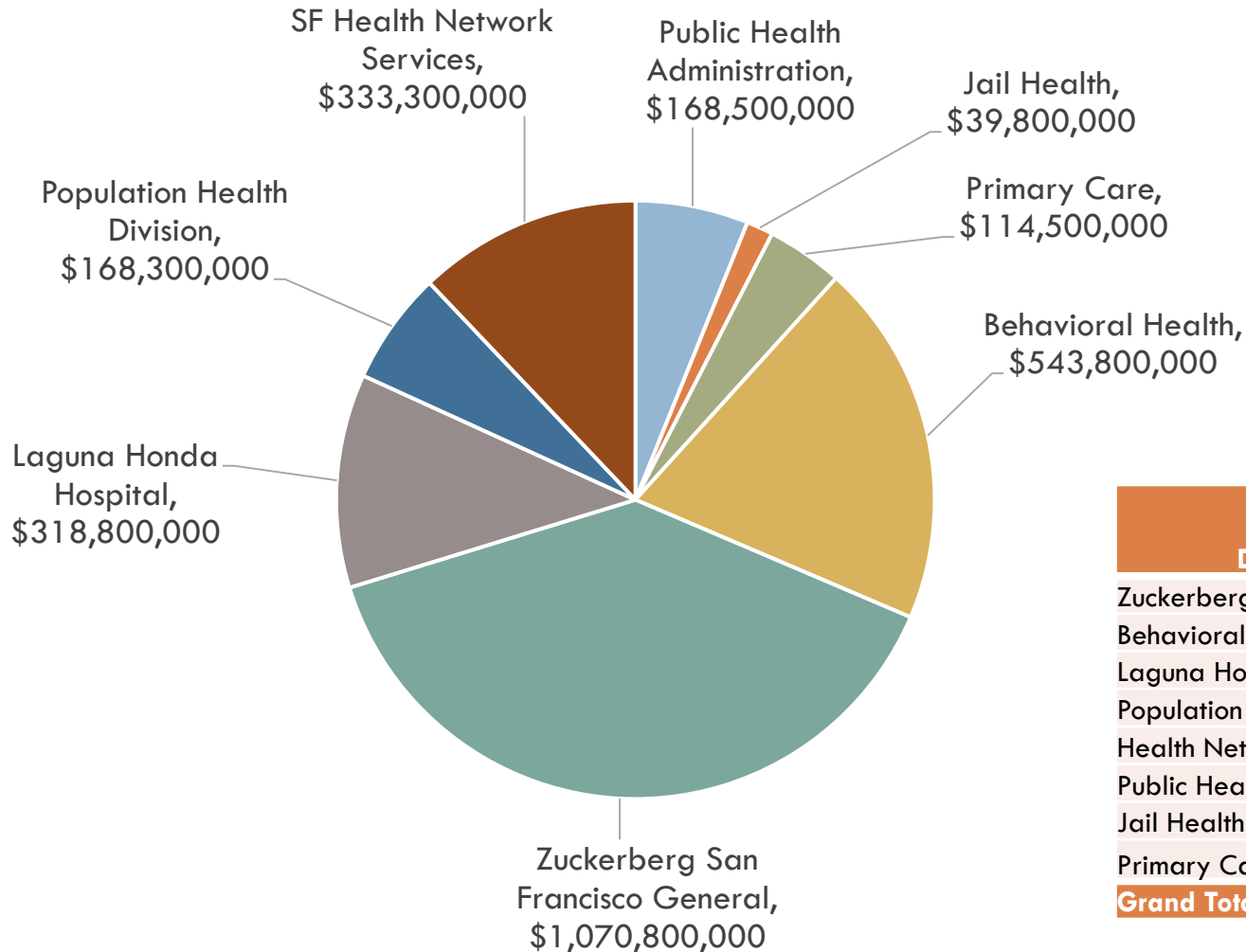


# DEPARTMENT OF PUBLIC HEALTH FY 2021-22 & FY 2022-23 BUDGET

June 16, 2021 – BOS Budget and Appropriations

# DPH 2022-23 Budget - \$2.8 Billion

2



Division	Operating FTE
Zuckerberg SF General	2,848
Behavioral Health	787
Laguna Honda Hospital	1,308
Population Health Division	471
Health Network Services	660
Public Health Administration	538
Jail Health	151
Primary Care	553
<b>Grand Total</b>	<b>7,316</b>

