

CITY & COUNTY OF SAN FRANCISCO  
HUMAN SERVICES AGENCY

*promotes well-being and self-sufficiency  
among individuals, families and communities*

## DHS: FY17-18 & FY18-19 Budgets

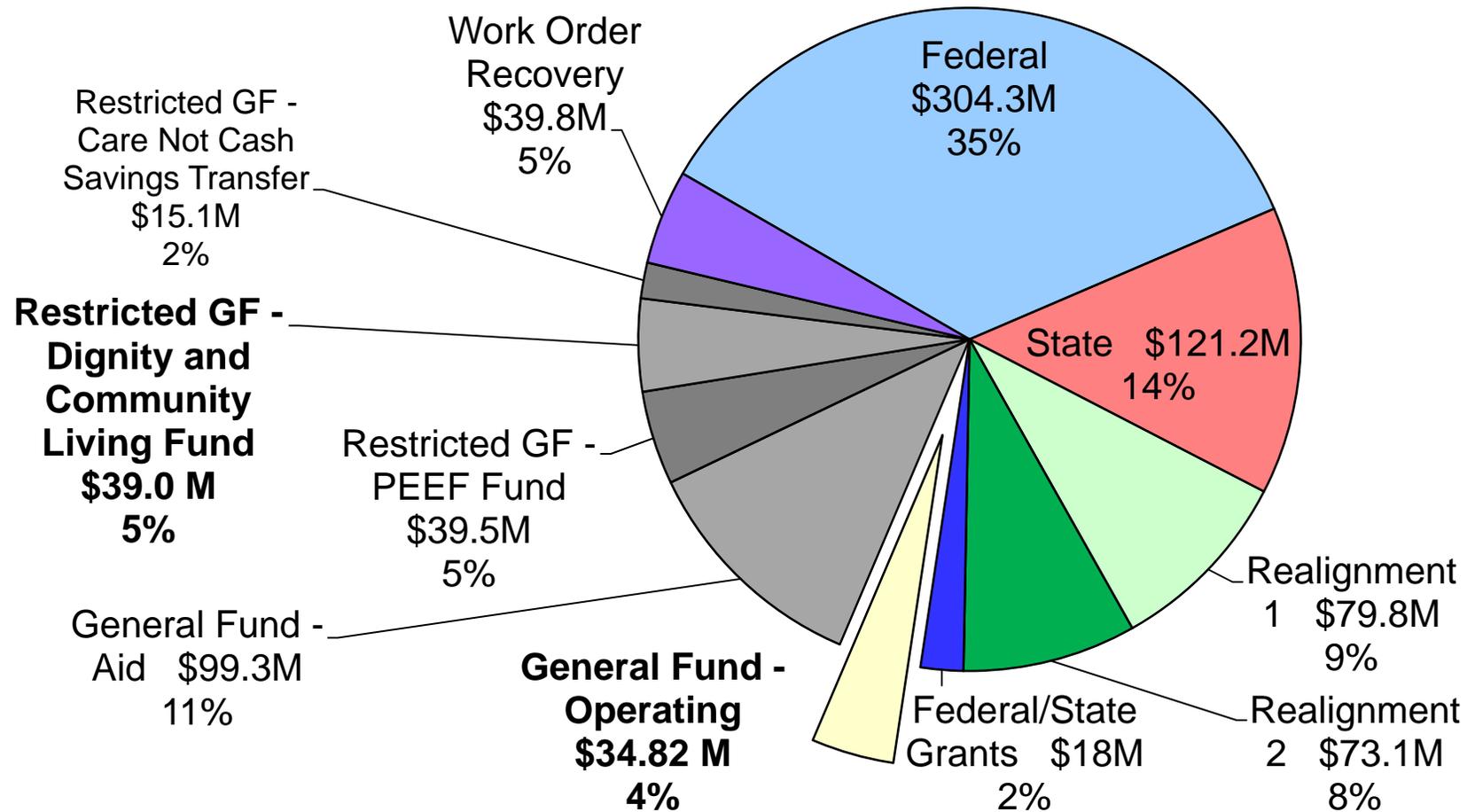


**Human Services Commission Meeting  
January 26, 2017**

