

# DEPARTMENT OF PUBLIC HEALTH FY 2021-23 BUDGET

May 4, 2021

# Updates to FY 2021-23 Budget Proposal

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## Additional Initiative Updates

1. COVID-19 Response
2. Security Services Staffing Changes
3. One-time Settlement Revenues

## Updates on Other Processes

- Mental Health SF programming under Proposition C
- Preparation for Changes Under CalAIM

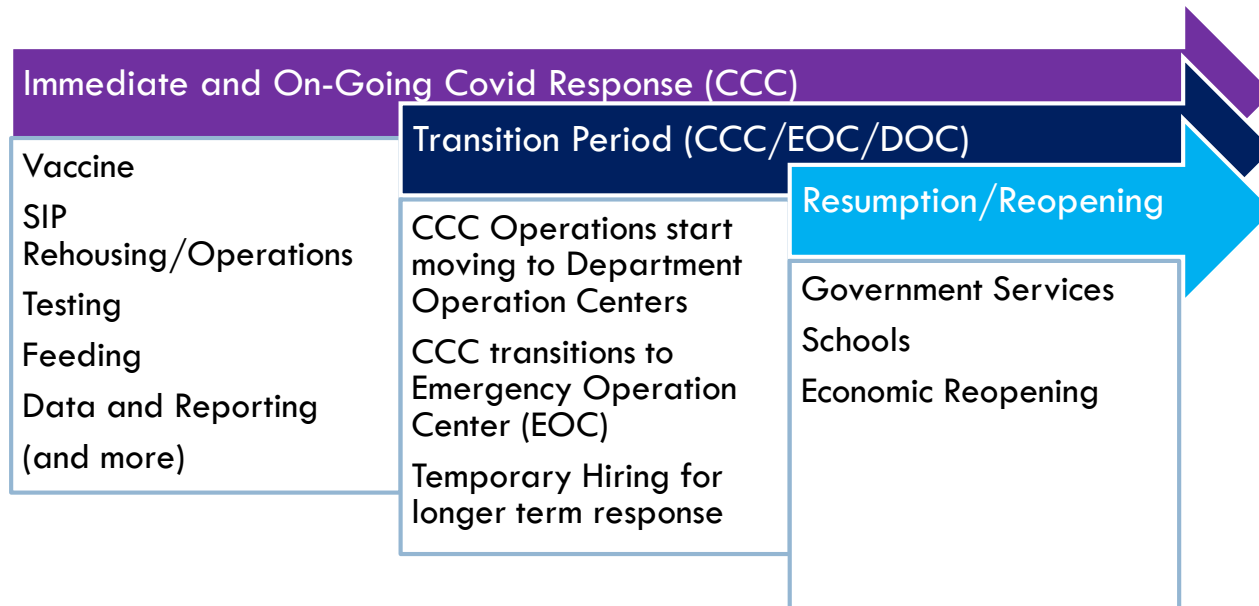
# 3 COVID – 19 Response Budget

# CCC Operational Phases



# When Will This Happen?

- Transition started on April 5
- End of transition is flexible – phased approach
  - While we want to transition as quickly as possible, we need to ensure adequate staffing and continued monitoring for virus evolution



# DPH Transition & Integration

## Planning Assumptions

- SARS-CoV-2 vaccination
  - > 80% among 16 years and older by 6/30 (now @64%).
  - Low-moderate vaccination rate for <16 years by end of 2021, with continuing need to vaccinate this population well into Spring of 2022.
  - Vaccine efficacy is not impacted by Variants.
  - No resources to support universal need for a COVID vaccine booster.
  - No break in projected vaccine supply
- Case Rate no worse than “Yellow” status (< 4 cases per 100K; 36 cases/day), with sufficient citywide hospital bed capacity.
  - No resources to support any surge including Alternate Care Sites, Field Care Clinics, LACC, and acute medical/surgical and ICU beds.
- Adequate resources to support CCC operational activities until 6/30/21.
- Financial contingency commitment to support Surge required services and resources; possibility of DSW recall in surge situation