# Investment in the Racial Equity Action Plan (REAP)

3

\$1.5 million in additional annual investment for Office of Health Equity

- ▣ **Policy and program development** for responding to and preventing bias in the workplace.
- ▣ Implementation of staff and community **support activities and recruitment programs.**
- ▣ Development of **data systems, tracking, analysis, evaluation and reporting**
- ▣ Extensive anti-racism, racial equity, and implicit bias **training** for all DPH Staff
- ▣ 8 FTE that will leverage existing staffing within DPH

# Conversion of Security Services Staffing

4

Investing \$6M in trained healthcare staff, which converts \$4.2 of existing Sheriff Services and adds an additional \$1.8 million in expenditure.

## Security Program Goals:

- Comply with Hospital Regulation Requirements
- Provide a program that has a healthcare specific context
- Provide a program that addresses equity, racial disparities, with a focus on prevention
- Sheriff Deputies will continue to be present in ZSFG's Emergency Department, Psychiatric Emergency Services, and ZSFG and LHH campus vehicle patrols, and deputy supervision.

## Hospital Security Staffing Changes (ZSFG and LHH)

- Reduce the number of Sheriff Deputies by a total of 15.6 FTE
- Add a total of 33.4 FTE of Psychiatry Nurses and Technicians to staff Behavioral Health Emergency Response Teams (BERTs)
- Provide healthcare specific training to Sheriff Cadets

## Community Clinic Security Staffing Changes

- Contracting with Community Based Organizations to provide client/patient safety services at four locations.

# New Behavioral Health Investments Under MHSF and Proposition C

5

Additional Bed Capacity	<ul style="list-style-type: none"><li>• \$11.4 M - operating costs for up to 196 new beds</li><li>• \$122.2 M - for one-time acquisition</li></ul>
Increasing Services in the Street and Shelter	<ul style="list-style-type: none"><li>• \$1.8 M - annually for 7th Street Crisis Response Team</li><li>• \$2 M – Behavioral Health Expansion in Street Medicine and Shelter Health</li><li>• \$0.3 M - client transportation</li></ul>
Targeted MH Services	<ul style="list-style-type: none"><li>• \$1.25 M – Transitional Aged Youth services</li><li>• \$1 M – Transgender services</li></ul>
MH Service Center Expansion	<ul style="list-style-type: none"><li>• \$2 M in FY 2022-23 - continued expansion of hours at Behavioral Health Access Center</li></ul>
Overdose Prevention	<ul style="list-style-type: none"><li>• \$5.4 M - Street Overdose Response Team</li><li>• \$5.4 M - expands Contingency Management and Medication Assisted Treatment</li><li>• \$2.8 M - Harm Reduction and expand overdose education and naloxone provision</li></ul>
Permanent Supportive Housing Services	<ul style="list-style-type: none"><li>• \$7.7 M - expand DPH Behavioral Health Services at Permanent Supportive Housing sites</li></ul>
Operation and Implementation	<ul style="list-style-type: none"><li>• \$1.8 million - expanded contracts, data, HR, IT and facilities support</li></ul>

# COVID-19 Response & Recovery

6

DPH COVID Task Force  
- \$ 12.3 M

- Serves as DPH DOC to establish logistics, planning, data intelligence and finance sections and DPH's Public Health Emergency Preparedness and Response unit

COVID Disease  
Response Unit-\$14.4 M

- Integrates Case Investigation, Contact Tracing, Outbreak Management Functions

DPH COVID  
Vaccination - \$21.5 M

- Focus on “hard-to-reach” individuals as well as children including, 2-11 years old

Testing and Lab  
Services - \$11.6 M

- Continued Testing Services

Non-Health System  
Surge Capacity - \$7.3 M

- Provides Health Services in Shelter in Place (SIP) and Isolation and Quarantine (I&Q) hotels
- (facilities operating costs budgeted in HSH and HSA)

Community Recovery &  
Engagement - \$32.3 M

- prioritizes populations and settings most impacted by COVID and neighborhoods with most health disparities.
- Shift in focus to schools, workplaces, and person experiencing homeless (PEH) due to reopening.

