

## MEMORANDUM

To: President Dan Bernal and Honorable Members of the Health Commission

Through: Dr. Grant Colfax, Director of Health  
Greg Wagner, Chief Operating Officer

From: Jenny Louie, Chief Financial Officer

Date: January 28, 2022

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At the February 1<sup>st</sup> Commission meeting we will have the second hearing on the Department of Public Health's proposed budget for FY 2022-2023 and FY 2023-2024 (FY 2022-24). As you recall, our first hearing on January 18<sup>th</sup> included an overview of the Department's base budget and key areas of focus for the two upcoming fiscal years. In this second hearing, we will present our proposed budget submission, including revenues and emerging needs. We are requesting Commission approval of these initiatives for submission to the Controller and Mayor's Office.

The proposed budget makes key investments for the priorities discussed at the first Health Commission meeting on the FY 2022-24 budget.

- I. Implementing new programs and benefits under CalAIM
- II. Transitioning COVID-19 response functions into operations
- III. Continuing investment in and re-envisioning Behavioral Health Services
- IV. Strengthening program and department operations to improve service delivery and improving Workforce and Health Equity

Without mandatory General Fund reduction targets, DPH will leverage revenue growth to support investments within the department without increasing its General Fund support. The expenditure plan balances continued implementation of major Citywide strategic priorities for COVID-19 response and expansion of Behavioral Health Services, while also supporting the department's core programs and services that remain critical to the health and vibrancy of the City. This balanced approach creates a strong foundation from which the department can continue to respond effectively to current and future challenges and maintain the integrity of the department's core public health programs and healthcare services.

This submission represents the first phase of the budget process. Many additional changes are certain in the coming months. Significant interest and attention from the Mayor's Office and Board of Supervisors remains on DPH's Behavioral Health work, the implementation of Mental Health SF, and the critical work underway to improve health outcomes in the Tenderloin neighborhood. Similar to last year, behavioral health programs funded under Prop C will be

updated to reflect input from the Our City, Our Home oversight committee which begins its planning process in February. Between now and the final adoption of the budget, DPH will be working with policy makers, community stakeholders and advisory bodies to further develop and refine the initiatives included in this proposal. Similarly, this February proposal around the COVID-19 budget is only a starting point, with what is essentially an initial “down payment” toward a final budgetary plan. DPH is still in the process of evaluating the needs and operating model for its COVID-19 related services and the funding opportunities that may be available through the State and Federal governments. A critical component of this work is to continue developing and strengthening the partnership between the City government and community organizations that has developed during the COVID-19 pandemic, with a goal of integrating COVID-19 programs with broader ongoing efforts to improve health outcomes.

### *I. Baseline Revenues Initiatives and CalAIM*

As in prior years, the department continues to project significant revenue growth to offset proposed expenditures. Most of the revenue growth are related to baseline reimbursement for ambulatory and hospital services. However, new benefits and programs under CalAIM are beginning to come online to offset costs that have historically be supported by the City’s General Fund. Initial revenue estimates for programs which will become effective over the next twelve months are included here.

*A1 - Baseline Revenues for Zuckerberg San Francisco General* – This initiative updates the assumptions related to patient revenues at Zuckerberg San Francisco General (ZSFG). Baseline revenues are projected to increase by \$50.7 million ongoing.

Net General Fund Impact: FY 2022-23 \$50,391,372, FY 2023-24 \$50,670,823

*A2 - Baseline Revenues at Laguna Honda Hospital (LHH)* – Laguna Honda Hospital’s baseline revenues are based on an estimated 3% increase in Medi-Cal Skilled Nursing Facility Per Diem Rates for FY 2022-23 and a 2% increase in FY 2023-24 pending final confirmation from the State.

Net General Fund Impact: FY 2022-23 \$5,931,548, FY 2023-24 \$11,439,215

*A3 – Baseline Behavioral Health Revenues* – Based on state projections, 2011 Realignment will increase by \$15.7 million ongoing with an additional \$5 million increase in Short-Doyle Medi-Cal for Behavioral Health Services.

Net General Fund Impact: FY 2022-23 \$19,387,090, FY 2023-24 \$20,687,090

*A4 – Population Health Revenues* – Backfills losses in Population Health Division for expiring grants as well as a one-time reduction in revenues for Environmental Health Services due to reduced activity during this period of continued economic recovery.

Net General Fund Impact: FY 2022-23 \$1,591,197, FY 2023-24 \$923,538

*A5 – Improving Clinical Documentation Integrity* – Expands Clinical Documentation Integrity staffing to expand medical record reviews for quality, compliant documentation, subsequent billing, and improved state and federal quality metrics that impact hospital rating and align with healthcare industry best practices.

Net General Fund Impact: FY 2022-23 \$6,054,683, FY 2023-24 \$7,261,704

*A6 – CalAIM Programming for Enhanced Care Management, Community Supports and Behavioral Health Quality Improvement Program* – This initiative includes revenue changes anticipated under the new California Advancing and Innovating Medi-Cal (CalAIM), the successor program to the current Medi-Cal Waiver. Revenue increases are projected for new Enhanced Care Management and Community Supports benefits as well as a one-time Behavioral Health Quality Improvement Program.

Net General Fund Impact: FY 2022-23 \$4,000,000, FY 2023-24 \$4,000,000

## *II. Integrating COVID-19 Response Functions into Ongoing Operations and Maintaining Community Networks*

As discussed at the last Health Commission meeting, due to the continually changing nature of the COVID-19 pandemic, the significant planning efforts to incorporate response functions into operations from a stand-alone task force structure, the department's budget submission will not include a detailed proposed spending plan for COVID-19 response. With the Mayor's Office permission, we will finalize the development of the budget this spring and will return to the Health Commission for review and approval. Over the next several weeks the department will develop plans for service levels for each of the functions related to COVID-19 response and recovery. As part of this planning, the department will plan to leverage the extensive community and network engagement infrastructure developed during the pandemic and determine how to continue leverage these critical relationships, not only in response to the COVID-19 pandemic, but to help address broader health disparities on an ongoing basis. Recognizing the need to sustain the COVID-19 response and community functions at some level, our budget proposal includes \$25 million placeholder to help offset the impact of continued expenditures. Since a more detailed plan will be provided in a future Health Commission meeting, there is no narrative description of this initiative included for this meeting.

## *III. Behavioral Health Services*

During the FY 2022-24, the department will continue to implement and operationalize key aspects of Mental Health SF and expansion of Services for People Experiencing Homelessness under Proposition C funded last year. Behavioral Health Services has identified additional programming which complements and meets needs that were not funded as part of the services in prior years.

*B2 – Strengthening Services for Clients on Involuntary Holds* – Expands staff to strengthen coordination across San Francisco hospitals for people placed on involuntary holds ensures consistent support, linkages and follow-up for people who have been placed on 5150 holds, connecting individuals placed on holds to the appropriate level of care, and intervening with court ordered treatment when indicated. In addition, staff will coordinate required trainings for DPH staff on 5150 holds and ensure they are well-trained on the appropriateness of involuntary holds as an intervention.

Net General Fund Impact: FY 2022-23 (\$1,571,296), FY 2023-24 (\$1,987,404)

*B3 – Expanding Comprehensive Crisis Services for Crisis Line and Bereavement*

This initiative expands the programs under Comprehensive Crisis Services, which provides acute psychiatric crisis evaluation and intervention for adults and children. First, the Crisis Line will expand to evening and night coverage to meet increasing needs in call volumes and the launch of a new national 988 crisis line. Second, it expands associated field services to respond to the increases in calls. Finally, it expands the bereavement program will fund the costs of burials for victims of violence, as well as temporary room rentals for individuals and families in crisis.

Net General Fund Impact: FY 2022-23 (\$2,814,559), FY 2023-24 (\$3,205,060)

*B4 – Adult and Older Adult Outpatient Care*

Adds key staff in four clinics to expands access to outpatient specialty mental health services for Adults and Older Adults.

Net General Fund Impact: FY 2022-23 (\$672,271), FY 2023-24 (\$850,445)

*B5 – Children’s Center of Excellence* –Development of a “Center of Excellence” will expand outpatient therapy, psychiatry, and specialty clinics for children, youth, and families.

Net General Fund Impact: FY 2022-23 (\$564,025), FY 2023-24 (\$705,828)

*B6 – Residential System of Care* – This initiative creates a new Residential System of Care (RSOC) unit under Behavioral Health Services that will oversee placement of clients, support discharge and patient flow for SFHN clients, develop new beds and facilities, track data on available beds and manage contracts to ensure optimal care is delivered.

Net General Fund Impact: FY 2022-23 (\$1,227,189), FY 2023-24 (\$1,551,894)

*B7 – Utilization Management* – Adds eight staff to fulfill mandated utilization management requirements to ensure beneficiaries have appropriate access to specialty mental health services.

Net General Fund Impact: FY 2022-23 (\$1,429,204), FY 2023-24 (\$1,805,601)

*B8 – Mental Health Services Act for Program Continuity and Expansion to Address Health Equity and Overdose Prevention*

Based on State projections, DPH will appropriate \$35,039,729, which includes one-tru of prior year actuals, in FY 22-23 and \$18,268,608. These funds will be used to ensure the continuity of existing MHSA programming; support new, innovative and culturally congruent services to meet the pressing needs of the Black/African American community and mental health support for birthing people who are Black-Identified. In addition, one-time capital and reserve needs will utilize additional funds in FY 22-23 to ensure that these MHSA funds are utilized to maximize behavioral health services, and do not revert back to the State if unspent.

Net General Fund Impact: FY 2022-23 \$0, FY 2023-24 \$0

*IV. Strengthening Program and Departmental Operations Needs*

Over the last several years, DPH has played a central role in major Citywide initiatives including multiple public health emergencies including COVID-19, Tenderloin response and wildfires, as well as complete re-envisioning of the Behavioral Health System of Care. In addition, the department has also internal priorities of implementation of an integrated electronic health record and improving health and workforce equity. The department has taken on all these challenges on while maintaining all the baseline programs under the Population Health Division and the integrated delivery system services under San Francisco Health Network. The initiatives below invest in key areas to maintain integrity of the department's core programs and operations.

A. DPH Operations

*B9 – Human Resources and Health and Workforce Equity* – This initiative strengthens DPH's human resources (HR) infrastructure with an additional 20 Full Time Equivalent (FTEs) employees to ensure sufficient support for our workforce and our services. It also adds 5.0 FTEs to advance the department's Racial Equity Program, including implementation of the SFVoices program. Both of these initiatives were identified as being among the department's top four priorities in its recent annual strategic planning process. –

Net General Fund Impact: FY 2022-23 (\$3,828,043), FY 2023-24 (\$4,784,459)

*B10 – DPH Operations* – This initiative adjusts core operating and administrative staffing levels to reflect new program mandates and growth in DPH. It includes 20.5 FTE for the DPH Business Office (including the Contracts Office), 6.0 FTE for Communications, 1.0 FTE for SF Health Network Supply Chain Management, and 1.0 FTE for Security. –

Net General Fund Impact: FY 2022-23 (\$5,170,250), FY 2023-24 (\$6,328,306)

B. Population Health

*B11 – Strengthening Population Health Division (PHD) Infrastructure* – Lessons learned in the past two years in responding to the pandemic highlighted infrastructure position needs for the Population Health Division. PHD proposes infrastructure changes will assist the division to establish, expand, train and sustain the public health workforce in supporting jurisdictional infectious disease prevention, preparedness, response and recovery initiatives for the City and its residents; as well as having the workforce capable of developing and maintaining data visualization, population health data science and epidemiology.

Net General Fund Impact: FY 2022-23 (\$3,241,790), FY 2023-24 (\$4,231,528)

*B12 – Expanding Public Health Emergency Preparedness Response* – Public Health Emergency Preparedness and Response (PHEPR) Team is requesting to enhance its capacity to rapidly mobilize, surge and respond to public health emergencies declared at the local, state or national jurisdictions. Additional staff will be added to enhance preparedness and planning efforts, coordination across healthcare systems, communications and resilience.

Net General Fund Impact: FY 2022-23 (\$1,532,128), FY 2023-24 (\$2,577,891)

C. Ambulatory Care

*B13 – Re-entry Services, Buprenorphine Expansion and Quality Improvement at Jail Health* – This initiative bolsters Jail Health Services staffing to expand services with the goal of reducing re-incarceration by providing linkages to treatment, supporting medication administration, and improving staff’s clinical education. These increases are aimed at expanding discharge planning services to all high needs/risk patients, reducing recidivism and meeting the increased need to expand buprenorphine administration and improve quality of care and documentation within Jail Health Services.

Net General Fund Impact: FY 2022-23 (\$967,458), FY 2023-24 (\$1,224,897)

*B14 – Expansion of Dental Services* – This initiative increases staffing for dental clinics at the new Maria X Martinez Homeless Resource Center and Southeast Health Center.

Net General Fund Impact: FY 2022-23 \$0, FY 2023-24 \$0

*B15 – Health at Home Capacity* – 2.0 FTE Licensed Vocational nurses will be added to maintain current services levels to comply with new productivity standards for Health at Home nurses.

Net General Fund Impact: FY 2022-23 (\$113,571), FY 2023-24 (\$136,660)

*B16 – Investments in Maternal and Child Health* - Both the Perinatal Equity Initiative (PEI) and Public Health Nursing programs target severe health disparities for low-income women, with the PEI program focused particularly on pregnant Black African American affiliation

Net General Fund Impact: FY 2022-23 (\$214,041), FY 2023-24 (\$377,360)

D. Laguna Honda Hospital

*B17 – Investments in Laguna Honda Hospital (LHH) Care Coordination and Medical Support* – This initiative reorganizes and adds additional staff to the Care Coordination department to improve admissions to and discharges from LHH. In addition, to address the complex care needs, LHH will add physicians on nights and weekends to ensure sufficient clinical support.

Net General Fund Impact: FY 2022-23 (\$1,531,791), FY 2023-24 (\$1,933,964)

*B18 – Laguna Honda Behavioral Health Response and Safety* – Building on a prior year initiative which added a Behavioral Emergency Health Response Team during the day shift, this request expands the service to cover nights and weekends and ensure appropriate response for for patients who exhibit escalating behaviors. In addition, LHH will change its security staffing model by replacing sheriff cadets with Health Worker II staff, who will be better able to respond to incidents and provide security support such as searches and patrol.

Net General Fund Impact: FY 2022-23 (\$690,244), FY 2023-24 (\$674,607)

E. Zuckerberg San Francisco General

*B19 – Increasing Census and Clinical Support at Zuckerberg San Francisco General* – This initiative proposes to fund increased census, clinical support, and standards of care at ZSFG by operationalizing 15 beds in unit H58 with permanent staff in clinical and ancillary services, provide additional UC support for Imaging overnight reads, and

reorganize staffing in the Surgical Intensive Care Unit (SICU) towards a centralized model where the SICU goes from a consulting service to the primary service for all surgical patients requiring ICU level of care.

Net General Fund Impact: FY 2022-23 (\$1,819,926), FY 2023-24 (\$3,456,655)

*B20 – Expanding Specialty Pharmacy* – This initiative develops a specialty Pharmacy Program at ZSFG for DPH patients taking high cost, complex, specialty medications that require comprehensive pharmaceutical care. This program leverages the DPH 340B network and will achieve savings through a new ZSFG Specialty Pharmacy and by developing contracts with external Specialty Pharmacies.

Net General Fund Impact: FY 2022-23 (\$5,950,759), FY 2023-24 (\$1,698,189)

*B21 – Implementing Impella Cardiac Support Devices* – This initiative proposes to acquire a new cardiac support device (Impella) and implement a standard cardiac shock treatment at ZSFG to help improve patient outcomes and patient experience for those patients who present with cardiac arrest. This improved patient treatment and support will allow patients that would ordinarily be transferred to other institutions to remain at ZSFG for care, reducing out of network costs.

Net General Fund Impact: FY 2022-23 (\$1,192,279), FY 2023-24 (\$1,682,951)

*B22 – ZSFG Building Safety and Security* – The proposed change will add needed FTEs to staff the 4 designated entrances at ZSFG: Building 25, Building 5, Building 5 Loading Dock and Building 80/90. This will improve campus security and help patients and visitors to the hospitals better navigate the campus. Additionally, this proposal will update all building security systems and devices to current healthcare security industry standards.

Net General Fund Impact: FY 2022-23 (\$1,979,806,) FY 2023-24 (\$2,430,293)

#### F. Inflationary Costs and Other Costs Assumed As Part of Citywide Deficit

The impact of the following initiatives is assumed as part of the deficit and will not affect the department's general fund target.

*C1 - DPH Pharmaceuticals and Materials and Supplies Inflation* This initiative requests annual inflationary adjustments for expenses critical to network operations. This adjustment is critical to ensuring that DPH can continue to provide services and treatments to its patients. The department projects cost increases of 10% for pharmaceuticals and 9% for food. These proposed increases amount to \$10,256,502 for FY 2023-24. Inflationary adjustments were already approved and included in the FY 2022-23 base budget as part of last year's budget process.

*C2 – University of California San Francisco (UCSF) Affiliation Agreement Costs:* This initiative requests annual adjustments to the long-standing Affiliation Agreement with UCSF for physician, clinical and ancillary services at Zuckerberg San Francisco General Hospital Medical Center. The proposed increase for FY 2023-24 is \$12,081,303.

*C3 – Office of Managed Care Revenues* – This initiative adjusts revenue projections within the Office of Managed Care for Healthy San Francisco (HSF) Participant Fees and

employer contributions for SF City Option program to meet to reflect historical and expected actuals.

Net General Fund Impact: FY 2022-23 (\$20,530,000), FY 2023-24 (\$20,530,000)

Balancing Summary

After accounting for all initiatives listed above, the proposed budget submission includes \$119.8 million in new net revenue over two years and \$119.4 million in proposed new expenditures. The remaining balance will be used for any technical corrections needed during system entry. Because the emerging needs are funded with net new revenue, staff believes that these proposals meet the Mayor’s Office instruction to propose a budget that does not request additional General Fund support. These proposals represent the department’s submission for FY 2022-23 and FY 2023-24. With your approval, we will submit the full proposal presented here to the Mayor and Controller’s Office on February 22. We will keep you informed and as necessary schedule any additional hearings as our initiatives are considered for the Mayor’s Proposed Budget on June 1.

DPH Budget Proposal	FY 22-23	FY 23-24	Two-Year Total
<b>Revenue</b>	\$ 84,235,396	\$ 93,135,294	\$ 177,370,690
Less Revenue Growth Assumed in Citywide Projection	\$ (19,670,677)	\$ (37,877,777)	\$ (57,548,454)
<b>Total Revenues Available</b>	<b>\$ 64,564,720</b>	<b>\$ 55,257,517</b>	<b>\$ 119,822,236</b>
<b>Emerging Needs</b>			
Continuity of COVID and Community Services	\$ (25,000,000)	\$ (25,000,000)	\$ (50,000,000)
Behavioral Health Services	\$ (8,278,544)	\$ (10,106,232)	\$ (18,384,776)
DPH Operating Program Initiatives			
Population Health Division	\$ (4,773,918)	\$ (6,809,419)	\$ (11,583,337)
SFHN and Ambulatory Care	\$ (1,292,510)	\$ (1,738,917)	\$ (3,031,427)
DPH Operations	\$ (8,998,293)	\$ (11,112,765)	\$ (20,111,058)
Zuckerberg San Francisco General	\$ (8,558,212)	\$ (2,595,809)	\$ (11,154,022)
Laguna Honda Hospital	\$ (2,222,035)	\$ (2,607,771)	\$ (4,829,806)
Subtotal DPH Program and Operations	\$ (25,844,968)	\$ (24,864,681)	\$ (50,709,650)
<b>Total Emerging Needs</b>	<b>\$ (59,123,512)</b>	<b>\$ (59,970,913)</b>	<b>\$ (119,094,426)</b>
<b>Remaining Surplus/(Deficit)</b>	<b>\$ 5,441,207</b>	<b>\$ (4,713,396)</b>	<b>\$ 727,811</b>



DEPARTMENT OF PUBLIC HEALTH FY 2022-23 and 2023-24 PROPOSED BUDGET

Div	Item	Description	FY 22-23				FY 23-24				Comments
			FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/(Unfavorable)	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/(Unfavorable)	
<b>MAYOR'S INSTRUCTIONS</b>											
		Revenue Changes Assumed In Five Year Projection	-	\$ -	\$ 19,670,677	\$ 19,670,677	-	\$ -	\$ 37,877,777	\$ 37,877,777	
<b>REVENUE</b>											
<b>Baseline Revenues and CalAIM</b>											
ZSFG	A1	Zuckerberg San Francisco General (ZSFG) Baseline Revenues	-	\$ -	\$ 50,391,372	\$ 50,391,372	-	\$ -	\$ 50,670,823	\$ 50,670,823	Annual adjustments to ZSFG and revenue based on actual projections related to Medi-Cal, Capitation, Medicare and other patient revenues.
LHH	A2	Laguna Honda Hospital (LHH) Baseline Revenues	-	\$ -	\$ 5,931,548	\$ 5,931,548	-	\$ -	\$ 11,439,215	\$ 11,439,215	Increases to Laguna Honda Hospital's baseline revenues based on an estimated 3% increase in Medi-Cal Skilled Nursing Facility Per Diem Rates for FY 2022-23 and a 2% increase in FY 2023-24 pending final confirmation from the State.
DPH	A3	Behavioral Health Baseline Revenues	-	\$ -	\$ 19,387,090	\$ 19,387,090	-	\$ -	\$ 20,687,090	\$ 20,687,090	Based on state projections, 2011 Realignment will increase by \$15 million ongoing with an additional \$5 million increase in Short-Doyle Medi-Cal for Behavioral Health Services.
BH	A4	Population Health Revenues	0.30	\$ -	\$ (1,529,197)	\$ (1,529,197)	1.08	\$ -	\$ (923,538)	\$ (923,538)	This initiative backfills losses in Population Health Division for expiring grants as well as a one-time reduction in revenues for Environmental Health Services due to reduced activity during this period of continued economic recovery.
GH	A5	Improving Clinical Documentation Integrity	4.74	\$ 890,682	\$ 6,945,265	\$ 6,054,583	6.00	\$ 1,454,693	\$ 8,716,397	\$ 7,261,704	Increases Clinical Documentation Integrity staffing to expand medical record reviews for quality, compliant documentation, subsequent billing, and improved state and federal quality metrics that impact hospital rating and align with healthcare industry best practices, as well as improved billing.
PHD	A6	CalAIM Waiver Programs	-	\$ 2,084,685	\$ 6,084,685	\$ 4,000,000	-	\$ 787,733	\$ 4,787,733	\$ 4,000,000	Revenue changes anticipated under the new California Advancing and Innovating Medi-Cal (CalAIM), the successor program to the current Medi-Cal Waiver. Revenue increases are projected for new Enhanced Care Management, Community Supports benefits as well as a one-time Behavioral Health Quality Improvement Program.
<b>TOTAL REVENUE</b>			<b>5.04</b>	<b>\$ 2,975,367</b>	<b>\$ 87,210,763</b>	<b>\$ 84,235,396</b>	<b>7.08</b>	<b>\$ 2,242,426</b>	<b>\$ 95,377,720</b>	<b>\$ 93,135,294</b>	

Div	Item	Description	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/ (Unfavorable)	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/ (Unfavorable)	Comments
<b>EMERGING NEEDS - DPH</b>											
<b>COVID-19 Response</b>											
DPH	B1	Continuing Support for COVID-19 Response		\$ 25,000,000		\$ (25,000,000)		\$ 25,000,000		\$ (25,000,000)	This funding represents a "down payment" to continue COVID-19 activities in future years. The department is currently undergoing a planning process to determine service levels COVID-19 function including the extensive community and network engagement infrastructure developed during the pandemic. A more detailed plan will be provided in a future Health Commission meeting, there is no narrative description of this initiative included for this meeting.
<b>Behavioral Health Services</b>											
BHS	B2	Strengthen Services for Clients on Involuntary 5150 Holds	8.69	\$ 1,571,296	\$ -	\$ (1,571,296)	11.00	\$ 1,987,404	\$ -	\$ (1,987,404)	Expands staff to strengthen coordination across San Francisco hospitals for people placed on involuntary holds ensures consistent support, linkages and follow-up for people who have been placed on 5150 holds and connecting individuals placed on holds to the appropriate level of care and intervening with court ordered treatment when indicated.
BHS	B3	Expanding Comprehensive Crisis Services for Crisis Line and Bereavement	8.69	\$ 2,814,559	\$ -	\$ (2,814,559)	11.00	\$ 3,205,060	\$ -	\$ (3,205,060)	This initiative expands the two programs under Comprehensive Crisis Services, a program that provides acute psychiatric crisis evaluation and intervention for adults and children First, Crisis Line will spend to evening and night coverage to meet increasing needs in call volumes and a launch of a new national 988 crisis line. Second, the bereavement program will fund the costs of burials for victims of violence as well as temporary room rentals for individuals and families in crisis.
BHS	B4	Expanding Adult and Older Adult Outpatient Care	3.95	\$ 672,271	\$ -	\$ (672,271)	5.00	\$ 850,445	\$ -	\$ (850,445)	Adds key staff in four clinics to expands access to outpatient specialty mental health services for Adults and Older Adults.
BHS	B5	Establishing a Children's Center of Excellence	0.79	\$ 639,025	\$ 75,000	\$ (564,025)	1.00	\$ 1,205,828	\$ 500,000	\$ (705,828)	Development of a "Center of Excellence" will expand outpatient therapy, psychiatry, and specialty clinics for children, youth, and families.
BHS	B6	Residential System of Care	6.32	\$ 1,227,189	\$ -	\$ (1,227,189)	8.00	\$ 1,551,894	\$ -	\$ (1,551,894)	This initiative creates a new Residential System of Care (RSOC) unit under Behavioral Health Services that will oversee placement of clients, support discharge and patient flow for SFHN clients, develop new beds and facilities, track data on available beds and manage contracts to ensure optimal care is delivered.
BHS	B7	Behavioral Health Utilization Management	6.32	\$ 1,429,204	\$ -	\$ (1,429,204)	8.00	\$ 1,805,601	\$ -	\$ (1,805,601)	Adds eight staff to fulfill mandated utilization management requirements to ensure beneficiaries have appropriate access to specialty mental health services.