# Key Numbers

## COVID Response Phased Staffing Approach

- Phased approach
- Deployed City staff (Disaster Service Workers) return gradually over time to pre-COVID duties as reopening occurs
- DPH will maintain and increase contracted and temporary staff to maintain COVID functions

DPH Estimated and Planned Total COVID-19 Project Staffing (FTE)					
	4/1/2021	5/1/2021	7/1/2021	10/1/2021	1/1/2022
Existing DSWs	1,175	816	445	172	-
COVID Temps and Contractors	344	344	396	422	466
<b>Projected Staffing</b>	<b>1,519</b>	<b>1,160</b>	<b>841</b>	<b>594</b>	<b>466</b>

# Key Numbers

## COVID Response Phased Staffing Approach

Phase in Model by Quarter		7/1/2021	10/1/2021	1/1/2022
DPH CoVid Disease Control		135	95	95
DPH-Community Engagement		78	55	37
DPH-COVID Data Intelligence		37	26	15
SFHN-PHD Returning to "New Normal" Operations		217	160	122
DPH-CoVid Task Force (DOC)		105	75	61
DPH-Non Health System Surge Capacity		23	16	16
DPH-COVID Vaccination		207	138	102
DPH-COVID Testing Operations and Laboratories		27	19	19
	<b>Projected Staffing</b>	<b>828</b>	<b>583</b>	<b>466</b>
Expected Resource Need				
Existing DSWs		432	161	-
Existing TEX Hires		150	150	150
Existing Contractors		194	194	194
New Hires/Contract Staff		52	78	122
	<b>Projected Staffing</b>	<b>828</b>	<b>583</b>	<b>466</b>
Estimated DSW Split				
DPH		257	95	-
Non-DPH		175	66	-
		432	161	-



# Continuing DPH COVID-19

## Response Functions

- COVID Disease Response Unit (CDRU)
  - ▣ Case Investigation, Contact Tracing, Outbreak Management
  - ▣ Staffed for estimated 36 cases per day
- Community Engagement and Equity
  - ▣ Community engagement will prioritize populations and settings most impacted by COVID and neighborhoods with most health disparities.
  - ▣ Shift in focus to schools, workplaces, and person experiencing homeless (PEH) due to reopening.
- Covid Data Intelligence - Advanced Planning & Epidemiology
  - ▣ Support current dashboards and reports, data integrity and completeness, monitoring external and internal data sources, and quality control processes
- San Francisco Health Network And Population Health Division Returning To “New Normal” Operations – DPH Operational Sustainability
  - ▣ Return staff to address backlog of delayed inpatient and outpatient medical, surgical, diagnostic, and behavioral health services; restore staffing for PHD programs

# Continuing DPH COVID-19 Response Functions

- DPH COVID Task Force – Department Operational Center (DOC)
  - facilitate the eventual integration of COVID-related services into assigned DPH programs
  - Establish logistics, planning and finance sections and DPH’s Public Health Emergency Preparedness and Response unit
  
- Non-health System Surge Capacity – Shelter-in-place “Clinical Services” Support
  - SIP hotels - medical, behavioral, and wraparound services including targeted testing and vaccination via DPH’s Whole Person Integrated Care team
  
- DPH COVID Vaccination
  - Focus on “hard-to-reach” individuals as well as children 2-11 years old
  - Supported by 2 contracted vendors and from three consolidated SFHN vaccination sites in priority community and neighborhoods
  
- Testing and Laboratories
  - Majority of COVID tests will be performed by three third-party contractors
  - SFHN clinical settings will continue to provide onsite testing

# Continuing DPH COVID-19 Response Functions

- **Still under development:**
  - ▣ Contracted support for community organizations
  - ▣ DPH working with Mayor's Office, OEWD, HRC, other departments on a coordinate citywide approach
  - ▣ Future discussion at Commission

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# DPH Security Services Staffing

# Security Services Staffing Changes

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- Net Increase of \$1.8 M annually
- Replaces uniformed Deputy Sheriffs with trained health care professionals and peers at ZSFG, LHH and PC
- Allows for trained health care staff to be the primary responders as appropriate
- Continues to maintain a Sheriff's Department presence
- Implements a more rigorous training program for DPH and Sheriff department staff to be as effective and supportive as possible in a patient care environment.