DPH Operations  
Sustainability - \$24.0 M

- support for SFHN and PHD operations for new “normal”
- Additional safety and cleaning measures, COVID units for surges, etc

7

Thank You

8

# Appendices



# New Overdose Interventions

## Starting in 21-22

9

### Drug Sobering Center - \$4.2 M

- Provides recovery and peer counseling support
- 20 beds, opening Fall of 2021

### Street Overdose Response Teams - \$5.4 M

- Response Team with SFFD Community Paramedics and Street Medicine clinicians providing immediate counteractive measures
- Follow-Up Team to continue assertive outreach, providing risk reductions strategies, treatment to manage withdrawal, and connections to services
- Paramedics available at least 20 hours/day, 7 days/week; Follow-Up Team available 40+ hours/week

### Medication Assisted Treatment & Contingency Management - \$5.4 M

- Expands hours to create a 24/7 drop-in opioid treatment clinic in Civic Center
- Medication delivery for people with opioid use disorders and limited pharmacy access
- Buprenorphine induction clinic with cognitive behavioral treatment for stimulant use disorder

### Harm Reduction \$2.5 M

- Expand education, therapy, and street outreach, including the distribution of naloxone, and fentanyl test strips at fixed site and street engagement
- Expand harm reduction supplies, low-threshold buprenorphine, contingency management in high risk settings

### Expanding Behavioral Health Pharmacy - \$2.7 M

- Hours expanding to 7 days a week
- Allows for daily dosing of buprenorphine

# 2. Conversion of Security Services Staffing

10

- \$6 M annual investment for trained health care security - converts approximately \$4.2 million of existing Sheriff security services and adds additional \$1.8 million of new costs
  - ▣ Replaces uniformed Deputy Sheriffs with trained health care professionals and peers at ZSFG, LHH and PC
  - ▣ Allows for trained health care staff to be the primary responders as appropriate
  - ▣ Continues to maintain a Sheriff's Department presence within the department
  - ▣ Implements a more rigorous training program for DPH and Sheriff department staff

# 2. Conversion of Security Services Staffing - Goals

11

- Providing a **safe and secure environment** of care for staff, patients and visitors.
- Provide a safety program that has a **healthcare-specific context**
- Provide **equitable service** consistent with the DPH mission and governmental mandate.
- Racial equity focus for security program; **eliminate racial/ethnic disparities** in security and law enforcement calls-for-service and response.
- Deliver a **clinically appropriate approach** to safety services with a focus on prevention.

# 2. Conversion of Security Services Staffing

- At ZSFG, reduce the number of Sheriff Deputies at ZSFG by 11.4 positions (14.5 FTE) and add 30.4 FTE of Psychiatry Nurses and License Psychiatry Technicians to function as Behavioral Emergency Response Team, (BERT) staff.
  - BERT will prevent crisis development by performing early-stage de-escalation, rounding, patient standby services, and assist in giving emergent medications and the initiation and application of restraints.
- Non-uniformed cadets will provide support to clinical staff in patient intervention, function as healthcare ambassadors to the community, conduct hospital campus patrols, and provide customer service, wayfinding, and navigation services.
- At Laguna Honda Hospital, replace 4.2 Deputy Sheriffs with 8.4 non-uniformed cadets and add 3 FTE of Psychiatric Nurse positions to support behavioral response training for LHH staff.