Div	Item	Description	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/ (Unfavorable)	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/ (Unfavorable)	Comments
BHS	B8	Mental Health Services Act for Program Continuity and Expansion to Address Health Equity and Overdose Prevention	30.81	\$ 35,039,729	\$ 35,039,729	\$ -	39.00	\$ 18,268,608	\$ 18,268,608	\$ -	Based on State projections, DPH will appropriate \$35,039,729, which includes one-true of prior year actuals, in FY 22-23 \$18,268,608 for MHSA funding. These funds will be used to ensure the continuity of existing MHSA programming; support new, innovative and culturally congruent services to meet the pressing needs of the Black/African American community and mental health support for birthing people who are Black-Identified. In addition, one-time capital and reserve needs will utilize additional funds in FY 22-23 to ensure that these MHSA funds are utilized to maximize behavioral health services, and do not revert back to the State if unspent.
		<b>Subtotal</b>	<b>65.57</b>	<b>\$ 43,393,273</b>	<b>\$ 35,114,729</b>	<b>\$ (8,278,544)</b>	<b>83.00</b>	<b>\$ 28,874,840</b>	<b>\$ 18,768,608</b>	<b>\$ (10,106,232)</b>	
<b>DPH Program and Operating Investments</b>											
<i>DPH Operations</i>											
DPH	B9	Human Resources, and Health and Workforce Equity	19.75	\$ 3,828,043	\$ -	\$ (3,828,043)	25.00	\$ 4,784,459	\$ -	\$ (4,784,459)	This initiative strengthens DPH's human resources (HR) infrastructure with an additional 20 Full Time Equivalent (FTEs) employees to ensure sufficient support for our workforce and our services. Through its strategic planning process, DPH has identified HR improvements as a top priority, including accelerating hiring times, staff retention and improving employee experience. In addition, this initiative adds equity leads for Jail Health, Primary Care and DPH Operations and pilots a new program to survey communities to inform the delivery of services.
DPH	B10	Investment in DPH Operations	24.10	\$ 5,170,250	\$ -	\$ (5,170,250)	30.50	\$ 6,328,306	\$ -	\$ (6,328,306)	This initiative adjusts core operating and administrative staffing levels to reflect new program mandates and growth in DPH. It includes 20.5 FTE for the DPH Business Office (including the Contracts Office), 6.0 FTE for Communications, 1.0 FTE for SF Health Network Supply Chain Management, and 1.0 FTE for Security.
		<b>Subtotal</b>	<b>43.85</b>	<b>\$ 8,998,293</b>	<b>\$ -</b>	<b>\$ (8,998,293)</b>	<b>55.50</b>	<b>\$ 11,112,765</b>	<b>\$ -</b>	<b>\$ (11,112,765)</b>	
<i>Population Health</i>											
PHD	B11	Strengthening Population Health Infrastructure	9.48	\$ 3,241,790	\$ -	\$ (3,241,790)	15.12	\$ 4,231,528	\$ -	\$ (4,231,528)	PHD proposes infrastructure changes will assist the division to establish, expand, train and sustain the public health workforce in supporting jurisdictional infectious disease prevention, preparedness, response and recovery initiatives for the City and its residents; as well as having the workforce capable of developing and maintaining data visualization, population health data science and epidemiology.

Div	Item	Description	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/(Unfavorable)	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/(Unfavorable)	Comments
PHD	B12	Expanding Public Health Emergency Preparedness Response	8.69	\$ 1,532,128	\$ -	\$ (1,532,128)	13.36	\$ 2,577,891	\$ -	\$ (2,577,891)	Public Health Emergency Preparedness and Response (PHEPR) Team is requesting to enhance its capacity to rapidly mobilize, surge and respond to public health emergencies declared at the local, state or national jurisdictions. Additional staff will be added to enhance preparedness and planning efforts, coordination across healthcare systems, communications and resilience.
<b>Subtotal</b>			<b>18.17</b>	<b>\$ 4,773,918</b>	<b>\$ -</b>	<b>\$ (4,773,918)</b>	<b>28.48</b>	<b>\$ 6,809,419</b>	<b>\$ -</b>	<b>\$ (6,809,419)</b>	
<i>SF Health Network and Ambulatory Care</i>											
JHS	B13	Re-entry Services, Buprenorphine Expansion and Quality Improvement at Jail Health	6.32	\$ 967,458	\$ -	\$ (967,458)	8.00	\$ 1,224,897	\$ -	\$ (1,224,897)	This initiative bolsters Jail Health Services (JHS) staffing to expand services with the goal of reducing re-incarceration by providing linkages to treatment, supporting medication administration, and improving staff's clinical education
PC	B14	Expansion of Dental Services	4.74	\$ 731,363	\$ 731,363	\$ -	6.00	\$ 961,440	\$ 961,440	\$ -	This initiative increases staffing for dental clinics at the new Maria X Martinez Homeless Resource Center and Southeast Health Center.
HAH	B15	Health at Home Capacity	1.58	\$ 223,071	\$ 109,500	\$ (113,571)	2.00	\$ 282,660	\$ 146,000	\$ (136,660)	This initiative adds 2.0 FTE Licensed Vocational nurses will be added to maintain current services levels to comply with new productivity standards for Health at Home nurses.
MCAH	B16	Investments in Maternal and Child Health	1.68	\$ 425,532	\$ 214,051	\$ (211,481)	3.00	\$ 715,742	\$ 338,382	\$ (377,360)	Both the Perinatal Equity Initiative (PEI) and Public Health Nursing programs target severe health disparities for low income women, with the PEI program focused particularly on pregnant Black African American and Pacific Islander women, infants and young families.
<b>Subtotal</b>			<b>14.32</b>	<b>\$ 2,347,424</b>	<b>\$ 1,054,914</b>	<b>\$ (1,292,510)</b>	<b>19.00</b>	<b>\$ 3,184,739</b>	<b>\$ 1,445,822</b>	<b>\$ (1,738,917)</b>	
<i>Laguna Honda Hospital</i>											
LHH	B17	Investments in Laguna Honda Care Coordination and Medical Support	5.53	\$ 1,531,791	\$ -	\$ (1,531,791)	7.00	\$ 1,933,164	\$ -	\$ (1,933,164)	This initiative reorganizes and adds additional staff to the Care Coordination department to improve admissions to and from LHH. In addition, LHH will add physicians on nights and weekends to ensure sufficient clinical support.
LHH	B18	Laguna Honda Behavioral Health Response and Safety	8.06	\$ 690,244	\$ -	\$ (690,244)	18.00	\$ 674,607	\$ -	\$ (674,607)	Building on a prior year initiative which added a Behavioral Emergency Health Response Team during the day shift, this request expands the service to cover nights and weekends and ensure appropriate response for patients who exhibit escalating behaviors. In addition, LHH will change its security staffing model by replacing sheriff cadets with healthworkers, who will be better able to respond to incidents and provide security support such as searches and patrol.
<b>Subtotal</b>			<b>13.59</b>	<b>\$ 2,222,035</b>	<b>\$ -</b>	<b>\$ (2,222,035)</b>	<b>25.00</b>	<b>\$ 2,607,771</b>	<b>\$ -</b>	<b>\$ (2,607,771)</b>	
<i>Zuckerberg San Francisco General</i>											

Div	Item	Description	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/(Unfavorable)	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF Impact Favorable/(Unfavorable)	Comments
ZSFG	B19	Increasing Census and Clinical Support at Zuckerberg San Francisco General	31.21	\$ 1,819,926	\$ -	\$ (1,819,926)	39.50	\$ 3,456,655	\$ -	\$ (3,456,655)	This initiative proposes to fund increased census, clinical support, and standards of care at ZSFG by operationalizing 15 beds in unit H58 with permanent staff in clinical and ancillary services, provide additional UC support for Imaging overnight reads, and reorganize staffing in the Surgical Intensive Care Unit (SICU) towards a centralized model where the SICU goes from a consulting service to the primary service for all <u>surgical patients requiring ICU level of care.</u>
SFHN	B20	Expanding Speciality Pharmacy	3.95	\$ 20,200,759	\$ 14,250,000	\$ (5,950,759)	5.00	\$ 12,641,811	\$ 14,250,000	\$ 1,608,189	This initiative develops a specialty Pharmacy Program at ZSFG for DPH patients taking high cost, complex, specialty medications that require comprehensive pharmaceutical care. This program leverages the DPH 340B network and will achieve savings through a new ZSFG Specialty Pharmacy and by developing contracts with <u>external Specialty Pharmacies.</u>
ZSFG	B21	Implementing Impella Cardiac Support Devices	0.79	\$ 1,121,767	\$ 2,314,046	\$ 1,192,279	1.00	\$ 1,208,395	\$ 2,891,345	\$ 1,682,950	This initiative proposes to acquire a new cardiac support device (Impella) and implement a standard cardiac shock treatment at ZSFG to help improve patient outcomes and patient experience for those patients who present with cardiac arrest. This improved patient treatment and support will allow patients that would ordinarily be transferred to other institutions to remain at ZSFG for care, reducing out of network costs.
ZSFG	B22	ZSFG Building Safety and Security	13.83	\$ 1,979,806	\$ -	\$ (1,979,806)	17.50	\$ 2,430,293	\$ -	\$ (2,430,293)	The proposed change will add needed FTEs to staff the 4 designated entrances at ZSFG: Building 25, Building 5, Building 5 Loading Dock and Building 80/90. This will improve campus security and help patients and visitors to the hospitals better navigate the campus. Additionally, this proposal will update all building security systems and devices to current healthcare security industry standards.
		<b>Subtotal</b>	<b>49.78</b>	<b>\$ 25,122,258</b>	<b>\$ 16,564,046</b>	<b>\$ (8,558,212)</b>	<b>63.00</b>	<b>\$ 19,737,154</b>	<b>\$ 17,141,345</b>	<b>\$ (2,595,809)</b>	
		<b>TOTAL EMERGING NEEDS</b>	<b>205.28</b>	<b>\$ 86,857,201</b>	<b>\$ 52,733,689</b>	<b>\$ (34,123,512)</b>	<b>273.98</b>	<b>\$ 72,326,688</b>	<b>\$ 37,355,775</b>	<b>\$ (34,970,913)</b>	
		<b>OTHER INITIATIVES THAT DOES NOT AFFECT TARGET INFLATIONARY (Does not affect target)</b>									
DPH	C1	DPH Pharmaceuticals and Materials and Supplies Inflation	-	\$ -	\$ -	\$ -	-	\$ 10,256,502	\$ -	\$ (10,256,502)	Increased expenditure authority related to pharmaceuticals and food to reflect inflation on the price of these critical supplies.
ZSFG	C2	UCSF Affiliation Agreement Costs	-	\$ -	\$ -	\$ -	-	\$ 12,081,303	\$ -	\$ (12,081,303)	This initiative proposes to increase the budget for the DPH/UCSF Affiliation Agreement to cover the costs of services provided at ZSFG.
SFHN	C3	Adjustments to Office of Managed Care Revenues			\$ (20,530,000)	\$ (20,530,000)	-	\$ -	\$ (20,530,000)	\$ (20,530,000)	

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide     
  Population Health     
  SF Health Network Wide  
 San Francisco General Hospital     
  Laguna Honda Hospital     
  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Zuckerberg San Francisco General (ZSFG) Baseline Revenues

TARGETED CLIENTS:

PROGRAM CONTACT NAME/TITLE: **Matthew Sur, Reimbursement Director**

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
<b>0</b>	<b>0</b>	<b>\$50,391,371</b>	<b>\$50,670,323</b>

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative adjusts Zuckerberg San Francisco General revenues to reflect current revenue baseline projections for net Patient, Medicaid Graduate Medical Education (Medicaid GME), Global Payment Program (GPP), Capitation, the Enhanced Payment Program (EPP) and Quality Incentive Program (QIP) revenues.

**JUSTIFICATION:**

Baseline revenues at Zuckerberg San Francisco General (ZSFG) are being adjusted to reflect projected increases from the base budgets for FY 2022-23 and FY2023-24.

Net Patient Revenue is projected to increase by \$17.3 million in FY 2022-23 and \$9.8 million in FY 2023-24. The Medicaid GME program is projected to increase by \$3 million in FY 2022-23 and \$3.4 million in FY 2023-24. Capitation revenues are projected to decrease by \$5.2 million in FY 2022-23 and \$2.3 million in FY 2023-24. Revenue for managed care supplemental payment programs, including EPP and QIP are projected to increase by \$15 million in FY 2022-23 and \$17.4 million in FY 2023-24. The expected continuation of Safety Net Care Pool in GPP results in projected revenue increasing by \$22.5 million in FY 2022-23 and \$24.6 million in FY 2023-24. Note that these rates are net increases after considering matching Intergovernmental Transfer (IGT) payments.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

No impacts on clients.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Net revenues will increase by a net \$54 million in FY 2022-23 and 55.7 million in FY 2023-24. IGT expense will increase by \$21.5 million in FY 2022-23 and \$23.6 million in FY 2023-24 for these baseline revenues.

**IMPACT ON DEPARTMENT’S WORKFORCE :**

No impact on FTEs in both years.

**INITIATIVE TITLE: A1 - Zuckerberg San Francisco General (ZSFG) Baseline Revenues**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>			
	Patient Revenues	\$ 17,274,437	\$ 9,774,437
	SFHN Capitation Revenues	\$ (5,219,212)	\$ (2,291,604)
	SFHN GPP	\$ 32,072,682	\$ 34,946,667
	SFHN Medicaid GME	\$ 9,406,597	\$ 10,175,323
	SFHN EPP	\$ 11,622,047	\$ 13,625,033
	SFHN QIP	\$ 6,639,453	\$ 8,031,033
	<b>Subtotal Sources</b>	\$ 71,796,004	\$ 74,260,889
<b>Uses:</b>			
	Salary and Benefits	\$ -	\$ -
	Intergovernmental Transfer (IGT)	\$ 21,476,632	\$ 23,590,834
	<b>Subtotal Uses</b>	\$ 21,476,632	\$ 23,590,834
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 50,319,372	\$ 50,670,055
<b>Total FTE's</b>		0.00	0.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
0		0.00		0.00	
	Total Salary	0.00	-	0.00	-
	Fringe				-
	<b>Total Salary and Fringe</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
	Character/Subobject Code				
	527000 Professional Services		-		-
	540000 Materials and Supplies		-		-
	581000 Workorder		-		-
			\$ -		\$ -

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital             Laguna Honda Hospital                       Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: **Laguna Honda Hospital (LHH) Baseline Revenues**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/TITLE: **Matthew Sur, SFHN Reimbursement Director**

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
N/A	N/A	\$5,931,548	\$11,439,215

**PROGRAM DESCRIPTION:** (brief description of proposed change)

Laguna Honda Hospital’s baseline revenues will increase by \$5,931,548 in FY 2022-23 and \$11,439,215 in FY2023-24, the second year of the proposed budget.

**JUSTIFICATION:**

Every year Laguna Honda’s Medi-Cal Skilled Nursing Facility Per Diem Rates are updated by the State to address operating cost increases. Ordinarily, the rates are updated in the fall and are effective for one year and LHH updates its revenue projections for the two-year budget.

Laguna Honda’s updated Medi-Cal Skilled Nursing Facility Per Diem Rates increased from base by 3.09% in FY22-23 and 2.10% in FY23-24. The new rates projected an increase in patient revenue from FY2122 base by \$5.9M in FY22-23 and \$11.4M in FY23-24.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

No impact

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increase in revenues will reduce general fund subsidy for the department by \$5.9M in FY 22-23, and \$11.4M in FY23-24.

**IMPACT ON DEPARTMENT’S WORKFORCE:**

No impact.



**INITIATIVE TITLE: A2 - Laguna Honda Hospital (LHH) Baseline Revenues**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>			
	Net Patient Revenue	\$ 5,931,548	\$ 11,439,215
	Subtotal Sources	\$ 5,931,548	\$ 11,439,215
<b>Uses:</b>			
	Salary and Benefits	\$ -	\$ -
	Operating Expense	\$ -	\$ -
	Subtotal Uses	\$ -	\$ -
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ (5,931,548)	\$ (11,439,215)
<b>Total FTE's</b>		0.00	0.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
0		0.00		0.00	
0		0.00		0.00	
0		0.00		0.00	
	Total Salary	0.00	-	0.00	-
	Fringe				-
	<b>Total Salary and Fringe</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
	Character/Subobject Code				
	527000 Professional Services		-		-
	540000 Materials and Supplies		-		-
	581000 Workorder		-		-
			\$ -		\$ -

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital                       Laguna Honda Hospital                       Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: **Behavioral Health Baseline Revenues**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/TITLE: **Drew Murrell / Deputy Finance Officer.**

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
n/a	n/a	\$19,387,090	\$20,687,090

**PROGRAM DESCRIPTION:** (brief description of proposed change)

Projected baseline revenue growth for 2011 Realignment from the State as well as Short- Doyle Medi-Cal revenues for mental health services.

**JUSTIFICATION:**

Starting in FY12-13, all State funding for behavioral health was realigned from the State to the County, (termed 2011 Realignment) meaning each county has become responsible for managing its risk within the 2011 Realignment funding level. The County is allocated a legislated portion of the growth. A total increase of \$14.39 million is expected for FY 22-23 ongoing and an additional \$1.3 million for FY23-24.

In addition, Short Doyle Medi-Cal is projected to increase by \$5 million for FY22-23 ongoing for DPH.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

n/a

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increased revenue of \$19.39 million in FY22-23 ongoing and an additional \$1.3M in FY23-24.

**IMPACT ON DEPARTMENT’S WORKFORCE :**

n/a

**INITIATIVE TITLE: A3 - Behavioral Health Baseline Revenues**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>			
	2011 Realignment	\$ 14,387,090	\$ 15,687,090
	Short Doyle Medi-Cal	\$ 5,000,000	\$ 5,000,000
Subtotal Sources		\$ 19,387,090	\$ 20,687,090
<b>Uses:</b>			
	Salary and Benefits		
	Operating Expense	\$ -	\$ -
Subtotal Uses			
<b>Net General Fund Impact (Unfavorable)/Favorable (Uses less Sources)</b>			
<b>Total FTE's</b>		0.00	0.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>	<u>FTE</u>
0		0.00	
0		0.00	
0		0.00	
0		0.00	
0		0.00	
0		0.00	
0		0.00	
0		0.00	
0		0.00	
0		0.00	
0		0.00	
0		0.00	
0		0.00	
		<u>0.00</u>	
	Total Salary	0.00	0.00
	Fringe		
	<b>Total Salary and Fringe</b>	<b>0.00</b>	<b>0.00</b>

02700 Character/Subobject Code  
Professional Services

\$ - \$ -

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide     
  Population Health     
  SF Health Network Wide  
 San Francisco General Hospital     
  Laguna Honda Hospital     
  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: **Population Health Revenues**

TARGETED CLIENTS: San Francisco (SF) Residents, Visitors and/or Employees Who Work in SF

PROGRAM CONTACT NAME/TITLE: **Susan Philip, MD, MPH, Health Officer and PHD Acting Director**

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
n/a	n/a	(\$1,529,197)	(\$923,538)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

SFDPH’s Population Health Division (PHD) addresses public health concerns, including prevention and control for infectious diseases, population health, monitoring of threats to the public’s health, health promotion and education, public health emergency preparedness and response, and consumer safety. PHD implements traditional and innovative public health interventions. PHD has an annual budget of \$192 million and approximately \$58 million from federal, state and private grants. Due to changes in federal and state funding priorities, PHD expects a total shortfall of \$1,529,197 in revenues in FY 2022-2023 and \$923,538 in FY 2023-24 respectively. Additionally, Environmental Health Services (EHS) revenues are projected to decrease by \$800,000 in FY2223 due to less activity in licensing and permits primarily for Food establishments. EHS revenues are projected to recover in FY2324.

