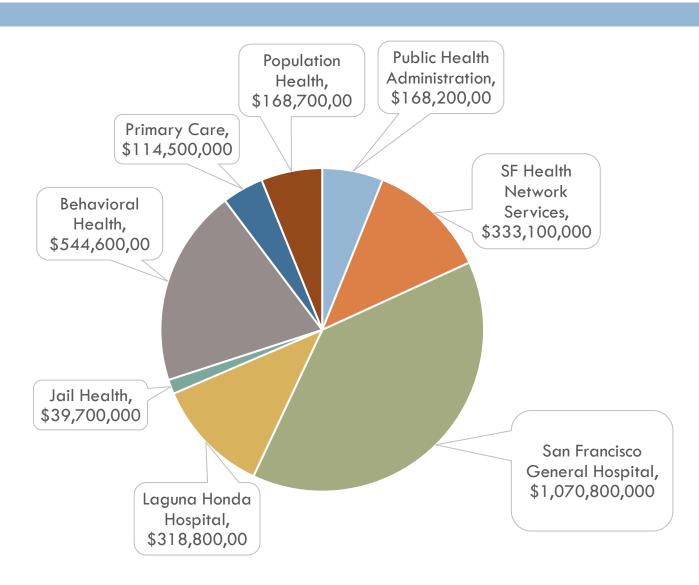
### DEPARTMENT OF PUBLIC HEALTH FY 2022-23 AND FY 2023-24 BUDGET

# Agenda

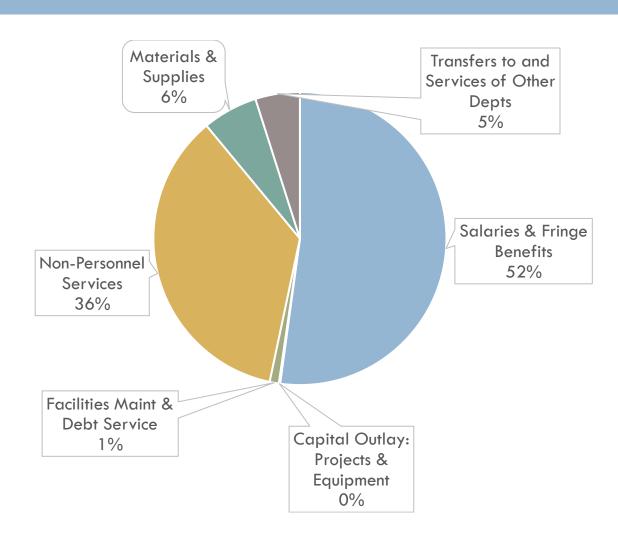
- Overview of DPH's Budget
  - Review of Base Budget for Divisions
  - Projected Salary Spending in Current Year
- Five-Year Financial Projection and Mayor's Budget Instructions
- Department Goals and Areas of Focus for FY 2022-23 and FY 2023-2024

# DPH Budget Overview

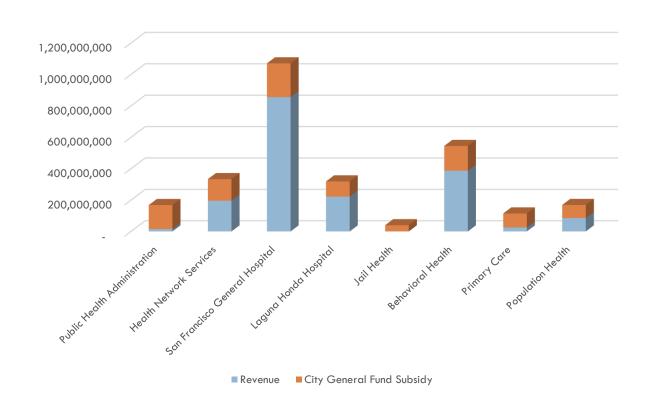
# DPH Approved FY 22-23 Budget \$2.8 Billion



