



London N. Breed,  
Mayor

Greg Wagner,  
Chief Financial Officer

## MEMORANDUM

July 31, 2020

To: President Dan Bernal and Honorable Members of the Health Commission  
Through: Dr. Grant Colfax, Director of Health  
From: Greg Wagner, Chief Financial Officer

Re: **DPH Proposed Budget, FY 2020-2021 and FY 2021-2022**

---

### Introduction and Overview

On Friday, July 31, Mayor Breed submitted her Proposed Budget for FY 2020-2021 and FY 2021-2022. The Mayor's budget makes significant investments in priority areas within DPH and other City departments:

- ***Proactive response to the ongoing COVID-19 health pandemic.*** The Mayor's budget includes \$446.1 million of new expenditures, including \$204.6 million within DPH, to support the pandemic response.
- ***Prioritizing racial equity in the allocation of resources.*** The budget redirects \$120 million of funds from the City's public safety departments towards efforts to repair the legacy of racially disparate policies on health, housing, and economic outcomes for African Americans, including \$36 million per year in DPH's budget.
- ***Mental Health SF.*** The Mayor's budget includes \$28.1 million in FY 2020-21 and \$38.4 million ongoing (contingent on voter approval of a November business tax ballot measure) to launch Mental Health SF, a comprehensive overhaul of San Francisco's behavioral health system. The budget also includes \$13.2 million in FY 2020-21 and \$22.4 million ongoing in City General Fund to maintain and expand key behavioral health initiatives.

With these investments and other adjustments, DPH's proposed budget totals \$2.77 billion in FY 2020-21 and \$2.58 billion FY 2021-2022. The FY 2020-21 figure represents a year-over-year increase of over \$344 million compared to the original FY 2020-2021 budget approved as part of last year's budget process. The bulk of this increase is associated with one-time appropriation for the COVID-19 response and anticipated revenue from the November business tax measure. The Mayor's Proposed Budget includes all initiatives approved by the Health Commission in its June budget submission, with minor adjustments.

While this budget includes substantial investments in critical DPH priorities, significant uncertainty remains. First, the course and scope of the COVID-19 pandemic remains uncertain. Even as the proposed budget is being considered, San Francisco is experiencing a surge in positive cases, hospitalizations, and other key metrics. A change in the trajectory of the pandemic could significantly change resource needs and the economic environment. Second, key behavioral health initiatives in the budget are dependent on voter approval of the proposed

business tax reform proposal on the November ballot. If voters do not approve that measure, DPH and other City departments will be forced to revisit plans for Mental Health SF and support for individuals experiencing homelessness. Finally, the City has sought to work with its labor partners to postpone scheduled wage increases in labor contracts adopted prior to the pandemic and economic downturn. These wage increases add significant new costs to the City budget. The Mayor's Office has directed departments to consider additional savings initiatives to mitigate these uncertainties. DPH's share of these targets is \$15.2 million in FY 2020-21 and \$62.5 million in FY 2021-22. If these additional reductions are needed, DPH would be forced to make service reductions.

## **I. Proactive response to the ongoing COVID-19 health pandemic**

The Mayor's proposed budget assumes the continuation and expansion of a comprehensive, data-driven, and public health-focused response to the ongoing health threats and economic challenges posed by the COVID-19 pandemic. In total, \$446.1 million has been allocated to ensure the City has the financial resources to meet the citywide priorities set forth by the COVID Command Center (C3), the centralized emergency operations center coordinating the response across City departments. Those priorities include:

- Ensure the health and safety of COVID-vulnerable populations and essential workers
- Reduce COVID-19 transmission throughout San Francisco
- Respond to surges for medical services
- Maintain public education
- Coordinate with citywide re-opening and recovery initiatives
- Plan for and coordinate during multi-hazard incidents
- Prioritize equity and represent community needs in response planning and implementation

To support this effort, the City expects to leverage existing staff and financial resources in addition to \$446 million in proposed new investment. The primary source of existing resources within the City are staff that are redeployed as disaster service workers (DSWs). DSWs dedicate their time to COVID-19 response assignments in lieu of their typical job duties.

The Mayor's proposed budget assumes \$246 million of reimbursement from the Federal Emergency Management Administration (FEMA), estimating FEMA will cover 50 percent of eligible costs through the duration of the fiscal year. Further offsetting the local General Fund expenses is federal funding from the Coronavirus Aid, Relief, and Economic Security Act, or the CARES Act, passed by Congress in March 2020. San Francisco received a total of \$174.5 million from the state and local allocations of the CARES Act's Coronavirus Relief Fund, \$92 million of which will cover COVID-19 response expenses in the FY 2019-20 fiscal year. The remaining \$82.1 million helps pay for expenses in the FY 2020-21 budget. \$16.7 million of additional CARES Act revenue received by DPH in July further offsets General Fund costs.

### ***A. DPH-Funded Initiatives Under the COVID Response***

From a budgetary perspective, DPH is the largest single department in the C3 response. The budget assumes \$299.2 million of total effort, including \$204.6 million of newly budgeted costs

and \$94.6 million from redeployment of DSWs and previously budgeted resources. Approximately \$85.2 million of these costs are expected to be directly offset by reimbursement from FEMA, resulting in a net increase of \$119.4 million. The general fund impact is also further offset within the City's budget with additional CARES Act funding. DPH is responsible for implementing the following strategies as part of the response:

- *Information and Guidance (I&G)* – to ensure accurate, science-based information to prevent, contain, and mitigate COVID-19. Guidance documents include FAQs, tip sheets, and frameworks for all sectors (childcare/schools, health care and human services providers, employers, and generally for the public). Total resources: \$8.1 million, including \$0.8 M of new expenditure.
- *Community Outreach* – for engagement efforts to reduce COVID-19 transmission and promote preventive behaviors with an equity lens, focusing on priority neighborhoods, settings and communities that are more vulnerable to infection and/or higher risk for outbreak. Total resources: \$15.5 million, including \$12.7 million of new expenditure.
- *Case Investigation and Contact Tracing* – to perform COVID+ case investigations and trace the contacts of known COVID+ individuals in an effort to stop the disease from spreading further. Resources needed include sufficient training for staff and to ensure cultural and linguistically competent services. Total resources: \$21.4 million, including \$9.6 million of new expenditure.
- *Outbreak Management* - to provide rapid response to outbreaks in congregate living facilities and other high-risk environments. Additionally, this branch is directly communicating with facilities to address concerns, educate on preventions and interventions, and gather information on the current status of residents and staff. Total resources: \$11 million, including \$4.1 million of new expenditure.
- *Testing* - to provide tests for residents and the city's essential workers. Driven by data to understand the areas most in need of testing, the branch ensures that those populations have the access they need to testing service. Total resources: \$62.4 million, including \$55.9 million of new expenditure.
- *Medical Support Services and Surge Capacity* - to support alternate care sites including additional Skilled Nursing Facility beds for timely discharge, increase transport of patients by Emergency Management Service. Total Resources \$52.1 million, including, \$28.1 million of new expenditure.
- *Isolation and Quarantine Beds and Shelter in Place Hotels* - In collaboration with the Human Services Agency and the Department of Homelessness and Supportive Housing, these funds will support the operating and staffing of up to 200 I & Q beds for individuals who are COVID+, under investigation, or known contacts who need a safe place to reside while they recover or quarantine. In addition, DPH will provide the clinical support for vulnerable populations placed in alternate housing. Up to 2,600 beds will include shelter-in-place hotels, congregate shelters and safe sleeping sites/villages. Total resources: \$30.2 million, including \$18.8 million in new expenditure.
- *Personnel Protective Equipment (PPE)* - to purchase PPE and to protect frontline workers across all City Departments, as well as other critical supplies such as sanitizers and cleaners. Total expenditure: \$55.6 million including \$44.2 M of new expenditure.

- *Planning* - to provide the response with accurate and comprehensive data to support decision making. This branch includes data tracking and Epidemiology and Surveillance activities. Total resources: \$12.8 million, including \$0.2 million of new expenditure.
- *DPH Operations* - to support LHH and ZSFG operations to ensure sufficient hospital response capacity during and units that support COVID positive patients. Also included is \$2 million to support DPH infrastructure for materials management, contracts and finance to meet the operational needs of the response and maximize federal reimbursement. Total resources: \$30.3 million, all of which is new expenditure.

The table below summarizes the expected resources and new investments for DPH's COVID response.

COVID-19 Response - Proposed FY 20-21 Budget for DPH Programs				
	Total Estimated Response Costs	Reallocation of Existing City Resources	Total New Expenditure Authority (\$M)	Net Local GF Cost (\$M) Excluding CARES
<b>COVID Command Operations</b>				
Information & Guidance	(8.1)	7.31	(0.8)	(0.4)
Planning	(12.8)	12.80	(0.2)	(0.1)
		-		
<b>Health Operations</b>		-		
Citywide PPE	(55.0)	10.80	(44.2)	(44.2)
Community Outreach	(15.5)	2.78	(12.7)	(5.1)
Contact Tracing & Case Investigation	(21.4)	11.77	(9.6)	(9.6)
Outbreak Management	(11.0)	6.86	(4.1)	(2.1)
Testing	(62.4)	6.43	(55.9)	(28.0)
DPH Operating Support	(30.3)	-	(30.3)	(11.6)
Medical Support Services and Surge Capacity	(52.1)	23.99	(28.1)	(7.9)
<b>Housing &amp; Shelter Programs</b>		-		
Clinical Services at SIP and I & Q Hotels	(30.8)	12.01	(18.8)	(10.5)
<b>DPH All Programs</b>	(299.2)	94.75	(204.6)	(119.4)

### ***B. Citywide COVID Response***

In addition to DPH, other City agencies have received significant resources as part of the City's comprehensive response. Under the Department of Emergency Management, the Mayor invests additional funding to support the continuing operation of the COVID Command Center (C3), including facilities costs at Moscone South (where most of the efforts are coordinated), staffing costs for temporary communications, planning, and leadership positions, and a communications and messaging budget for public outreach and education campaigns.

Addressing food insecurity in this time of pervasive public health risks and deep economic uncertainty is also a shared City priority. In total, \$45.7 million has been allocated for food programs. The proposed budget provides for continued support for food access through local

food banks, food programs for seniors, and meal delivery for households needing to isolate and/or quarantine.

Finally, the proposed budget allocates significant resources to address the needs of unsheltered residents, whose challenges within the COVID-19 environment and economic downturn have become even greater. In response, the Department of Homelessness and Supportive Housing, the Human Services Agency, and partners at the C3 have set up a multitude of short-term initiatives to provide shelter, food, and medical care for the City's most vulnerable residents, including through the leasing of over 2,500 hotel rooms to vulnerable residents to be able to safely shelter in place. The Mayor's Homelessness Recovery Plan, reflected in this budget, will continue emergency homelessness response initiatives in the short-term, and make 6,000 housing and shelter placements available over the next two years for people experiencing homelessness through Coordinated Entry.

The table below shows the total new expenditures for the entire City (including DPH).

<b>COVID-19 Response - Proposed FY 20-21 Budget</b> *DSW staffing costs not reflected	<b>Total New Expenditure (\$M)</b>	<b>Net Local GF Cost (\$M)</b>
<b>Emergency Communications and Coordination</b>		
CCC Leadership and Operations	(12.9)	(6.4)
JIC: Strategic Comms and Public Messaging	(3.6)	(1.8)
<b>Health Operations</b>		
Testing	(55.9)	(28.0)
Citywide PPE	(44.2)	(44.2)
DPH Operating Support	(30.3)	(11.6)
Medical Support Services and Surge Capacity	(28.1)	(7.9)
Community Outreach	(12.7)	(5.1)
Contact Tracing and Case Investigation	(9.6)	(9.6)
Outbreak Management	(4.1)	(2.1)
<b>Housing and Shelter Programs</b>		
I&Q and SIP Rooms	(138.5)	(14.3)
Congregate Shelter	(36.0)	(2.4)
Permanent Supportive Housing	(5.4)	-
HOM Operating Support	(3.1)	(1.8)
Food Bank Support and Meal Programs	(45.8)	(32.0)
Pit Stops and Handwashing Stations	(16.0)	(8.0)
<b>Grand Total - All Programs</b>	<b>(446.1)</b>	<b>(175.3)</b>
CARE Act Revenue - Balance after FY 19-20		82.1
<b>Total Proposed GF Budget</b>		<b>(93.2)</b>

Ultimately, the proposed COVID-19 budget represents the current best understanding of the response requirements and the available state and federal financial resources at the time. Given

the incredibly fluid nature of this pandemic, the City's response will continue to adapt to ensure the most successful outcomes. As part of that adaptation, the actual allocation of resources across all City initiatives is likely to vary throughout the fiscal year.