**JUSTIFICATION:**

Grants are integral in supplementing the PHD budget. Without grant awards PHD would not have sufficient funding to support the programs implemented. The requests for backfill of federal, state and other funding reductions for the following PHD Branches includes:

The Center for Learning and Innovation (CLI) is PHD’s dedicated training and workforce development center and is charged with collaborating with each of the PHD Branches and the DPH’s Human Resources staff to meet the department’s strategic goals of Developing Our People and PHD’s priority of developing a Workforce Development Plan, as part of PHD’s public health accreditation domain. This request will increase CLI’s Director position funded by the general fund by 0.3 FTE to 0.8 FTE from 0.5 FTE. The 0.3 FTE requested is due to reduced funding from Federal Capacity Building Assistance (CBA) grant, UCSF’s Preterm Birth Initiative (PtBI) and UCSF-Gladstone Center for AIDS Research (CFAR) grants.

The Community Health Equity and Promotion (CHEP) Branch works in conjunction with community members and organizations to develop evidence-based, data-driven, sustainable initiatives to address priority public health issues, with a focus on ensuring health equity. The DPH Ending the Epidemic (ETE) grant and Getting to Zero funded Ward 86 to establish a clinical HIV Prevention Program within the San Francisco Health Network (SFHN), where screening, consultation, coordination, oversight, and support is provided to primary care providers and their patients who are at risk of HIV acquisition. PHD’s CHEP and the Disease Prevention and Control Branch have been working closely with Ward 86 Leadership to scale up hospital and in-patient testing and PrEP initiation. The PrEP/Prevention Coordinators are assigned to a) identify HIV negative patients at risk of contracting HIV; b) in consultation with primary medical provider, outreach patients to offer PrEP; c) support initiation of PrEP for new patients; d) provide panel management for patients on PrEP, including supporting regular HIV

and STD testing and access to PrEP treatment; e) conduct active outreach to patients who are lost to follow up (LTFU). As the CHEP funding (general funds) for 3.83 FTE of the PrEP/Prevention Coordinators and 0.2 FTE RN (for supervision and coordination) ends 6/30/22, the funding request is for a total of \$610,875. The annual budget at Ward 86 is approximately \$569,070. Ward 86 also requests funds for the Pop Up Program Coordinator, which brings total to: \$610,875.

The PHD Operations Branch's Grants Management Unit has a full time grant funded 2593 Health Program Coordinator III position that is managing the Epidemiology and Laboratory Capacity (ELC) Grants awarded by the California Department of Public Health (CDPH), received in three phases in March 2020 (ELC 1), August 2020 (ELC 2) and July 2021 (ELC 3) for a combined total of approximately \$36 million. The 2593 grant funded position ends in July 2023. In order to provide program continuity in FY23-24, the funding request is for \$161,507. The position will continue to provide grants coordination, preparation, work plan and spend plan monitoring and other grants project management activities to support the Grants Management Unit's and PHD's goal of seeking additional grants funding stream to continue to reduce reliance on general fund.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

Allows PHD to continue existing services to residents, visitors and employees who work in San Francisco.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Revenue loss of \$1,529,171 in FY 2022-23 and \$923,538 in FY 2023-24.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

n/a

**INITIATIVE TITLE: A4 - Population Health Revenues**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>			
	Grant Funding	\$ (729,127)	\$ (923,458)
	Environmental Health Revenues	\$ (800,000)	
	Subtotal Sources	\$ (1,529,127)	\$ (923,458)
<b>Uses:</b>			
	Salary and Benefits	\$ -	\$ -
	Operating Expense		
	Subtotal Uses	\$ -	\$ -
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ (1,529,127)	\$ (923,458)
<b>Total FTE's</b>		0.00	0.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
	Total Salary	0.00	-	0.00	-
	Fringe				-
	<b>Total Salary and Fringe</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
Character/Subobject Code					
527000	Professional Services				-
540000	Materials and Supplies		-		-
581000	Workorder		-		-
			\$ -		\$ -

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

X DPH – department wide  Population Health  SF Health Network Wide  
 San Francisco General Hospital  Laguna Honda Hospital  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Clinical Documentation Integrity (CDI) Expansion  
 TARGETED CLIENTS: Patients, Staff, Physicians  
 PROGRAM CONTACT NAME/TITLE: Tammy Higgason, Director, SFHN Revenue Cycle (CDI & Coding)

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
3.95	6.56	6,054,583	7,261,704

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative increases Clinical Documentation Integrity (CDI) staffing to expand medical record reviews for quality, compliant documentation, subsequent billing, and improved state and federal quality metrics that impact hospital rating and align with healthcare industry best practices.

**JUSTIFICATION:**

Industry best practices to increase quality of care and revenue opportunities recommends reviewing 100% of patient records, including outpatient reviews. Currently there is only enough nursing and analytical staff in CDI to review 25% of inpatients and 70% of Medicare patients which is a major source of revenue for ZSFG. The hospital rating with CMS/Medicare has been 1 star out of 5 for decades. Medical record documentation is vital to ensuring proper reimbursement, improving quality metrics, ensuring patient safety as well as providing clear clinical history for continuum of care. It is SFDPH’s mission to provide the best care possible to our patients and that it be documented accurately on the legal medical record.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

Improved Clinical documentation for patients for increased quality of care.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

The operating budget will increase by \$890,682 in FY22-23 and annualize to \$1,454,693 in FY23-24. These costs will be fully offset by Clinical Documentation Query Revenue of \$6,945,265 in FY2223 and \$8,716,397 in FY2324

**IMPACT ON DEPARTMENT’S WORKFORCE :**

The increase of 3.95 FTE in FY2223 annualizing to 6.56 FTE in FY2324

**INITIATIVE TITLE: A5 - Clinical Documentation Integrity**

Description		FY 2022-23		FY 2023-24	
<b>Sources:</b>	<b>Clinical Documentaiton Query Revenue</b>	\$	6,945,265	\$	8,716,397
	Subtotal Sources	\$	6,945,265	\$	8,716,397
<b>Uses:</b>	Salary and Benefits	\$	890,682	\$	1,454,693
	Operating Expense	\$	-	\$	-
	Subtotal Uses	\$	890,682	\$	1,454,693
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$	(6,054,583)	\$	(7,261,704)
<b>Total FTE's</b>			3.95		6.56

**New Positions (List positions by Class, Title and FTE)**

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2320	Registered Nurse	2.37	458,817	3.78	749,620
2119	Health Care Analyst	0.79	91,288	1.78	210,697
1823	Senior Administrative Analyst	0.79	104,593	1.00	135,621
	Total Salary	3.95	654,698	6.56	1,095,938
	Fringe	36.0%	235,984	32.7%	358,755
	Total Salary and Fringe	<b>3.95</b>	<b>890,682</b>	<b>6.56</b>	<b>1,454,693</b>

Character/Subobject Code			
527000	Professional Services	-	-
540000	Materials and Supplies	-	-
581000	Workorder	-	-
		\$ -	\$ -



FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide                       Population Health                      X SF Health Network Wide  
 San Francisco General Hospital               Laguna Honda Hospital               Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: **CalAIM Waiver**

TARGETED CLIENTS: SFHN Clients

PROGRAM CONTACT NAME/TITLE: **Jenny Louie, CFO**

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
n/a	n/a	\$4,000,000	\$4,000,000

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative updates reflects revenue changes anticipated under the new California Advancing and Innovating Medi-Cal (CalAIM), the successor program to the current Medi-Cal Waiver. Over the next twelve months, the State will implement three new ongoing benefits and two new infrastructure support programs for counties.

**JUSTIFICATION:**

The State of California will continue its multi-year roll out of CalAIM, a new framework that encompasses a broad-based delivery system, program, and payment reform across the Medi-Cal program, with the focus of a whole-person care approach. The programs are scheduled developed and implemented through January 2027. Program details including eligibility, funding guidelines and funding allocations are still being developed for most programs.

For the FY 2022-23 and FY 2023-24 budget are three new benefits that will be implemented over the next twelve months.

- Enhanced Care Management – In January 2022, the San Francisco Health Plan (SFHP) and Anthem Blue Cross (BX) implemented the first new benefit, Enhanced Care Management (ECM). ECM will be a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members through systematic coordination of services that is community-based, interdisciplinary, high-touch, and person-centered. The proposed budget assumes SFHN to enroll approximately 400 additional clients and expects to provide enhanced care management services to 550 monthly patients through existing providers in Behavioral Health, Primary Care and Street Medicine Programs for annual revenue of \$3.0M.
- Community Supports (formerly known as In-Lieu of Services) – Community Supports or CS are medically appropriate and cost-effective alternatives to services covered under the State Plan. Community Supports are optional services for Medi-Cal managed care plans (MCPs) to provide for managed care members. DPH is currently working with the SFHP and BX to implement new benefits for its Medical Respite in January and Sobering Center Services for July of 2022. Based on tentative rates, SFHN expects to provide

4,300 Med-Respite days for \$1.0 million in annual revenue.

- Justice-Involved Pre and Post Release Services – The State will begin mandating a county pre-release Medi-Cal application process for incarcerated individuals, allowing Medi-Cal reimbursement for services in the 90-day time period prior to release, and to encourage a facilitated referral and linkage to health services. As this benefit will not be implemented and January 2023 and program details are not yet available, no revenue or expense projections are made at this time.

To support counties with the transition and implementation of new CalAIM Programs, the State is establishing two programs to provide one time capacity building funds, Providing Access and Transforming Health (PATH) Initiative and Behavioral Health Quality Improvement Plan.

The goal of PATH is to provide one-time funding over the course of the CalAIM implementation for the following purposes:

1. Provide infrastructure and readiness support for the CalAIM initiatives including the benefits noted above
2. Transition Whole Person Care Programs into CalAIM
3. Support for services for justice involved patients

Additional details on the first two PATH programs listed above are expected to be released by the end of March. At this time, no timeline for the release of details for Justice Involved Services has been provided.

Behavioral Health Quality Improvement Program (BH-QIP) is an incentive payment program to help counties prepare for changes under CalAIM including payment reform, policy changes and increased data exchange. County proposals are due on February 15<sup>th</sup> and will fund costs through June 2024. This program provides incentives to County Behavioral Health for meeting specific deliverables associated with the implementation of CalAIM changes around behavioral health payment and documentation reform. DPH expects to draw \$2.1M and \$0.9M in FY23 and FY24, respectively in incentive payments to support expenditures needed to meet program milestones. The State's required milestones include contract readiness, system readiness (updating codes and rates), provider training and planning.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

n/a

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Ongoing increases in revenue of \$3.0M and \$1.0M for ECM and CS, respectively.  
One time increase in revenue stemming from QIP of \$2.1M and \$0.8M in FY23 and FY24, respectively. Fully offset by increases to project expenses in the HBH CalAIM Project

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Increase of temporary salaries by \$500,000 for each year of the program.

**INITIATIVE TITLE: A6 - CalAIM Waiver**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>			
CalAIM BHQIP		\$ 2,084,685	\$ 787,733
ECM		\$ 3,000,000	\$ 3,000,000
ILOS/CS		\$ 1,000,000	\$ 1,000,000
Subtotal Sources		\$ 6,084,685	\$ 4,787,733
<b>Uses:</b>			
Project Expenses		\$ 1,584,685	\$ 287,733
Temporary Salaries		\$ 500,000	\$ 500,000
Subtotal Uses		\$ 2,084,685	\$ 787,733
<b>Net General Fund Impact (Unfavorable)/Favorable (Uses less Sources)</b>		\$ 4,000,000	\$ 4,000,000
<b>Total FTE's</b>		0.00	0.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
0	Temporary Salaries	0.00	500,000		500,000
0		0.00			
0		0.00			
0		<u>0.00</u>			
	Total Salary	0.00		0.00	
	Fringe				
	Total Salary and Fringe	<b>0.00</b>	<b>500,000</b>	<b>0.00</b>	<b>500,000</b>
Character/Subobject Code					
02700	Project Expenses		1,584,685		287,733
			\$ 1,584,685	\$	287,733

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide       Population Health       SF Health Network Wide  
 San Francisco General Hospital       Laguna Honda Hospital       Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: **Strengthening Services for Clients on Involuntary Holds**

TARGETED CLIENTS: Individuals placed on an involuntary psychiatric hold

PROGRAM CONTACT NAME/TITLE: **Angelica Almeida**

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
8.69	11.0	(\$1,571,296)	(\$1,987,404)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative expands staff to 1) strengthen coordination across San Francisco hospitals for people placed on involuntary holds, 2) coordinate required trainings for DPH staff on 5150 holds and ensure they are well-trained on the appropriateness of involuntary holds as an intervention, and 3) ensure consistent support, linkages and follow-up for people who have been placed on 5150 holds by following up directly with and connecting individuals placed on a hold to the appropriate level of care, and proactively intervening with court ordered treatment when indicated.

A central team comprised of one Manager, one Senior Clerk, and two Data Analysts, which will be responsible for managing MOUs and coordination with local hospitals, managing and implementing required trainings for staff, and data support.

There will also be a care coordination and follow-up team staffed by five Behavioral Health Clinicians and one Registered Nurse. This team will be responsible for client-level follow-up, with the goal of providing follow-up for every individual placed on an involuntary hold. They will coordinate discharge plans with hospitals, coordinate care with existing providers, ensure all individuals who have been placed on a hold have follow-up behavioral health care, and will provide direct field-based support for individuals who are not engaged in care or who need additional outreach-based support to engage in care, with special focus on individuals who have been placed on more than one involuntary hold. This team will be available seven days a week to respond to hospitals for individuals who have been involuntarily detained.

Finally, BHS will expand existing work around conservatorship to include one additional Behavioral Health Clinician who will proactively outreach and work with providers to identify individuals at risk for grave disability and support providers with contemplating and initiating conservatorships as indicated.

**JUSTIFICATION:**

In FY 2020-21, there was an estimated 13,000 cases of individuals being placed on an involuntary psychiatric hold across San Francisco. These holds are often referred to as a 5150, which corresponds to the California Code which allows for temporary involuntary psychiatric hold for individuals who present a danger to themselves or others. An estimated 5% of these

cases have multiple instances of detentions (four or more). San Francisco has struggled with timely support, access, and consistent follow-up with individuals on a hold. This was further highlighted in the 2019 LPS State Audit report which found that San Francisco had a high volume of inconsistent and unsuccessful linkages to ongoing care for individuals a hold.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

These services will allow for increased and enhanced coordination across San Francisco hospitals to ensure that individuals who are indigent, uninsured, or MediCal recipients are linked to appropriate care within the DPH system. This will also expand the response team to allow for 7 day a week coverage to directly support and link individuals to care prior to discharge from the hospital and provide intensive follow-up when indicated. Finally, for individuals who are unsuccessful served through voluntary services or continue to deteriorate in the community, these services will ensure proactive identification, outreach, and filing for court ordered treatment when indicated.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Total cost of this initiative is \$1,571,296 in FY22-23 and \$1,987,404 in FY23-24. Additionally, we anticipate significant savings through reductions in Acute Care and jail utilization.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Increase of 8.69 FTE in FY 22-23, and annualizing to 11 FTE in FY 23-24.

**INITIATIVE TITLE: B2 - Strengthening Services for Clients on Involuntary Holds**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 1,571,296	\$ 1,987,404
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 1,571,296	\$ 1,987,404
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,571,296	\$ 1,987,404
<b>Total FTE's</b>		8.69	11.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2930	Behavioral Health Clinician	3.95	478,262	5.00	620,140
932	Manager IV	0.79	150,812	1.00	195,552
2320	Registered Nurse	0.79	152,939	1.00	198,312
1406	Senior Clerk	0.79	69,785	1.00	90,488
2930	Behavioral Health Clinician	0.79	95,652	1.00	124,028
2119	Health Care Analyst	1.58	182,575	2.00	236,738
Total Salary		8.69	1,130,026	11.00	1,465,258
Fringe		39.0%	441,270	35.6%	522,146
Total Salary and Fringe		<b>8.69</b>	<b>1,571,296</b>	<b>11.00</b>	<b>1,987,404</b>

Character/Subobject Code		
527000 Professional Services	-	-
540000 Materials and Supplies	-	-
581000 Workorder	-	-
	<u>\$ -</u>	<u>\$ -</u>

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide       Population Health       SF Health Network Wide  
 San Francisco General Hospital       Laguna Honda Hospital       Ambulatory Care \_\_\_BHS\_\_\_

PROGRAM / INITIATIVE TITLE **Expanding Comprehensive Crisis Services for Crisis Line and Bereavement**

TARGETED CLIENTS: All San Francisco residents

PROGRAM CONTACT NAME/TITLE: **Matthew Goldman, MD, MS, Medical Director, Comprehensive Crisis Services; and Stephanie Felder, MS, Director, Comprehensive Crisis Services**

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
8.69	11.0	(\$2,814,550)	(\$3,205,460)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

The Department of Public Health, Behavioral Health Services (BHS) operates a civil service program, Comprehensive Crisis Services (CCS), to conduct both field response (Mobile Crisis) and telephone response (24 -hour Crisis) to San Francisco residents experiencing a behavioral health crisis, while also providing follow-up support to ensure safety and stability of individuals and families following a traumatic event (Bereavement Fund). Additionally, BHS supports the Felton Institute, a non-profit agency that operates the San Francisco Suicide Prevention Hotline, both via contractual funding, and through CCS staff who take over Hotline calls that exceed the capacity of the Hotline staff.

In FY21-22 there have been significant enhancements to the City’s crisis response capacity, with more significant changes expected in FY22-23. The purpose of this initiative is to seek additional staffing to support the CCS and the Felton Institute to ensure that the City’s crisis response is seamless, fully supportive, and effective. A brief description of the initiatives requiring additional staffing and resource support from the CCS and the Felton Institute are as follows:

- In July, 2022, a nationwide three-digit number, 988, will become available for the first time, with local calls directed to the San Francisco Suicide Prevention Hotline for suicide prevention and mental health crisis response. The implementation of this new service is expected to greatly increase call volume both directly to the Felton Institute and secondarily to CCS, which will continue to manage the needs of callers with complex clinical needs triaged by the Hotline staff. Funding for the San Francisco Suicide Prevention Hotline will enable the hiring of paid employees versus volunteers to ensure staffing stability and capacity needs are met. Staffing for CCS will allow for triage of the most complex calls. Additionally, CCS anticipates that the increased volume of calls will also result in an increase in CCS field response, as approximately 20 percent of all calls result in a follow-up field response.

- In FY20-21, the City implemented multiple Street Crisis Response Teams (SCRTs). A SCRT is a mobile unit that responds to individuals on the streets who are experiencing a behavioral health crisis. Currently, the SCRTs are dispatched by the City’s 311 operators. An upcoming dispatch change for 311 behavioral health calls is that they will be initially directed to CCS, so that CCS can provide mental health expertise and triage the cases to the most appropriate resource to provide better efficiency and client care.
- CCS is initiating a pilot in partnership with the City’s 911 system, where there will be a clinician located/assigned to assist and triage calls made to 911 for behavioral health reasons and without a need for emergency responders, such as an ambulance, police or fire. This partnership is intended to decrease the need for police and other emergency response to calls that do not require medical attention, and don’t involve someone who has a weapon or is assaultive. This approach is designed to provide a more trauma informed response to individuals with behavioral health needs.
- The CCS team has and will continue to respond to family and individual needs following a traumatic event. CCS manages a Bereavement Fund to address imminent and unexpected financial needs, including costs related to funeral/burial service, as well as funding for relocation/temporary housing due to violence related safety concerns. This fund has become a critical resource to meet basic needs, while ensuring stability and safety during and after a traumatic event. The proposed request would allow for a permanent ongoing funding source, with the budget based on historical spending levels.

The total proposed staffing to meet the needs identified above includes: four Behavioral Health Clinicians; four Health Workers; two Clinical Supervisors (Sr. Behavioral Health Clinicians); and one Health Program Coordinator III, to be the “988 system coordinator”. This initiative will also expand contractual funding at the SF Suicide Prevention Hotline to be able to staff the 988 crisis-line using non-volunteer staff, and to support the Bereavement Fund at its current usage level, by replacing one-time dollars.

**JUSTIFICATION:**

Given the current significant increase in crisis call volume (due to Covid-related mental health distress, worsening suicide and opioid crises, increased recognition of diverting 911 calls from law enforcement to behavioral health specialty resources, and other factors), as well as both upcoming national and local changes to crisis response (need for development of a new pathway to activate SCRT using 311, launch of the national 988 crisis line in July 2022, etc.), there is an urgent need to expand CCS staffing capacity. CCS currently manages a 24-hour crisis line as well as mobile crisis for adults and children. During daytime hours, it is currently staffed full-time, but during nights and weekends calls are forwarded to on-call clinicians by an answering service.

To effectively partner with the City’s 311 and 911 systems, and to support the most complex calls triaged through the new upcoming national 988 crisis line, the CCC Crisis Line needs to be adequately staffed 24 hours a day, seven days a week. CCS also needs sufficient staffing to respond to the expected increase in field visit demand. At the same time, the San Francisco Suicide Prevention Hotline requires additional funding to support the increased



volume expected via the new 988 system. An additional \$450,000 will be added to current Felton Institute's SF Suicide Prevention contract.

The CCS team responds to mental health, traumatic events, and deaths faced by families, much of which is related to violence. Part of the support includes cost of burial services and room rentals (to move individuals to a safe environment). CCS has received increased demand for this Fund. As of Jan 2022, Comprehensive Crisis Services has served 97 families, as compared to 96 total families served in the entire FY19-20. The initiative will allocate an additional \$780,000 funding to create an annual program budget of \$1.06 million to support anticipated need and maintain service levels. For reference, a maximum per family allocation is set at \$16,500.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

Across 911, SF Suicide Prevention/988, 311 and CCS, there are approximately 100,000 annual calls related to behavioral health crises in San Francisco. Crisis services are made available to all, regardless of insurance status or residence. Currently, CCS answers 3,000 calls annually, and triaging of complex crisis calls from 311 and 988 could increase CCS call volume to as much as 15,000 crisis calls annually, a five-fold increase based on conservative estimates. Additional calls to CCS are also anticipated to result in additional demand on staffing for field visits (current field visit rate is 20% of calls), supervisors (currently one supervising clinician covering all calls and field visits), overnight coverage (to have in-office call coverage and add a clinician to keep covering phones while other two clinicians in the field without relying on an answering service), and expansion to full coverage on weekends/holidays. Investing in CCS capacity expansion will support improved crisis response across San Francisco 24/7.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increased expenditures of \$2,814,559 in FY22-23, annualizing to \$3,205,460 in FY23-24.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

Adding 8.69 FTE in FY 22-23, annualizing to 11 FTE in total.