*Sheriff Deputies will continue to be present in ZSFG's Emergency Department, Psychiatric Emergency Services, and ZSFG and LHH campus vehicle patrols, and deputy supervision.*

# 2. Security Staffing Changes in Community Clinics

- Provide a culturally competent safety service that is an alternative to traditional security and law enforcement that serves as ambassadors for DPH and the community, is trusted by the community, and knowledgeable about the neighborhoods where DPH provides service.
- Replaces four Deputy Sheriff positions with a health care safety workforce provided by contract with a Community Based Organization to provide safety and customer services, and verbal-de-escalation at the following locations:

1. Southeast Health Center
2. SOMA Mental Health
3. Castro-Mission Health Center
4. Behavioral Health Access Center (1380 Howard)

- *Sheriff Deputies will continue to remain in fixed positions at Tom Waddell Clinic, Tom Waddell Urgent Care, Mission Mental Health, and DPH Central Administration (101 Grove.)*
- *Sheriff's deputies will provide support to the contracted safety-service-personnel through vehicle patrols and emergency responses to criminal activity.*

14

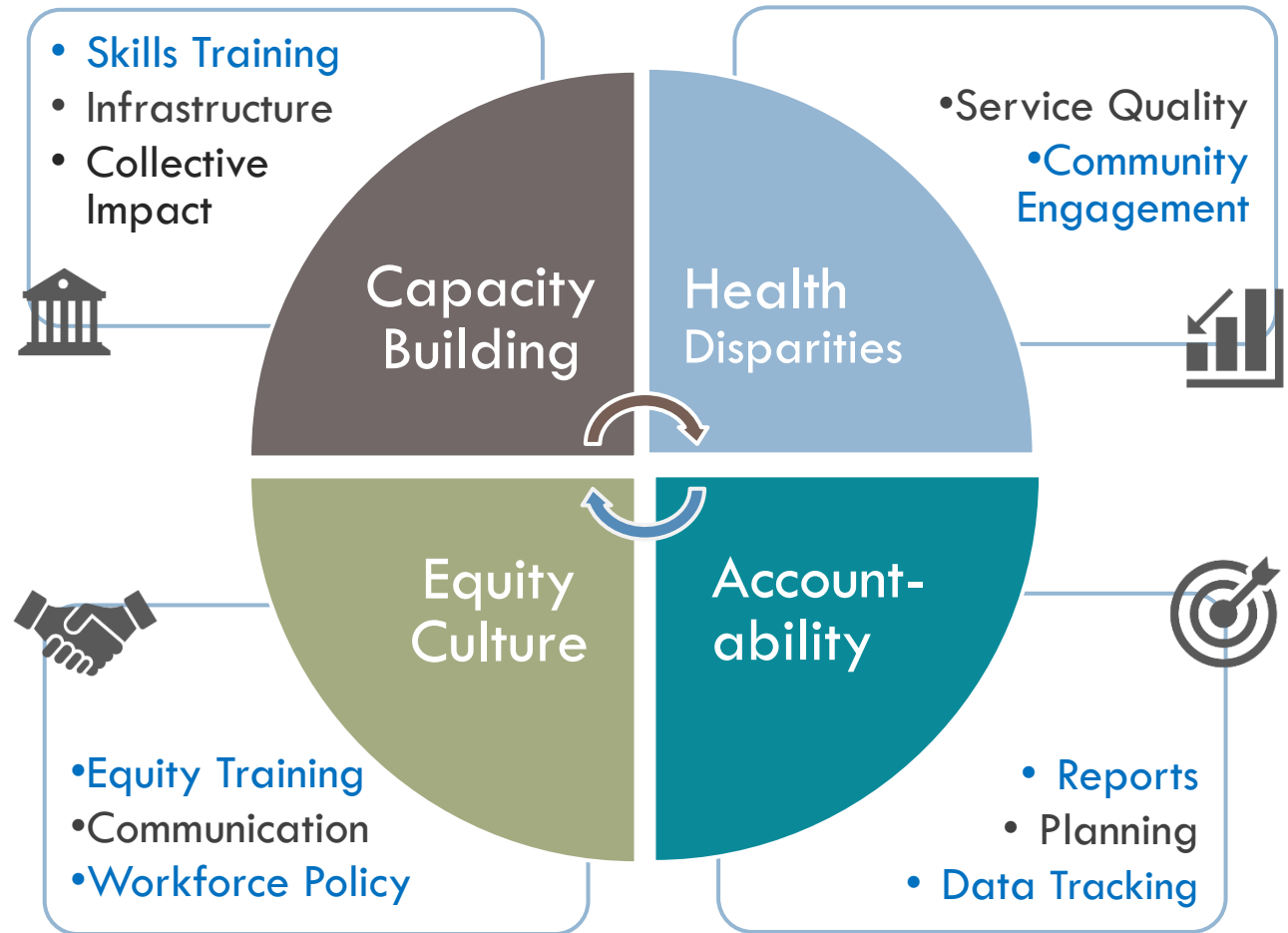
## March Presentation on Equity, Transparency and Performance

