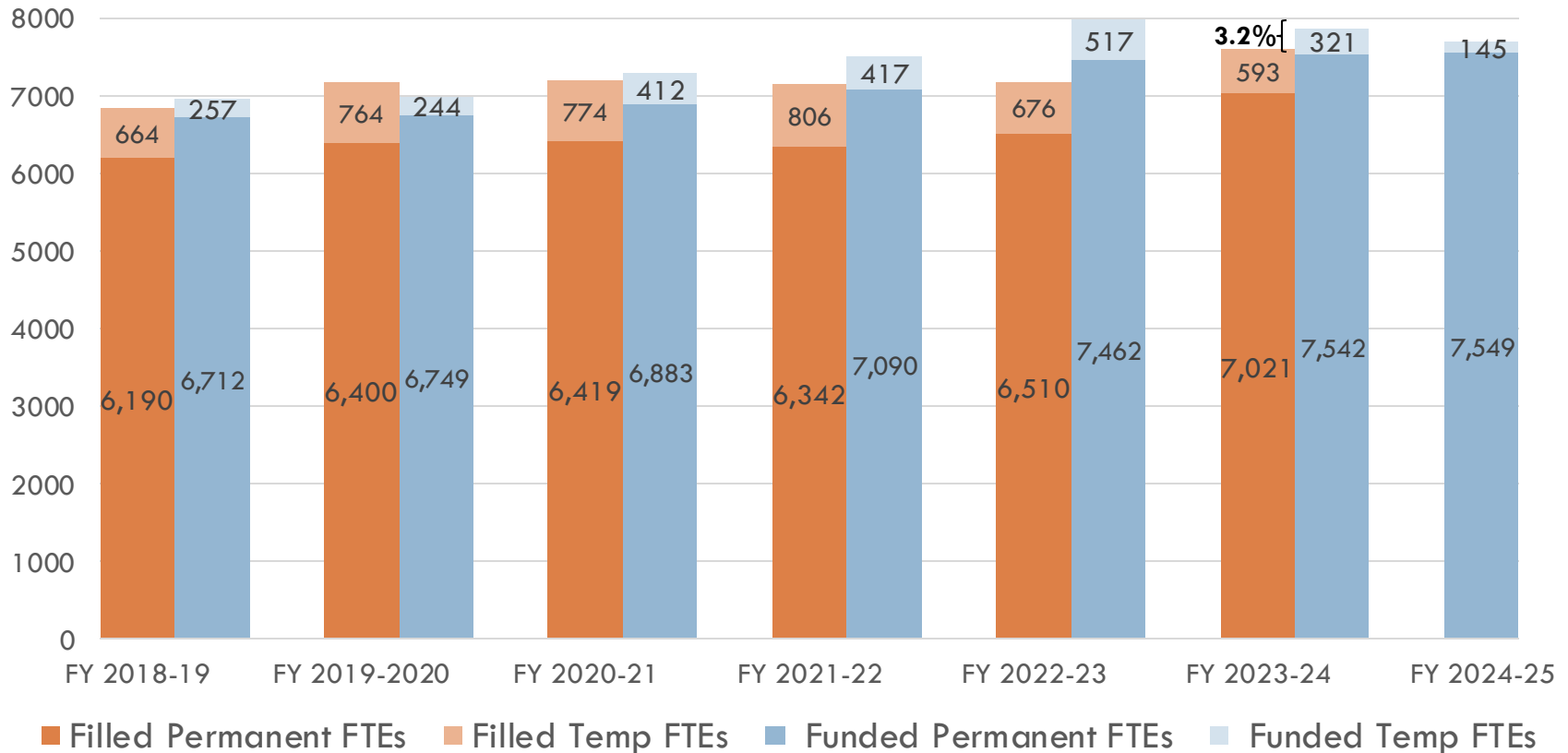
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DPH Division	FY 23-24 Filled Positions as of 6/4			FY 23-24 Funded Positions			FY 24-25 Proposed
	Permanent FTEs	Temp FTEs	Total	Permanent FTEs	Temp FTEs	Total FTE	Total FTE
Zuckerberg SF General	2,767	303	3,058	2,878	98	2,977	2,986
Behavioral Health	763	35	796	852	54	906	821
Jail Health	134	11	146	152	4	156	160
Laguna Honda Hospital	1,254	68	1,322	1,323	29	1,352	1,334
Health Network Services	629	40	671	720	23	742	783
Primary Care	506	48	552	554	20	574	524
Population Health Division	413	42	455	484	89	572	484
DPH Operations	555	46	599	580	4	583	603
Total	7,021	593	7,614	7,542	321	7,862	7,694

