

**HEALTH COMMISSION
RESOLUTION 12-10
RESOLUTION ADOPTING THE FIVE-YEAR BUDGET PRIORITIES AND
THE FIVE-YEAR BUDGET EVALUATION CRITERIA**

WHEREAS, The Department of Public Health will confront several strategic imperatives over the next several years, such as the need to prepare for Health Reform, implement electronic health records, and open a seismically –safe new San Francisco General Hospital; and,

WHEREAS, These initiatives come at a time of continuing cuts to State funding, pressures to reduce federal spending, and requirements to reduce dependence on local General Fund; and,

WHEREAS, In 2009 San Francisco voters passed Proposition A, which amended the City Charter to require a citywide Five-Year Financial Plan; and,

WHEREAS, In October 2011, the Health Commission approved, the creation of the Five-Year Budget Subcommittee of the Health Commission’s Finance and Planning Committee; and

WHEREAS, In October 2011, the Health Commission also established the following three five-year budget priorities for the Department:

**Integrated Delivery System
Public Health Accreditation
Financial and Operational Efficiency; and**

WHEREAS, the Five-year Budget Subcommittee developed a budget evaluation tool that is built upon the following standard set of 14 weighted criteria that represents key considerations for evaluating budget initiatives; and

FIVE-YEAR BUDGET EVALUATION CRITERIA

Domain	Criteria	Weight	Definition
Health Impact	1. Numbers affected	6.5	Number of individuals affected by the proposed change
	2. Equity	7.6	Impact on the health status of recognized groups where there is a known health status gap/disparities
	3. Significance of impact	7.3	Impact on health outcomes for the patient/client (e.g., risk of adverse events, improved health status) as compared to current practice/service
	4. Effectiveness	9.1	1. Intervention is meeting a demonstrated need; 2. Intervention is known to achieve intended outcomes; 3. Intervention is evidence-based
	5. Health promotion and disease prevention	7.3	Impact on illness and/or injury prevention, wellbeing and harm reduction as measured by projected longer term improvements in health
	6. Client experience	5.6	Impact on safety, effectiveness, cultural competence, timely access, self-efficacy, and client experience of service(s) provided
Strategic Alignment	7. Alignment to Health Commission's 5-year budget priorities	9.9	1. Service directly supports IDS goals (i.e., provide medical homes responsible for coordinating preventive, primary, and specialty care; reduce misuse, overuse, and underuse of services; increase the number of insured patients served; enhance information technology to improve quality of care and decision making; manage resources responsibly for the maximum benefit of clients; ensure service excellence); 2. Service directly supports public health accreditation; 3. Service directly promotes financial and operational efficiency
	8. Mandates	8.0	1. The service is mandated by local, state or federal law, including the mandate to have a balanced budget; 2. The extent to which the level of service provided is below, at or beyond the mandated level
Organizational Impact	9. Adoption/implementation	5.2	1. Political/legal challenges to the adoption of proposed initiative or reduction; 2. Internal operational challenges to the implementation of the proposed initiative or reduction
	10. Workplace environment	6.7	Impact on workplace environment including morale, workload, tools and equipment, safety and wellness, professional growth and teamwork
	11. Innovation and knowledge transfer	5.3	Impact on the generation and/or application of new knowledge/practice
Financial Impact	12. Associated revenue	6.6	1. The extent to which the program affects non-General Fund revenue (e.g., Medicaid match, grant funding); 2. The extent to which a project is sustainable beyond the expiration of time-limited funding.
	13. Downstream impact on service utilization	7.9	Impact on cost on future use of services elsewhere in the system (e.g., preventing unnecessary hospitalizations, preventing future illness, extent to which a service could be scaled up or down under different financial circumstances)
	14. Efficiency and Appropriateness	6.9	1. Optimal use of resources to yield maximum benefits and results; 2. Appropriate level of service is provided; 3. Extent to which other organizations are also providing this service (e.g., duplication of service or sole provider)

WHEREAS, This evaluation tool will be one component of the Department's budget decision-making process, designed to highlight key issues important in decision-making, evaluate the strengths and weaknesses of potential initiatives, provoke thought and discussion to improve and refine initiatives, and increase transparency for the public about the elements of evaluation; and

WHEREAS, This evaluation tool will not be applied to individual contracts or specific services, but rather will be used to evaluate broad initiatives and service categories; now

THEREFORE BE IT RESOLVED, That the Health Commission adopts the three five-year budget priorities; and

BE IT FURTHER RESOLVED, That the Health Commission adopts the five-year budget evaluation criteria.

I hereby certify that the San Francisco Health Commission at its meeting of October 16, 2012 adopted the foregoing resolution.

A handwritten signature in black ink, appearing to read 'Mark Morewitz', is written over a horizontal line. The signature is fluid and cursive.

Mark Morewitz

Health Commission Executive Secretary