CITY & COUNTY OF SAN FRANCISCO

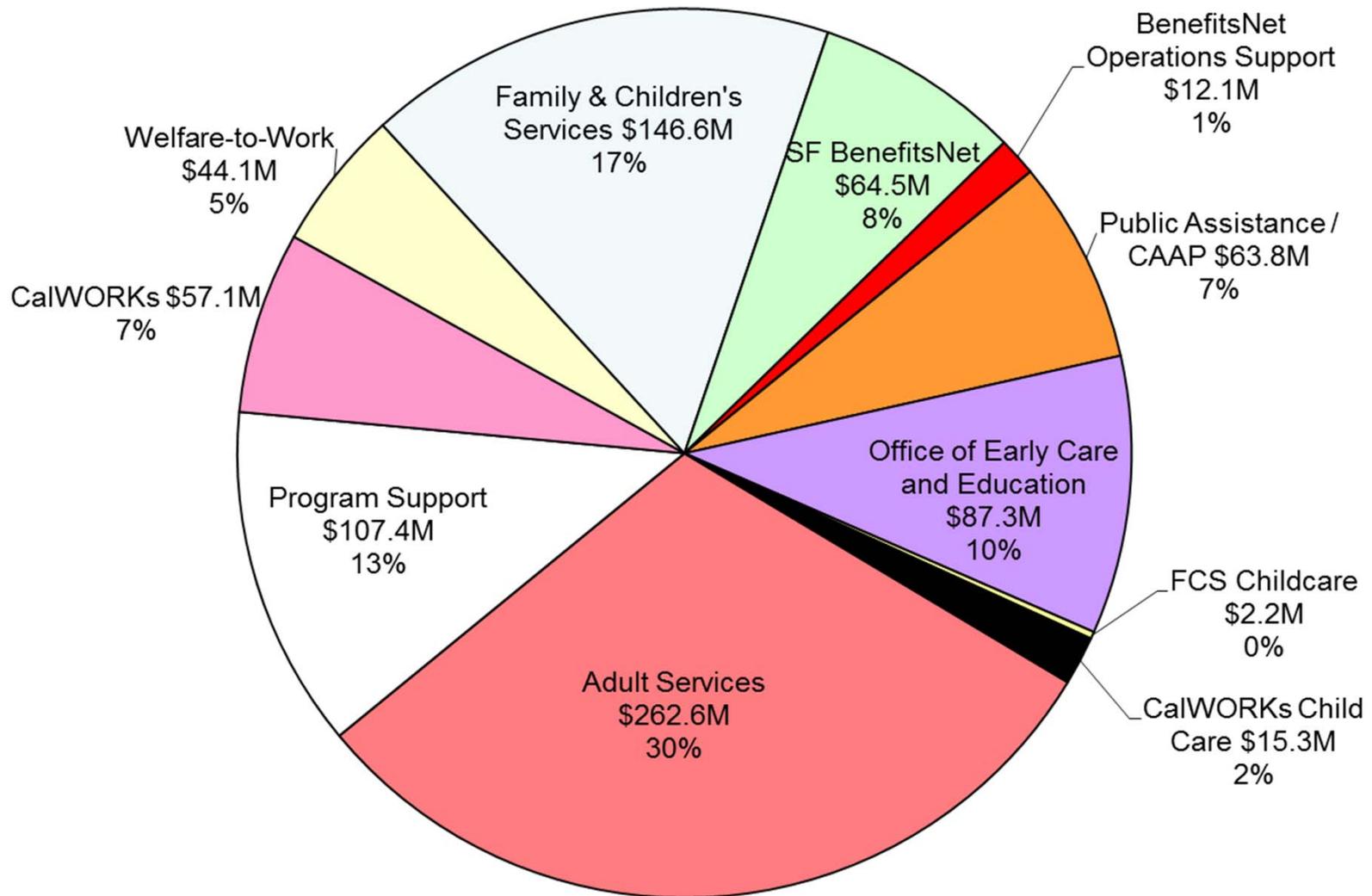


# HSA FY16-17 Original Budget By Sources



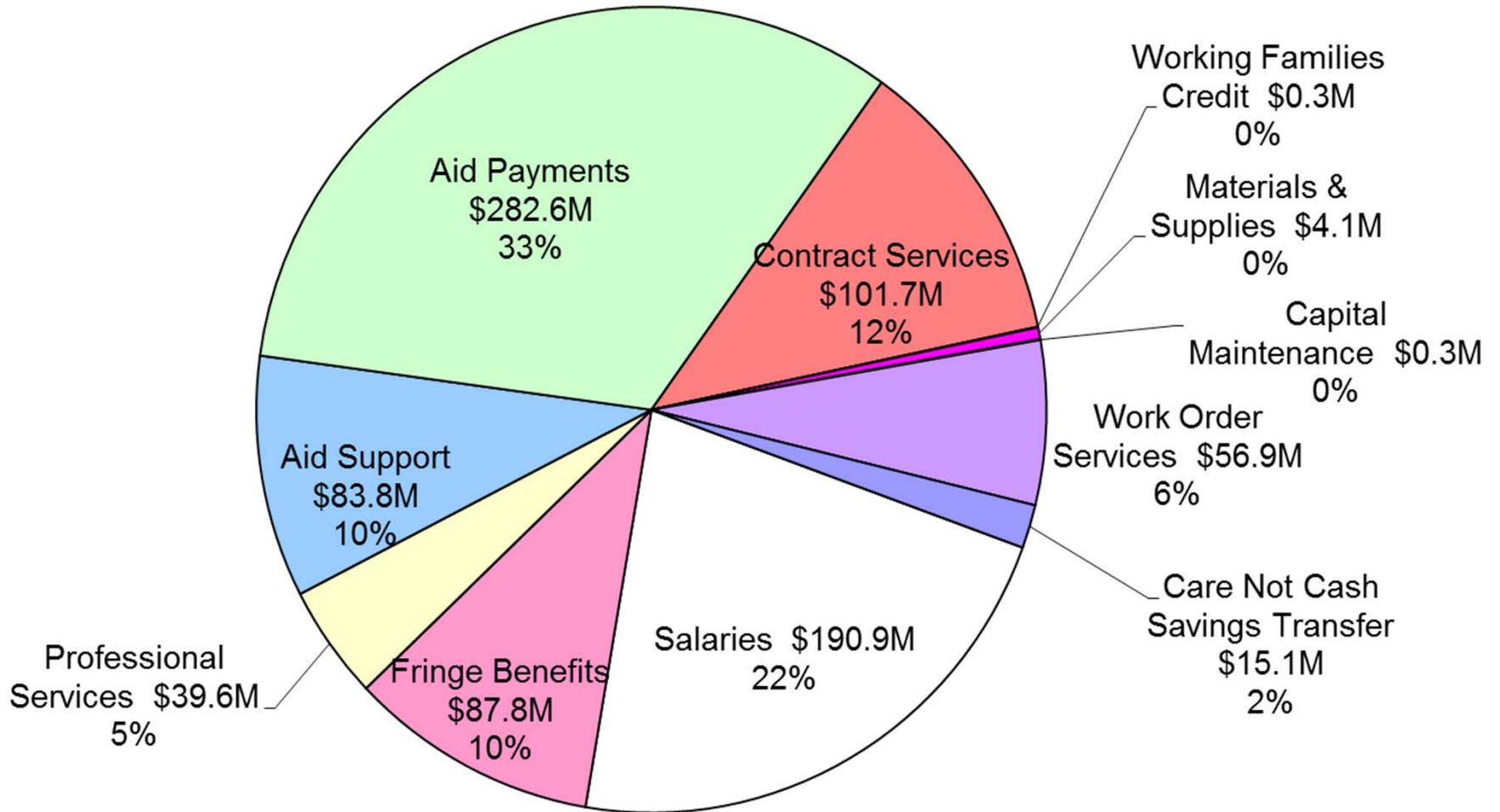
**With Dignity Fund and creation of DSHS, HSA now has limited Discretionary General Fund**