**INITIATIVE TITLE: B3 - Expanding Crisis Services for Crisis Line and Bereavement**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>	SDMC Medi-Cal		
	Subtotal Sources	\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 1,554,559	\$ 1,945,460
	Operating Expense	\$ 1,260,000	\$ 1,260,000
	Subtotal Uses	\$ 2,814,559	\$ 3,205,460
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 2,814,559	\$ 3,205,460
<b>Total FTE's</b>		8.69	11.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2588	Health Worker IV	3.16	322,231	4.00	417,824
2930	Behavioral Health Clinician	3.16	382,609	4.00	496,112
2932	Senior Behavioral Health Clinician	1.58	199,649	2.00	258,876
2593	Health Program Coordinator III	0.79	112,002	1.00	145,229
PREMM	Premium Pay		97,200		109,836
OVERM	Overtime		31,450		31,450
	Total Salary	8.69	1,145,142	11.00	1,459,327
	Fringe	35.8%	409,418	33.3%	486,134
	Total Salary and Fringe	<b>8.69</b>	<b>1,554,559</b>	<b>11.00</b>	<b>1,945,460</b>

Character/Subobject Code			
527000	Professional Services	1,260,000	1,260,000
540000	Materials and Supplies	-	-
581000	Workorder	-	-
		<u>\$ 1,260,000</u>	<u>\$ 1,260,000</u>

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide       Population Health       SF Health Network Wide  
 San Francisco General Hospital       Laguna Honda Hospital       Ambulatory Care BHS

PROGRAM / INITIATIVE TITLE: **Expanding Adult and Older Adult Outpatient Care**

TARGETED CLIENTS: Adult and Older Adult Clients

PROGRAM CONTACT NAME/TITLE: Alexander Jackson, Acting Director Adult and Older Adult Systems of Care

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
3.95	5.0	(\$672,271)	(\$850,445)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

BHS Adult and Older Adult (AOA) System of Care (SOC) seeks to add 4.0 FTE positions to expand Specialty Mental Health (SPMH) services at four Civil Service Outpatient Mental Health Clinics as well as one 1.0 FTE to improve capacity for BHS SOC to more effectively manage contracts and produce outcome data.

**JUSTIFICATION:**

BHS is facing an increased demand for services across outpatient programs. In general, clients seeking this level of care face long wait times. Specifically, this initiative seeks to address the following challenges:

- OMI Family Center: Adds a new 1.0 FTE 2932 Senior Behavioral Health clinician to serve as an intake coordinator to screen referrals and schedule intake appointments to meet increased client demand.
- Chinatown North Beach (CTNB): Adds a new 1.0 FTE 2593 Health Program Coordinator III to oversee new Wellness, Socialization and Outreach Teams. This position will expand the clinic’s capacity to provide culturally congruent support services for API community.
- South-East Mission Geriatrics (SEMG): Population of Older Adults has increased in San Francisco and the clinic will add 1.0 FTE 2930 Behavioral Health Clinician to increase capacity to serve an additional 50-60 clients.
- Sunset Mental Health (SSM): Due to high Meds-Only caseloads, psychiatrists need periodic case management support to ensure quality client care. A new 1.0 FTE 2587 Health Worker III will support stable clients on medication to step down to Meds-Only project within clinic.
- Adult Older Adult (A/OA) System of Care (SOC) Admin: A new 1.0 FTE 1823 Sr. Administrative Analyst to help with analytics, data reporting, building dashboards, and contract planning SOC program managers need support with gathering, analyzing and summarizing data, and contract certification and monitoring

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

**OMI:** Increase access to services for clients evidenced by improved access, decreased wait times, client satisfaction, and staff morale.

**CTNB:** Culturally congruent programming and accountability; ability to graduate/step-down from routine outpatient care.

**SEMG:** Increased timely access, decreased wait times, and greater client satisfaction

**SSM:** Transitional care planning and case management to graduate/step-down from routine outpatient care.

**AOA SOC:** Improved communication with staff, providers, and stakeholders.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increased expenditures of \$672,271 in FY 22-23, annualizing to \$850,445 in FY 23-24.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

3.95 FTE new FTE in FY 22-23, annualizing to 5.0 FTE in FY 23-24.

**INITIATIVE TITLE: B4 - Expanding Adult and Older Adult Outpatient Care**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
	Subtotal Sources	\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 672,271	\$ 850,445
	Operating Expense	\$ -	\$ -
	Subtotal Uses	\$ 672,271	\$ 850,445
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 672,271	\$ 850,445
<b>Total FTE's</b>		3.95	5.00

**New Positions (List positions by Class, Title and FTE)**

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2932	Senior Behavioral Health Clinician	0.79	99,824	1.00	129,438
2930	Behavioral Health Clinician	0.79	95,652	1.00	124,028
2593	Health Program Coordinator III	0.79	112,002	1.00	145,229
<b>2587</b>	Health Worker III	0.79	68,913	1.00	89,356
1823	Senior Administrative Analyst	0.79	104,593	1.00	135,621
	Total Salary	3.95	480,984	5.00	623,672
	Fringe	39.8%	191,286	36.4%	226,773
	<b>Total Salary and Fringe</b>	<b>3.95</b>	<b>672,271</b>	<b>5.00</b>	<b>850,445</b>

Character/Subject Code			
527000	Professional Services	-	-
540000	Materials and Supplies	-	-
581000	Workorder	-	-
		\$ -	\$ -

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide       Population Health       SF Health Network Wide  
 San Francisco General Hospital       Laguna Honda Hospital       Ambulatory Care   BHS

PROGRAM / INITIATIVE TITLE: **Establishing a Children's Center of Excellence**

TARGETED CLIENTS: Youth ages 0 to 18 and up to 21

PROGRAM CONTACT NAME/TITLE: Farahnaz Farahmand, Director of Behavioral Health Services (BHS), Children Youth and Family (CYF) section.

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 20223-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
.79	1.0	(\$564,025)	(\$705,828)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

The proposed initiative would expand the Department’s Behavioral Health Services (BHS) Children Youth & Families (CYF) System of Care to address insufficient delivery system capacity to adequately respond to the level of psychiatric and specialized behavioral health service needs of San Francisco children and youth facing challenges in the areas of Eating Disorders, Anxiety/Mood Disorders, ADHD, and Developmental Disorders. Additionally, as a treatment system, there is an insufficient level of available family therapy, or knowledge of the techniques of Dialectical Behavioral Therapy, an evidence-based practice to address serious mood dysregulation, such as suicidal ideation.

The Department has the following three-pronged approach to closing the BHS CYF System of Care’s service capacity gaps:

(1) The Department will issue a solicitation to obtain a comprehensive subspecialty treatment center (“Center of Excellence”) that will be focused on addressing such issues as Eating Disorders, Anxiety/Mood Disorders, ADHD, and Developmental Disorders, while serving as an extension of the current CYF system of care. This Center will become a safety net for BHS children and youth experiencing these challenges, who may otherwise have limited access to this sub-specialty level of care. To ensure success, family therapy will be a critical component of the services provided. It is the intention to offset the proposed annual cost through Federal MediCal reimbursement for eligible services.

(2) To coordinate referrals to the new Center, the Department would add a 1.0 FTE 2932 Senior Behavioral Health clinician. Additionally, this clinician would also be responsible for the implementation of a new State and Federal legislative mandate, the Family First Prevention Services Act (FFPSA) Quality Improvement (QI) for youth in need of out-of-home placements. And in support of referral coordination, this initiative would expand contractual funding to coordinate programming needs for high-acuity youth in need of hospital beds.

(3) Finally, BHS CYF will implement a focused and intensive training effort to expand the knowledge of Dialectical Behavioral Therapy and other specialized evidence-based practices throughout the delivery system, to ensure that each clinic maintains the same baseline knowledge to respond to client needs using evidence-based practices.

**JUSTIFICATION:**

Significant service gaps in the BHS, CYF system of care are negatively affecting the ability of families to access timely services and receive specialized clinical care. As the need for this type of care continues to increase, exacerbated significantly by the pandemic, it is imperative that the Department expands its safety net and its ability to coordinate linkages to this care. Additionally, the Department is required to meet the requirements of a new Fed/State mandate related to FFPSA QI work for youth in need of out-of-home placements, and in so doing will be able to improve these services as a result. Finally, BHS, CYF providers require training and support in delivering evidence-based practices within an anti-racist lens. Without this critical knowledge and training, service availability will be uneven across the treatment system.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

Increased access to specialty care services, with a dedicated linkage resource will help ensure that youth and families receive the necessary treatment to specialized behavioral health care. Assuring a standard level of knowledge of evidence-based practices across the treatment system will ensure clients receive the same level of service, no matter where they go to seek their care. Finally, in meeting the new State and Federal mandate, the system will be more successful in strengthening families, and thereby reducing the number of children that enter foster care.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expenses will increase by \$640K in FY22-23, offset by \$75K in revenues. In FY23-24 expenses will increase by \$1.2M, and be offset by \$500K in revenue.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

.79 FTE will be added in FY22-23 annualizing to 1.0 FTE in FY23-24

**INITIATIVE TITLE: B5 - Establishing a Children's Center of Excellence**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>	SDMC Medi-Cal	\$ 75,000	\$ 500,000
	Subtotal Sources	\$ 75,000	\$ 500,000
<b>Uses:</b>	Salary and Benefits	\$ 139,025	\$ 175,828
	Operating Expense	\$ 500,000	\$ 1,030,000
	Subtotal Uses	\$ 639,025	\$ 1,205,828
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 564,025	\$ 705,828
<b>Total FTE's</b>		0.79	1.00

**New Positions (List positions by Class, Title and FTE)**

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2932	Senior Behavioral Health Clinician	0.79	99,824	1.00	129,438
	Total Salary	0.79	99,824	1.00	129,438
	Fringe	39.3%	39,201	35.8%	46,390
	<b>Total Salary and Fringe</b>	<b>0.79</b>	<b>139,025</b>	<b>1.00</b>	<b>175,828</b>

Character/Subobject Code			
527000	Professional Services	500,000	1,030,000
540000	Materials and Supplies	-	-
581000	Workorder	-	-
		<u>\$ 500,000</u>	<u>\$ 1,030,000</u>

CYF Dept-Auth-Proj-Activity  
**251962-10000-10001670-0001**



FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide     
  Population Health     
  SF Health Network Wide  
 San Francisco General Hospital     
  Laguna Honda Hospital     
  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Residential System of Care

TARGETED CLIENTS: Clients who needs residential (MH and SUD) placements

PROGRAM CONTACT NAME/TITLE: Residential System of Care

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
6.32	8.0	(\$ 1,227,189)	(\$ 1,551,894)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative creates a new Residential System of Care (RSOC) Unit under Behavioral Health Services that will oversee BHS’ substantial investments (well over \$100M per year) in residential treatment and care services at all levels of care (2,100 existing beds and over 400 new beds under development). Activities of the RSOC Unit will include:

1. Placing clients at the most appropriate level of care to ensure quality of care and improve the flow of clients to the least restrictive setting.
2. Working closely with Zuckerberg San Francisco General Hospital, Laguna Honda Hospital and other SF hospital network, Jail Health, Behavioral Health Services, Ambulatory Care, Department of Homelessness and Supportive Housing, etc. to quickly discharge clients from hospital or jail or other higher level of care.
3. Developing new beds and facilities: coordinate the expansion and development of various types of new behavioral health residential programs under Mental Health San Francisco (MHSF) legislation and operationalize newly built and added residential programs.
4. Data analysis and outcomes reporting: design, build, monitor bed availability/tracking system and manage the real-time bed availability.
5. Contract management and vendor relations: oversee and manage relationships and contracts to ensure equitable access, cost effective program design and the highest quality of care is being provided. Provide ongoing oversight and assessment of budget allocations and utilization data to ensure the system has an adequate number of beds across all levels of care.

**JUSTIFICATION:**

BHS residential care and treatment services include a broad range of services including crisis, transitional, and short-term and long-term behavioral health residential treatment; emergency stabilization units/hotels; and behavioral health-focused independent or cooperative living in apartment settings. Currently, BHS does not have adequate staffing resources to effectively oversee such a large and complex system. Further, existing programs and contracts are managed by three different programs across DPH and BHS, 1) Transitions, under the SF Health Network, manages long-term care beds (locked sub-acute and board and care facilities), 2) BHS Adult and Older Adult System of Care manages mental residential treatment beds and housing units, and 3) SUD System of Care manages SUD residential beds. This initiative merges these activities (with existing and new staff) under a single unit that will manage all BHS residential treatment and care beds (+2,100 contracted residential beds and over 400 new beds under MHSF). The new RSOC Unit will allow for improved coordination and monitoring of these expensive resources. RSOC is also designed to complement other initiatives under MHSF. For example, the RSOC will work closely with the BHS Office of Coordinated Care (OCC coordinates overall engagement and care management activities) to improve timely placement in the appropriate level of residential care when needed. RSOC will also support the ability for OCC to improve client flow through the system by facilitating client movement/placement to lower levels of care.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

By centralizing and strengthening the oversight of residential care and treatment programs, RSOC will improve access to care and improve outcomes for clients. RSOC will initially focus on residential service for adults and older adults. In time, RSOC will evaluate how/if the unit should support residential programs for children and youth. Initial priority adult populations for RSOC include 1) clients discharged from hospitals and jail and 2) clients experiencing homelessness who have mental illness, substance use disorder, and/or medical complications.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increased expenditure of \$1.2 million in FY 22-23 annualizing to \$1.6 million in FY 23-24.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

This initiative adds eight new positions (1 Manager IV, 1 Manager I, 1 Health Program Coordinator III, 1 Health Program Coordinator II, 1 Health Care Analyst and 3 Behavioral Health Clinicians). In addition to these critical new staff, seventeen existing employees from Transitions will be reassigned to RSOC.

**INITIATIVE TITLE: B6 -Residential System of Care**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 1,227,189	\$ 1,551,894
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 1,227,189	\$ 1,551,894
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,227,189	\$ 1,551,894
<b>Total FTE's</b>		6.32	8.00

**New Positions (List positions by Class, Title and FTE)**

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
933	Manager V	0.79	162,691	1.00	210,955
922	Manager I	0.79	121,391	1.00	157,402
2593	Health Program Coordinator III	1.58	224,005	2.00	290,458
2119	Health Care Analyst	0.79	91,288	1.00	118,369
2930	Behavioral Health Clinician	2.37	286,957	3.00	372,084
Total Salary		6.32	886,331	8.00	1,149,268
Fringe		38.5%	340,858	35.0%	402,626
Total Salary and Fringe		<b>6.32</b>	<b>1,227,189</b>	<b>8.00</b>	<b>1,551,894</b>

Character/Subject Code			
527000	Professional Services		-
540000	Materials and Supplies	-	-
581000	Workorder	-	-
		\$ -	\$ -

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide       Population Health       SF Health Network Wide  
 San Francisco General Hospital       Laguna Honda Hospital       Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Behavioral Health Utilization Management

TARGETED CLIENTS: Behavioral Health Clients

PROGRAM CONTACT NAME/TITLE: Marlo Simmons/ BHS Deputy Director

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
6.32	8.0	(\$1,429,204)	(\$1,805,601)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

DPH Behavioral Health Services (BHS), in its role as the County’s Mental Health Plan (MHP), is responsible for the authorization and payment of a full continuum of specialty mental health services (SMHS) for Medi-Cal enrollees. Pursuant to new and existing state and federal requirements, MHPs are required to operate a utilization management (UM) program that ensures beneficiaries have appropriate access to SMHS. Additional staff are required to comply with new UM regulations and will be placed under BHS’ Office of Managed Care.

**JUSTIFICATION:**

MHPs are responsible for certifying that claims for all covered SMHS meet federal and state requirements. In 2016, the Centers for Medicare & Medicaid Services (CMS) issued the Medicaid and CHIP Managed Care Final Rule (2016 Final Rule), which aligns the Medicaid managed care program with other health insurance coverage programs. Currently, BHS has 2.0 FTE 2320 Registered Nurses and 2.0 2930 Behavioral Health Clinicians supporting UM activities but needs additional staff to comply with new regulations. In addition to meeting the State requirements, this increased capacity will improve patient flow and improve access to care and ensure clients are at the right level of care.

New regulations require that decisions to approve, modify, or deny provider requests for authorization shall be communicated to the beneficiary’s treating provider within 24 hours of admission of a Medi-Cal beneficiary for psychiatric inpatient hospital services. Almost 9,000 bed days a year must go through this process and represents a vast shift from current practice. To meet the standards, BHS proposes adding 5.0 FTE 2320 Registered Nurses, consistent with best practices, to staff UM operations 7 days a week.

Further, new regulations outline similar requirements for utilization management of specialty mental health residential treatment. This level of care can be authorized by licensed social workers. Three additional FTE 2930 Social Workers are needed to comply with new standards.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

This initiative will promote access to medically necessary care and will further goals to move clients to lower levels of care when appropriate. Utilization management is intended to ensure

that the services are sufficient in amount, duration, or scope to reasonably achieve their purpose and that services for beneficiaries with ongoing or chronic conditions are authorized in a manner that reflects the beneficiary's ongoing need for such services and supports. They are also designed to ensure the MHPs do not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or condition of the beneficiary.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increase of \$1,429,204 FY 2022-23, annualizing to \$1,805,601 in FY 2023-24.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Increase of 6.32 FTE in FY 22-24, annualizing to 8.00 FTE in FY 23-24.

**INITIATIVE TITLE: B7 - Behavioral Health Utilization Management**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>			
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 1,429,204	\$ 1,805,601
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 1,429,204	\$ 1,805,601
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,429,204	\$ 1,805,601
<b>Total FTE's</b>		6.32	8.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2320	Registered Nurse	3.95	764,696	5.00	991,561
2930	Behavioral Health Clinician	2.37	286,957	3.00	372,084
	Total Salary	6.32	1,051,653	8.00	1,363,645
	Fringe	35.9%	377,551	32.4%	441,956
	Total Salary and Fringe	<b>6.32</b>	<b>1,429,204</b>	<b>8.00</b>	<b>1,805,601</b>

Character/Subobject Code			
527000	Professional Services	-	-
540000	Materials and Supplies	-	-
581000	Workorder	-	-
		\$ -	\$ -

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide       Population Health       SF Health Network Wide  
 San Francisco General Hospital       Laguna Honda Hospital       Ambulatory Care \_BHS

PROGRAM / INITIATIVE TITLE: Mental Health Services Act for Program Continuity and Expansion to Address Health Equity and Overdose Prevention Overdose Epidemic  
 TARGETED CLIENTS: SF residents at risk for overdose and Black/African Americans  
 PROGRAM CONTACT NAME/TITLE: Jessica Brown, Director of BHS Office of Equity and Workforce Development

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
<b>30.81</b>	<b>39.0</b>	<b>\$0</b>	<b>\$0</b>

**PROGRAM DESCRIPTION:** (brief description of proposed change)

The Mental Health Services Act (MHSA) was enacted through a ballot initiative (Proposition 63) in 2004 and provides funding to expand and enhance mental health services within specific funding categories. Funding comes from a one percent tax on personal income in excess of \$1.0 million dollars and as a result it can be volatile and fluctuate from year-to-year. Funding allocated to counties through MHSA is subject to a community planning process, as well as Board of Supervisors approval to ensure the proposed plan meets MHSA requirements. Counties are only allowed to use MHSA revenue to fund programs consistent with their approved local MHSA Integrated Spending Plans.

Based on information from the State on prior year actuals, as well as projected increases for the current year and FY 22-23, the Department is projecting additional revenue of \$53,308,338 to occur over the next two years (\$35,039,729 in FY22-23 and \$18,268,608 in FY23-24).

The Department is directing this increased revenue to meet critical behavioral health priorities including ensuring the continuity of existing MHSA programming. The additional funds are also being directed to support new, innovative and culturally congruent services to meet the pressing needs of the Black/African American community and mental health support for birthing people who are Black-Identified. New provisions under state law allow for MHSA funds to support prevention of substance use and overdose so the Department is proposing two new programs to help address the overdose crisis in San Francisco. Further, the proposal will fund one-time capital and reserve needs in FY 22-23 and will ensure that MHSA funds are used to maximize behavioral health services, and do not revert back to the State if unspent.

**JUSTIFICATION:**

The Department is proposing the following two-year spending plan for MHSA funds in alignment with the San Francisco MHSA Integrated Plan, revenue projections, and meeting the pressing needs to address health equity and the overdose epidemic:

<b>Initiatives</b>	<b>22-23</b>	<b>23-24</b>	<b>Total</b>
Continuity of Existing Programming	\$ 10,537,332	\$ 10,537,332	\$ 21,074,664
Overdose Response Office	\$ 2,395,130	\$ 2,953,419	\$ 5,348,549
Hope SF	\$ 801,784	\$960,000	\$ 1,761,784
TeleHealth for Birthing People	\$ 1,400,000	\$ 1,400,000	\$ 2,800,000
Culturally Congruent and Innovative Practices for Black/African American	\$ 1,353,332	\$ 1,711,870	\$ 3,065,202
Program Support Positions	\$ 795,168	\$ 1,005,987	\$ 1,801,155
Capital Improvements	\$ 12,830,000	\$0	\$ 12,830,000
Prudent Reserve	\$ 5,226,983	\$0	\$ 5,226,983
<b>Total</b>	<b>\$ 35,039,729</b>	<b>\$ 18,268,608</b>	<b>\$ 53,308,337</b>

**Continuing Support for Existing Contracts for MHTA Programs, including Cost of Doing Business Increases**

\$10.5 million will be used to maintain support for existing programs in the current spending plan, while also funding a three percent cost of doing business (CODB) increase, consistent with City contracts funded with General Fund. In addition, MHTA will reduce its assumed salary savings by \$2 million to provide sufficient salary and fringe expenditure authority to fill key vacancies. **Total Budget: \$10,537,332 in FY22-23 and in FY23-24**

**Creating a DPH Overdose Response Office**

Under Assembly Bill (AB) 638 and AB 2265 MHTA can now expand funding to support substance use and overdose prevention. As such, MHTA is proposing to (1) provide funding to realign and centralize the Department and City’s efforts by creating an Overdose Response Office to meet the scale of San Francisco’s epidemic by adding an additional 7.0 FTE civil service positions, and (2) expand harm reduction services in high-risk settings (SROs, hotels, shelters) by creating a team of Harm Reduction Liaisons to provide overdose prevention education, recruit and train overdose prevention champions, link to low-barrier treatment and other risk reduction services by adding 11.0 FTE. **Total Budget: \$2,395,130 in FY22-23 and annualize to \$2,953,419 in FY23-24**

**Hope SF**

The current MHTA Integrated Plan includes programs that provide mental health and wellness promotion to support the City’s Hope SF initiative. Hope SF is an initiative that supports people living in public housing by making available mental health and tailored comprehensive and trauma informed services. In collaboration with Hope SF, as part of the City’s Dream Keeper Initiative Fatherhood Project, MHTA is proposing to provide \$960,000 to this program by providing support for 5.0 new civil service FTEs (\$752,633) and \$207,367 for programming expenses. **Total budget \$801,784 and annualize to \$960,000 in FY23-24.**

**BHS MCAH Telehealth for Birthing People**

MHTA is collaborating with MCAH on expanding mental health support for Black-Identified pregnant people living in San Francisco. Approximately 20% of pregnant women are estimated to have a mental health (MH) condition that would benefit from MH support services such as counseling/therapy. Among Black/African American women, this percent is higher because of



the increased stress levels resulting from structural and interpersonal racism. Over the next two years, MHSA will provide \$1,400,000 annually to achieve the followings goals:

- Provide easily accessible, timely, high-quality, culturally-tailored MH care to Black/African American women who are pregnant and/or post-partum;
- Work with providers to develop and hone a suite of new and innovative approaches to anti-racist perinatal MH care;
- Programming may include:
  - Therapeutic and life skills groups to address trauma for youth via music;
  - Nutrition groups for adults and families via cooking lessons,
  - Field trips for seniors who are isolated in the community,
  - Expansion of women’s group addressing trauma, single-parenting, domestic violence, and their holistic well-being, and
- Provide Black/African American people who are pregnant and/or post-partum with timely and appropriate screenings that are seamlessly connected to follow-up care, including COVID vaccinations
- Expand the workforce of mental health practitioners in San Francisco capable of providing quality, and anti-racist MH care to Black/African American parents

**Total Budget \$1,400,000 in FY22-23 and \$1,400,000 in FY23-24**

### **Continue Culturally Congruent and Innovative Practices for Black/African Americans**

In recognition of disparities in access to behavioral health treatment and outcomes for Black/African Americans, the MHSA Integrated Plan includes a pilot initiative that expands staffing capacity by 10 FTE, or seven Behavioral Health Clinicians (2930), and three Senior Behavioral Health Clinicians (2932) through the use of temporary positions. The proposed initiative would allow the Department to retain the existing capacity by making each of these positions permanent beginning in FY22-23. The permanent staffing would allow BHS to provide culturally responsive behavioral health interventions at four BHS civil service clinics: (South of Market Mental Health, Ocean Merced Ingleside (OMI), Mission Mental Health Alternative Programs, and TAY Civil Service Clinic). The interventions are State-approved to enable San Francisco to utilize and continue innovative and culturally congruent interventions for the first time with San Francisco’s Black/African American communities. **Total Budget \$1,353,332 and annualize to \$1,711,870 in FY23-24**

### **Increasing MHSA Program Support**

To support this significant expansion of programming, the initiative proposes the following:

- 1.0 2591 Health Program Coordinator II/MHSA Program Administrator position to serve as a program administrator to ensure compliance with Mental Health Services Act regulations and reporting.
- 1.0 FTE 2587 Health Worker III/Vocational Coordinator position will serve as a coordinator for MHSA’s State mandated vocational services.
- 1.0 FTE 2586 Health Worker II/ Staff Wellness Support Specialist position to assist with coordination of wellness activities and retreats for 600 BHS staff.
- 1.0 FTE 2593 Principal Analyst/Prevention and Early Intervention Services Manager will assist in managing MHSA’s prevention and early intervention programs that include

providing mental health support for vulnerable populations, including coordinating efforts with the Dream Keeper Initiative.

