

**DEPARTMENT OF PUBLIC HEALTH
FISCAL YEAR 2015 BUDGET TESTIMONY
APRIL 15, 2014**

EXECUTIVE SUMMARY

DEPARTMENT MISSION AND FUNCTION

The Philadelphia Department of Public Health (PDPH) aims to protect the health of all Philadelphians and to promote an environment that allows residents to lead healthy lives. PDPH is comprised of thirteen divisions that provide the infrastructure and programming for disease prevention, food safety, environmental health and health care services. PDPH also works with a broad network of community, hospital, academic and business partners throughout Philadelphia and the Delaware Valley to make Philadelphia a healthier place to live, work and play.

To help us reach our goals, we provide the following programs and services:

- Assuring access to care for all Philadelphian through the provision of primary care and traditional public health services through a system of eight comprehensive, community health centers and a state-of-the-art public health laboratory
- Screening for and treatment of sexually transmitted diseases and tuberculosis
- Reducing the toll of HIV/AIDS through surveillance, prevention, education, and health care services
- Minimizing the impact of infectious diseases through surveillance and targeted interventions
- Assuring public readiness for public health emergencies through response planning and preparedness activities for potential emergent situations, whether natural occurring or through acts of bioterrorism
- Protecting the public's health from preventable diseases through adult and childhood immunization programs
- Preventing the impacts of chronic disease, with particular attention to the issues of tobacco use, obesity, and hypertension
- Improving the health of women, children and families through our health center system and through advocacy and home visiting services
- Assuring that our environment promotes health through vector control services, air pollution control, prevention of food borne diseases, and childhood lead poisoning prevention
- Investigating and understanding the causes of death in Philadelphia including autopsy and systematic fatality reviews
- Supporting those who have sustained a traumatic loss of a loved one through bereavement services
- Assuring services for vulnerable elders through oversight of Philadelphia Nursing Home (PNH) operations and provision of health care services at the City's Riverview Home
- Informing the public through our website (<http://www.phila.gov/health/>) that provides information about our services and current public health issues. Users can submit questions that are answered on a daily basis.

PROPOSED BUDGET HIGHLIGHTS/FUNDING REQUEST

The Department's FY15 budget request totals \$356,199,020, of which \$114,492,683 is in the General Fund, \$79,514,657 is in the Grants Fund, and \$162,191,680 is from the Acute Care Hospital Assessment Fund. The proposed FY15 General Fund budget represents an increase of \$10,086 over the FY14 estimated obligations due to an incentive award under the City's Energy Efficiency Savings Program bestowed upon the department for lowering its overall energy usage. The proposed FY15 General Fund budget request includes \$47,538,405 for personal services (Class 100), \$60,963,510 for purchase of services (Class 200), \$5,490,768 for materials supplies and equipment (Class 300/400) and \$500,000 for payments to other funds (Class 800).

Of the total budget, \$43.2 million is the net amount supported by City tax dollars.

**DEPARTMENT OF PUBLIC HEALTH
BUDGET SUMMARY AND OTHER BUDGET DRIVERS**

Financial Summary by Class - General Fund

	Fiscal 2013 Actual Obligations	Fiscal 2014 Original Appropriations	Fiscal 2014 Estimated Obligations	Fiscal 2015 Proposed Appropriations	Difference FY14 - FY15
Class 100 - Employee Compensation	\$40,531,941	\$47,538,405	\$47,538,405	\$47,538,405	\$0
Class 200 - Purchase of Services	\$62,920,371	\$60,953,424	\$60,953,424	\$60,963,510	\$10,086
Class 300 - Materials and Supplies	\$4,651,377	\$5,305,674	\$5,305,674	\$5,305,674	\$0
Class 400 - Equipment	\$336,272	\$185,094	\$185,094	\$185,094	\$0
Class 500 - Contributions	\$91,697	\$0	\$0	\$0	\$0
Class 700 - Debt Service	\$0	\$0	\$0	\$0	\$0
Class 800 - Payment to Other Funds	\$500,000	\$500,000	\$500,000	\$500,000	\$0
Class 900 - Advances/Misc. Payments	\$0	\$0	\$0	\$0	\$0
TOTAL	\$109,031,658	\$114,482,597	\$114,482,597	\$114,492,683	\$10,086