# HSA FY16-17 Original Budget By Program \$862.9M

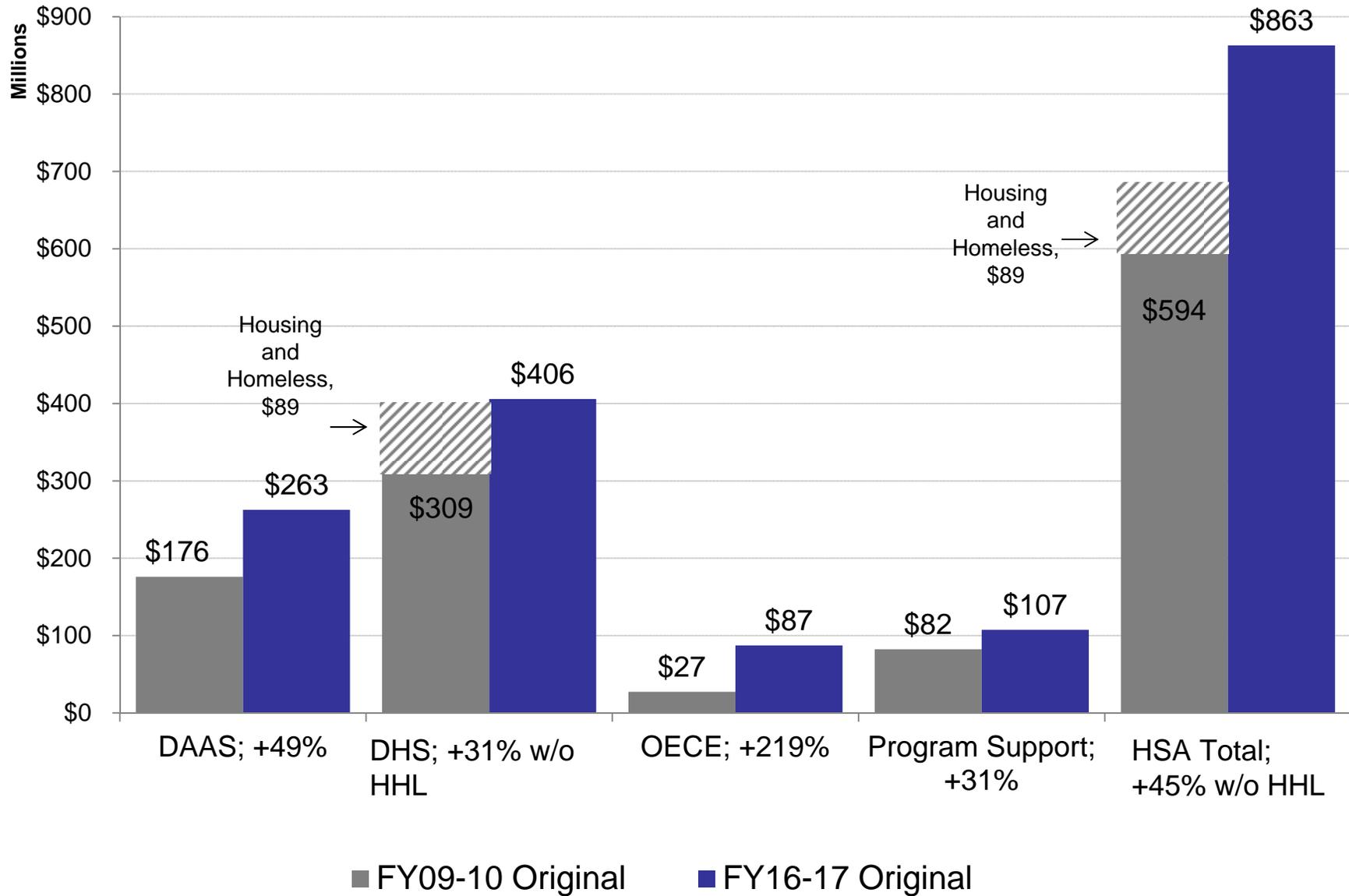


# HSA FY16-17 Original Budget by Character

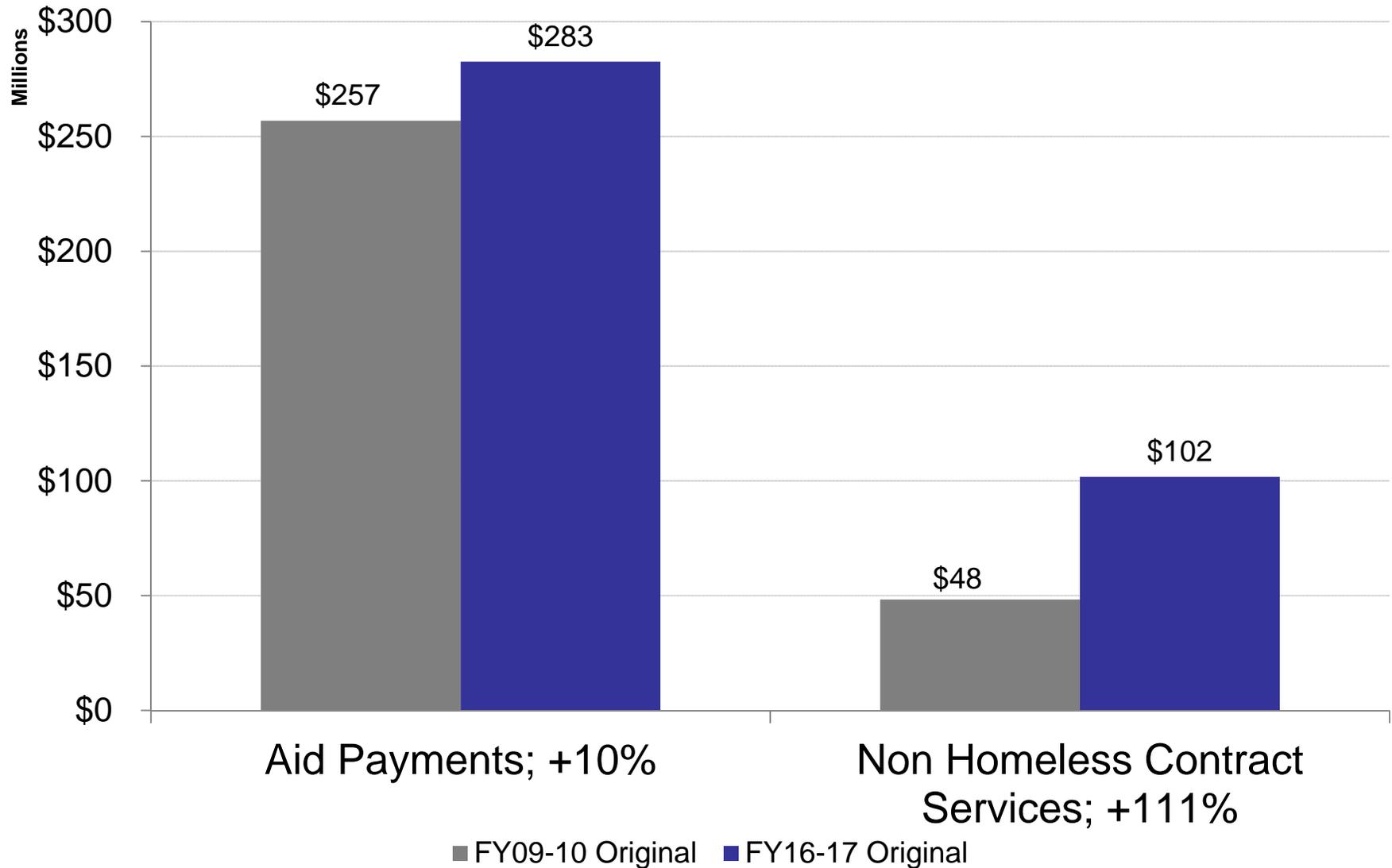