## Budgeted Expenses by Type



# DPH Leverages Revenue to Offset General Fund



- DPH continues to offset 65% of its costs with revenue, requiring a general fund subsidy of only 35%
- FY 22-23 budget includes \$971 million of General Fund

# Current Year Salary Spending Projections

- Administrative Code Section 3.3 requires departments to include personnel cost projections at public hearings on proposed budgets.
- DPH's operating budget of \$1.4 billion for salary and fringe is currently projected to be fully expended this year with increased hiring in the second half of this year
- DPH's quarterly financial reports to the Health Commission will continue to update these projections
- Work continues to aggressively hire permanent staff to replace temp and per diem staff and fill vacancies to support hospital operations, COVID-19 response, and Behavioral Health expansion

# Five-Year Financial Projections & the Mayor's Budget Instructions

# Summary of Five Year Forecast and Mayor's Instructions

- Improved financial forecast resulting in projected surplus in budget year
- Risks and uncertainties could dramatically alter this forecast
- No cuts, but no new costs, rather reprioritize to better deliver core services
- Budget will prioritize vibrancy, recovery, accountability, and equity

# Joint Report – Financial Forecast

	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
SOURCES Increase / (Decrease)	40.1	323.4	522.5	710.9
Uses				
Baselines & Reserves	(112.9)	(202.7)	(271.2)	(318.9)
Salaries & Benefits	(57.8)	(81.7)	(140.6)	(266.3)
Citywide Operating Budget Costs	132.9	58.4	(75.2)	(161.0)
Departmental Costs	24.0	(15.5)	(74.1)	(113.6)
USES Decrease / (Increase)	(13.9)	(241.5)	(561.1)	(859.8)
Projected Cumulative Projected Surplus/(Shortfall)	26.2	81.9	(38.6)	(148.9)

108.1

Two-year Surplus/(Shortfall)

## Joint Report – Risks & Uncertainties

COVID-19 variants and public health response

Pace of recovery and continued impact on local economy

- Market volatility impacting pension returns
- State and local ballot measures

Ongoing risk to excess ERAF at state level

## Mayoral Policy Priorities

- Restoring vibrancy in San Francisco, including improved public safety and street conditions
- Recovery of the local economy driven by the return of residents, tourists, and office workers to downtown and public spaces; small business; and, housing production
- Reprioritization of funding to improve core service delivery
- Accountability & equity in programming, services, and spending

### **Budget Instructions to Departments**

- No mandatory reductions, but do not increase General Fund support
- Get "back to basics", utilize existing budget and fill funded vacancies to improve core service delivery
- Focus on programs that produce meaningful, equitable results
- Non-General Fund departments balance within their own revenue projections

# DPH Goals and Areas of Focus for FY 2022-2024

## Department Priorities for FY 22-24

 Transition of COVID Task Force Functions Into Operating Divisions

 Continuing investment in and re-envisioning Behavioral Health Services and Support for People Experiencing Homelessness

• Strengthening core operating functions to support service delivery and improving Workforce and Health Equity

 Implementing new program and benefits under Advancing Innovations in Medi-Cal (CalAIM)

# Transitioning COVID Task Force Into Operating Divisions

- Expected continuation of all current functions in the long term
- Planning for functions to potentially be managed under regular operations
  - CDRU COVID DiseaseResponse Unit
    - Contact Tracing
    - Case Investigation
    - Outbreak Management
  - Vax
  - Community Outreach