Staff Demographics Summary*

	Total	Minority	White	Female
Full-Time Staff	859	75%	25%	71%
Executive Staff	24	42%	58%	58%
Average Salary - Executive Staff	\$127,630	\$114,838	\$136,768	\$111,369
Median Salary - Executive Staff	\$99,046	\$99,046	\$102,775	\$95,467

Employment Levels*

	Budgeted	Approved	Filled
Full-Time Positions	998	998	859
Part-Time Positions	83	83	54
Executive Positions	26	26	24

***As of December 2013**

Contracts Summary*

	FY09	FY10	FY11	FY12	FY13	FY14*
Total amount of contracts	\$6,957,642	\$10,910,304	\$20,721,079	\$6,205,317	\$6,258,257	\$3,995,558
Total amount to M/W/DBE	\$103,642	\$100,471	\$10,983,826	\$929,425	\$1,334,834	\$1,744,995
Participation Rate	1%	1%	53%	15%	21%	44%

*As of February 2014 (based on OEO 2QFY14 information)

**DEPARTMENT OF PUBLIC HEALTH
PERFORMANCE, CHALLENGES AND INITIATIVES**

DEPARTMENT PERFORMANCE (OPERATIONS)

The Department of Public Health reports on the following performance measures in the Quarterly City Manager’s Report and the Five Year Financial and Strategic Plan:

Performance Measure	FY08	FY12	FY13	FY13- FY12 Change	FY13 Q1-Q2	FY14 Q1-Q2	FY14- FY13 Q1-Q2 Change	FY14 Goal	FY15 Goal
Percentage of uninsured visits	52.1%	51.1%	52.9%	3.5%	54.0%	54.0%	0.0%	52.8%	52.5%
Inspection interval for food establishments in risk category 1 (measured in months)	N/A	15.0	17.2	14.7%	17.2	11.9	-30.9%	13	13
Total number of newly diagnosed HIV case reports	1,438	792	704	-11.1%	374	315	-15.8%	700	700
Percent of all homicides having final report completed within 60 days	80.0%	65.0%	95.0%	46.2%	93.5%	97.5%	4.3%	95.0%	95.0%
Percent of children 19-35 months with complete immunizations 4:3:1:3:3:1*	N/A	74.0%	75.0%	1.4%	75.0%	78.0%	4.0%	76.0%	78.0%

* The 'Percentage of children 19-35 months with complete immunizations 4:3:1:3:3:1' is children 19-35 months who receive 4 DTaP (Diphtheria, Tetanus, Acellular Pertussis), 3 polio, 1 MMR (Measles, Mumps, Rubella), 3 Hib (Haemophilus influenza type B), 3 HepB (Hepatitis B), 1 Varicella dose.

The percentage of uninsured visits at the City’s health centers increased 3.5% from FY12 to FY13 but has stayed fairly constant throughout FY13 and early FY14. Patients without insurance visit with a benefits counselor to review medical insurance options, and those counselors process applications to attempt to increase the number of insured individuals visiting the City’s health centers. PDPH has focused its efforts in bringing down the inspection interval for risk category 1 food establishments from a high of 17.6 months in FY11 to a recent performance of 11.9 months for the first half of FY14. In prior years, the long hiring cycle for sanitarians contributed to long-term vacancies and difficulty in meeting the goal of inspecting risk category 1 establishments in less than 13 months. Alternative approaches to hiring have recently reduced the number of sanitarian vacancies and the length that those vacancies are open, decreasing the cycle time of hire from 245 days in 2011 to 180 as of the second quarter of FY14.

Since FY12, the Medical Examiner’s Office (MEO) has focused on increasing the percentage of completing final reports for homicides within 60 days in order to comply with goals set by the National Association of Medical Examiners. The MEO now consistently meets or exceeds its goal of 95% by instituting a performance system whereby pathologists are reminded of aging homicide reports to ensure they complete the report within the proscribed timeframe.

Finally, the Division of Disease Control continues to monitor the percentage of children receiving the recommended immunization protocol. PDPH is on track to exceed its target of 76% for FY14, leading the Division of Disease Control to increase its goal for FY15 to 78%.