# Equity – Building sustainability

15

## Expanding:

- Training
- Workforce Policy
- Data Tracking
- Community Engagement
- Health Disparities



# Workforce and Health Equity

16

- 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

17

- **Maternal Child Health**
  - Doula trainings and access
  - Food security
  - Eliminating perinatal health disparities
- **Primary Care – Population Health Equity 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

18

## REAP Focus Area

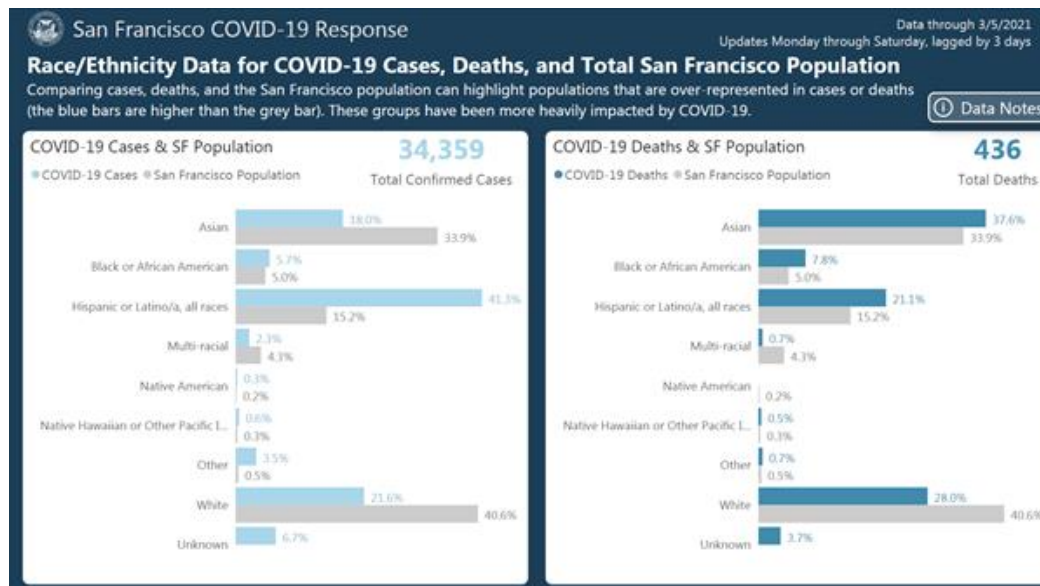
## Primary Goal

- |                                       |   |
|---------------------------------------|---|
| 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