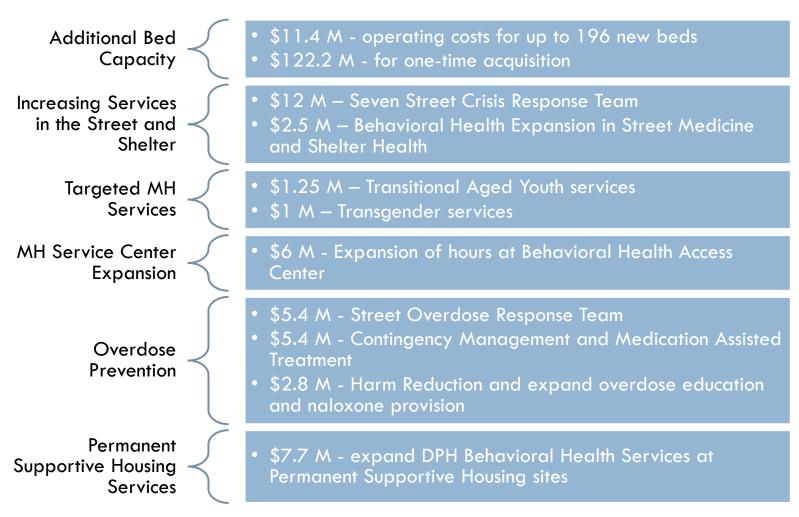
- Testing
- Information & Guidance
- Isolation & Quarantine
- Epidemiology and Data
- Logistics

# Transition of COVID Task Force Into Operating Divisions

- Planning will continue into the Spring
- Detailed spending plan will not be included as part of the February submission, but brought in the spring
- No long-term funding identified
- FEMA reimbursement currently set to expire in April

# 2. Behavioral Health Services and Services for People Experiencing Homelessness

#### DPH will focus on Implementing Prior Year Investments in Mental Health SF



# 2. Behavioral Health Services and Services for People Experiencing Homelessness

 Continued Implementation of Mental Health SF Programs funded in Prior Year Budget

 Additional initiatives developed as programming is implemented, gaps in service may be identified

 Expected increases in Mental Health Services Act funding, primarily one-time

□ First set of CalAIM Programs have BH focus

# 3. Core Operating Functions to Support Service Delivery

- Prior year budgets focused on increasing service levels but there has not been a corresponding investment in operations
- Central Operations is critical to ensuring timely and successful implementation of programs
- Additional investment is needed to right size the operating functions in areas of:
  - Business Office and Contracts Development
  - Human Resources
  - Office of Health Equity
  - Compliance and Privacy Affairs
  - Data and Information Systems
  - Facilities

## 4. Implementing CalAIM

- Multi-Year Framework for broad-based delivery system, program, and payment reform across the Medi-Cal program.
- Scheduled to take place through January 2027
- Program details including eligibility and funding guidelines and funding allocations are still being developed
- In the next eighteen months, three new benefits and two new incentive programs will be rolled out to counties

# 4. Implementing CalAIM

#### **New Benefits Programs**

#### Enhanced Care Management - January 2022

- Comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members
- First clients have transitioned from Whole Person Care, additional clients over the coming months

#### Community Supports (Formerly In-Lieu of Services) – July 2022 and Beyond

- Medically appropriate and cost-effective alternatives to services covered under the State Plan
- Health Plans can choose to add new benefits every six months
- DPH is working with SFHP on a potential benefit for Medical Respite and Sober Center Services
- HSH is exploring housing navigation benefit

### Justice-Involved Pre and Post Release Services — Planned for January 2023

• Allows for 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

## 4. Implementing CalAIM

#### Time-Limited Multi-Year Infrastructure and Incentive Programs

Providing Access and Transforming Health (PATH) Initiative – Spring 2022 and Beyond

- 1. Provide infrastructure and readiness support for the CalAIM initiatives (through 2027)
- 2.Transition Whole Person Care Services Spring 2022
- 3. Support for justice involved services Summer 2022

### Behavioral Health Quality Improvement Program (BH QIP) – January 2022 – June 2024

- Incentives for system changes and process improvements to county-operated mental health and substance use disorder systems
- Goal is to help counties prepare for opportunities made available CalAIM and support reporting, billing and data collection and exchanges.

## Next Meeting

- Present balancing plan
- Request for Health Commission approval of proposed budget for submission to Controller and Mayor's Office
- Development of COVID-19 Response will be developed in conjunction with key stakeholders this spring