Historic Look at Staffing Actuals Vs Budget Authority

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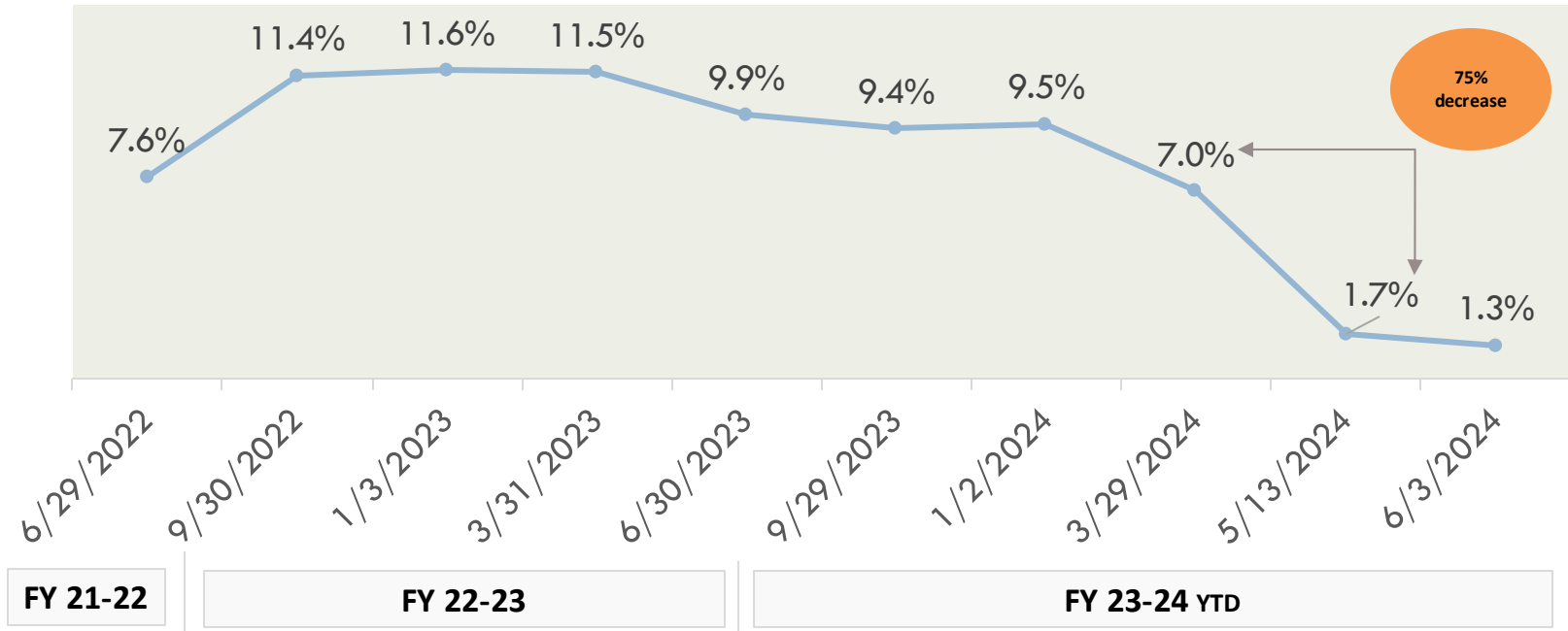
DPH currently has filled **96.8%** its total budgeted position authority and has the highest staffing rate in its history





Registered Nurse Vacancy Trend

2320 Registered Nurse Vacancy Rate
Net Attrition



DPH has increased RN FTE by 132 FTE from 1,280 FTE in June 2023 to 1,412 FTE in June 2024