### ***C. Support for Individuals and Businesses Affected by COVID-19***

In addition to the direct response described above, the Mayor's Budget includes two programs to mitigate the financial impacts of COVID-19 and the economic downturn. The first is a program authorize \$500 cash grants to up to 46,448 individuals enrolled in the San Francisco City Option program under the City's Health Care Security Ordinance (HCSO). Under the HCSO, many employers in San Francisco contribute funds to medical reimbursement accounts for their employees, which can be used to pay for medical expenses not covered by health insurance. These employees are disproportionately in industries directly impacted by COVID-19, including retail and hospitality. The grant program provides an additional \$500 cash grant program to these account holders, which may be used for other expenses related to COVID-19, including expenses that are normally ineligible for the medical reimbursement accounts. The Mayor's budget includes \$11.5 million for this program, which will be administered by the San Francisco Health Plan. In addition, the DPH budget includes \$9.2 million in revenue to support the Workers and Families First Program, which provides funding to support expanded paid sick leave benefits for employees affected by the coronavirus. This expanded benefit will support up to 16,000 additional weeks of paid sick leave, providing coverage for up to 25,000 San Francisco employees. The program is administered by the Office of Economic and Workforce Development.

## **II. Prioritizing racial equity in the allocation of resources**

The Mayor's proposed budget focuses on addressing the structural inequities that have resulted in disproportionate and longstanding injuries to San Francisco's African American community. The budget redirects \$120 million of funds from the City's public safety departments towards efforts to repair the legacy of racially disparate policies on health, housing, and economic outcomes for African Americans. Throughout June and July 2020, the Human Rights Commission (HRC) facilitated a public process by which members of the community could voice their perspectives and ideas about how to most effectively reallocate funding in the budget. Based on priorities identified from 13 community meetings, the Mayor's proposed budget will focus on strengthening education and youth development programs, which are integral to reducing involvement in the criminal justice system. The budget will also focus on supporting African American-serving organizations that have a proven record of creating a successful pipeline from workforce training programs to careers that help individuals and families attain financial security.

Reinvestment funds will be allocated to the Department of Public Health, the Office of Economic and Workforce Development, and the Human Rights Commission, with 60 percent of reinvestment funds earmarked for mental health, wellness and homelessness, 15 percent for education and youth development, and 15 percent to economic opportunity. Disbursement funds will be discussed, tracked, and evaluated on an on-going basis through the HRC's continuing process of community engagement. DPH is expected to receive approximately \$36 million annually as part of this allocation.

### III. Mental Health SF

In December 2019, the Board of Supervisors voted unanimously in favor of Mental Health SF (MHSF), a comprehensive overhaul of San Francisco's mental health system that guarantees mental health care to all San Franciscans who lack insurance or who are experiencing homelessness. Mayor London N. Breed, Supervisors Hillary Ronen, and Supervisor Matt Haney co-sponsored the legislation. The program targets San Francisco residents 18 years or older who have a diagnosed mental illness or substance use disorder, and are homeless, uninsured, enrolled in Medi-Cal, or released from jail and waiting for enrollment in Med-Cal. Major components of the legislation include establishing the Mental Health Services Center, a centralized access point for patients who seek access to services; creating the Office of Coordinated Care, creating a Crisis Response Street Team for engaging persons on the street who are experiencing a mental health or substance use related issue; and increasing capacity for Mental Health and Substance Use Services residential treatment centers, secure inpatient hospitalization, transitional and residential treatment beds.

To support the first phase of implementation of MHSF, the Mayor's Budget proposes to use funding from the business tax reform measure on the November ballot. If approved by voters, the measure would allow the City to access \$300 million in funds that businesses have already paid for the Homelessness Gross Receipts Tax (November 2018 Prop C) and the Commercial Rents Tax for Childcare (June 2018 Prop C). Additionally, the measure would allow this funding to be collected and distributed on ongoing basis while litigation continues. These funds are currently being held pending the outcome of litigation over the 2018 measure.

If this measure were to pass, it would include approximately \$28.1 million in FY 2020-21 and \$38.4 million of ongoing funding for behavioral health services (mental health and substance abuse) beginning in FY 2021-22. Because funding is contingent on voter approval, it will be held on reserve by the Controller's Office pending the outcome of the election. The Mayor's proposed budget allocates the funding to the following programs:

- *Establish the Office of Coordinated Care (OCC)* to streamline and organize the delivery of mental health and substance use services across the City. In many ways, the OCC will serve as the engine of MHSF implementation. Staff hired to operate the OCC will focus on goals such as 1) ensuring people throughout the community, including potential clients know about available services; 2) making services more accessible, efficient and effective; 3) improving data collection, reporting and transparency; and 4) providing better care coordination for clients. Core staff for the OCC will include a team of Case Managers to work with residents needing extra support to access and engage in services such as those experiencing homelessness and/or those involved with the criminal justice system. The effective establishment of the OCC will also rely on key leadership roles that will build the foundation of the operations and management of this important work. (*est. \$6.1 million in FY 2021-22*).
- *Crisis Response Team* to provide appropriate interventions and connections for people who experience behavioral health crises on the streets of San Francisco, in partnership with the San Francisco Fire Department. Each team will include a community

paramedic, a behavioral health clinician, and a peer behavioral health worker. The team will address calls for service by both the 911 and 311 call centers. Through a co-responder model, the street crisis teams can respond to suicide or self-harm calls, calls for basic medical treatment such as wound cleaning, and provide assistance for clients who are presenting as disoriented or delusional, or who have other symptoms of intoxication or psychosis. In addition, clients can be referred for additional services and would be supported with peer navigation and case management as appropriate. The goal for this new team is to provide an appropriate non-law enforcement response to behavior health situations, reduce unnecessary usage of hospital emergency rooms and provide effective linkages to ongoing care. The initiative also includes funding for a new psychiatric urgent care program to divert patients from PES and an enhanced tele-health program to improve street-based clinical services. (*est. \$12.0 million in FY 2021-22*).