- 1.0 FTE 1822 Administrative Analyst will support increased budget management and reporting responsibilities due to the growth of MHPA funding in recent years
- 1.0 FTE 2593 Health Program Coordinator III/Equity Training Manager position will develop racial and health equity trainings for the Department's behavioral health clinicians and community-based organizations.

**Total Budget: \$795,168 in FY22-23 and annualize to \$1,005,987 in FY23-24**

### **Capital Improvements**

Most mental health clinics in San Francisco require some level of capital improvements. The original MHPA Capital Facility Program and Expenditure Plan identified a set of projects specifically to improve four buildings requiring an amount of **\$12,830,000** in one-time funding from MHPA. The proposed request would provide the necessary funding to complete projects in the following locations:

- \$4 million – Southeast Health Center: conversion of an existing building to relocate specialty mental health services for Southeast Family Therapy Services a specialty mental health clinic Southeast Family Therapy Services
- \$2 million – Hope SF Sunnydale Wellness Center
- \$1 million – 3500 Cesar Chavez - relocation of Southeast Mission Geriatrics
- \$5 million – Chinatown Child Development Center
- \$250,000 – TAY Clinic (755 So Van Ness)
- \$80,000 – Southeast Child Family Therapy Services
- \$500,000 – Clinical Services including Office-Based Buprenorphine Induction Clinic (OBIC) at 1380 Howard

**Total Budget: \$12,830,000**

### **Prudent Reserve**

\$5,226,983 will be appropriated to cover future costs and/or help offset any future fluctuations in revenues. A prudent reserve is required of all counties under the MHPA authorizing legislation. Prudent reserves are particularly important given the historical volatility of MHPA revenues, which fluctuate significantly with changes in the economy.

### **Additional MHPA Background:**

Due to the nature of MHPA's funding volatile source, the annual spending plan and the annual appropriated revenues do not match. This is because the revenue projections fluctuate each year, estimates are confirmed via actual tax revenue receipts, and annual projections are revised to reflect actual earnings and therefore counties manage their spending on a multi-year basis. To ensure stable funding for the MHPA Integrated Plan from year to year, all prior year unspent funding, any previously unallocated funding, and/or funding from the Prudent Reserve is specifically designated to ensure budgeted programming may continue without fluctuation.

The MHPA three-year program and expenditure plan must be developed and updated through an annual stakeholder process, posted for public comment, and presented in a public hearing with the San Francisco Mental Health Commission (aka Mental Health Board). In San Francisco, the three-year plan is titled the *MHPA Integrated Plan*, with the current plan covering the years 2020-2023.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

Collectively, the components outlined above will benefit thousands of individual clients. Populations served through this service and staffing enhancements include Black/African Americans, Latinx, API, Native American, transgender individuals, homeless individuals and low-income clients with severe mental illness.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

The proposed initiative would increase revenues and expenditures by \$35,339,729 in FY22-23 and \$18,568,609 in FY23-24.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Increase 30.81 FTE in FY22-23 and annualize to 39.0 FTE in FY23-24.

INITIATIVE TITLE: **B8** - Mental Health Services Act for Program Continuity and Expansion to Address Health Equity and Overdose Prevention

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>	MHSA	\$ 35,086,612	\$ 18,521,726
	Subtotal Sources	\$ 35,086,612	\$ 18,521,726
<b>Uses:</b>	Salary and Benefits	\$ 6,800,734	\$ 8,077,027
	Operating Expense	\$ 28,285,878	\$ 10,444,699
	Subtotal Uses	\$ 35,086,612	\$ 18,521,726
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ (0)	\$ (0)
<b>Total FTE's</b>		30.81	39.00

**New Positions** (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
<b>Culturally Congruent and Innovative Practices for Black/African American</b>					
2932	Senior Behavioral Health Clinician	2.37	299,473	3.00	388,314
2930	Behavioral Health Clinician	5.53	669,567	7.00	868,196
<b>MHSA Support Positions</b>					
2593	Health Program Coordinator III	0.79	112,002	1.00	145,229
2591	Health Program Coordinator II	0.79	93,054	1.00	120,660
2587	Health Worker III	0.79	68,913	1.00	89,356
2586	Health Worker II	0.79	62,995	1.00	81,682
1822	Administrative Analyst	0.79	89,755	1.00	116,382
2593	Health Program Coordinator III	0.79	112,002	1.00	145,229
<b>HOPE SF</b>					
1406	Senior Clerk	1.58	139,571	2.00	180,976
2591	Health Program Coordinator II	2.37	279,162	3.00	361,980
<b>Overdose Prevention and Harm Reduction</b>					
922	Manager I	0.79	121,391	1.00	157,402
2593	Health Program Coordinator III	1.58	224,005	2.00	290,458
1406	Senior Clerk	0.79	69,785	1.00	90,488
2119	Health Care Analyst	1.58	182,575	2.00	236,738
2119	Health Care Analyst	0.79	91,288	1.00	118,369
2587	Health Worker III	7.90	689,125	10.00	893,560
2591	Health Program Coordinator II	0.79	93,054	1.00	120,660

Salary Savings 9993M\_Z 2,000,000 2,000,000

Total Salary	30.81	5,397,717	39.00	6,405,679
Fringe	26.0%	1,403,017	26.1%	1,671,348
<b>Total Salary and Fringe</b>	<b>30.81</b>	<b>6,800,734</b>	<b>39.00</b>	<b>8,077,027</b>

Character/Subobject Code		
527000 Professional Services - Maintenance of Existing Programs	8,537,332	8,537,332
527000 Program Costs for Hope SF Wellness Sites	100,000	100,000
540000 Program Costs for Hope SF Wellness Sites	107,367	107,367
540000 Material & Supplies	300,000	300,000
527000 Professional Services - TeleHealth for Birthing	1,400,000	1,400,000
506000 Programmatic Project - Prudent Reserve	5,011,179	
540000 Materials and Supplies	-	-
560000 Capital	12,830,000	
581000 Workorder	-	-
	\$ 28,285,878	\$ 10,444,699

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide     
  Population Health     
  SF Health Network Wide  
 San Francisco General Hospital     
  Laguna Honda Hospital     
  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Human Resources, and Health and Workforce Equity

TARGETED CLIENTS: DPH Clients and Staff

PROGRAM CONTACT NAME/TITLE: Lueanna Kim – HR Director  
Ayanna Bennett, MD – Office of Equity

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
19.75	25.00	(\$3,828,043)	(\$4,784,459)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative strengthens DPH’s human resources (HR) infrastructure with an additional 20 Full Time Equivalent (FTEs) employees to ensure sufficient support for our workforce and our services. It also adds 5.0 FTEs to advance the department’s Racial Equity Program, including implementation of the SFVoices program. Both of these initiatives were identified as being among the department’s top four priorities in its recent annual strategic planning process.

The HR initiative emphasizes accelerating hiring times, staff retention and improving employee experience. These challenges are currently one of the primary barriers to implementation of key strategic initiatives and restoring core DPH services to full operating capacity. This investment will increase the number of permanent hires and reduce vacancies to support programs with regulatory requirements such as Zuckerberg San Francisco General, Laguna Honda Hospital and Ambulatory Care, as well as make timely, permanent hires and fill critical vacancies in Behavioral Health and other divisions. In addition, it will build administrative infrastructure needed to execute on identified priorities without halting hiring in other DPH divisions. It will also increase retention and improve the work culture. There are not enough HR staff to respond to this increased demand for services which is resulting in the potential for legal liability, frustration, and staff exodus to other City departments and Bay Area health care entities.

The investments in Equity program staffing represent the next phase in the ongoing implementation of DPH’s racial equity work. Staffing will accelerate implementation of the Racial Equity Action Plan, advance divisional equity initiatives, and work toward reducing disparities in health outcomes. A key component of this work is the SFVoices program, a text and web-based survey instrument that will allow SFDPH to get direct information on the health behavior and needs of residents in neighborhoods of high need.

## JUSTIFICATION:

As of FY 2022-24, DPH has almost budgeted 8,000 full time equivalent budgeted (FTE) employees and currently has 130 HR staff including labor, payroll, operations, equal opportunity and disability accommodation management, workforce development and merit and examinations. This ratio is insufficient to meet the department's operational needs. To meet the needs of our workforce, we propose increases in HR as follows:

HR Examinations Team– 1.0 FTE Human Resource Analyst, 4.0 FTE Senior Human Resource Analysts.

The Examinations Division supports hiring managers in conducting examinations, recruitment, and classification studies. Staffing deficits in this unit have been identified as a significant factor in hiring delays. The proposed analysts are required to keep HR hiring moving at an adequate pace and to address the growing backlog. DPH has 250 unique classifications with an insufficient number of examinations analysts to conduct them. Unless DPH increases the number of staff, it will not be able to assign and conduct examinations timely which will lead to an inability to fill positions. This inability to fill positions leads to a staff attrition.

HR Experience and Culture – 3.0 FTE Human Resource Analysts, 2.0 FTE Senior Human Resource Analysts, 1.0 FTE

The Office of Experience and Culture is responsible for radically reinventing and implementing HR systems, processes, and services that serve the end user and align all HR functions into a cohesive whole. This team imbeds equity into decision-making, workflow, policies, and service and advocate for the needs and wants of staff and propel new innovative improvements to transform DPH into a premier place to work. The office leads organizational development changes related to workflow, service delivery, culture, and organizational structure. The additional positions are necessary to capture, implement, and communicate improvements to the hiring process. They will also address employee issues before they become grievances and discrimination complaints.

HR Workforce Analytics, People Development, and Employee Relations –1.0 FTE Principal Administrative Analyst

The Workforce Analytics, People Development, and Employee Relations Division is responsible for collecting, analyzing, and reporting position control information and personnel data within HR, DPH, and other key stakeholders to ensure that HR is supporting DPH's strategic goal and vision. They design and implement professional development programs, and support DPH employees who are experiencing workplace conflict and/or are in need of career coaching, and connection to resources. DPH HR has struggled with collecting and managing position control information. This position will build and supervise the team.

Civil Rights, Leaves, Workers Compensation – 3.0 FTE Human Resource Analysts, 2.0 Senior Personnel Clerk

The Civil Rights, Leaves, and Workers' Compensation Division is responsible for conducting investigations into allegations of discrimination. The division also manages leaves of absence and workers' compensation claims. In the past several years, DPH has experienced an increase in the number of discrimination complaints and requests for leaves of absence. Workers' compensation costs have also risen significantly due to the inability to address ergonomic

requests. Currently each human resources analyst in the leaves of absence unit is responsible for 1,000 leaves per year. This is an unsustainable number of cases. Failure to adequately staff this unit will result in legal liability and high rates of employees who are off work, contributing to staffing shortages and increased hiring needs.

Workplace Safety and Health – 1.0 FTE Safety Officer, 1.0 Senior Clerk

The Workplace Safety and Health Division is responsible for ensuring compliance with workplace (occupational) health and safety laws, regulations (Cal OSHA), and rules. In order to meet the mandates, they need to have administrative support and sufficient safety officers to monitor and respond to health and safety complaints. In addition to growth in total DPH staffing, the COVID-19 pandemic has led to new regulatory requirements and staff demand for services provided by this division.

Health Equity Program Staffing – 2.0 Health Program Coordinator III, 1.0 Senior Health Program Planner, 1.0 Senior Administrative Analyst, 1.0 Registered Nurse, 1.0 Manager II.

The Office of Health Equity has set a goal for all DPH divisions to have dedicated staffing to advance racial equity initiatives. These positions will provide divisional focus on implementation while coordinating on the department-wide vision led by the Office of Health Equity. This initiative will add staffing in Primary Care, DPH Operations, Whole Person Integrated Care, and Jail Health.

The initiative also includes staffing for the SFVoices program. As part of our commitment to equity, SFDPH is building greater capacity to hear from the community and integrate this feedback into programs. SFVoices is a text and web-based survey instrument that will allow SFDPH to get direct information on the health behavior and needs of residents in neighborhoods of high need. The project will require: a contracted platform to manage the surveys and data collection; management oversight to organize the program; communications and materials to advertise the program; data analytic support; and staff to recruit community participants

This program has many use cases across the department from patient input on clinic policy changes, community input on the location of services and detailed information on which services community members need and which they are aware of but have not used.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

The investments will ensure that both clinical and non-clinical operations department wide are adequately supported within HR, to minimize hiring delays, retain current staff, and create a support system for supervisors and managers. It will increase the department's ability to gather data needed to develop programs and initiatives to address health disparities and improve health outcomes for residents in neighborhoods of high need.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expenses will increase by 3\$.8M in FY2223 and by \$4,8M in FY2324

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Annual increase of 25 FTE.

**INITIATIVE TITLE: B9 - Human Resources, and Health and Workforce Equity**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
	Subtotal Sources	\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 3,703,043	\$ 4,659,459
	Operating Expense	\$ 125,000	\$ 125,000
	Subtotal Uses	\$ 3,828,043	\$ 4,784,459
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 3,828,043	\$ 4,784,459
<b>Total FTE's</b>		19.75	25.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
1406	Senior Clerk	0.79	69,785	1.00	90,488
6139	Senior Industrial Hygienist	0.79	144,340	1.00	187,160
1824	Principal Administrative Analyst	0.79	121,092	1.00	157,015
1204	Senior Personnel Clerk	1.58	143,020	2.00	185,448
1241	Human Resources Analyst	7.11	851,671	9.00	1,104,327
1244	Senior Human Resources Analyst	4.74	662,301	6.00	858,780
1232	Training Officer	(1.00)	(128,575)	(1.00)	(131,923)
2593	Health Program Coordinator III	1.00	141,775	1.00	145,229
1844	Senior Management Assistant	(1.00)	(119,534)	(1.00)	(122,758)
2820	Senior Health Program Planner	1.00	137,355	1.00	140,701
1823	Senior Administrative Analyst	0.79	104,593	1.00	135,621
2593	Health Program Coordinator III	0.79	112,002	1.00	145,229
1824	Principal Administrative Analyst	0.79	121,092	1.00	157,015
2320	Registered Nurse	0.79	152,939	1.00	198,312
923	Manager II	0.79	130,310	1.00	168,968
Subs	Position Clean-up		<u>50,806</u>		<u>50,806</u>
	Total Salary	19.75	2,694,974	25.00	3,470,418
	Fringe	37.4%	<u>1,008,068</u>	34.3%	<u>1,189,041</u>
	Total Salary and Fringe	<b>19.75</b>	<b>3,703,043</b>	<b>25.00</b>	<b>4,659,459</b>

**Character/Subject Code**

527000	Professional Services	75,000	75,000
540000	Materials and Supplies	50,000	50,000
581000	Workorder	-	-
		\$ 125,000	\$ 125,000



**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide     
  Population Health     
  SF Health Network Wide  
 San Francisco General Hospital     
  Laguna Honda Hospital     
  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Investment in DPH Operations

TARGETED CLIENTS:

PROGRAM CONTACT NAME/TITLE: Greg Wagner, Chief Operations Officer

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
24.10	30.50	(\$5,170,250)	(\$6,328,306)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative adjusts core operating and administrative staffing levels to reflect new program mandates and growth in DPH. It includes 20.5 FTE for the DPH Business Office (including the Contracts Office), 6.0 FTE for Communications, 1.0 FTE for SF Health Network Supply Chain Management, and 1.0 FTE for Security.

**JUSTIFICATION:**

Over the last two years and in the proposed budget for FY 22-24, DPH is assuming new programmatic responsibilities and experienced significant budgetary growth. These additional efforts include the implementation of Mental Health SF and expansion of the Behavioral Health System, added operational responsibilities caused by the COVID-19 pandemic, the Mayor’s Dreamkeeper Initiative, and implementation of changes associated with CalAIM, among others. Operational and administrative capacity within DPH has failed to keep pace with these changes, and in many cases the department is struggling to implement these critical initiatives on schedule and to keep pace with the core operating needs of the San Francisco Health Network and Public Health Division. While the FY 21-23 budget included some additional resources for these functions, an internal department review identified staffing augmentations in certain areas as a critical need to effectively implement DPH’s top priorities. In addition to investment in human resources (described in a separate initiative), DPH staff propose the following:

DPH Business Office – 20.5 FTE

The DPH Business Office plays a key role in implementing and sustaining new initiatives particularly those involving contracted services and community based organizations. Demand for new and expanded contracted services has grown significantly due to Mental Health SF, COVID-19, the Dreamkeeper Initiative, and other priorities. The proposed initiative includes:

- 11.0 FTE (0932 Manager IV partially funded from existing 0931 Manager III; 2.0 0923 Manager II; 1824 Principal Administrative Analyst; 8.0 1823 Senior Administrative Analyst; 1822 Administrative Analyst) staff for the DPH Contracts Office. This office is

responsible for developing new contracts and solicitations. The initiative would make permanent 4.0 FTE added as temporary positions in prior year budgets and add 7.0 new FTE. These increases are needed to keep pace with demand for new contracts, competitive solicitations, and contract modifications and amendments.

- 3.0 FTE (2.0 1824 Principal Administrative Analyst, 1823 Senior Administrative Analyst) for the Budget Unit, which performs financial management functions for the Behavioral Health Division. This additional staffing is required to manage the additional budget and contract requirements associated with Behavioral Health expansion.
- 1.0 FTE (0922 Manger I replacing an existing 1824 Principal Administrative Analyst, 2593 Health Program Coordinator III) for the Office of Contract Development and Technical Assistance (CDTA). CDTA is the principal point of contact to health service providers. The unit fields and answer questions about the contract development process at SFDPH, helps providers navigate the contract development process, and provides non-clinical technical assistance to support agencies. This additional staffing is needed due to the expanded volume and size of contracts.
- 2.0 FTE (2593 Health Program Coordinator III) for the Business Office of Contract Compliance, which is responsible for determining contract agency compliance with its performance objectives and other requirements. This additional staffing is needed due to the expanded volume and size of contracts.
- 0.5 FTE (1827 Administrative Services Manager) for Facilities, to assist in managing new MHSF sites and administrative facilities for new staff.
- 3.0 FTE (1825 Principal Administrative Analyst II, 1824 Principal Administrative Analyst, 1822 Administrative Analyst) to develop, implement, and manage a new electronic contracting management system. This new system will streamline contract approvals, development and management by developing and automating workflows and data management for contracts.

Communications – 6.0 FTE (0923 Manager II; 5.0 1314 Public Relations Officer)

The Communications Division has experienced dramatic growth in workload over the past year, including continuing high demand from the public, community organizations and press for information related to COVID-19, Mental Health SF and other core departmental work. Public Records Act requests have increased significantly in volume. The Communications Division has always functioned with a very small number of staff. During the early months of the pandemic, this work was supplemented by deployed staff from other City departments. With the de-deployment of staff from other City departments and the transition of COVID-19 functions back to DPH operations, the Communications Division requires additional staffing to provide timely responses to information requests from the public.

Supply Chain –1.0 FTE (0941 Manager VI). Since the onset of COVID-19 and other expansions of San Francisco Health Network’s functions, DPH has taken on additional departmental and citywide responsibilities for purchasing, management and distribution of supplies. These include personal protective equipment, vaccines and other supplies. DPH is moving toward increased integration of purchasing and supply chain management functions across the network and Public Health Division. This new position will be responsible for developing policies, systems, and operations to support DPH and its partners.

Security – 1.0 FTE (7262 Maintenance Planner). The Security Division has relied on a temporary project-funded position to manage electronic and physical security systems for the past several years. This initiative would make that positions permanent.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

The investments will ensure that both clinical and non-clinical operations department wide are adequately supported, including timely implementation of contracted services. It will accelerate the implementation of top departmental priorities, including Mental Health SF and integration of COVID-19 response activities into ongoing DPH operations

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expense will increase by \$5M in FY2223 & \$6.3M ongoing

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Annual increase of 30.5 FTE.