Approach for FY 2024-26 Budget

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- Leverage additional revenues to meet general fund reduction targets

- Targeted reductions and expenditure savings, working to minimize service impacts including:
 - Adjusting budgets to match projected spend
 - Finding operating efficiencies
 - Eliminating vacant positions

- Some reductions with service impacts through CBOs, primarily in FY 25-26

Proposed Budget Includes Adjustments that Exceed GF Reduction Targets by \$40 M

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DPH Budget Proposal	FY 24-25 General Fund Savings/(Cost)	FY 25-26 General Fund Savings/(Cost)
10% General Fund Reduction Targets	\$ (93,820,000)	\$ (93,820,000)
5% Contingency	\$ (46,910,000)	\$ (46,910,000)
Total Targets	\$ (140,730,000)	\$ (140,730,000)
February Proposal to Meet 10% Target		
Revenue Initiatives	\$ 179,964,945	\$ 125,991,889
<i>Less Revenue Assumed in Budget</i>	\$ (16,776,176)	\$ (34,216,796)
Mid-Year Savings	\$ 7,641,094	\$ 7,808,996
Reducing Vacant Positions	\$ 7,567,068	\$ 7,849,660
Contract Savings / Efficiencies	\$ 14,666,532	\$ 29,173,840
Contract Reductions	\$ 3,273,100	\$ 13,369,606
<i>Additional RNs</i>	\$ (10,813,419)	\$ (14,217,775)
All Proposals	\$ 185,523,144	\$ 135,759,419

Detailed Expenditure Savings, Efficiencies & Contract Reductions

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	FTE Change	FY 24-25 General Fund Savings/(Cost)	FY 25-26 General Fund Savings/(Cost)
Mid-Year Savings	(55.00)	\$ 7,641,094	\$ 7,808,996
Reducing Vacant Positions	(74.97)	\$ 7,567,068	\$ 7,849,660
Healthy SF Savings from Expanded Medi-Cal Eligibility	-	\$ 2,441,878	\$ 3,761,878
Reducing COVID Testing and Vaccine Costs	-	\$ 2,000,000	\$ 2,000,000
Shift Current Expenditures to Leverage Non-GF Sources	-	\$10,630,232	\$10,765,147
Leases & IT Operating and Pharmacy Cost Savings	-	\$ 2,269,018	\$ 2,893,028
Reduction in University of California San Francisco (UCSF) Affiliation Agreement Costs	-	\$ 1,658,481	\$ 1,658,481
Reduction in SNF bed payments to Chinese Hospital pending its Medicare Certification	-	-	\$ 6,600,000
Reduction of “Healthy Community Grants” (Sugary-Drink Distributor Tax Funding)*	-	\$ 2,948,300	\$ 3,072,214
Street Violence Intervention Program (SVIP) reduction*	-	\$ 2,474,563	\$ 2,474,563
5% reduction in CBO contract spending in areas not tied to external revenues or matching source*	-	-	\$ 9,972,592
Total *will be included in Beilenson Hearing	129.97	\$39,630,634	\$58,856,559

New & Continuing Investments

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	FY 24-25 General Fund Savings/(Cost)	FY 25-26 General Fund Savings/(Cost)
Expanded Operating Room Capacity (revenue generating)	\$ 5,221,457	\$ 5,095,030
Addition of 47 FTE of new Registered Nurses	\$ (10,813,419)	\$ (14,217,775)
Investments using Opioid Settlement Funding	FY 24-25 Proposed Spending (no GF impact)	FY 25-26 Proposed Spending (no GF impact)
Increasing Access to Substance Use Treatment and Medication for Addiction Treatment	\$ (7,121,626)	\$ (8,280,226)
Black/African American Overdose Prevention	\$ (1,075,000)	\$ (5,350,000)
Continuing Sober Living Program (HSH)	\$ (3,700,000)	\$ (3,700,000)
Continuing High Impact Intervention Services (Methadone, Contingency Management, Reducing Overdose in Supportive Housing and Black/African American Community)	\$ (7,800,000)	\$ (7,800,000)