- *Increasing behavioral health bed capacity and reducing wait times.* While DPH operates and contracts for over 2,000 behavioral health beds across a continuum of care, it does not have a systematic approach to identify gaps in its system and not everyone who needs a behavioral health bed can access one when needed. In late 2019, as part of its ongoing mental health reform efforts, DPH identified an innovative solution to its behavioral health bed optimization challenge: bed simulation modeling. Bed simulation modeling has been used internationally as a strategy for quantifying demand and identifying the impact of novel allocations of treatment beds on patient flow. In June 2020, DPH completed its first mathematical model to answer the question of how many beds are needed at each level of care to eliminate wait times and improve access in the system. The effort identified bed capacity needs in several key areas – residential care facilities (aka board and care), mental health residential treatment, locked subacute treatment, and psychiatric skilled nursing. The Mayor’s proposed budget includes funding to add the identified number of beds in these categories and funding for an improved data system for patient and bed tracking. These investments are anticipated to have a significant impact on patient flow. (*est. \$16.2 million in FY 2021-22*).
- *Expand services at the Behavioral Health Access Center to weekends and evenings.* Mental Health SF calls for the creation of a Mental Health Service Center that will serve as a central access portal for uninsured and homeless San Franciscans seeking access to mental health care. Mental Health SF will expand a centralized drop-in center for people in need of immediate behavioral health care, including those who come in voluntarily and providing another drop-off destination for first responders and the jail, strengthening coordination with law enforcement partners. The Center will provide expanded capacity for several levels of care, including pharmacy services and care coordination. The first step in realizing the vision for the Mental Health Service Center is to expand staffing and services at the City’s existing Behavioral Health Access Center—a program where individuals in need of behavioral health services are connected to DPH’s network of service providers. Increases in staffing and will expand the hours of operation to increase access to care. In addition, the proposed budget would expand hours and capacity at the onsite behavioral health pharmacy, improving access to critical medications. (*est. \$3.2 million in FY 2021-22; \$8.4 million in capital improvement funding in FY 2020-21*).



To accelerate the development of the program, the Mayor's Office is also providing \$1 million of one-time seed funding to initiate the planning and the programs prior to November.

In addition, the measure would release one-time funding of \$69.4 million in 2020-21 and \$46.9 million in FY 2021-22. While these one-time funds are also appropriated in DPH's budget, due to ongoing legal issues any proposed use of these funds will be limited to one-time uses and require Controller's Office authorization within strict limitations. Due to the additional limitations on this funding, unlike the ongoing funding from the business tax measures the budget does not identify specific uses of the one-time funds. DPH will continue to work with the Controller's Office and Mayor's Office to develop a program for this funding within allowable parameters.

Outside of programs funded under the business tax reform measure, the Mayor's proposed budget provides additional \$22.3 million (fully annualized value beginning in FY 2021-22) in general fund support to continue and/or expand the following services:

- *Continue Funding for Treatment Beds - \$8.0 million.* The budget includes continued funding for 116 beds (St. Mary's Healing Center, substance use recovery, and residential treatment beds) funded in last year's budget with one-time ERAF revenue.
- *Expansion of Clinical Support for Additional Permanent Supportive Housing – \$2.1 million.* Under the business tax reform measure described earlier, the Department of Homelessness and Supportive Housing is expected to expand the number of permanent supportive housing units in its portfolio and has requested to expand DPH health care services for these new units. Similar to MHSF, the expenditure authority of these programs is dependent on the passage of the November ballot measure.
- *Expanding Shelter Health – \$1.6 million.* To support the expansion of shelters and congregate living facilities under the Mayor's Homelessness Recovery Plan, DPH will expand its Shelter Health services to support the increased number of clients in shelters and alternate living facilities. A portion of these costs in FY 20-21 are funded under HSH's COVID programming budget.
- *Creation of a new Psychiatrist Job Class - \$4.9 million.* To support the recruitment and retention of psychiatrists throughout the San Francisco Health Network, DPH worked with the City's department of human resources to create a new Psychiatrist class with extended pay ranges. The city converted 59 FTE of positions from the physician series into this new class for a net increase of \$4.9 million of additional salary and fringes expenditures.
- *Continuing Assisted Outpatient Treatment - \$0.3 million.* This initiative adds permanent positions (one health program coordinator and one social worker) to continue the successful pilot of the Assisted Outpatient Treatment Program.
- *Suicide Prevention Line- \$0.7 million.* To continue the services provided by SF Suicide Prevention, this entity merged with Felton Institute, a community based provider, moving its Citywide Suicide Intervention/Crisis Counseling line, Drug /Relapse Prevention Line and Nighttime Phone Crisis Hotline to Felton in FY19-

20. The service has previously been almost exclusively staffed by volunteers and had severe limitations with its IT infrastructure. The budget includes funding to stabilize the service.
- *Backfilling State Homeless Mentally Ill Outreach and Treatment - \$2.3 million.* Backfills services initially piloted in the State Homeless Mentally Ill Outreach and Treatment Grant. Services include intensive case management, expansion of Drop-in Center hours, peer navigation at Hummingbird and Street medicine.
  - *Backfilling Case Management Services Under the State Law Enforcement Assisted Diversion Grant (LEAD) – 0.8 million.* Backfills low threshold field based case management services piloted under the State LEAD grant. The San Francisco lead program is a pre-booking diversion program that will divert repeat, low-level drug offenders at the earliest contact with law enforcement to community-based health and social services as an alternative to jail and prosecution.
  - *Continuing Enhanced Board and Care Bed Rates – \$1.2 million.* Implemented in the Fall of 2019, the Mayor's budget continues funding for an increase in the supplemental "patch" rate for board and care from \$22 to \$35 a day. This increase provides supplemental payments to help stabilize residential care facilities in San Francisco. This increase supports approximately 240 clients annually.
  - *Supporting the Facilities costs at the New Homeless Resource Center – \$0.3 million.* In FY 21-22, the City is expected to complete renovation of the new Homeless Resource center at 1064-1068 Mission. DPH will co-locate the Tom Waddell Urban Care Clinic with programming from the Department of Homelessness and Supportive Housing. This initiative adds a porter and engineer in order for DPH to provide the facilities maintenance.