**INITIATIVE TITLE: B10 - Investment in DPH Operations**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
	Subtotal Sources	\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 4,270,250	\$ 5,428,306
	Operating Expense	\$ 900,000	\$ 900,000
	Subtotal Uses	\$ 5,170,250	\$ 6,328,306
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 5,170,250	\$ 6,328,306
<b>Total FTE's</b>		24.10	30.50

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
932	Manager IV	1.00	190,901	1.00	195,552
931	Manager III	(1.00)	(177,858)	(1.00)	(182,191)
1825	Principal Administrative Analyst II	0.79	142,872	1.00	185,255
1824	Principal Administrative Analyst	3.16	484,368	4.00	628,060
1823	Senior Administrative Analyst	7.11	941,336	9.00	1,220,589
1822	Administrative Analyst	1.58	179,510	2.00	232,764
923	Manager II	1.58	260,621	2.00	337,936
2593	Health Program Coordinator III	1.58	224,005	2.00	290,458
1827	Administrative Services Manager	0.40	52,850	0.50	68,529
1824	Principal Administrative Analyst	(1.00)	(153,281)	(1.00)	(157,015)
922	Manager I	1.00	153,659	1.00	157,402
1823	Senior Administrative Analyst	(1.00)	(132,396)	(1.00)	(135,621)
2593	Health Program Coordinator III	1.00	141,775	1.00	145,229
923	Manager II	0.79	130,310	1.00	168,968
1314	Public Relations Officer	3.95	531,698	5.00	689,430
1820	Junior Administrative Analyst	1.58	136,506	2.00	177,002
941	Manager VI	0.79	174,635	1.00	226,442
7262	Maintenance Planner	0.79	115,110	1.00	149,259
	Total Salary	24.10	3,396,620	30.50	4,398,047
	Fringe	25.7%	873,630	23.4%	1,030,259
	Total Salary and Fringe	<b>24.10</b>	<b>4,270,250</b>	<b>30.50</b>	<b>5,428,306</b>
	Character/Subobject Code				
	527000 Professional Services (applications/software)		450,000		450,000
	540000 Materials and Supplies (desktop refresh)		450,000		450,000
	581000 Workorder		-		-
			\$ 900,000		\$ 900,000

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide     
  Population Health     
  SF Health Network Wide  
 San Francisco General Hospital     
  Laguna Honda Hospital     
  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Strengthening Population Health Infrastructure  
 TARGETED CLIENTS: San Francisco (SF) Residents, Visitors and/or Employees Who Work in SF  
 PROGRAM CONTACT NAME/TITLE: **Susan Philip, MD, MPH, Health Officer and PHD Acting Director**

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
9.48	15.12	(\$3,241,790)	(\$4,231,528)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

SFDPH’s Population Health Division (PHD) addresses public health concerns, including prevention and control for infectious diseases, population health, monitoring of threats to the public’s health, health promotion and education, public health emergency preparedness and response, and consumer safety. Lessons learned in the past two years in responding to the pandemic highlighted infrastructure position needs for the Population Health Division. The proposed infrastructure changes will assist PHD to establish, expand, train and sustain the public health workforce in supporting jurisdictional infectious disease prevention, preparedness, response and recovery initiatives for the City and its residents; as well as having the workforce capable of developing and maintaining data visualization, population health data science and epidemiology.

**JUSTIFICATION:**

Building PHD’s infrastructure will begin to provide a structural fix for the following Branch Programs and Services in order meet its mission to protect and promote health and well-being for all in San Francisco. These workload and duties of these full-time equivalent positions requested cannot be absorbed by current PHD staff:

- 1) PHD is requesting two (2) physician positions:
  - 2232 Senior Physician Specialist – will support the Clinical Programs and Services across the Division, in providing clinical services and leadership to prioritized and identified areas of need, including but not limited to providing infectious disease expertise and consultation, clinical support and guidance and backfill/coverage or on call shifts to ensure continuity of PHD clinical services.
  - 2233 Supervising Physician Specialist – will provide medical, public health and administrative direction and supervision of PHD Branches and Programs, including planning, organizing, directing and professional development for the clinical activities of the medical and support staff within PHD. This position will also serve as a Deputy Health Officer.
- 2) The Applied Research, Community Health Epidemiology, & Surveillance (ARCHES) Branch coordinates data collection, processing, management, analysis, and interpretation related to health and morbidity in San Francisco. The three (3) positions requested are:
  - 2593 Health Program Coordinator III – will be the Health Informatics Program Coordinator that will coordinate data analytics with representatives across San Francisco Department of Public Health (SFDPH) to support PHD program and staff needs, including utilizing and accessing data from SFDPH’s health information system, Epic.

2119 Healthcare Analyst – will be the Health Informatics Analyst to support PHD and SFDPH in order to meet the data demands of our non-COVID work, which are current infectious disease and population health metrics.

2803 Epidemiologist II/Surveillance Data Epi - is a key part of early warning for many hazards, and this epidemiologist will be needed to help develop and maintain the dashboards that we will need as well as to help recognize signal from the noise in the data. During a response, this position will coordinate with the PHD's Public Health Emergency and Preparedness Response's (PHEPR) Response Manager, as well as with PHEPR and SFDPH leadership to determine data needed particular to the hazard, and to facilitate expediting the acquisition of that data--they will be a subject matter expert in preparedness and response data needs.

- 3) The Center for Data Science (CDS) Branch is an investment in population health data science, focusing on social and environmental determinants of health which are the greatest drivers of health and well-being (and conversely, disease). This includes climate change (including some recent heat waves across the West and the now regularly record-breaking wildfires) is a concrete reminder that we must invest in population health data science. The three (3) positions requested are:

2818 Health Program Planner - will provide support for the epidemiology and data request needs for Mental Health San Francisco, PHD's equity metrics and other projects requested by City departments, SFDPH and/or PHD Branches.

1822 Administrative Analyst – will support environmental health social epidemiology and data needs including climate health, heatwaves and wildfires.

1823 Senior Administrative Analyst/Data Analyst – will coordinate with PHEPR during response to public health hazard, threat or crisis response, the Plan-Do-Study-Act (PDSA) activities on metrics that are identified and determined as needed for the hazard/threat/crisis, and those data will also be important for PHD and SFDPH to be evidence-based. We will need data support to help monitor these metrics.

- 4) The Community Health Equity and Promotion (CHEP) Branch works in conjunction with community members and organizations to develop evidence-based, data-driven, sustainable initiatives to address priority public health issues, with a focus on ensuring health equity. The one (1) position requested is a 2593 Health Program Coordinator III – which will oversee community-based prevention programs and coordinate with SFDPH and Community Based Organizations (CBOs) partners.
- 5) The Disease Prevention and Control (DPC) Branch focuses on clinical and biomedical approaches to disease prevention and control and chronic diseases across San Francisco. The two (2) positions requested are:  
2322 Nurse Manager for the Communicable Disease Unit – will manage the nursing workforce, including registered nurses, public health nurses and per diem nurse for an approximate total of 25 licensed nursing staff.

2806 Disease Control Investigator for the Tuberculosis (TB) Prevention and Control Program – will be to improve the health of the people we serve by increasing the outreach to the number of contacts of identified TB cases who are evaluated and treated for their TB exposures. An additional DCI will add to the DCI workforce to respond to the next surge of COVID or other communicable disease.

- 6) The Grants Management Unit is a newly created team to leverage submissions of state and federal grants funding and awards available to local health departments, including Public Health

Emergency (PHE) and Hospital Preparedness Programs (HPP) grants. The three (3) positions requested are:

0922 Manager I/Grants Manager – will oversee the Grants Management Unit and provide oversight, direction and guidance for the grants team; and will also manage the programs, operational activities, or projects related to grants and grants funding/awards for PHD. This request will ensure continuity of a temporary exempt grants manager position.

2119 Healthcare Analyst (2 positions) – will provide grants management support and coordination in the grant applications funding source availability and preparation, documentation of deliverables and of work plans and spend plans for grants awarded and received; and will also provide coordination between PHD grant leads and SFDPH finance and contracts teams to improve and support the accept and expend process of grants awarded and received.

- 7) The Office of Anti-Racism and Equity (OARE) Branch is newly formed to develop and implement PHD’s Racial Equity Action Plan (REAP) and the City’s Dream Keeper Initiative. Also part of OARE is the oversight of food security programs and initiatives. A position is requested as follows:

2591 Health Program Coordinator II – will be providing staff and technical support for the City’s Food Security Task Force (recently reauthorized in July 2021 until 2026). Additionally there is a new SFDPH requirement for a Biennial Food Security and Equity Report which this requested position will collaborate with other PHD Branches to draft and complete Biennial Food Security and Equity Report.

- 8) The Quality and Performance Improvement Team promotes a culture of continuous improvement across the PHD Division and Branches, develops PHD performance improvement workforce and supports PHD in achieving established True North goals and strategic priorities. A position is requested as follows:

2593 Health Program Coordinator III/Quality Improvement and Lean Coordinator – will be part of the PHD Performance Improvement Team and specifically will help with the Lean assessment and improvement of SFDPH Incident Command System (ICS) structures, as well as assessments and improvements for issues identified during drills. Speed and efficiency are paramount to activate a response. These are lessons learned from the COVID response that there exists the potential for significant waste in effort when operations are not carefully analyzed.

The operating expenses for PHD are requested as follows:

- Information Technology (IT) Equipment – to replace or refresh outdated desktop computers, purchase new IT equipment Training, cell phones for designated staff working in the field or on call.
- Materials and supplies – to purchase Test kits for San Francisco City Clinic and Public Health Laboratory, healthy snacks to support and promote staff wellness and others such as training and office supplies.
- Rent – for office rent at 1360 Mission Street and additional office spaces at 25 Van Ness, which are occupied for use by PHD staff.
- Non-personnel Expenses – to support public health reaccreditation, including annual fees and preparation activities; for laboratory equipment maintenance; cell phone monthly plans; and CLIA Licenses for laboratory equipment at the Public Health Laboratory.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

The clients or population served by PHD includes San Francisco residents and people that are visitors and/or work in San Francisco, which in total is approximately over 850,000 people.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Net general fund costs of \$3,241,790 in FY 2022-23 and \$4,231,528 in FY 2023-24.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

9.48 FTEs in FY 2022-23 and 15.12 FTEs in FY 2023-24.



**INITIATIVE TITLE: B11 Strengthening Population Health Infrastructure**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 2,152,083	\$ 3,268,821
	Operating Expense	\$ 1,089,707	\$ 962,707
Subtotal Uses		\$ 3,241,790	\$ 4,231,528
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 3,241,790	\$ 4,231,528
<b>Total FTE's</b>		9.48	15.12

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2593	Health Program Coordinator III	1.58	224,005	2.78	403,737
2119	Health Care Analyst	0.79	91,288	2.56	303,025
2803	Epidemiologist II	0.00	0	0.78	106,905
1823	Senior Administrative Analyst	0.79	104,593	1.00	135,621
2818	Health Program Planner	0.79	93,778	1.00	121,599
1822	Administrative Analyst	0.79	89,755	1.00	116,382
2322	Nurse Manager	0.79	196,882	1.00	255,289
2806	Disease Control Investigator	0.79	75,257	1.00	97,583
2591	Health Program Coordinator II	0.79	93,054	1.00	120,660
922	Manager I	0.79	121,391	1.00	157,402
2232	Senior Physician Specialist	0.79	241,802	1.00	313,535
2233	Supervising Physician Specialist	0.79	260,047	1.00	337,192

Total Salary	9.48	1,591,851	15.12	2,468,929
Fringe	35.2%	560,231	32.4%	799,892
<b>Total Salary and Fringe</b>	<b>9.48</b>	<b>2,152,083</b>	<b>15.12</b>	<b>3,268,821</b>

Character/Subobject Code		
527000 Professional Services	489,707	462,707
540000 Materials and Supplies	600,000	500,000
581000 Workorder	-	-
	\$ 1,089,707	\$ 962,707

**These requests are not included above:**  
MegaBlack

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital               Laguna Honda Hospital               Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Expanding Public Health Emergency Preparedness Response  
 TARGETED CLIENTS: San Francisco (SF) Residents, Visitors and/or Employees Who Work in SF  
 PROGRAM CONTACT NAME/TITLE: **Susan Philip, MD, MPH, Health Officer and PHD Acting Director and Andrea Tenner, MD, PHEPR Director**

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
8.69	13.36	(\$1,532,128)	(\$2,577,891)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

One of the major Branches that SFDPH’s Population Health Division (PHD) is responsible for is the Public Health Emergency Preparedness and Response (PHEPR) Team. In the past two years, the PHEPR Team has taken on leadership roles initially with the Departmental Operations Center’s (DOC) COVID-19 Activation in January 2019, through the Emergency Operations Center’s COVID Command Center in FY 20-21 and currently with the DOC’s COVID Task Force this FY 21-22. The PHEPR Leadership and Team is also providing support for the City-wide Tenderloin Project that started in late 2021. To date, the PHEPR Team is concurrently providing public health emergency responses for the COVID Task Force and the Tenderloin Project. SFDPH, PHD and PHEPR is requesting to enhance its capacity to rapidly mobilize, surge and respond to public health emergencies declared at the local, state or national jurisdictions. The need to have a public health emergency leadership and workforce that is designed to accelerate public health crisis response activities such as coordinating emergency operations, activating surge staff, conducting needs assessments to determine the resources necessary to address the public health threats and crisis, collaborate and communicate with communities and anticipate and seek future funding public health emergency funding opportunities are the program goals that are collectively aimed to protect the health and welfare of people in San Francisco.

**JUSTIFICATION:**

Enhancing PHEPR’s infrastructure will begin to provide a structural fix for public health threat and crisis preparedness, training, response and recovery in order meet its mission to protect and promote health and well-being for all in San Francisco. In addition, the team ensures that communication and partnerships with underserved and affected communities are met with an equity focus. The workload and duties of these 14 full time equivalent positions requested cannot be absorbed by current PHEPR or PHD staff:

- 1) To support public health, emergency and crisis preparedness and planning efforts, reporting to the PHEPR’s Healthcare Systems Section, three (3) positions are requested:  
 2593 Health Program Coordinator III/Healthcare System Readiness Coordinator – will coordinate and interface with health system partners, resolve issues as they arise, and coordinate across hospitals, long-term care facilities, outpatient settings, and dialysis centers across the City and County of San Francisco.  
  
 2591 Health Program Coordinator II/Health System Exercise Coordinator – will plan and conduct exercises for the health system, to improve and maintain readiness for a disaster, as well as drilling how the trainee entity interfaces with the rest of the health system. This role will also support SFHN readiness and response on a deeper level.

2589 Health Program Coordinator/Medical Countermeasures (MCM) Planner - will support our current MCM planner to ensure that MCM plans are current and comprehensive, and updated as guidance changes. Additional responsibility will be executing the roll out of an MCM plan if needed in an emergency. at the deliverables are achieved, and the appropriate reporting is completed.

- 2) To support healthcare systems readiness and coordination efforts, reporting to the PHEPR's Response Section, four (4) positions are requested:

0931 Manager III/Agency Preparedness Manager - will manage the development, maintenance, and execution of disaster plans for all hazards for the City; will have broad knowledge of all of the various threats to public health as well as the mitigation strategies and resources; and will interface with other City departments, as well as regional, state, and federal entities.

1232 Training Officer - will develop and support training for the health system, both in preparedness and response best practices, as well as how to best interface with SFDPH during a response and coordinating efforts. This role will also support San Francisco Health Network (SFHN) training and disaster coordination with PHD on a deeper level.

2593 Health Program Coordinator III/Medical Countermeasures (MCM) Coordinator – is a leadership position responsible for overseeing all aspects of the medical countermeasures program, ensuring appropriate plans are in place and drilled, as well as coordinating with local, regional, state and federal stakeholders and governing bodies. This person will also oversee the rollout of a MCM program if needed in an emergency.

2589 Health Program Coordinator I/Health System Planner - will support communications and collaborations with the various health system entities, reviewing preparedness plans, and supporting preparedness work.

- 3) To support public health, emergency and crisis response efforts, two (2) positions are requested:
- 0923 Manager II/Response Manager - will manage staff to build the scaffolding of the Incident Command System in a disaster, and to maintain readiness, plans, and all the supply and logistics that is required for readiness for a response. Their role will be to ensure a smooth transition into the disaster phase as well as back to recovery, and ensure that evidence-based practices are followed, and the response is efficient and organized across all Branches and Divisions of DPH, as well as in coordination with other City departments.

2589 Health Program Coordinator/Medical Reserve Corps Coordinator – will coordinate and maintain training for the medical reserve corps -- a reserve of medical staff who can be activated to respond in an emergency. This is needed to fill the gap when EMSA transitioned to DEM.

- 4) To support PHEPR's Policy, Communications, and Community Resilience Section and their efforts to prepare and collaborate with San Francisco communities, four (4) positions are requested:

0931 Manager III/Policy, Communications, and Community Resilience Manager - will help to fill a gap demonstrated by the COVID pandemic to provide outreach capability to the community, and we know that in the first phases of a disaster, community often leads the response itself and community preparedness, as well as strong relationships with disaster management officials, is absolutely key to a successful response. This Manager position will oversee community outreach efforts, build relationships at a neighborhood level, oversee training and exercise development to improve community preparedness, and support community messaging and outreach both through liaising DPH communications, the city-wide JIC, and the communities themselves.

2593 Health Program III/Policy and Community Coordinator - will be tasked with supporting the policy, communications, and Community Resilience Manager to build relationships with the

community. They will also be responsible for overseeing training and exercise activities for the community and overseeing community messaging.

2591 Health Program Coordinator II/Community Exercise Coordinator - will be responsible for developing and executing exercises with community members.

1823 Senior Administrative Analyst/Communication and Community Analyst - will be responsible for evaluating and improving PHEPR's work with the community, assessing metrics and areas that need strengthening, as well as supporting our community engagement strategy development.

- 5) To support the PHEPR Director, the following position is requested:  
1823 Senior Administrative Analyst - will work closely with the PHEPR Director to ensure efficient operations of the PHEPR Branch and support quality improvement of the Branch operations when needed.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

The clients or population served by PHD includes San Francisco residents and people that are visitors and/or work in San Francisco. It also includes patients hospitalized in healthcare settings (acute, rehabilitation and/or long-term care/skilled nursing facilities). Altogether, the approximate population impact is over 850,000 people.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Net general fund costs of \$1,532,128 in FY 2022-23 and \$2,577,891 in FY 2023-24.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

8.69 FTEs in FY 2022-23 and 13.36 FTEs in FY 2023-24.

**INITIATIVE TITLE: B12 Expanding Public Health Emergency Preparedness Response**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
	Subtotal Sources	\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 1,532,128	\$ 2,577,891
	Operating Expense	\$ -	\$ -
	Subtotal Uses	\$ 1,532,128	\$ 2,577,891
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,532,128	\$ 2,577,891
<b>Total FTE's</b>		8.69	13.36

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
923	Manager II	0.79	130,310	1.00	168,968
1823	Senior Administrative Analyst	1.58	209,186	2.00	271,242
2593	Health Program Coordinator III	1.58	224,005	2.78	403,737
2591	Health Program Coordinator II	1.58	186,108	2.00	241,320
2589	Health Program Coordinator I	2.37	245,186	3.00	317,925
1232	Training Officer	0.79	101,574	1.00	131,923
931	Manager III	0.00	0	1.58	364,382
	Total Salary	8.69	1,096,369	13.36	1,899,497
	Fringe	39.7%	435,759	35.7%	678,394
	Total Salary and Fringe	<b>8.69</b>	<b>1,532,128</b>	<b>13.36</b>	<b>2,577,891</b>

Character/Subobject Code			
527000	Professional Services		-
540000	Materials and Supplies	-	-
581000	Workorder	-	-
		\$ -	\$ -

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital             Laguna Honda Hospital                 Ambulatory Care \_\_JHS\_\_

PROGRAM / INITIATIVE TITLE: Re-entry Services, Buprenorphine Expansion and Quality Improvement at Jail Health  
 TARGETED CLIENTS: JHS clients and staff  
 PROGRAM CONTACT NAME/TITLE: Hali Hammer, Director of Ambulatory Care

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
6.32	8.00	(\$967,458)	(\$1,224,897)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative bolsters Jail Health Services (JHS) staffing to expand services with the goal of reducing re-incarceration by providing linkages to treatment, supporting medication administration, and improving staff’s clinical education. Currently there is insufficient discharge support for patients exiting jail, which averages about 30 individuals per day most of which are released with only a few hours’ notice. These increases are aimed at expanding discharge planning services to all high needs/risk patients, reducing recidivism and meeting the increased need to expand buprenorphine administration and improve quality of care and documentation at JHS. In addition to improving the health outcomes, these investments will also position the department to provide new pre-release and post services expected under CalAIM.

**JUSTIFICATION:**

JHS proposes an additional annualized 8 FTEs across these three areas to meet the needs of our patients and workforce. The FTEs will be allocated as follows:

*Re-entry Discharge Planning* – 4 FTE 2587 Health Worker III and 1 FTE 2932 Behavioral Health Clinician.

With current staffing levels, JHS can only manage re-entry services for patients who are participants in a collaborative court, incompetent to stand trial on a misdemeanor, mental health diversion and/or presenting with a very high-risk situation. This represents only a fraction of patients and is not inclusive of the population for whom CalAIM mandates discharge planning services. Furthermore, the lack of discharge planning services for incarcerated individuals is a significant contributing factor to our high rates of recidivism.

JHS will add 4 health workers to a Reentry team that includes 1 Health Program Coordinator, 4 Behavioral Health Clinicians, 2 health workers and 4 grant-funded positions. These new health workers will offer discharge planning services to every patient discharging from jail. The level of service will range from basic to robust including linkage to on-demand services, community resource information, referrals to public entitlement enrollment specialists, transportation, coordinated entry assessments information and linkage, placement in isolation and quarantine hotels, and facilitating referrals and linkage to residential behavioral health treatment, intensive

case management and other needed resources.

Medication Administration Support – 2 FTE 2312 Licensed Vocational Nurse.

The expansion of psychiatry staffing and changes in buprenorphine prescribing practices in the jails has significantly increased the burden of medication administration. The time it takes to complete each pill call has increased by thirty percent. Year over year, JHS has increased its buprenorphine administration alone in the jail by 120% and current staffing is not able to meet this increased demand. Without additional staff, JHS will be unable to continue initiating new low barrier buprenorphine starts in the jails. In addition to supporting medication administration, these positions will also support vaccinations, including covid vaccines.

Clinical Education – 1 FTE 2320 Registered Nurse.

With the implementation of EPIC at the Jails has made apparent the need for a dedicated clinical staff to focus on the continued education of our workforce. In addition, with the expected increase in reporting, data analysis and outcomes tracking, and potential claiming under CalAIM, the lack of infrastructure for clinical education in our rapidly changing healthcare environment has emerged as a significant risk. To address these issues, this position will be responsible for onboarding new staff and continued professional development. This position will also join the JHS Quality Improvement (QI) team and act as the clinical subject matter expert on population health equity.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

The investment will allow for JHS to meet the needs of our clients while under our care and prepare them adequately for release to the community. A focus on clinical education will mitigate risks and improve both workforce and patient health outcomes.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increased expenditures in FY 2022-23 of \$967,458 and then \$1,224,897 annually.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

Increase of 6.32 FTE in FY 2023 and then 8 FTE annually.