DEPARTMENT CHALLENGES

Medicaid Expansion: Pennsylvania has chosen to delay expansion of the Affordable Care Act (ACA) coverage until January 1, 2015, providing that an agreement can be reached with the US Department of Health and Human Services on a new proposal from Governor Corbett. This proposal would put newly eligible adults into either the federal health insurance exchange or into new private insurance plans created for this population. It would provide for a one-year study and potential phase-in of work-search requirements and conversion of current

copayment requirements into premiums for coverage. We await word from Washington and Harrisburg on the ultimate fate of this proposal.

Federal budgetary challenges: the federal impacts of the Recession and Congressional initiatives to reduce federal spending have meant continued cuts to federally-funded programs in the Department. Federal dollars that previously supported lead poisoning prevention, STD and tuberculosis control, and infant mortality prevention have been either redirected to the State or cut altogether. The most recent, significant cuts have come from congressional redirection of dollars from the ACA that have been coming to Philadelphia for tobacco and obesity prevention to a new fund that will only be available to states and only on a competitive basis. This will result in a loss of nearly \$2 million in support to the Department, beginning on October 1, 2014.

Staffing challenges: many of our divisions face challenges in maintaining staffing levels, especially staff in technical and specialized job classes. Through our process improvement program, the PDPH's Human Resources division has worked with the City's Office of Human Resources to anticipate these vacancies and respond to them. We have been able to identify qualified candidates and to fill vacancies more rapidly.

STAFFING LEVELS

The budget will support 762 full-time positions in the General Fund, 213 in the Grants Fund, and 18 in the Acute Care Hospital Assessment Fund. As of February 2014, 230 full or part time employees are bilingual or trilingual with fluency in 58 distinct languages, ranging from Spanish to Croatian to Gujarati.

The department's workforce is 75% minority (62% African American; 4% Hispanic; 7% Asian; and 2% Other ethnicity) and 71% female. Executive staff is 42% minority (21% African American and 21% Asian) and 58% female. Staff hired from 7/1/13 through 2/28/14 are 63% minority (46% African American; 2% Hispanic; 13% Asian; and 2% Other ethnicity) and 86 % female. Of these new hires, 20% speak 12 different languages.

PAST INITIATIVES

Decreased Teen STDs: In April 2011, PDPH's Division of Disease Control launched a sexual health campaign in response to the rapidly rising numbers of sexually transmitted diseases (STDs) among youth. As a part of the campaign, PDPH promoted a custom-labeled Philadelphia condom ("The Freedom Condom"); expanded the number, location, and type of venues providing free condoms to teens; implemented an on-line mail-order program for condoms; and developed a social media presence for the campaign. Since the launch of the program, PDPH has distributed over 8 million free condoms through local community centers, health centers, barber shops, retail stores, clinics, and the mail. As a result of this aggressive multi-faceted adolescent STD prevention campaign, the epidemic appears to be waning. Gonorrhea, which had shown a 52% increase in adolescent case counts from 2009 to 2011, declined by 39% among teens since launch. Cases of Chlamydia in teens, which had been steadily increasing since 2007, showed a decline of 17% since the program was launched. The percentage of sexually active youth who have received free condoms from the Health Department's campaign increased from 7% to 70% over the 2-year period. PDPH plans to continue working on obtaining partnership and involvement for the Adolescent STDs/Condom Campaign from individuals and organizations that frequently interact with adolescents, including parents, schools, community organizations, and retailers.

Public Health Preparedness Program Identified as NACCHO Model Practice. The National Association of County and City Health Officials (NACCHO) recognizes outstanding local health practices from across the nation annually, and promotes these practices among local health departments through its Model Practices Database. In 2014, PDPH received a Model Practices award for its collaborative project between the Public Health Preparedness Program and the Epidemiology Unit at the Division of Disease Control addressing the complex issue of staffing during a public health emergency response, such as a mass prophylaxis or mass care event. The project resulted in the development of an Emergency Staffing Database that can be used to rapidly assign and track hundreds or even thousands of response personnel based on criteria such as availability, credentials, licensure, and geographic proximity to response sites. This database is tested and evaluated at least once per year as a regular feature of the Preparedness Program's annual Public Health Emergency Coordination (PHEC) exercise.