#### **IV. Other Initiatives**

The Mayor's budget includes the following initiatives approved by the Health Commission at past meetings:

- *SFHN Quality Management Centralization and Expansion Office of Compliance Privacy Affairs* – This initiative creates a centralized Quality Management (QM) Department for SFHN, merging the QM departments of LHH and ZSFG. It also expands our current Office of Compliance and Privacy Affairs with two additional staff to further ensure appropriate coverage of regulatory and legal patient protections that are essential to providing quality care.
- *Maternal Child Health Equity Initiatives* – DPH will make new investments in three programs: the Doula Access Project, the Abundant Birth Project and the Peri-Natal Equity program, all focused on pregnant Black-African American Women and young families and with the goal of reducing health disparities.
- *Strengthening Human Resources* – This initiative adds 20 FTE to increase DPH Human Resources, including operations, labor relations and payroll. Through its strategic planning process, DPH has identified HR improvements as a top priority, including accelerating hiring times, staff retention and improving employee experience. This

initiative is designed to improve hiring times, support improved employee experience, and reduce the number of vacancies in the department.

## **V. Next Steps**

The Mayor's Proposed Budget now moves to the Board of Supervisors for review. We will have two hearings likely to be scheduled for August 14<sup>th</sup> and August 21<sup>st</sup>. We are currently working with the Budget and Legislative Analyst. We will keep you informed of any changes that take place for the proposed FY 2020-2021 and FY 2021-22 budget.

## DEPARTMENT OF PUBLIC HEALTH FY 20-22 PROPOSED BUDGET July 31st Mayor's Proposed

Div	Item	May Update Status	Description	FY 20-21				FY 21-22				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)	
UPDATES TO PRIOR REVENUE AND SAVINGS												
ZSFG	A1	N/C	Zuckerberg San Francisco General (ZSFG) and Medi-Cal Waiver Revenues	-	\$ 20,392,530	\$ 30,563,541	\$ 10,171,011	-	\$ 9,692,284	\$ 37,930,809	\$ 28,238,525	This initiative modifies baseline at Zuckerberg San Francisco revenues originally proposed in February to reflect a lower census and reduced services at ZSFG for FY 20-21 due to COVID-19. Revenues are still expected to be higher year over year with \$6.1 million in FY 20-21 increasing to \$21.4 million in FY 21-22. In addition, we are also projecting an increase in Medi-Cal Capitation due to an expected enrollment of an additional 7,000 members by the start of FY 21-22. This also assumes a continuation of existing Medi-Cal Waivers during the FY 20-22 budget as is being currently negotiated by the State.
ZSFG	A2	N/C	One-time Revenue from Medi-Cal Settlements	-	\$ -	\$ 61,883,706	\$ 61,883,706	-	\$ -	\$ -	\$ -	As part of any new waiver negotiation between California and CMS, CMS has mandated that all open Waivers be closed and settled. The department anticipates that the process of closing multiple fiscal years will likely result in recognition of an additional \$61.8 million in prior-year one-time revenue between now and December 2020. This figures reflects a reduction \$4.1 million from the February submission due to a receipt of a portion of the funds in May 2020 and already assumed as part of FY 19-20 balancing.
LHH	A3	N/C	Laguna Honda Hospital (LHH) Baseline Revenues	-	\$ -	\$ 6,534,554	\$ 6,534,554	-	\$ -	\$ 12,115,872	\$ 12,115,872	Annual adjustment to baseline revenues at Laguna Honda Hospital due to legislated state rate increase. No updates proposed in June 2020.
IT	A4	N/C	Decommissioning of Legacy IT systems	-	\$ (14,319,105)	\$ -	\$ 14,319,105	-	\$ (8,640,723)	\$ -	\$ 8,640,723	DPH successfully implemented Wave 1 of the Epic electronic health record system on August 3, 2019. As part of a benefits realization plan, multiple legacy IT systems that were replaced by Epic can be decommissioned resulting in ongoing savings. While a portion of the \$11 million in expected savings is offset by a need to adjust remaining contracts with built-in inflationary costs, the department will still achieve savings of \$9,882,105 million in FY 20-21, and \$8,640,723 ongoing to help meet its general fund reduction target. In addition to the future ongoing savings projected in February, it will be closing out prior year POs with Cerner which will no longer be needed for additional savings of \$4.4 million in FY 20-21.
PHD	A5	N/C	Backfill of Federal Funding for Population Health Programs	0.77	\$ -	\$ (494,159)	\$ (494,159)	1.00	\$ -	\$ (504,811)	\$ (504,811)	Backfills federal and state reductions to the Disease Prevention and Control, Public Health Emergency and Preparedness and Immunization programs within Population Health.

Div	Item	May Update Status	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
SFHN	A6	N/C	Specialty Pharmacy Expansion	12.32	\$ 3,333,986	\$ 3,333,986	\$ -	16.00	\$ 8,276,925	\$ 8,276,925	\$ -	This initiative focuses on expanding pharmacy at the San Francisco Health Network in two ways. First, the SFHN will develop a specialty Pharmacy Program at ZSFG for DPH patients taking high cost, complex, specialty medications that require comprehensive pharmaceutical care. Second, Laguna Honda Hospital (LHH) and Jail Health Services (JHS) will expand its staffing to comply with regulatory plans of correction workflow changes in two ways.
BHS, PC and PHD	A7	N/C	Revenue Adjustments Due to COVID	-	\$ -	\$ (13,124,424)	\$ (13,124,424)	-	\$ -	\$ -	\$ -	These initiative reflects losses in revenue in Ambulatory Care and Population Health due to reduced productivity due to COVID-19. The revenue losses include \$4 million for Primary Care, \$29 million for Short Doyle Medi-Cal and \$3 million for Substance Use Disorder due to decreased productivity. In addition, \$6 million of losses due to a reduced number of new applications and fees for Environmental Health and other areas. These reductions are offset by \$28.2 million of CARES Act Revenue.
BHS, PC and PHD	A7.1	New	Revenue Adjustments Due to COVID	-	\$ -	\$ 16,671,000	\$ 16,671,000	-	\$ -	\$ -	\$ -	Additional CARES ACT revenue received in July 2020 to offset COVID costs and losses due as a result of the pandemic. This \$16.7 M is in addition to the \$28.2 assumed above.
							\$ -					
<b>TOTAL PRIOR REVENUE AND SAVINGS</b>				<b>13.09</b>	<b>\$ 9,407,411</b>	<b>\$ 105,368,204</b>	<b>\$ 95,960,793</b>	<b>17.00</b>	<b>\$ 9,328,486</b>	<b>\$ 57,818,795</b>	<b>\$ 48,490,309</b>	
<b>ADDITIONAL SAVINGS INITIATIVES</b>												
JH	A8	N/C	Reduction in Jail Health Services Due to Closure of the Hall of Justice	3.50	\$ (578,718)	\$ -	\$ 578,718	6.00	\$ (1,022,629)	\$ -	\$ 1,022,629	In May of 2020 the Board of Supervisors voted to close the Hall of Justice facility which houses County Jail #4 by November 1st 2020. This initiative reduces 6 FTE (3.0 RNs and 3.0 LVNs) of the approximately 17 FTE staffing the Hall of Justice for expenditure savings. This initiative will not result in layoffs as staff will be reassigned to other vacancies within Jail Health and/or the San Francisco Health Network in accordance with Labor MOUs. Remaining positions will be moved to support other areas of Jail Health.