## \$862.9M



# HSA Total Budget FY09-10 vs FY16-17

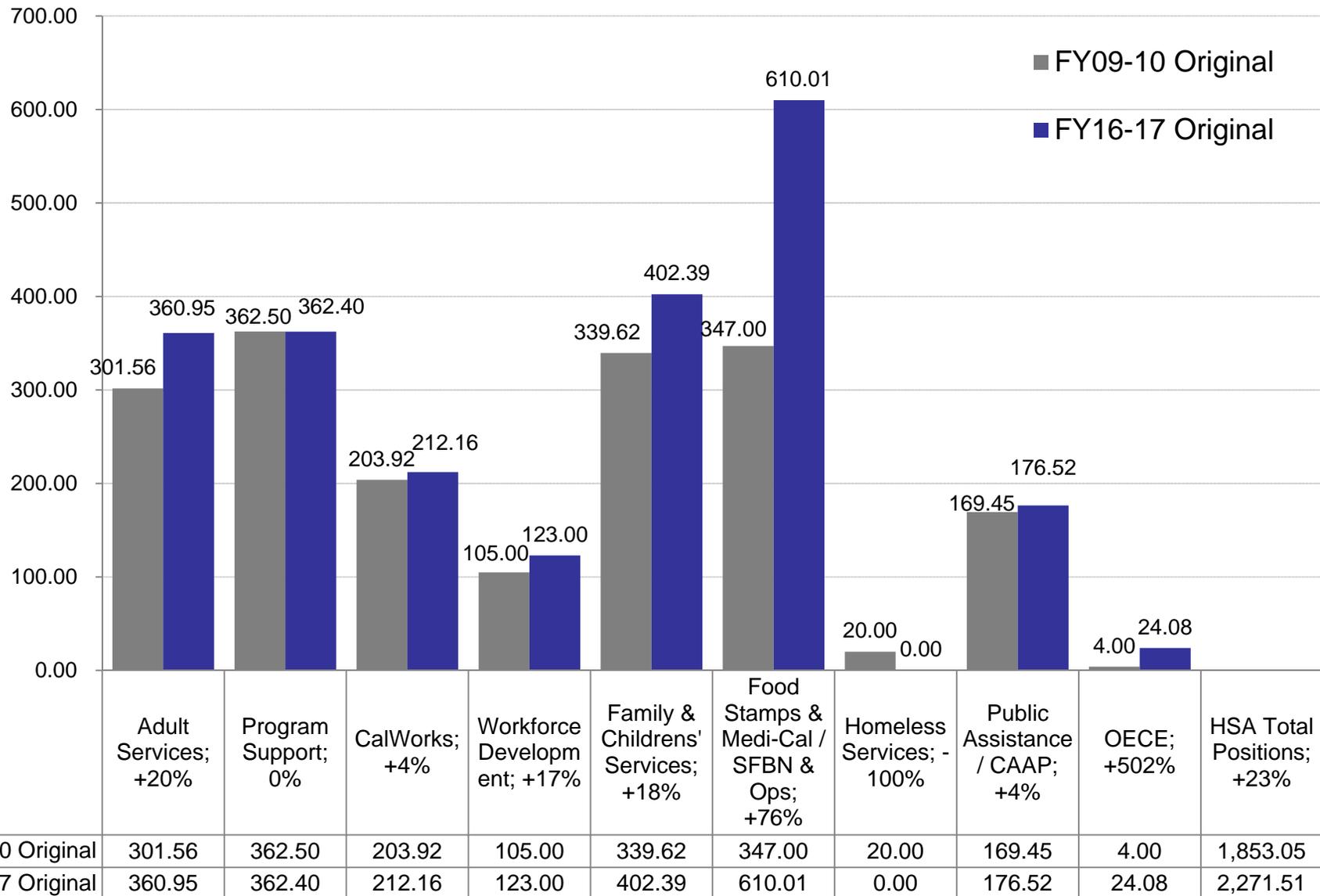


## HSA Budget by Character FY09-10 vs FY16-17



FTE

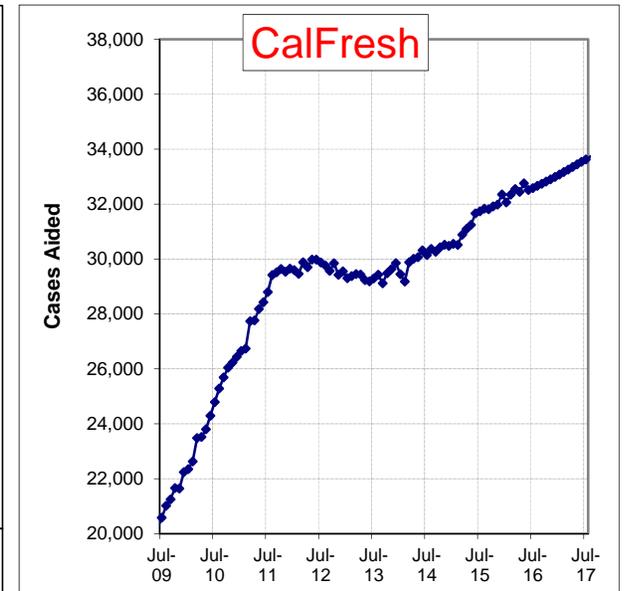
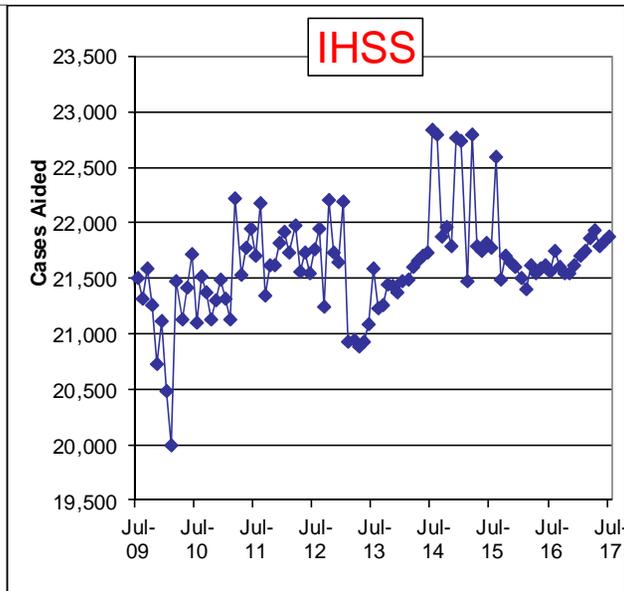