# Security Services Staffing Changes

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## **ZSFG Changes**

- Reduce the DPH-Sheriff Workorder by 11.4 positions (est. 14.5 FTE including backfill)
- Add BERT Psych Nurses – 7.9 FTE (Including backfill)
- Add BERT License Psych Techs – 20.0 FTE (Including backfill)
- Add Care Experience Health Workers – 2.5 FTE (Including backfill)

## **LHH Changes**

- Reduce the DPH-Sheriff Workorder by 4.2 positions (est. 5.3 FTE including backfill)
- Add Healthcare Security Trained Sheriff Cadets – 8.4 FTE (Including backfill)
- Add BERT Psych Nurses & Techs – 3 FTE (Including backfill)

## **Clinic Changes**

- Reduce the DPH-Sheriff Workorder by 4.2 positions (est. 5.2 FTE including backfill)
- Add Contracted Safety Services – 4.4 FTE (Including backfill)

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# One-Time Medi-Cal Settlements

# Medi-Cal Settlement Revenues

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- Additional \$43 M one-time revenues for FY 21-22
- Continues current year revenue initiative which projected one-time settlement waivers as prior year cost reports are closed out as directed by CMS
- Projection based on settlements that have closed
- Process likely to extend through December 2021



# Summary of Budget Initiatives –

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## INITIATIVES

		FY 21-22		FY 22-23	
		Net GF Impact		Net GF Impact	
		Favorable/ (Unfavorable)		Favorable/ (Unfavorable)	
<b>A6</b>	One-time Medi-Cal Settlement Revenue	\$	43,044,394	\$	-
<b>B2</b>	COVID-19 Continued Response	\$	(63,008,461)	\$	(10,067,080)
<b>B3</b>	Security Services Staffing Changes	\$	(1,368,459)	\$	(1,832,171)

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# Updates On Other Key Initiatives

# Behavioral Health Initiatives funded under Proposition C

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- Still being developed in conjunction with the Our City, Our Home Oversight Committee (OCOH)
- DPH staff have been participating in committee meetings, community forums and planning meetings with the committee's appointed Behavioral Health Liaison
- Proposals under consideration include
  - ▣ Overdose response
  - ▣ Behavioral health services for individuals in permanent supportive housing
  - ▣ Increase the number of behavioral health treatment beds
  - ▣ targeted behavioral services for key populations such as transitional aged youth
- OCOH scheduled a final hearing to make recommendations for May 3<sup>rd</sup>
- Details on the Mayor's spending plan likely not available until the June 1 budget

# Preparing For Changes Under CalAIM

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- DPH Staff engaging with the San Francisco Health Plan, Anthem Blue Cross, the California Department of Health Care Services (DHCS), and the SF Department of Homelessness and Supportive Housing and other key stakeholders
- Activities include:
  - ▣ Analyzing existing services under Whole Person Care & Health Homes
  - ▣ Participating State stakeholder updates
  - ▣ Working with the health plans to determine priority populations
  - ▣ Evaluate programmatic administrative, IT and data sharing supported needed
- Information regarding funding levels to county health plans may be available at the end of May.

# Next Steps

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## Continued work on

- ▣ Additional initiatives to respond to recovery and disparities within the Community for COVID response
- ▣ MHSF and Proposition C spending plan
- ▣ Preparations for CalAIM

## Key Dates

- ▣ June 1 – Mayor's Proposed Budget
- ▣ June – July: Board Review of Budget