Div	Item	May Update Status	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
LHH	A9	N/C	Operating Cost Savings at Laguna Honda Hospital		\$ (2,126,544)	\$ -	\$ 2,126,544	-	\$ -	\$ -	\$ -	This initiative reflects one time savings at Laguna Honda Hospital operations for FY 20-21 in salaries and materials and supplies (food). It assumes one time salary savings of \$1.5 million at LHH due to a slightly lower than average projected census due to restrictions in admissions due to prevent the spread of COVID-19. In addition, LHH will remodel its kitchen in FY 20-21 to meet regulatory requirements. Due to the nature of the construction project, the kitchen will be closed for 5 months and food preparation will be provided via a contract. This will result in one time savings in food costs in FY 20-22. The contracted services and facilities costs were budgeted expected to occur in FY 19-20, but was delayed to due access restrictions to limit the spread of COVID-19.
GH	A10	N/C	Operating Cost Reductions at Zuckerberg San Francisco General		\$ (6,086,076)	\$ -	\$ 6,086,076	-	\$ (3,017,009)	\$ -	\$ 3,017,009	This initiative reflects three areas of savings at ZSFG - materials and supplies, Per Diem Nursing and the UC Affiliation Agreement for Clinical services. As mentioned in Revenue initiative A1, the census and activity at ZSFG is expected to be lower in FY 20-21 due to COVID-19. As a result, ZSFG will achieve one-time savings in materials and supplies of \$2 million and reduce Per Diem usage by another \$1 million. In addition, the UC Affiliation Agreement costs will be reduced by \$3 million ongoing due to a freeze in physician salary increases.
DPH	A11	N/C	Information Technology Operating Savings		\$ (1,737,000)	\$ -	\$ 1,737,000	1.00	\$ (1,088,000)	\$ -	\$ 1,088,000	DPH's IT division identified several expenditure adjustments to support general fund reduction targets including reductions in the scope of contracts and reduce existing maintenance contracts by migrating to more efficient solutions. These changes will result in \$1.7 million in FY 20-21 and ongoing savings in FY 21-22.
DPH	A12	Updated	DPH Facilities Cost Savings	-	\$ (3,337,472)	\$ -	\$ 3,337,472	-	\$ (531,417)	\$ -	\$ 531,417	This initiative reflects two savings in facilities costs - rental costs for civic center relocation and security costs at DPH sites. First, in FY 19-20 DPH budgeted additional lease costs to relocate programs in Civic Center to more seismically safe or efficient locations. Real estate has identified a site at 333 Valencia for tenants at 30 Van Ness. Current projected lease costs are \$2.3 million lower in FY 20-21 due to delay implementation of lease costs with additional costs of \$0.5 million annually. In addition, DPH's security director has reviewed our security staffing plan and adjusted staffing to reflect current needs. This results in \$1 million savings annually. The Mayor's Budget updates the savings figures following the finalization of the lease agreements.

Div	Item	May Update Status	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
SFHN	A13	N/C	Healthy Kids Transitioning to Medi-Cal	-	\$ (4,068,381)	\$ -	\$ 4,068,381	-	\$ (4,068,381)	\$ -	\$ 4,068,381	In October of 2019, the state transitioned the Healthy Kids Program to Medi-Cal Managed Care. This shift results in annual savings of \$4.1 million of costs including insurance premiums and administrative and marketing cost. There will be no loss of coverage for participants as a result of this change.
BHS	A14	N/C	Changes in Prior Year Settlement Methodology	-	\$ (7,112,047)	\$ -	\$ 7,112,047	-	\$ (7,112,047)	\$ -	\$ 7,112,047	In FY19-20 DPH will adjust its methodology for making payments to CBOs for prior year behavioral health services settlement. Settlement amounts are identified after the close of the year by comparing contractor trial balance costs against contract budget and final invoice totals. Prior to FY2019- 20, DPH's practice was to carryforward prior year POs pending identification of settlement amounts as a payment vehicle in case a settlement amount was owed to the CBO. Beginning in FY2019-20, DPH will close out POs for these years at year-end prior to completion of the settlement analysis and reserve against settlement obligations via use of reserves. This change will allow us to recognize annual contract savings of \$7M due to the variance between average PO carryforward value and the average settlement amount required to be paid to CBOs. This change does not result in reduction of services or funding to any CBOs.
DPH	A15	updated	Financing of Capital Projects	-	\$ -	\$ -	\$ -	-	\$ (14,000,000)	\$ -	\$ 14,000,000	DPH will work with the Office of Public Finance to debt finance approximately \$38 million of capital projects. This will include the ZSFG Chiller and Cooler, two major projects that were previously funded for initial work and have an expected unspent project balance of \$18 million. This balance can be liquidated for one time savings that can be recognized in FY 21-22. Final figures pending analysis by Office of Public Finance and the Capital Planning Committee. This update shifts the savings to FY 21-22 where the actual fund balance can be recognized and also eliminates the additional cost of \$4 M in debt service in subsequent years as these projects will be put under the City's existing debt financing plan.
<b>TOTAL ADDITIONAL SAVINGS</b>				<b>3.50</b>	<b>\$ (25,046,238)</b>	<b>\$ -</b>	<b>\$ 25,046,238</b>	<b>7.00</b>	<b>\$ (30,839,483)</b>	<b>\$ -</b>	<b>\$ 30,839,483</b>	