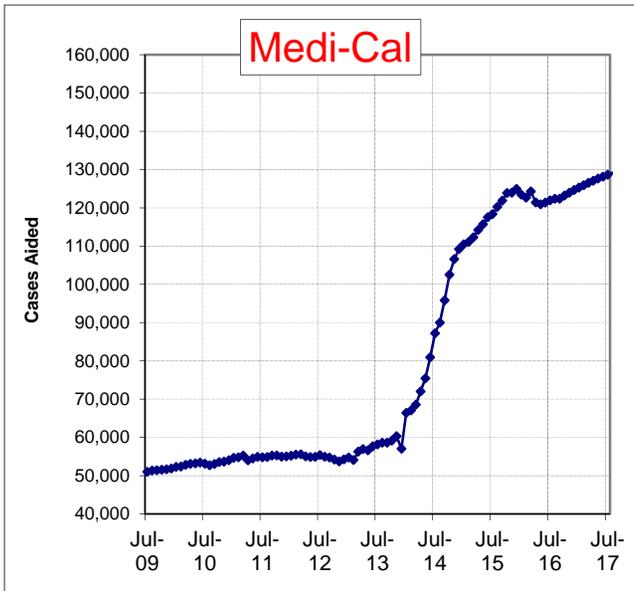
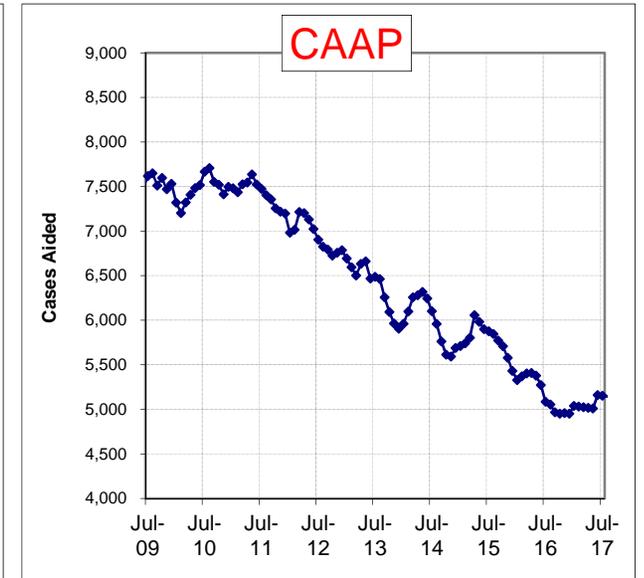
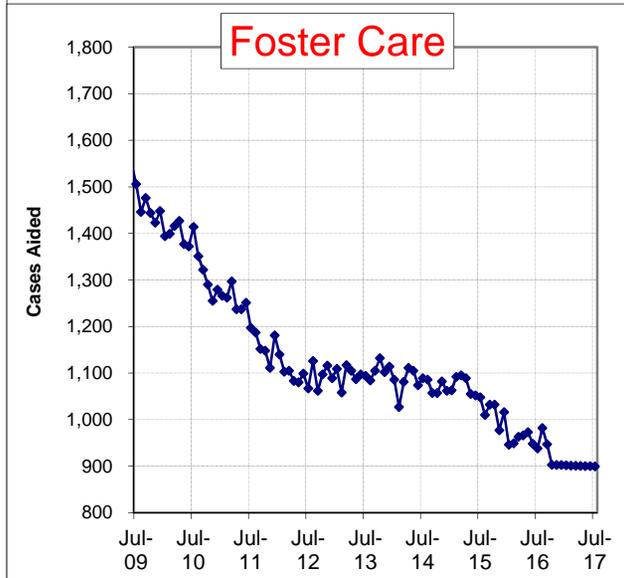
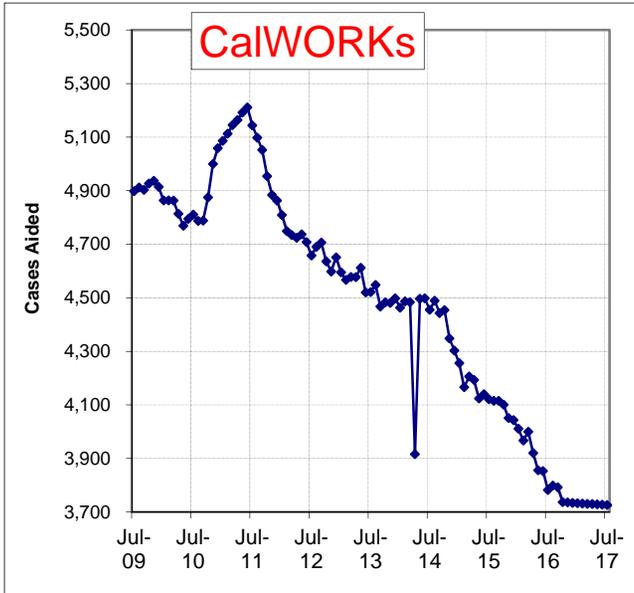
## HSA Positions Budget FY09-10 vs FY16-17