DPH Performance Measures

Ways We Use Data

- **True North Lean Strategic Planning** (Kaizen Promotion Office)
- **Contract and Compliance Monitoring**
- **Performance and Milestone Based Payments**
 - Global Payment Program
 - Quality Improvement Program
- **Quality Improvement and Regulatory Compliance**

Examples of Data and Performance Goals

Improving health outcomes for people experiencing homelessness

- Decrease Overdose Deaths
- Continuity follow-up after experiencing 5150s
- Assessment for coordinated entry to housing

IDEA: Improving data to enable and align

- Staff in analytical roles agree they have "access to data" they need to support improvement work.
- Percent of Epic ARA/ARUs that use self-service analytics "successfully" to support improvement work.
- Percent of time Workforce A3 Team utilizes dashboard in daily work Reducing Hiring Timeline

Hiring and retaining our diverse workforce

- Reduce backlog and decrease the vacancy rate
- Reduce hiring process timeline for prioritized positions from RTF to appointment date
- Decrease number of separations
- Increase EE survey rating on "place to work"

Performance Payments GPP and QIP

- Outpatient, Inpatient and Specialty visits for the uninsured
- Mammogram rates
- Early Childhood visits

Examples of Audits and Performance Projects by Controller

Audits and Assessment Reports

FY24 Q4

- Citywide FY24 Security Interconnection Agreement Assessment (fieldwork; planned issuance)

FY25 Q1

- DPH Secondary Employment Audit (fieldwork; planned issuance)
- Friends of Audit – SF Public Health Foundation (fieldwork; planned issuance)
- Citywide FY24 Cybersecurity Maturity Assessment (fieldwork; planned issuance)

FY25 Q2

- Citywide Audit of COVID-19 Emergency Procurement (fieldwork; planned issuance)

Continuous:

- Citywide COVID-19 and Winter Storms FEMA/Cal OES Cost Recovery
- Whistleblower Program

Performance Projects and Reports

	Project
#1 Homelessness and Behavioral Health	<ul style="list-style-type: none"> Nursing & Behavioral Services in PSH (co-sponsored by DPH and HSH) * Our City, Our Home Fund Administration
#2 Develop our People	<ul style="list-style-type: none"> DPH HR Improvement Project Phase I DPH HR Improvement Project Phase II
#3 Turning Data into Actionable Knowledge	<ul style="list-style-type: none"> DPH Analyst Capacity Assessment Phase Office of Coordinated Care Reporting Assessment * Performance Program, including * Performance Scorecards * Vision Zero Benchmarking
#4 Improve Access & Flow Across SFHN	<ul style="list-style-type: none"> Network Flow Phase II & Bed Modeling Support SNF Subacute Beds Contract Behavioral Health Facility Acquisition Process Analysis Residential Care & Treatment Workgroup
#5 Initiate & Retain People in Treatment for Opioid Use Disorder	<ul style="list-style-type: none"> Overdose Prevention Program (CORE) Data & Reporting Section Support
#6 Effectively Manage Revenues and Expenditures	<ul style="list-style-type: none"> Office of Managed Care Staffing Analysis Managed Care Contracts Rate Review ZSFG Chargemaster Review HCSO Financial and Policy Analysis Citywide Nonprofit Monitoring and Capacity Building Program Nonprofit Programmatic Monitoring Policy Development
#8 LHH Recertification	<ul style="list-style-type: none"> LHH Dashboard Development and Maintenance

Note: Projects marked with an asterisk (*) are select citywide or special-funded projects.

Trailing Legislation

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- **Annual Recurring Grants** - Requires BOS Resolution
- **Patient Rates** – Updated for CPI
- **Planned Parenthood Security Grant** – Continues prior year initiative
- **Proposed Maddy Emergency Medical Services Fund Elimination**
 - State law authorizes, but does not require, counties to establish a fund, reimburse certain providers who provide emergency medical service to uninsured individuals
 - \$2 fine levied on every \$10 fine for violation of vehicle code
 - Vast majority of payments are to hospitals, with some to individual physician groups
 - Annual revenue has dropped from \$1.6 M to \$0.4 M and expected to decline
 - Administration costs will require general fund subsidy in future years to administer

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Questions