Capital Improvements: The Department's Office of Facilities Management and Capital Programs (OFM) is responsible for maintenance, custodial services, construction services, and capital projects of the buildings managed by PDPH. OFM has recently completed several small scale projects, as opposed to contracting out the services, which they estimate has saved the Department approximately \$120,000. In addition to the cost savings, most of these projects are completed in less time, resulting in minimal to no disruption and inconvenience to staff and the public.

Health Centers: During 2013, the City's neighborhood health centers participated in a one-year teledermatology research project with the University of Pennsylvania to provide insight into the utility of teledermatology for underserved communities. Through this project, health center providers used a software application called AccessDerm to submit an electronic dermatology consult request and access a remote dermatologist who reviewed and responded to the consult via the website or a mobile device – thereby avoiding the need to send patients for a secondary off-site visit. Since February 2013, AHS providers cared for 131 patients who were enrolled and received specialty consultation via this project.

Decreased Rates of Smoking and Obesity: Based on the efforts of *Get Healthy Philly*, rates of smoking have dropped by nearly 15% over the last four years and levels of childhood obesity declined by 5%. *Get Healthy Philly's* initiatives have resulted in:

- Reduced smoking by 15% among adults (2008-2012) and by 10% among youth (2009-2011);
- Made approximately 200 recreation centers, playgrounds, and outdoor pools smoke-free, affecting over 3.7 million visits, mostly made by children and adolescents;
- Reduced the rate of illegal tobacco sales to minors by 36% via compliance checks and merchant education;
- Increased calls to the PA Free Quitline (1-800-QUIT NOW) three-fold with a mass media campaign on the health effects of secondhand smoke on children;
- Assisted over 300 primary care providers to improve their tobacco cessation counseling and treatment strategies, impacting the care of 80,000 patients;
- A 5% reduction in obesity among Philadelphia school children between 2006 and 2010; and a stabilization in rates of adult obesity in 2012;
- Training and support provided to over 650 corner stores to sell healthier products and over 200 Chinese take-out restaurants to reduce the sodium content in meals by 20%;
- Maintained 10 new farmers' markets in low-income communities and helped increase SNAP (food stamp) redemption at markets by over 300% through the Philly Food Bucks program;
- Partnered with the Mayor's Office of Transportation and Utilities to implement low-cost safety improvements at over 200 intersections and corridors to reduce pedestrian, bicyclist, and motorist injuries;
- Partnered with the City Planning Commission to integrate health-promoting provisions into five district plans;
- Engaged 25 high schools and hundreds of students in developing and implementing plans to promote healthy eating and active living;
- Implemented nutrition standards for 300+ vending machines in City of Philadelphia buildings, increasing the proportion of healthy snack sales four-fold;
- Demonstrated that menu labeling in full-service Philadelphia restaurants led to customers purchasing 151 fewer calories and 224 mg less sodium per meal.

CURRENT INITIATIVES

Food Safety: The Office of Food Protection (Office) continues its work to become more business-friendly. The Office recently released a guidebook for starting a new stationary food business (http://www.phila.gov/health/pdfs/plan_review.pdf) and has provided customers with the ability to pay plan review and enforcement fees on-line. As a result of the electronic payment system, revenue has increased by \$200,000. Currently, customers can pay two types of fees on-line. The Office of Food Protection is working to address programming and firewall issues and hopes to have this system operating for all types of fees by the end of the year.

The Healthy Homes Healthy Kids Program: The Healthy Homes Healthy Kids Program, an initiative to prevent and correct significant health and safety hazards and improve energy efficiency in homes of pediatric asthma patients

seen at St. Christopher's Hospital for Children (SCHC), continues its work. This three-year demonstration program, funded by the US Department of Housing and Urban Development, educates and assists low-income families of pediatric patients from SCHC on how to mitigate indoor environmental hazards. The Healthy Homes Healthy Kids Program integrates clinical, environmental and educational strategies to successfully mitigate and manage a child's asthma. To date, 183 families have been enrolled in the program and 146 homes have been remediated of extant hazards.