CITY & COUNTY OF SAN FRANCISCO

HUMAN SERVICES AGENCY

# HSA Caseload (Actuals thru October 2016)



# Mayor's FY17-18 & FY18-19 Budget Projections

Revenues are expected to increase, but expenses increase faster.

<b>Citywide Projected Shortfall (in millions)</b>	<b>FY17-18</b>	<b>FY18-19</b>
Total Revenue	143.9	328.7
Total Expenditures (Salary & Benefits: (145.8)/(273.1), Baselines & Reserves (46.7)/(116.1); Citywide Uses*: (70.4)/(222.9))	(262.9)	(612.1)
<b>Cumulative Shortfall</b>	<b>(119.0)</b>	<b>(283.4)</b>

\*Citywide Uses include: general operating increases (e.g. minimum wage, utility rates, and debt service), and capital/equipment/IT investments.

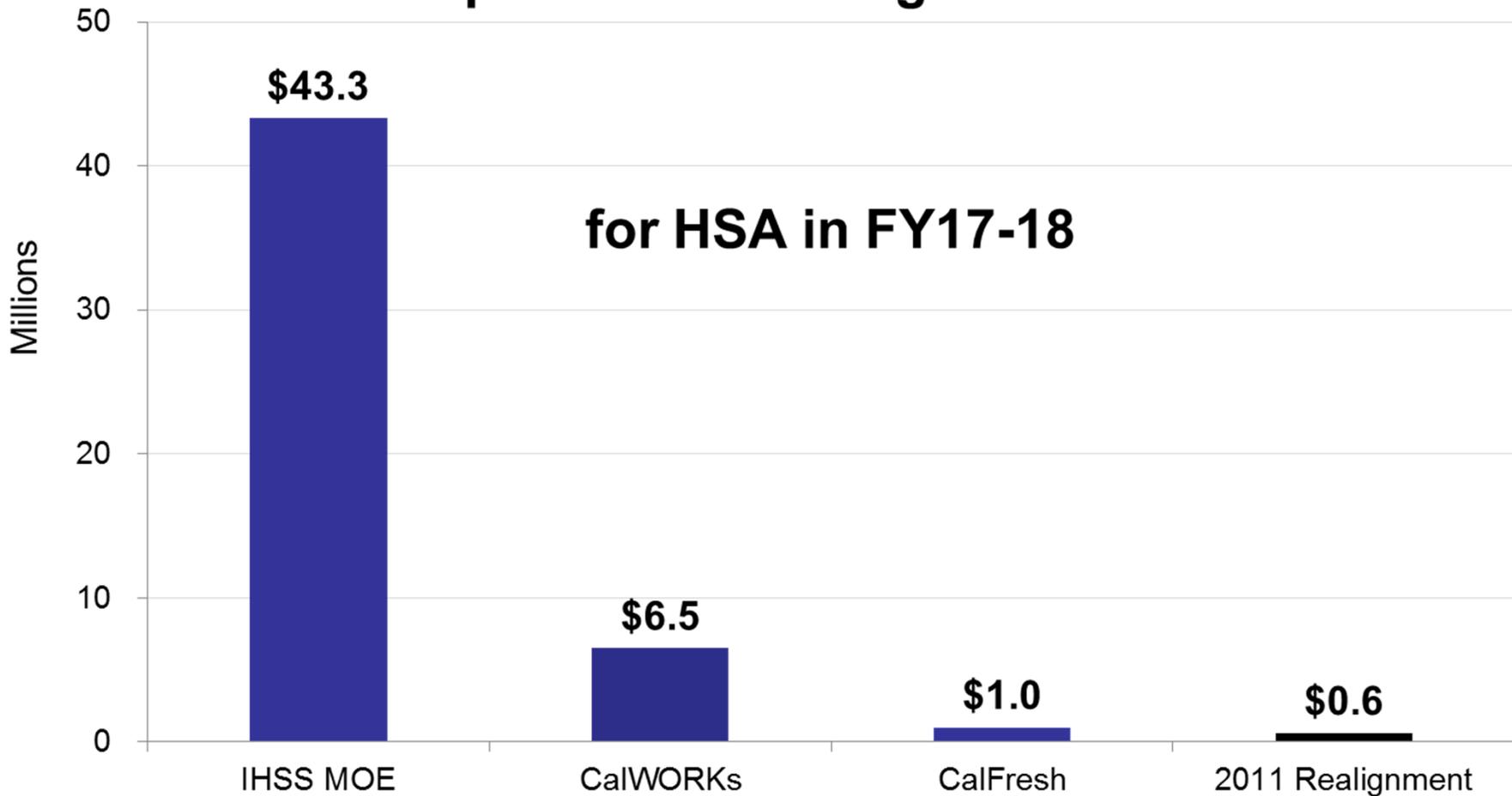
## Mayor's Budget Instructions

- For FY17-18 agencies are to propose ongoing general fund reductions of 3% - \$1.5 Million for HSA
- For FY18-19 agencies are to propose ongoing general fund reductions of an *additional* 3% - \$3.0 Million for HSA
- Agencies should not grow FTE count