**INITIATIVE TITLE: B13 Re-entry Services, Buprenorphine Expansion and Quality Improvement at Jail Health**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 967,458	\$ 1,224,897
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 967,458	\$ 1,224,897
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 967,458	\$ 1,224,897
<b>Total FTE's</b>		6.32	8.00

**New Positions (List positions by Class, Title and FTE)**

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2587	Health Worker III	3.16	275,650	4.00	357,424
2932	Senior Behavioral Health Clinician	0.79	99,824	1.00	129,438
2312	Licensed Vocational Nurse	1.58	155,069	2.00	201,072
2320	Registered Nurse	0.79	152,939	1.00	198,312
Total Salary		6.32	683,483	8.00	886,246
Fringe		41.5%	283,975	38.2%	338,651
Total Salary and Fringe		<b>6.32</b>	<b>967,458</b>	<b>8.00</b>	<b>1,224,897</b>

Character/Subobject Code		
527000 Professional Services	-	-
540000 Materials and Supplies	-	-
581000 Workorder	-	-
	\$ -	\$ -



FY 2022-23 & 23-24 Program Change Request

**DIVISION:**

- DPH – department wide       Population Health       SF Health Network Wide  
 San Francisco General Hospital       Laguna Honda Hospital       Ambulatory Care \_\_ Primary Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: **Expansion of Dental Services**

TARGETED CLIENTS: SFHN Clients

PROGRAM CONTACT NAME/TITLE: **Hali Hammer, MD, Director of Ambulatory Care**

FY2022-23 FTE Change	FY2023-24 FTE Cumulative Change	FY2022-23 FTE General Fund Impact Favorable/(Unfavorable)	FY2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
4.74	6.00	\$0	\$0

**PROGRAM DESCRIPTION:** (brief description of proposed change)

SFHN Primary Care provides dental services at select Department of Public Health community-based health centers, including the new Maria X Martinez Health Resource Center (MXM HRC) and Southeast Health Center. To expand capacity at both locations, this initiative adds 4.0 FTE dedicated to HRC and 2.0 FTE to dental services at the Southeast clinic.

**JUSTIFICATION:**

MXM Health Resource Center - 1 FTE 2210 Dentist, 2 FTE 2202 Dental Aide, and 1 FTE 1406 Senior Clerk.

The MXM HRC will open this summer at 555 Stevenson St, with dental services and other collocated clinical services relocating from our existing clinic at 50 Ivy St. This new site will include 2 additional dental chairs to expand dental services for the clinic’s population of focus, which is people experiencing homelessness. The expansion is projected to generate an estimated 4,000 additional visits annually.

To support this planned expansion and optimized use of the facility, SFHN Primary Care requests a dentist and the two dental aides to staff the additional two chairs at the HRC. The senior clerk will manage the front office dental scheduling, help facilitate access to care for people experiencing homelessness, and perform other administrative duties.

Southeast Health Center – 2 FTE 2202 Dental Aide.

The additional dental aides will manage the front office dental scheduling and perform other administrative and operational duties for the dental teams. These tasks are currently being handled by existing dental aides, who must split their time between front desk and back office clinical duties, leading to gaps in service. Having a staff member dedicated to these duties, with the possibility of them serving dental patients when needed, will increase the capacity of the dental clinic as well as improve the quality of care.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

The investment will expand dental services at HRC by 4,000 additional patient visits. It will also improve service delivery, efficiency, and access to care at Southeast Health Center’s dental clinic by providing additional front office support.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increase of expenditures of \$ \$731,363 in FY 2022-23 with a corresponding increase in revenue for net general fund impact of \$0. Annually increasing to \$961,440 in FY 2023-24 with a corresponding increase in revenue for net general fund impact of \$0.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

Increase of 4.74 FTE in FY 2022 and 6 FTE annualized.

**INITIATIVE TITLE: B14 - Expanding Dental Services**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>	Denti-Cal	\$ 731,363	\$ 961,440
	Subtotal Sources	\$ 731,363	\$ 961,440
<b>Uses:</b>	Salary and Benefits	\$ 716,363	\$ 946,440
	Operating Expense	\$ 15,000	\$ 15,000
	Subtotal Uses	\$ 731,363	\$ 961,440
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ -	\$ -
<b>Total FTE's</b>		4.74	6.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2210	Dentist	0.79	168,823	1.00	218,906
2202	Dental Aide	3.16	291,149	4.00	377,520
1406	Senior Clerk	<u>0.79</u>	<u>69,785</u>	1.00	<u>90,488</u>
	Total Salary	4.74	529,758	6.00	686,914
	Fringe	35.2%	<u>186,605</u>	37.8%	<u>259,526</u>
	Total Salary and Fringe	<b>4.74</b>	<b>716,363</b>	<b>6.00</b>	<b>946,440</b>

Character/Subobject Code			
527000	Professional Services		-
540000	Materials and Supplies	15,000	15,000
581000	Workorder	-	-
		<u>\$ 15,000</u>	<u>\$ 15,000</u>

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide     
  Population Health     
  Laguna Honda Hospital  
 San Francisco General Hospital     
  SF Health Network Wide     
  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: **Health at Home Capacity**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/TITLE: **David Synder/Director**

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
<b>1.58</b>	<b>2.00</b>	<b>(\$113,571)</b>	<b>(\$136,660)</b>

**PROGRAM DESCRIPTION:** (brief description of proposed change)

Health at Home is the SFHNs sole Home Health Agency, charged with providing in home nursing, rehab, social work, and home health aide services. As part of the current 2320 MOU, HAH recently negotiated a new productivity standard with the HAH Nurses, where they will now produce approximately 700 less visits per year, approximately 134 less admissions per year and approximately \$94,000 in lost revenue. By adding 2 LVNs, we will be able to replace those lost visits with additional 600 visits and recover \$240,000 in revenue.

**JUSTIFICATION:**

During negotiations, the nurses were able to demonstrate that the current productivity standard required them to routinely work over their 1.0 FT in order to get all of their assigned tasks done. Under the negotiated new productivity standard, our number of completed visits, number of unique patients and revenue goes down substantially. By adding 2 LVNs to the HAH roster, all of these metrics are preserved, and the RNs can complete their tasks within the time provided.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

The net impact of this change is that HAH can actually increase its census to over 200 while also adhering to the new productivity standard negotiated in good faith with the nursing union, so by enacting this change, patients will have better access to this vital service.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increases in expenditure by \$223,071 in year one and by \$282,660 ongoing. Expenditures will be offset by net patient revenue increases of \$109,500 in year one and by \$146,000 ongoing.

**IMPACT ON DEPARTMENT’S WORKFORCE :**

1.58 FTEs in year one and annualized to 2.00FTE ongoing.

**INITIATIVE TITLE: Health at Home Capacity**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>	Patient Revenue	\$ 109,500	\$ 146,000
	Subtotal Sources	\$ 109,500	\$ 146,000
<b>Uses:</b>	Salary and Benefits	\$ 223,071	\$ 282,660
	Operating Expense	\$ -	\$ -
	Subtotal Uses	\$ 223,071	\$ 282,660
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 113,571	\$ 136,660
<b>Total FTE's</b>		1.58	2.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2312	Licensed Vocational Nurse	1.58	155,069	2.00	201,072
	Total Salary	1.58	155,069	2.00	201,072
	Fringe	43.9%	68,001	40.6%	81,588
	<b>Total Salary and Fringe</b>	<b>1.58</b>	<b>223,071</b>	<b>2.00</b>	<b>282,660</b>

Character/Subobject Code			
527000	Professional Services	-	-
540000	Materials and Supplies	-	-
581000	Workorder	-	-
		<u>\$ -</u>	<u>\$ -</u>



**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expenditure increase of \$425,532 in FY 2022-23 offset by MCAH TXIX matching funds of \$214,051 totaling \$(211,481). In FY23-24, an expenditure increase of \$715,742 offset by \$338,382 totaling \$(377,360).

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Increase of 1.68 FTE in FY 2022-23, annualizing to 3.0 FTE in FY 2023-24.

**INITIATIVE TITLE: MCAH Perinatal Equity**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>	MCAH TXIX matching funds	\$ 214,051	\$ 338,382
	Subtotal Sources	\$ 214,051	\$ 338,382
<b>Uses:</b>	Salary and Benefits	\$ 425,532	\$ 715,742
	Operating Expense	\$ -	\$ -
	Subtotal Uses	\$ 425,532	\$ 715,742
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 211,481	\$ 377,360
<b>Total FTE's</b>		1.68	3.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2830	Public Health Nurse	1.58	305,882	2.00	396,624
2593	Health Program Coordinator III	0.10	14,178	1.00	145,229
	Total Salary	1.68	320,059	3.00	541,853
	Fringe	33.0%	105,472	32.1%	173,889
	Total Salary and Fringe	<b>1.68</b>	<b>425,532</b>	<b>3.00</b>	<b>715,742</b>

Character/Subobject Code			
527000	Professional Services		-
540000	Materials and Supplies		-
581000	Workorder		-
		\$ -	\$ -



**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital             Laguna Honda Hospital                       Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Investments in LHH Care Coordination and Medical Support  
 TARGETED CLIENTS: LHH Residents/Patients and Care Team  
 PROGRAM CONTACT NAME/TITLE: **Wilmie Hathaway, CMO and Irin Blanco, Nursing Director**

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
<b>5.53</b>	<b>7.00</b>	<b>(\$1,531,791)</b>	<b>(\$1,933,164)</b>

**PROGRAM DESCRIPTION:** (brief description of proposed change)

The Care Coordination and Medical Services teams provide services to over 700 residents at Laguna Honda Hospital. The Care Coordination team includes the Patient Flow, Utilization Management, and Social Services divisions and is responsible for the admission, care coordination, and discharge of residents. The Medical Services team provides primary care to residents and responds to urgencies and emergencies.

The current staffing models for these divisions are not adequate to support a 24/7 operation, which has led to increased wait times, inconsistencies in care, and gaps in service. The Care Coordination team requests one RN for patient flow, three RNs for Utilization Management, and one analyst. These positions will support night and weekend admissions and discharges and improve care coordination and reporting processes. The Medical Services team requests two permanent exempt physicians to cover night and weekend shifts. These shifts are currently staffed by an as-needed pool of physicians, which does not provide the consistency and continuity of care needed by residents and clinical staff.

**JUSTIFICATION:**

**Care Coordination:** Laguna Honda has a key role in maximizing bed capacity within the San Francisco Health Network. This includes supporting ZSFG’s efforts to expedite discharge of patients no longer meeting acute criteria. The additional staffing requested will support the reorganization of our Care Coordination Department. These resources will be dedicated to improving the flow of admissions by decreasing wait times associated with referral decisions prior to admission into LHH. The additional staff will also facilitate concurrent level of care reviews which will improve the timeliness of discharge planning and coordination. They will also support seven-day-per-week discharges which will improve our discharge efficiency by 20%. These resources will also assist in identifying barriers to discharge and implementing countermeasures for minimizing or eliminating discharge obstacles. This request is critical to our goal of implementing a proactive approach in increasing community outreach for services and ultimately expanding our options for potential discharge.

**Medical Services:** Physicians working night and weekend shifts respond to a variety of urgent and emergent resident medical problems, and the level of care is often complex. Physicians may also be required to transfer patients to acute care at outside facilities or within LHH. Having a core presence of physicians on all shifts is critical to providing seamless care for LHH residents. The continuity of care that permanent physicians will provide will benefit staff and residents and improve medical staff operations by reducing staffing gaps and burnout of daytime staff.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

Improve continuity of care for all residents and increase the efficiency of admissions and discharge processes.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increase in expenditures by \$1,531,791 in year one and by \$1,933,164 ongoing. The cost for the Medical Services team could be partially offset by temp and premium pay savings.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

The reorganization of these divisions and addition of staff to provide 24/7 coverage will help LHH improve its standard of care and reduce inefficiencies, backlogs, and staff burnout. Reducing dependencies on temp and as-needed staff will also help build a more cohesive team. Additional 5.53 FTE in FY 2022-2023 annualized to 7 FTE in FY 2023-2024.

**INITIATIVE TITLE: B17 Investments in Laguna Honda Care Coordination and Medical Support**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 1,531,791	\$ 1,933,164
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 1,531,791	\$ 1,933,164
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,531,791	\$ 1,933,164
<b>Total FTE's</b>		5.53	7.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>	<u>FY22-23</u>	<u>FTE</u>	<u>FY23-24</u>
2320	Registered Nurse	3.16	611,757	4.00	793,248
1822	Administrative Analyst	0.79	89,755	1.00	116,382
2230	Physician Specialist	1.58	449,328	2.00	582,624
Total Salary		5.53	1,150,839	7.00	1,492,254
Fringe		33.1%	380,952	29.5%	440,910
Total Salary and Fringe		<b>5.53</b>	<b>1,531,791</b>	<b>7.00</b>	<b>1,933,164</b>

Character/Subobject Code			
527000	Professional Services	-	-
540000	Materials and Supplies	-	-
581000	Workorder	-	-
		<u>\$ -</u>	<u>\$ -</u>

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital               Laguna Honda Hospital               Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Behavioral Response Team and Security Request  
 TARGETED CLIENTS: LHH residents  
 PROGRAM CONTACT NAME/TITLE: Edward Guina, Acting CNO and John Grimes, COO

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
8.06	18.00	(\$690,244)	(\$674,607)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

Building on the prior year initiative which added a Behavioral Emergency Health Response Team (BERT) during the day shift, this request expands the service to cover nights and weekends and ensure appropriate response for patients who exhibit escalating behaviors. In addition, LHH will change its security staffing model by replacing Sheriff Cadets with health workers, who will be better able to respond to incidents and provide security support such as searches and patrol.

**JUSTIFICATION:**

Laguna Honda Hospital’s BERT was formed to support the increased need for skilled behavioral health care providers at LHH and was modeled after a similar program at ZSFG. LHH has seen increase in residents requiring behavioral health care in recent years. The BERT team is trained to respond to incidents and provides training and guidance to nursing staff for residents who exhibit challenging, aggressive, or escalating behaviors. The BERT team works in collaboration with the Sheriff’s Office who provide security support to the team. When not responding to behavioral events, the team will provide training and support for nursing staff.

The BRT team onboarded its first three dedicated staff members in FY22 (2 RN and 1 Psychiatric Technician) to cover the day shift, and requests four additional staff in FY23 (1 RN and 3 Psychiatric Technician) to provide coverage during night and weekend shifts.

Laguna Honda also requests a reduction in the Sheriff work order to replace 16 cadets with 14 permanent Health Worker II staff, who will be better able to respond to incidents and provide security support such as searches and patrol. This change is budget-neutral since the savings from the work order will pay for the new Health Worker positions.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

Approximately twenty percent of LHH residents have “behavioral symptoms affecting others” based on quarterly federal Minimum Data Set (MDS) Assessment data.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increase expenditures by \$690,244 in FY 22-23 and annualizing to \$674,607 in FY 23-24

**IMPACT ON DEPARTMENT’S WORKFORCE :**

Additional of 8.06 FTE in FY 22-23, annualizing to 18 FTE in FY 23-24.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: B18 Laguna Honda Behavioral Health Response and Safety**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 1,098,936	\$ 2,327,375
	Operating Expense	\$ (408,692)	\$ (1,652,768)
Subtotal Uses		\$ 690,244	\$ 674,607
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 690,244	\$ 674,607
<b>Total FTE's</b>		8.06	18.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2305	Psychiatric Technician	2.37	233,627	3.00	302,934
2320	Registered Nurse	0.79	152,939	1.00	198,312
2586	Health Worker II	4.90	390,726	14.00	1,143,548
Total Salary		8.06	777,292	18.00	1,644,794
Fringe		41.4%	321,643	41.5%	682,581
Total Salary and Fringe		<b>8.06</b>	<b>1,098,936</b>	<b>18.00</b>	<b>2,327,375</b>

Character/Subobject Code		
522000 Training	5,000	5,000
540000 Materials and Supplies	1,000	1,000
581000 Workorder	(414,692)	(1,658,768)
	\$ (408,692)	\$ (1,652,768)

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital             Laguna Honda Hospital                 Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: ZSFG Census, Clinical Support and Standards of Care

TARGETED CLIENTS: Inpatients at ZSFG

PROGRAM CONTACT NAME/TITLE: **Susan Ehrlich, ZSFG CEO**

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
<b>31.21</b>	<b>39.5</b>	<b>(\$1,819,926)</b>	<b>(\$3,456,655)</b>

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative proposes to fund increased census, clinical support, and standards of care at ZSFG by operationalizing 15 beds in unit H58 with permanent staff in clinical and ancillary services, provide additional UC support for Imaging overnight reads, and reorganize staffing in the Surgical Intensive Care Unit (SICU) towards a centralized model where the SICU goes from a consulting service to the primary service for all surgical patients requiring ICU level of care.

**JUSTIFICATION:**

***Census – Unit H58***

ZSFG ran an average of 30 patients above budgeted census before the COVID-19 pandemic began. Even with efforts to maintain significant capacity throughout the last two years, ZSFG regularly opened the overflow H58 unit to accommodate patients. This unit has never had dedicated budgeted staff. In FY18, DPH created a census project which appropriated expenditure authority for increased costs offset by corresponding increases in revenue. This project, however, did not create position authority necessary to staff for the increased census. With no foreseeable change to the augmented census at ZSFG, DPH proposes to convert the project authority to operating expenditures with permanent position authority as follows:

- The H58 Medical/Surgical unit will be staffed for 15 beds to be opened according to ZSFG surge policy. The patient to nursing ratio requirements set through the RN SEIU MOU dictates the minimum staffing for the budgeted beds. This will add 18 RN FTE supported by 8 PCA (Patient Care Assistant) FTE. Budgeting for the 15 beds will improve patient flow from the Intensive Care units, Post Anesthesia Care unit, and the Emergency Department within the hospital and ensure that patients are receiving the most appropriate level of care.
- Ancillary staff will be added to maintain the additional space, see to patient needs, and efficiently prepare and turnaround beds. The additional staffing also requires the budgeting of supervisory staff. 4.5 FTE of Porters will be added for maintenance of the additional space, cleaning, and bed turnover. 2 FTE of Food Service Workers will be added to enable food delivery to inpatients in the H58 unit. 1 FTE Chef will be added to meet demands of increased inpatient census. 2 FTE Storekeepers will be added to meet the demands of materials and supply inventory and delivery to appropriate hospital locations. The organizational structure of the Dietary program at the hospital will be updated to include a Dietary manager to supervise the Dieticians as this group currently lacks a manager. Two additional FTE of Dieticians will be added to meet needs of the inpatient population and to

provide weekend dietician staff coverage.

- The UC Medical Services Purple Team will support provider needs for H58. This team is an extension of the core Faculty Inpatient Service and will now accommodate needs of the increased census. This team consists of approximately 2.5 FTE physicians for 24/7 care.
- To support the opening of H58 and the ongoing need for materials and supplies, \$250,000 will be budgeted each year.

### **Radiology**

Radiology is currently unable to support attendings overnight read as they support the needs of the department during the day; therefore, the model deployed for supporting overnight imaging has 2nd year and 1st year residents perform preliminary reads with the overread being performed by an Attending (Board Certified Radiologist) the following day. Often, the overreads from the Attending will result in patients needing to return if they have already been discharged and/or an alteration to their prescribed remedy. The unfortunate result of this model has led to missed diagnoses, patient harm and a recent multi-million-dollar settlement. It is ripe for a change to mitigate the harm to patients. Particularly in the ED, the vulnerable population are at extreme risk for a negative outcome primarily because once they are discharged, it is very difficult to contact them to return to the hospital. Approximately, 730 patients annually are exposed to this risk in which a discrepancy is found in the overread and 39 patients annually are shown to have significant discrepancy within the vulnerable population that could lead to harm and a negative outcome. The funding requested would employ radiologists (Attendings) albeit through a Nighthawk service (contracted service) or hiring of additional radiologists to support overnight reads, which would significantly improve the care and mitigate risks to the patient and the institution.

### **Surgical ICU**

Finally, ZSFG proposes to reorganize staffing towards a centralized model where the SICU goes from a consulting service to the primary service for all surgical patients requiring ICU level of care. These patients are currently being cared for by general or trauma surgery services. Implementing this model will require increasing physician staffing to provide continuous direct care by a senior level ICU provider.

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In the Surgical Intensive Care Unit (SICU, the day shift physician staffing model includes an Attending, Fellow, Nurse Practitioner, residents, and interns. Conversely, the current SICU night shift physician staffing model only allows for one resident to cover the entire service and admit new patients to the ICU overnight. Under current nighttime staffing levels, SICU fellows and attendings supervise the overnight resident from home (home-call) and the SICU service acts as a consulting team for surgical patients requiring ICU level of care (mostly trauma patients). The reorganized staffing model with an additional senior level ICU provider would:

- Allow in-house attending or fellow nighttime coverage which is the standard of care for tertiary level critical care units across the country.
- Update the current ICU model as the existing model is increasingly outdated; most academic and non-academic institutions across the country are moving toward a centralized high intensity staffing model.
- Improve fragmented communication between physician teams and avoid delays in care for critically ill patients overseen by residents covering med-surge and ICU.
- Allow for 24/7 progression of care, reducing negative outcomes such as increased Length of Stay (LOS) in the ICU.

Reduce risk of Accredited Council for Graduate Medical Education (ACGME) work hour violations placing the ACGME program in jeopardy.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

This initiative will allow ZSFG to improve client access to quality inpatient services.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

The operating budget will increase by \$8,419,926 in FY22-23 and annualize to \$10,056,655 in FY23-24. These costs are offset by de-appropriation of the census project. The offset \$6,600,000 in FY223 will be ongoing.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

The increase of 31.21 FTE in FY2223 and 39.5 in FY2324 will increase the number of permanent hires and decrease use of per diem, temporary, and registry staffing.



**INITIATIVE TITLE: B19 Increasing Census and Clinical Support at Zuckerberg San Francisco General**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 5,969,926	\$ 7,548,415
	Operating Expense	\$ 2,450,000	\$ 2,508,240
	De-appropriation of Census Project Continuing Fund	\$ (6,600,000)	\$ (6,600,000)
	Subtotal Uses	\$ 1,819,926	\$ 3,456,655
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,819,926	\$ 3,456,655
<b>Total FTE's</b>		31.21	39.50

**New Positions (List positions by Class, Title and FTE)**

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2320	Registered Nurse	14.22	2,752,905	18.00	3,569,618
2303	Patient Care Assistant	6.32	576,334	8.00	747,313
2558	Senior Physical Therapist	0.79	129,694	1.00	168,168
2736	Porter	3.56	260,866	4.50	338,256
2604	Food Service Worker	1.58	105,466	2.00	136,754
2656	Chef	0.79	76,003	1.00	98,549
1934	Storekeeper	1.58	121,433	2.00	157,458
922	Manager I	0.79	121,391	1.00	157,402
2624	Dietitian	1.58	174,231	2.00	225,918

Total Salary	31.21	4,318,321	39.50	5,599,436
Fringe	38.2%	1,651,604	34.8%	1,948,979
<b>Total Salary and Fringe</b>	<b>31.21</b>	<b>5,969,926</b>	<b>39.50</b>	<b>7,548,415</b>

Character/Subobject Code		
527000 Professional Services	2,200,000	2,258,240
540000 Materials and Supplies	250,000	250,000
581000 Workorder	-	-
	<u>\$ 2,450,000</u>	<u>\$ 2,508,240</u>

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital               Laguna Honda Hospital               Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Specialty Pharmacy Program Expansion

TARGETED CLIENTS: Patients

PROGRAM CONTACT NAME/TITLE: **David Woods/Chief Pharmacy Officer**

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
<b>3.95</b>	<b>5.00</b>	<b>(5,950,759)</b>	<b>1,608,189</b>

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative develops a specialty Pharmacy Program at ZSFG for DPH patients taking high cost, complex, specialty medications that require comprehensive pharmaceutical care. This program leverages the DPH 340B network and will achieve savings through a new ZSFG Specialty Pharmacy and by developing contracts with external Specialty Pharmacies.