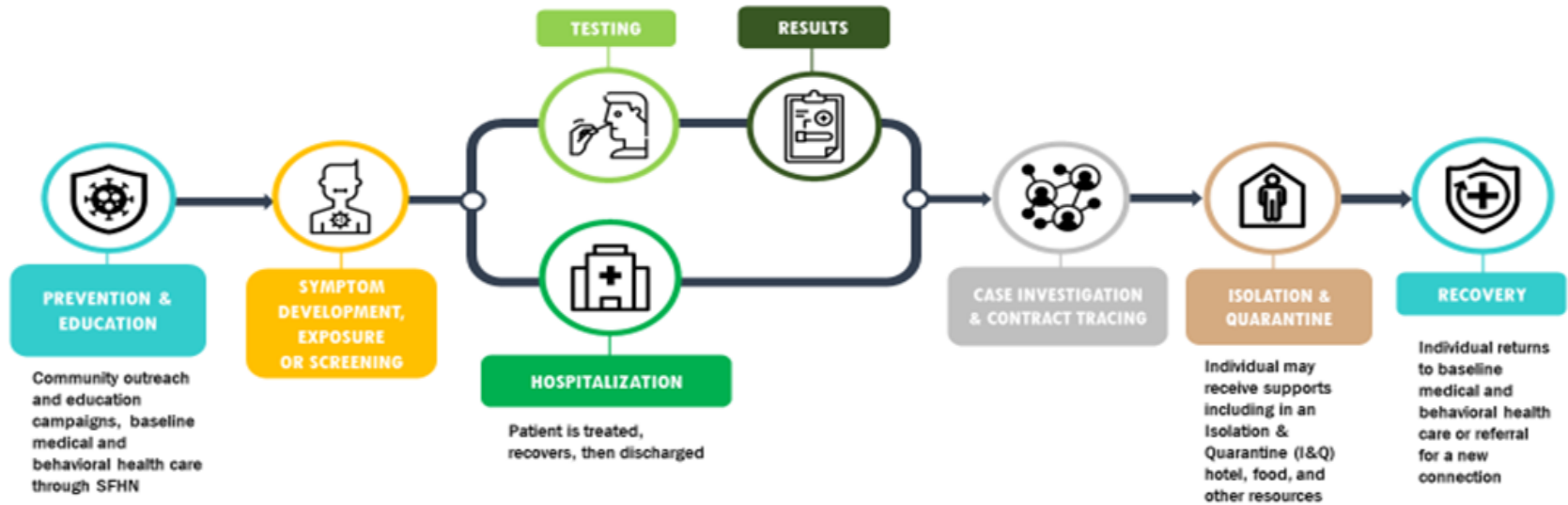
19

- 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

20

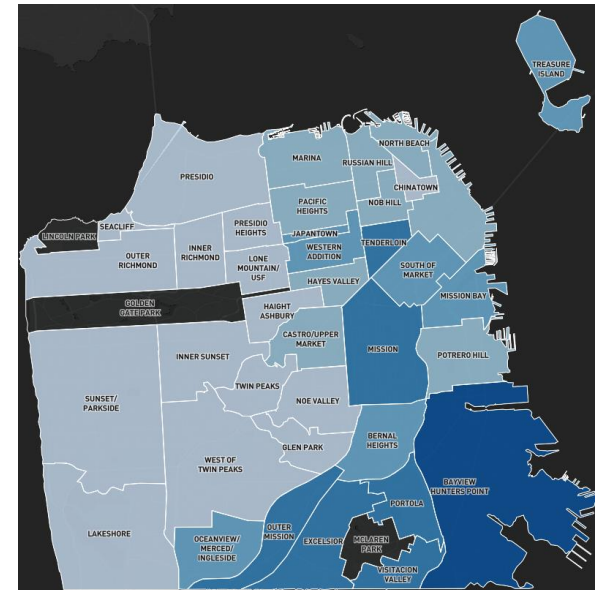


Integration of efforts occur through the entire spectrum of care: prevention- including outreach and education, testing, case investigation/contact tracing, connections to care including I&Q, and vaccination.

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

21

- ▶ \$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

22

- 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

23

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 has paused acceptance of donations from the organization until they are in compliance

# Other Actions Taken on Gift Acceptance

24

- Posting of DPH Donors on [sfdph.org](http://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 as 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