# State Budget Impact

The Governor's Budget includes these reductions affecting the HSA budget:

## Proposed State Budget Reductions

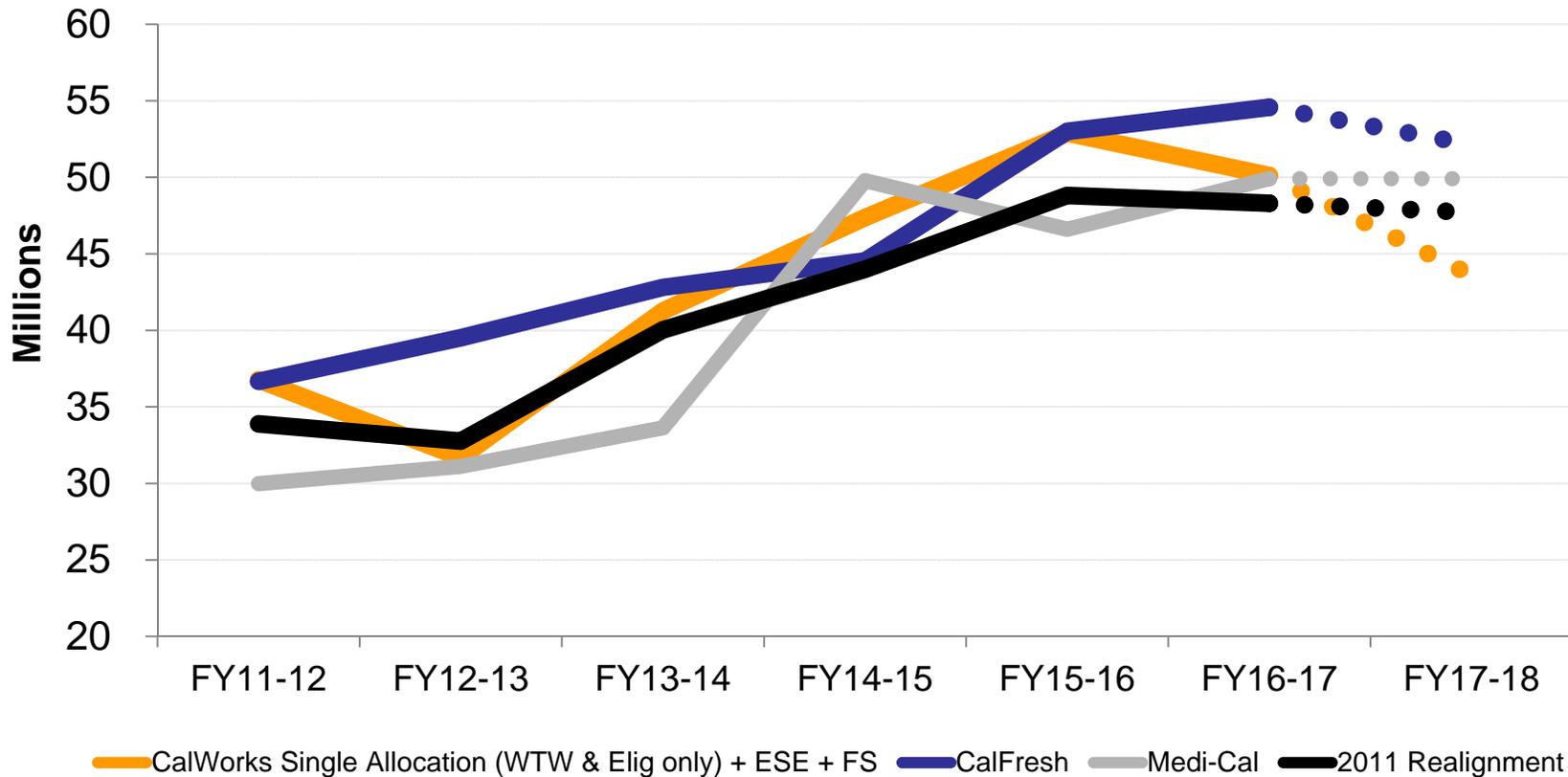


## State Budget Impact

- IHSS MOE: Governor's budget eliminated IHSS MOE by ending the Coordinated Care Initiative (CCI)
  - Returns counties to a share of cost for IHSS
  - IHSS costs have increased since FY12-13 due to minimum wage increases, caseload growth, City administrative cost increases, medical inflation, and IHSS contract costs
- CalWORKs / CalFresh: state budget numbers are closely tied to caseload
- 2011 Realignment: still growing, but slower than last year's projections

# State Budget Impact

## Change in HSA Revenues - FY11-12 to FY17-18



While major federal and state revenues have grown by 56% from FY11-12 to FY16-17, these allocations will be declining or flat in FY17-18

## HSA Budget Strategies

- Maximize revenue opportunities in existing programs
- Look for opportunities to repurpose existing position vacancies and funds to meet new needs

## Post-Election Uncertainty

At this point in time, there have been no changes to any of the programs administered by the Department of Human Services, the Department of Aging and Adult Services and the Office of Early Care and Education.

However, there are current Congressional efforts to repeal key aspects of the Affordable Care Act.

There is also speculation about pulling back Federal funding to Sanctuary Cities.

## Medi-Cal and the Affordable Care Act (ACA)

**Medi-Cal provides health care services to more than 13 million low-income Californians.**

Funded with both state and federal dollars, enrollment in Medi-Cal increased by several million after the implementation of ACA, in part by expanding coverage to low-income adults who were previously ineligible.

- Approximately one in four San Franciscans now receives Medi-Cal coverage.
- Enrollment has nearly doubled since implementation in 2013, from approx. 101,000 individuals to 195,000+ in 2016.
- All immigrants who meet the income guidelines can receive Medi-Cal emergency and pregnancy care, regardless of immigration status. All immigrant children can receive full-scope Medi-Cal, regardless of immigration status.

# Affordable Care Act (ACA)

Nationally, ACA provides medical insurance for nearly 20 million Americans.

The incoming Presidential administration and Republican Controlled Congress have indicated their intention to repeal and replace the ACA.