**JUSTIFICATION:**

This initiative will improve patient care and clinical outcomes for DPH patients with complex chronic conditions and/or rare diseases.

- Specialty medications account for approximately 75% of the prescription drugs currently in development. In 2022, more than 60% of the drugs expected to gain FDA approval will be specialty medications. This dominant shift toward specialized therapies has put a spotlight on specialty pharmacies to help meet this demand by providing patients the support they need to ensure adherence and outcomes.
- The DPH is in the unique position of being able to provide improved care and service to patients in a manner which does not drain scarce resources. Specialty Pharmacy medications are very costly (\$1000+/month/patient), require insurance authorization, and involve a high degree of patient management due to significant side effect or risk profiles. Disease states treated can range from psychiatric illness, addiction, cancer, multiple sclerosis to rare genetic conditions. The medications required are difficult to obtain due to limited distribution and/or other unique requirements, which makes it challenging for retail pharmacies to handle and distribute these medications.
- The ZSFG Pharmacy Department will recruit expert pharmacists who will educate patients, provide compliance monitoring, and discuss therapy-related issues with patients. Trained specialty technicians will work with ZSFG clinics to obtain insurance authorization in a timely manner to avoid medication delays.
- This initiative also includes contracting with external Specialty Pharmacies.
- Two significant major pharmacy end of life equipment replacement projects coincide with this initiative that requires facilities funding for implementation costs. The current automated dispensing cabinets located throughout DPH require improved seismic restraints to comply with OSHPD. The ZSFG inpatient pharmacy carousel will reach end of life soon and pre-work is needed to accurately scope the replacement of this essential piece of equipment.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

- Improved patient care for DPH patients with complex chronic conditions and/or rare diseases. Each year, more than 3,000 specialty medication prescriptions are filled at outside pharmacies.
- The automated dispensing cabinets impact patients throughout the ZSFG campus and at LHH. The carousel impacts all patients at ZSFG.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

The operating budget will increase to \$20,200,759 in FY22-23 and annualize to \$12,641,811 in FY23-24. These costs will be offset by \$14,250,000 revenues in the first year and \$14,250,000 in the second year.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

The increase of 3.08 FTE in BY and 5.0 FTE in BY+1 will increase the number of permanent hires in the department.

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital                       Laguna Honda Hospital                       Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Implementing Impella Caridiac Support Devices

TARGETED CLIENTS: ZSFG Patients

PROGRAM CONTACT NAME/TITLE: **Patty Coggan, Nursing Director, Surgical and Procedural Services; Daisy Aguallo, Director Supply Chain**

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
<b>0.79</b>	<b>1.0</b>	<b>\$1,192,279</b>	<b>\$1,682,951</b>

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative proposes to acquire a new cardiac support device (Impella) and implement a standard cardiac shock treatment at ZSFG to help improve patient outcomes and patient experience for those patients who present with cardiac arrest.

**JUSTIFICATION:**

Despite significant advances in cardiovascular care over the last seventy years, mortality rates in cardiogenic shock remain high. However, in the last several years, devices such as Impella when combined with a standard treatment plan have demonstrated significant promise in improving patient outcomes and patient experiences.

As the only level 1 trauma center and the hospital with the highest ambulance traffic in San Francisco, Zuckerberg San Francisco General Hospital receives the highest volume of cardiac arrest patients in San Francisco. Over the last five years ZSFG has cared 35-40% of the city’s cardiac arrest (specifically heart attack known as STEMI) cases. Additionally, over the last five years ZSFG has on average cared 140 -160 cardiac arrest patients per year. This is an opportunity to provide reliable and timely access to care in an equitable manner to our patients while also maximizing cost effectiveness. Lack of access to this form of treatment means SFHN patient mortality rates are higher than peer institutions, higher than predicted by mortality models, and higher than the national average, putting our patients at a higher risk of adverse outcomes. Lack of this form of treatment results in delays in care and ZSFG and the DPH network may incur the cost of transfer and the cost of the hospitalization.

In sum, cardiogenic shock and cardiac arrest survival are below state and national averages. ZSFG has the clinical expertise to implement an evidenced based care plan to significantly improve survival but currently lacks the necessary equipment to implement a key portion of the care plan. Currently ZSFG is the only STEMI receiving center in San Francisco and one of only a handful institutions in the state to not employ a form of this care path in patient care. This is an equity issue for our patients.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

This improved patient treatment and support will allow patients that would ordinarily be transferred to other institutions to remain at ZSFG for care. Using historical trends, we anticipate that transfer for cardiogenic shock will decrease by 90% or approximately 20 transfer per year.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

The operating budget will increase by \$1,121,767 in FY22-23 and annualize to \$1,208,395 in FY23-24 and offset by revenues of \$2,314,046 in FY22-23 and \$2,891,345 in FY23-24.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

The increase of 0.79 FTE in BY and 1.0 FTE in BY+1.

**INITIATIVE TITLE: B21 Implementing Impella Caridiac Support Devices**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ 2,314,046	\$ 2,891,345
Subtotal Sources		\$ 2,314,046	\$ 2,891,345
<b>Uses:</b>			
Salary and Benefits		\$ 142,217	\$ 179,867
Operating Expense		\$ 979,550	\$ 1,028,528
Subtotal Uses		\$ 1,121,767	\$ 1,208,395
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,192,279	\$ 1,682,951
<b>Total FTE's</b>		0.79	1.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
1942	Assistant Materials Coordinator	0.79	102,103	1.00	132,393
	Total Salary	0.79	102,103	1.00	132,393
	Fringe	39.3%	40,114	35.9%	47,474
	Total Salary and Fringe	<b>0.79</b>	<b>142,217</b>	<b>1.00</b>	<b>179,867</b>
Character/Subject Code					
527000	Professional Services				
540000	Materials and Supplies		979,550		1,028,528
581000	Workorder		-		-
			\$ 979,550		\$ 1,028,528

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide     
  Population Health     
  SF Health Network Wide  
 San Francisco General Hospital     
  Laguna Honda Hospital     
  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: ZSFG Building Safety and Security

TARGETED CLIENTS: Patients and Visitors to ZSFG

PROGRAM CONTACT NAME/TITLE: **Aiyana Johnson/Chief Experience Officer; Basil Price/Director of Security**

FY2022-23 FTE Change	FY 2022-23 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
13.83	17.5	(1,979,806)	(2,430,293)

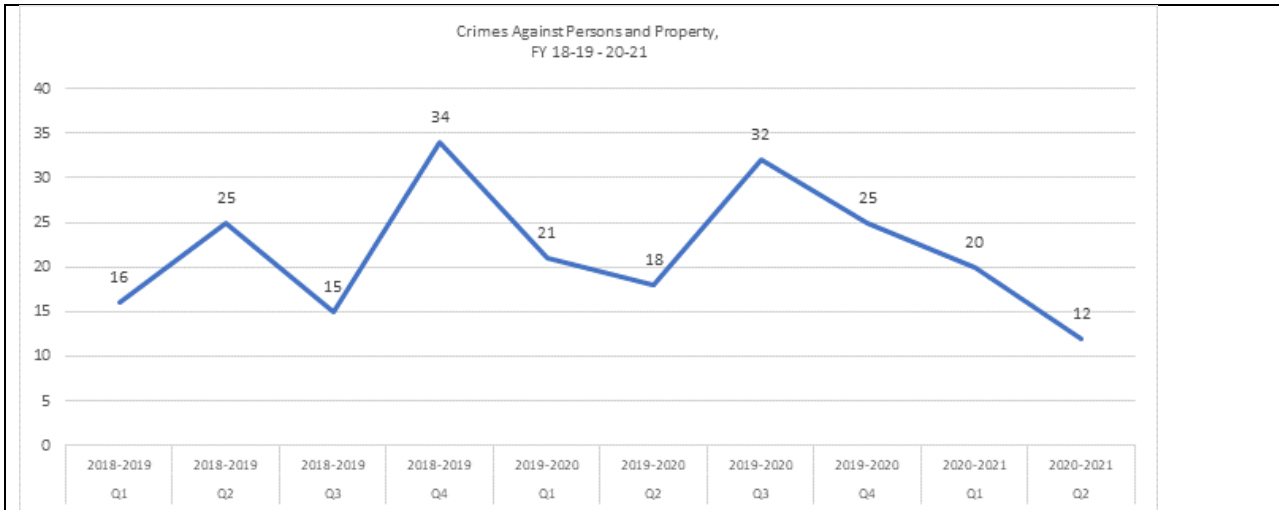
**PROGRAM DESCRIPTION:** (brief description of proposed change)

COVID-19 has imposed new operating requirements at ZSFG, many of which will permanently change the way the hospital operates. ZSFG is working to incorporate these changes into its “new normal” daily operations. This includes balancing existing health orders that restrict access to the hospital for visitors while keeping the campus secured and accessible to patients in need of support in alignment with ZSFG’s True North Goals of Equity, Care Experience and Developing Our People.

The proposed change will add needed FTEs to staff the 4 designated entrances at ZSFG: Building 25, Building 5, Building 5 Loading Dock and Building 80/90. Additionally, this proposal will update all building security systems and devices to current healthcare security industry standards, using the Lenel-OnGuard security management system.

**JUSTIFICATION:**

On an average day in June, ZSFG welcomed 1,118 outpatients (many accompanied by a loved one), 300 individuals visiting inpatients and 6,000 staff and providers who work in one of the 14 campus buildings. Prior to the pandemic, ZSFG was a uniquely open campus, which differed from most other local hospitals. Visiting hours were set, but the absence of criteria for who could visit and visitor check-in workflow left nursing and clinics to manage ZSFG’s inconsistent visitation practices. Additionally, the first-floor doors to buildings were typically unlocked and the lobbies and receiving areas of buildings were unattended by staff (with the exception of Building 25), leaving many patients and visitors to navigate the complicated buildings to reach their desired location. In March 2020, Health Order No. C19-06b restricted visitors and non-essential persons to campus and required screening of staff, patients, and visitors. As a result, ZSFG became a closed campus for the first time. Entry was limited through secured access points where verification and screening occurred by internally deployed staff and city Disaster Service Workers (DSWs). Patients and their visitors are now greeted by staff at the designated entrances. They are screened, their needs are triaged and are directed to the appropriate clinic. This change has improved patient experience and safety. In addition, since the implementation of a closed campus, there has been a decrease in the reported crimes against persons and property.



While the benefits of this new model are clear, it is not sustainable to continue staffing these posts with deployed DSWs.

In addition to staffing for visitor screening, this proposal includes updates to building security systems and devices to current healthcare security industry standards, using the Lenel-OnGuard security management system. DPH Security has planned a 5-year phased approach to integrate security systems for all DPH Hospitals, Clinics, and Behavioral Health Facilities, with ZSFG serving as the central hub for input and output alarms, and surveillance camera monitoring. This change is based on the department’s annual security risk assessments, which identified security-sensitive areas do not meet healthcare security industry standards to address access control, duress alarm systems, or appropriate surveillance camera monitoring. Outlying campus clinic buildings are not equipped with intruder alarms systems for after-hour monitoring, duress alarms installed at reception workspaces and exam rooms, surveillance cameras for monitoring all entry points, including behavioral health waiting rooms, cash collection areas, IT and Pharmacy areas, and the campus entry points are not controllable during an emergency. The International Association for Healthcare Safety and Security has developed industry guidelines on the integration of electronic security systems in the healthcare environment. The proposed implementation of the security management system will move DPH toward meeting these standards.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

Provide a welcoming environment for all visitors to the ZSFG campus and establish a safe environment for staff.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

The operating budget will increase by 1,979,806 in FY22-23 and annualize to 2,430,293 in FY23-24.

**IMPACT ON DEPARTMENT’S WORKFORCE :**

Increase of 13.83 FTE in FY2223 and 17.5 in FY2324.



**INITIATIVE TITLE: BUILDING SAFETY**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>			
<b>Clinical Documentaiton Query Revenue</b>			
	Subtotal Sources	\$ -	\$ -
<b>Uses:</b>			
	Salary and Benefits	\$ 1,679,806	\$ 2,130,293
	Operating Expense	\$ 300,000	\$ 300,000
	Subtotal Uses	\$ 1,979,806	\$ 2,430,293
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,979,806	\$ 2,430,293
<b>Total FTE's</b>		13.83	17.50

**New Positions (List positions by Class, Title and FTE)**

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2586	Health Worker II	13.04	1,039,411	16.50	1,347,753
2593	Health Program Coordinator III	0.79	112,002	1.00	145,229
0		0.00		0.00	
	Total Salary	13.83	1,151,413	17.50	1,492,982
	Fringe	45.9%	528,393	42.7%	637,311
	<b>Total Salary and Fringe</b>	<b>13.83</b>	<b>1,679,806</b>	<b>17.50</b>	<b>2,130,293</b>
	Character/Subobject Code				
	527000 Professional Services		300,000		300,000
	540000 Materials and Supplies				
	581000 Workorder		-		-
			\$ 300,000		\$ 300,000

FY 2022-23 & 2023-24 Program Change Request

**DIVISION:**

- DPH – department wide     
  Population Health     
  SF Health Network Wide  
 San Francisco General Hospital     
  Laguna Honda Hospital     
  Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: **DPH Pharmaceuticals and Materials and Supplies Inflation**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/TITLE: David Woods and Jenny Louie

FY2022-23 FTE Change	FY 2023-22 FTE Cumulative Change	FY 2023-24 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
			(\$10,256,502)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative requests annual inflationary adjustments for expenses critical to network operation. This adjustment is critical to ensuring that DPH is able to continue to provide services and treatments to its patients. The department projects cost increases of 10% for pharmaceuticals and 9% for food.

**JUSTIFICATION:**

Market dynamics over the past 5 years have been shifting in a way that has caused the pricing of certain pharmaceuticals to rise at an extraordinary rate. Projected nation-wide increases in drug expenditures of 7-10% are consistent among all settings. Primary causes for increase in expenditures include:

- Specialty Drugs are forecasted to be 50 percent of all drug expenditures in 2022. Novel, very expensive specialty treatments for conditions that previously had either limited to no medication therapy options are continually being approved. The therapeutic drug classes with the largest increases include autoimmune disorders, mental health, HIV and oncology.
- Increased utilization of medications: Prescription utilization is increasing as older patients live longer and healthier lives. Patients over 50 years of age are responsible for 77 percent of prescription growth since 2011. Categories making an impact on drug spend due to increased utilization include diabetes, inflammatory conditions, asthma and cardiovascular diseases.

The net result of factors that will increase and decrease drug costs at DPH are projected to lead to an overall increase in the cost of pharmaceuticals for the department of 10% in FY 2022-23. DPH will continue to utilize tight drug formulary control and aggressive use of lower cost generic drugs to help offset increases in expense.

In addition, DPH continues to leverage discounts for its food purchase, it expects a 9% increase in food purchasing and costs for FY2324

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

None.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

None

**IMPACT ON DEPARTMENT’S WORKFORCE :**

None.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: C1 DPH Pharmaceuticals and Materials and Supplies Inflation**

Description	FY 2022-23	FY 2023-24
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	\$ -	\$ -
<b>Uses:</b>		
Operating Expenses	\$ -	\$ 10,256,137
Subtotal Uses	\$ -	\$ 10,256,137
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>	\$ -	\$ 10,256,137
<b>Total FTE's</b>	n/a	n/a

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	FTE	FTE
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**Operating Expenses**

Character/Subobject Code	FY 22-23	FY 23-24
544610 Pharmaceutical Supplies - ZSFG		5,347,495
544610 Pharmaceutical Supplies - LHH		1,641,218
544610 Pharmaceutical Supplies - Jail Health		443,501
544610 Pharmaceutical Supplies - Primary Care		289,562
544610 Pharmaceutical Supplies - CBHS		1,046,712
544610 Pharmaceutical Supplies - Population Health		40,000
546990 Food (LHH)		457,628
546990 Food (ZSFG)		493,714
527000 Laundry Services & Linen (LHH)		262,337
527000 Laundry Services & Linen (ZSFG)		233,970

**Facilities Maintenance, and Equipment** (List by each item by count and amount)

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital             Laguna Honda Hospital                X Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: **UCSF Affiliation Agreement**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/TITLE: **Susan Ehrlich, CEO ZSFGH**

FY2021-22 FTE Change	FY 2021-22 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2022-23 Cumulative Net General Fund Impact Favorable/(Unfavorable)
			(\$12,081,303)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

Since 1878, the University of California, San Francisco (UCSF) has been providing physician, clinical, and ancillary services to the Zuckerberg San Francisco General. The services provided by UCSF are outlined in an Affiliation Agreement between the University of California San Francisco and the Department of Public Health. This initiative increases the budget for the DPH/UCSF Affiliation Agreement by \$12.1 million dollars for FY 2023-24 to reflect changes in costs and revenues for UCSF.

**JUSTIFICATION:**

The increase in Affiliation Agreement costs of FY 2023-24 can be attributed to three factors (1) increases to physician salaries, (2) ongoing increases to clinical staff salaries and (3) flat professional fee revenue. The University of California launched a system wide mandate increasing faculty salaries over several years to be competitive with market rates to retain faculty. Clinical staff, in areas such as the Clinical Laboratory, Respiratory Therapy, Ward 86 and Psychiatry, are mostly represented under collective bargaining agreements. These bargaining units have negotiated salary increases for their members. Professional Fee revenue has been relatively flat since FY 2015 and does not adequately cover the costs of services provided at ZSFG.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

None.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expenditure appropriation will increase \$12.1 M for FY 2023-24

**IMPACT ON DEPARTMENT’S WORKFORCE:**

None.

**INITIATIVE TITLE: C2 - UCSF Affiliation Agreement**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ -	\$ -
	UCSF Affiliation Agreement	\$ -	\$ 12,081,303
Subtotal Uses		\$ -	\$ 12,081,303
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ -	\$ 12,081,303
<b>Total FTE's</b>		0.00	0.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
0		0.00		0.00	
0		0.00		0.00	
0		0.00		0.00	
	Total Salary	0.00	-	0.00	-
	Fringe				-
	<b>Total Salary and Fringe</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
	Character/Subobject Code				
	527000 Professional Services (UCSF Affiliation Agreement)		-		12,081,303
	540000 Materials and Supplies		-		-
	581000 Workorder		-		-
			\$ -		\$ 12,081,303

**FY 2022-23 & 2023-24 Program Change Request**

**DIVISION:**

- DPH – department wide                       Population Health                       SF Health Network Wide  
 San Francisco General Hospital             Laguna Honda Hospital                 Ambulatory Care \_\_\_\_\_

PROGRAM / INITIATIVE TITLE: Adjustment to Office of Managed Care Revenues  
 TARGETED CLIENTS: HSF participants with participant fee and SFCO employees enrolled in HSF  
 PROGRAM CONTACT NAME/TITLE: **Stella Cao, Director, Office of Managed Care**

FY2022-23 FTE Change	FY 2023-24 FTE Cumulative Change	FY 2022-23 General Fund Impact Favorable/(Unfavorable)	FY 2023-24 Cumulative Net General Fund Impact Favorable/(Unfavorable)
n/a	n/a	(\$20,530,000)	(\$20,530,000)

**PROGRAM DESCRIPTION:** (brief description of proposed change)

This initiative adjusts revenue projections within the Office of Managed Care for Healthy San Francisco (HSF) Participant Fees and employer contributions for SF City Option program to meet to reflect historical and expected actuals.

HSF participants with incomes above 100%FPL are assessed a quarterly participant fee based on their income ranging between \$60 and \$450. Participant fees are collected by San Francisco Health Plan (SFHP), which serves as the third party administrator of the HSF program, and remitted to DPH on a quarterly basis. HSF participants who are enrolled through the SF City Option (SFCO) program receive a 75% discount on their participant fees and their employer contributions are remitted to DPH to support the Healthy San Francisco program that their employees are enrolled in. In June 2021 SFCO Simplification was approved and implemented. As part of SFCO Simplification, effective Aug 3, 2021, SFCO transitioned to one benefit (SF MRA) program, and SFCO employees would no longer enroll in HSF with a discount. They would instead receive a SFMRA account and can separately enroll in HSF and use the contributions in their SFMRA account to pay for any quarterly fees and other approved costs. This program change means that DPH will no longer receive any direct SFCO employer contributions for SFCO employees enrolled in HSF. DPH will continue to receive any HSF participant fees collected.

**JUSTIFICATION:**

SFCO Simplification was approved and implemented to reduce barriers for SFCO employees to enroll and utilize their contribution. Simplifying the SFCO to one benefit program consisting of SF MRA also streamlined the program administration and allows employees greater flexibility and dollar for dollar access to their employer contribution.

DPH implemented SFMRA deactivation policy 2015 for the San Francisco City Option (SFCO) program. SFMRA accounts are deactivated after two years of inactivity with noticing to account holders. DPH has been working with City Attorney, Controller Office, Treasurer/Tax Collector and Mayor’s Office to determine the right policy to process inactive SFCO funds. Upon advisement of City Attorney and other departments, DPH is pursuing use of the escheatment process authorized under State law. This escheatment process, which is currently under development with above mentioned stakeholders will replace current deactivation policy.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

SFCO employees can continue to enroll in the HSF program and can use their employer contributions to pay for participant fees or other approved expenditures. 300 current employees enrolled in HSF with a discount were automatically provided with an SF MRA account and their current HSF discounts were continued.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Under the changes described above, DPH would continue to receive participant fees but would no longer receive employer contributions for employees enrolled in HSF. This represents a decrease in revenue of \$20,530,000 annually. Depending on the implementation of the escheatment process, it is possible that replacement revenue could become available to the City in future years.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

none

**INITIATIVE TITLE: C3 - Adjustment to Office of Managed Care Revenues**

Description		FY 2022-23	FY 2023-24
<b>Sources:</b>			
	HSF participant fee and employer contribution for SFCO employees enrolled in HSF	\$ (6,000,000)	\$ (6,000,000)
	SFCO employer contributions -- deactivated SF MRA accounts	\$ (14,530,000)	\$ (14,530,000)
	Subtotal Sources	\$ (20,530,000)	\$ (20,530,000)
<b>Uses:</b>			
	Salary and Benefits	\$ -	\$ -
	Operating Expense	\$ -	\$ -
	Subtotal Uses	\$ -	\$ -
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 20,530,000	\$ 20,530,000
<b>Total FTE's</b>		0.00	0.00

**New Positions** (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>	<u>FTE</u>
	Total Salary	-	-
	Fringe	-	-
	<b>Total Salary and Fringe</b>	<b>0.00</b>	<b>0.00</b>
	Character/Subobject Code		
	527000 Professional Services	-	-
	540000 Materials and Supplies	-	-
	581000 Workorder	-	-
		\$ -	\$ -