Div	Item	May Update Status	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>												
SFHN	B1	N/C	SFHN Quality Management Redesign and Expansion Office of Compliance Privacy Affairs	9.63	\$ 2,028,321	\$ -	\$ (2,028,321)	12.50	\$ 2,662,895	\$ -	\$ (2,662,895)	This initiative creates a centralized Quality Management (QM) Department for SFHN, merging the QM departments of LHH and ZSFG. It also expands our current Office of Compliance and Privacy Affairs with two additional staff to further ensure appropriate coverage of regulatory and legal patient protections that are essential to providing quality care. In addition to support Quality at the hospitals, these positions will also be critical in supporting our COVID efforts, including infection control, as well.
DPH	B2	N/C	Implementing New Maternal Child Health Equity Initiatives	1.50	550,619	\$ -	\$ (550,619)	1.50	\$ 587,473	\$ -	\$ (587,473)	DPH will be making investments in three programs, the Doula Access Project, the Abundant Birth Project and the Peri-Natal Equity program, all focused on pregnant Black-African American Women and young families and with the goal of reducing health disparities. No changes, we will continue to implement as planned.
ZSFG	B3	N/C	Supporting Operations and Census at ZSFG	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	This census initiative will be put on hold for the FY 20-22 budget given the projected lower in census at ZSFG to limit the spread of COVID.
DPH	B4	N/C	Strengthening Human Resources	15.40	\$ 2,721,482	\$ -	\$ (2,721,482)	20.00	\$ 3,819,833	\$ -	\$ (3,819,833)	This initiative strengthens DPH's human resources (HR) infrastructure with an additional 20 Full Time Equivalent (FTE) employees to ensure sufficient support for our workforce and our services. These positions will be even more critical to fill priority vacancies to support our hospitals, behavioral health services and our COVID response.
				-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	
<b>TOTAL EMERGING NEEDS</b>				<b>26.53</b>	<b>\$ 5,300,422</b>	<b>\$ -</b>	<b>\$ (5,300,422)</b>	<b>34.00</b>	<b>\$ 7,070,201</b>	<b>\$ -</b>	<b>\$ (7,070,201)</b>	
<b>OTHER INITIATIVES THAT DOES NOT AFFECT TARGET</b>												
DPH	C1	N/C	Pharmacy and Other Inflationary Costs	-	\$ -	\$ -	\$ -	-	\$ 6,958,921	\$ -	\$ (6,958,921)	Increased expenditure authority related to pharmaceuticals, food, as well as housing and laundry contracts to reflect inflation on the price of these critical supplies and services.
GH	C2	N/C	UCSF Affiliation Agreement Cost Increases	-	\$ 7,315,003	\$ -	\$ (7,315,003)	-	\$ 25,694,079	\$ -	\$ (25,694,079)	Increased expenditure authority to cover costs clinical services under the UCSF/ZSFG Affiliation Agreement which provides essential clinical staffing and support to ZSFG.
					<b>\$ 7,315,003</b>	<b>\$ -</b>	<b>\$ (7,315,003)</b>	<b>-</b>	<b>\$ 32,653,000</b>	<b>\$ -</b>	<b>\$ (32,653,000)</b>	



Div	Item	May Update Status	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>ADDITIONAL CHANGES IN MAYOR'S BUDGET</b>												
<i>Creating an Effective COVID-19 Response</i>												
	D1	New	COVID Budget Project	130.00	\$ 204,688,105	\$ 85,215,304	(119,472,801)	-	\$ -	\$ -	\$ -	As part of the City's larger COVID-19 response, DPH will receive \$204.6 million of additional expenditure authority to carryout key initiatives to prevent the spread and mitigate the effects of the virus. This cost is offset is expected to partially offset by reimbursement from FEMA shown here. In addition, the City is receiving additional CARES revenue included in other parts of the City's budget to further reduce the impact of these costs. Programs include increased purchasing for personnel protective equipment (PPE) for essential healthcare workers as well as other City departments, expanding staff and operational capacity within the City's hospitals and skilled nursing facilities to meet demands of a surge, medical transit services, outbreak management teams, information and guidance, community outreach focused on prevention, and contact tracing. These services are each a key part of preventing, containing, and mitigating the health impacts of COVID-19 in San Francisco.
	D2	New	Supporting Paid Sick Leave During the COVID-19 Pandemic	-		\$ 9,151,557	\$ 9,151,557	-	\$ -	\$ -	\$ -	\$9.2 million in revenue to support the Workers and Families First Program, which provides funding to support expanded paid sick leave benefits for employees affected by the coronavirus. This expanded benefit will support up to 16,000 additional weeks of paid sick leave, providing coverage for up to 25,000 San Francisco employees. The program is administered by the Office of Economic and Workforce Development and the corresponding expenditure authority will be appropriated in that department and therefore is not reflected here.
	D3	New	One time grants for city option	-	\$ 11,500,000	\$ 11,500,000	\$ -	-	\$ -	\$ -	\$ -	This program authorizes \$500 cash grants to up to 46,448 individuals enrolled in the San Francisco City Option program under the City's Health Care Security Ordinance (HCSO). The grant program provides an additional \$500 cash grant program to these account holders, which may be used for other expenses related to COVID-19, including expenses that are normally ineligible for the medical reimbursement accounts. The Mayor's budget includes \$11.5 million for this program, which will be administered by the San Francisco Health Plan.
<i>Prioritizing Racial Equity in the Allocation of Resources</i>												