Emerging strategy is “Repeal *and Delay*” the effective repeal date for 2 or 3 years

- Congress is using the budget reconciliation process to try to repeal key provisions, including.
  - Federal funding provided each year to states that have expanded eligibility for Medicaid. (estimated at \$15 billion for California)
  - Subsidies for private health insurance coverage obtained through the public exchange markets (estimated at \$5 billion for California)
  - Tax penalties imposed on people who go without insurance and on larger employers who do not offer coverage to employees.
- The new administration supports some of the existing provisions, including coverage for pre-existing conditions and allowing parents to keep their children on their insurance until age 26.
- There is speculation that states could have the option to keep Medicaid expansion but on their own dime

## Federal Funding to Sanctuary Cities

**The incoming Presidential administration has indicated its intention to defund sanctuary cities.**

Implementing this “policy” would require acts of Congress with regard to each programmatic funding source.

To now, there has been no legislative action taken to block San Francisco from receiving federal funding.

It is unclear how efforts to defund would advance without significant implications for public health and safety, infrastructure, and education initiatives for millions of individuals and families.

**Mayor Lee has reaffirmed his commitment to ensuring that San Francisco remains a Sanctuary City.**

# Department of Human Services Highlights

## Self-Sufficiency: CalWORKs and Workforce Development

- Sustained focus on implementation of the Housing Support Program, Family Stabilization and Jobs NOW Subsidized Employment.
- Promoting work participation for the full CalWORKs caseload through repeated efforts to engage clients in employment opportunities, beginning at application and continuing throughout the life of the case.
- Improving CalWORKs client engagement by providing whole family services, robust appraisal and more intensive connection between staff and participants
- Planning for targeted outreach to underserved neighborhoods and populations with goal of enrolling more eligible clients in benefits

## DHS Highlights

### **Self-Sufficiency: Project 500**

Scale up implementation of Project 500, a collective impact initiative that seeks to break the cycle of intergenerational poverty among low-income San Francisco families.

P500 weaves together several evidenced-based and promising practices – including nurse home visiting, quality early care and education, subsidized employment and executive coaching – with the intent of helping both parents and children achieve goals on the path to self-sufficiency and well-being.

## DHS Highlights

### SF Benefits Net: Medi-Cal and CalFresh

- Leveraging technology, workflow automation and business intelligence to increase operational efficiency, improve quality assurance and use data to drive decision making.
- Preparing for expiration of the CalFresh ABAWD Waiver in August 2018
  - Able Bodied Adults W/o Dependents will be limited to 3 months of CalFresh in each 36 month period unless meeting work requirements.
  - Approximately 9,000 CalFresh clients in SF could potentially be impacted by the waiver sunset; some subset of these will be exempted from the work requirement.
  - SFHSA is developing strategies for helping ABAWDs to meet the work requirement so that they can maintain benefits.

## DHS Highlights

### SF Benefits Net: Medi-Cal and CalFresh

- Benefits Outreach
  - Ongoing outreach and inreach to encourage Medi-Cal enrollment, despite uncertainties related to the ACA
  - Focus on increasing CalFresh uptake rate, particularly among likely eligible clients already accessing Medi-Cal
  - Multiple targeted outreach strategies in place, among them:
    - Onsite benefits application at Navigation Centers, numerous community based organizations, SFGH, and other locations
    - The CalFresh Outreach Coalition, organized by the SF Marin Food Bank, generates over 600 CalFresh online applications each month.
    - Partnership with 211 San Diego to conduct CalFresh inreach to Medi-Cal clients
    - Collaborating with School District to provide parents, applying for free/reduced school meals, a box to check to receive outreach services.
    - In 2016 held over 20 events (10 CalFresh in a Day, 11 Single Day Events, 5 PHC events) with a similar schedule planned for 2017.
    - Will soon add SFBN staff at 3120 Mission Street to handle increased client services.

# DHS Highlights

## Self-Sufficiency: CAAP

- In January 2017, CAAP implemented revised policies and procedures to:
  - make it simpler for clients to access and maintain benefits,
  - target employment services more effectively,
  - create pathways out of poverty and
  - simplify program administration.
- Changes include:
  - All clients who have been in SF for at least 30 days and are meeting minimum program requirements receive the higher of the two grant amounts.
  - Former 32-hour a week work requirement to earn the higher grant is now voluntary. Employment opportunities are available to all clients who want and are able to work.
  - New work activities for clients needing light duty assignment available starting Spring 2017.
  - Sanction periods for non-fraudulent discontinuances reduced to 30 days
- CAAP will continue to make it simpler for clients to access benefits
  - Orientation will become part of the initial intake screening instead of a separate appointment
  - Working to clarify and expedite the intake process
  - Collaborating with and expanding CAAP outreach efforts with the new Homeless Department

# DHS Highlights

## Family & Children's Services

- Roll-out of Continuum of Care Reform (AB 403), which is most significant child welfare reform of the past decade
  - Increased reliance on family-based care settings (rather than congregate care) means additional recruitment for foster families/homes and streamlining of licensing process for all caregivers
- Expanded services and infrastructure to support Title IV-E Waiver activities, including expanded support for implementation of statewide strategies on child welfare practice, including Core Practice Model, Safety Organized Practice, and Child and Family Teams
- Federal child welfare finance reform (Family First Prevention Services Act of 2016) did not pass before Congress adjourned in mid-December

## DHS FY17-18 & FY18-19 Budget Timeline

- Dec 8 Mayor's Budget Instructions Released
- Jan 10 HSA Budget Meeting with Community and CBO partners
- Jan 26 Human Services Commission – 1st budget meeting
- Feb 16 Human Services Commission – 2nd budget meeting
- Feb 21 Agency Proposed Budget due to Mayor
- June 1 Mayor submits budget to Board of Supervisors (BoS)
- June BoS Budget Committee Hearings
- July Budget Considered at BoS

# Presentation Link

[http://www.sfhsa.org/asset/ReportsDataResources/HSA\\_DHSBudgetPresentation012617.pdf](http://www.sfhsa.org/asset/ReportsDataResources/HSA_DHSBudgetPresentation012617.pdf)