Div	Item	May Update Status	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
	D4	New	Reinvestment Initiatives		\$ 36,000,000	\$ -	\$ (36,000,000)	-	\$ 36,000,000	\$ -	\$ (36,000,000)	The Mayor's proposed budget focuses on addressing the structural inequities that have resulted in disproportionate and longstanding injuries to San Francisco's African American community. The budget redirects \$120 million of funds from the City's public safety departments towards efforts to repair the legacy of racially disparate policies on health, housing, and economic outcomes for African Americans. Following the completion of the a community process led by the Human Rights commission in June and July 2020, reinvestment funds will be allocated to the Department of Public Health, the Office of Economic and Workforce Development, and the Human Rights Commission. DPH is expected to receive approximately \$36 million of ongoing allocations.
<i>Implementing Mental Health San Francisco (MHSF) and Investing in Behavioral Health</i>												
MHSF	D5	New	Initiating Mental Health SF Under Business Tax Reform Measure (On Reserve By Controller)	43.15	\$ 29,100,000	\$ 28,100,000	\$ (1,000,000)	86.29	\$ 38,400,000	\$ 38,400,000	\$ -	The Mayor's Budget proposes to use funding from the Business Tax Reform measure on the November ballot to support key initiatives under MHSF. If approved by voters, the measure would allow the City to access \$300 million in funds that businesses have already paid for the under Homelessness Grocs Receipts Tax with the majority approval in November 2018 of Prop C and the Commercial Rents Tax for Childcare in June of 2018. This would provide\$28.1 million in FY 20-21 and \$38.6 million in FY 21-22 in ongoing funding. Funds would be used to establish the Office of Coordinated Care, create a new crisis response team in partnership with the San Francisco Fire Department, expand hours at the Behavioral Health Access Center and increase treatment capacity to effectively meet the demands for service.
MHSF	D6	New	Business Tax Reform Measure One-Time Revenues (On Reserve By Controller)		\$ 69,400,000	\$ 69,400,000	\$ -		\$ 46,900,000	\$ 46,900,000	\$ -	These figures represent the value of additional one-time funding pending approval of business tax measure noted above. Unlike the ongoing funding, however, these funds would remain under reserve by the Controller's Office and expenditures are subject to its approval and limited to one-time uses.
MHSF	D7	New	Continue Funding for Treatment Beds	-	\$ -	\$ -	\$ -	-	\$ 8,000,000	\$ -	\$ (8,000,000)	The budget also continues an \$8 million investment in 116 beds at the healing center, substance use step down recovery, and residential treatment beds. These programs were funded with one time in last year's budget with one-time ERAF revenue, and this initiative provides ongoing funds to support continued expenditure.

Div	Item	May Update Status	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
MHSF	D8	New	Clinical Support for Additional Permanent Supportive Housing	4.00	\$ 1,583,707	\$ 1,583,707	\$ -	8.00	\$ 2,103,012	\$ 2,103,012	\$ -	Under the Business Tax Reform Measure described in initiative D5, the Department of Homelessness and Supportive Housing will dedicate a portion of its funding to expand the number of permanent supportive housing units and has requested to DPH nursing services for additional. Similar to initiative D5, the expenditure authority of these programs is dependent on the passage of the November ballot measure.
MHSF	D9	New	Expanding Shelter Health	5.08	\$ 1,302,867	\$ 1,302,867	\$ -	6.60	\$ 1,634,105	\$ 1,634,105	\$ -	To support the expansion of shelters and congregate living facilities under the Mayor's Homelessness Recovery Plan, DPH will expand its Shelter Health services to support the increased number of clients in shelters and alternate living facilities. A portion of these costs in FY 20-21 are funded under HSH's COVID programming budget.
MHSF	D10	New	Stabilizing Assisted Outpatient Treatment	1.54	\$ 253,092	\$ 253,092	\$ -	2.00	\$ 331,334	\$ -	\$ (331,334)	This initiative adds one health program coordinator and one social worker to continue the successful pilot of the Assisted Outpatient Treatment Program.
MHSF	D11	New	Suicide Prevention	-	\$ 685,000	\$ -	\$ (685,000)	-	\$ 685,000	\$ -	\$ (685,000)	Additional funding to continue the suicide prevention line.
BH	D12	New	Backfill State Homeless Mentally Ill Outreach and Treatment (HMIOT)	-	\$ 2,368,110	\$ -	\$ (2,368,110)	-	\$ 2,368,110	\$ -	\$ (2,368,110)	Backfills services initially piloted in the State HMIOT Grant. Services include intensive case management, expansion of Drop-in Center hours, peer navigation at Hummingbird and Street medicine.
BH	D13	New	Backfill Case Management Services Under the State Law Enforcement Assisted Diversion Grant (LEAD)	-	\$ 849,176	\$ -	\$ (849,176)	-	\$ 849,176	\$ -	\$ (849,176)	Backfills \$850,000 of low threshold field based case management services piloted under the State LEAD grant. The San Francisco lead program is a pre- booking division program that will divert repeat, low-level drug offenders at the earliest contact with law enforcement to community- based health and social services as an alternative to jail and prosecution.
HSOC	D14	New	Continuing Enhanced Board and Care Bed Rates	-	\$ 1,200,000	\$ -	\$ (1,200,000)	-	\$ 1,200,000	\$ -	\$ (1,200,000)	Implemented in the Fall of 2019, the Mayor's budget continues funding for an increase in the supplemental "patch" rate for board and care from \$22 to \$35 a day. This increase will provide supplemental payments to help stabilize residential care facilities in San Francisco. This increase would support approximately 240 clients annually.
BH	D15	New	Creation of a new Psychiatrist Class	-	\$ 4,870,984	\$ -	\$ (4,870,984)	-	\$ 4,889,767	\$ -	\$ (4,889,767)	To support the recruitment and retention of psychiatrists throughout the San Francisco Health Network, DPH worked with the City's department of human resources to create a new Psychiatrist class with extended pay ranges. The city converted 59 FTE of positions from the physician series into this new class for a net increase of \$4.9 million of additional salary

Div	Item	May Update Status	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
BH	D16	New	Supporting the Facilities costs at the New Homeless Resource Center	-	\$ -	\$ -	\$ -	1.54	\$ 247,685	\$ -	\$ (247,685)	In FY 21-22, the City is expected to complete renovation of the new Homeless Resource center at 1064-1068 Mission. DPH will colocate the Tom Waddell Urban Care Clinic with programming from the Department of Homelessness and Supportive Housing, but will be responsible for supporting the facilities of this new building and proposed to add a porter and an engineer to provide maintenance.
<b>Additional Changes in the Mayor's Budget</b>				<b>183.77</b>	<b>\$ 363,801,041</b>	<b>\$ 206,506,527</b>	<b>\$ (157,294,514)</b>	<b>104.43</b>	<b>\$ 143,608,189</b>	<b>\$ 89,037,117</b>	<b>\$ (54,571,072)</b>	