Electronic Health Record: PDPH continues work on building and deploying a new electronic health record (EHR) in our health centers (the neighborhood health centers, the sexually-transmitted disease clinic and tuberculosis clinic) as well as our disease registries, and the health services sites at the Philadelphia Prison System. The EHR will improve clinical outcomes for our patients, integrate health services across the City's clinics, and provide a knowledge base for public health policy. By June 30, 2014, PDPH will have successfully launched the practice management components of the record at all of our eight neighborhood health centers and implemented the clinical module at two. The lab interface for receiving results was designed and implemented; soon to be deployed is the interface functionality that allows for lab ordering within the EHR software. The Corrections module has been implemented at one site in the Philadelphia Prisons, and will be implemented at all of the Prison sites by the end of June 2014. Additionally, EHR project management staff is working with the Division of Disease Control (DDC) to integrate the software into DDC processes to streamline and automate various functions supporting clinical visits and surveillance activities.

PDPH will establish a limited health exchange that links the databases within Ambulatory Health Services, the Philadelphia Prisons System, and the Division of Disease Control with other health providers throughout Philadelphia in order to meet federally mandated criteria as well as perform public health data analytics.

HIV Care: The AIDS Activities Coordinating Office (AACO) is conducting an enhanced surveillance project on all persons with late HIV diagnosis in 2012 (defined as HIV diagnosis within 90 days of an AIDS diagnosis). This project along with core, incidence, and behavioral surveillance activities will better define missed opportunities for prevention, earlier diagnosis, and intervention as well as set direction for effective programming moving forward. AACO is actively seeking funding from a number of new sources for enhanced surveillance, assisted retention, and re-engagement services for persons living with HIV. Retention in care is the critical gap in achieving suppressed viral load and subsequent interruption of HIV transmission.

To ensure the provision of HIV testing in the face of decreased resources, AACO is following the policy directives of the Affordable Care Act by requiring routine HIV testing at healthcare settings that receive funding through AACO.

NEW INITIATIVES

Accreditation: The Philadelphia Department of Public Health (PDPH) will be seeking Public Health Accreditation by 2015. Accreditation is a new national process by which local, tribal, and state public health agencies assess and document their ability to provide the 10 essential public health services. The Public Health Accreditation Board (PHAB), an independent, non-governmental agency, has developed a set of 300+ standards and measures to serve as benchmarks for accreditation. Through accreditation, PHAB strives to advance quality and performance within public health departments across the country. While public health accreditation is not currently required, federal agencies, such as the U.S. Centers for Disease Control and Prevention, will likely require accreditation within the next five years as a condition of grant awards.

Over the last several months, PDPH has taken a series of steps to move toward accreditation, including:

- Developing a Community Health Assessment, which is available online at http://www.phila.gov/health/pdfs/CHASlides_11513.pdf
- Convening 15 community and organizational stakeholder meetings with a range of public health partners to develop a Community Health Improvement Plan
- Launching a Department-wide strategic planning process
- Performing an accreditation self-assessment demonstrating that PDPH is accreditation-ready

- Gathering the first round of documentation for each of the 300+ standards and measures required for accreditation.

Get Healthy Philly: In order to encourage healthy eating and active living as well as reduce tobacco exposure, Get Healthy Philly is:

- Implementing a mass media education initiative on the health risks of excess sodium consumption
- Implementing citywide nutrition standards for all foods purchased by City agencies
- Continuing to expand easy access to tap water in school cafeterias
- Hosting the first annual healthy recipe challenge for Philadelphia school students — *Culinary Voices*
- Continuing to make low-cost safety improvements to intersections and corridors across the city
- Expanding Healthy Corner Store Certification to 50 corner stores
- Documenting and recognizing supermarkets that have implemented changes in how they price, place, and promote healthy and unhealthy foods
- Engaging distributors to facilitate the purchase of low-sodium ingredients for Chinese take-out restaurants
- Supporting at least two hospitals in achieving Baby Friendly status
- Continuing mass media messaging about the health effects of secondhand smoke and how to quit smoking
- Expanding smoke-free policies to additional outdoor municipal spaces, educational settings, and public housing communities
- Educating retailers about the new law restricting signs/advertising to 20% of window and transparent door space
- Adapting the public health initiative to assist behavioral health providers in counseling and treating their patients who smoke
- Through the Get Healthy Philly Youth Council, engaging and equipping eight youth leaders to inspire healthy changes in their families, schools, and communities.

Disease Control: The number of deaths from hepatitis C (HCV) in the United States has surpassed the number of deaths from HIV. Despite the size of the epidemic and the treatability of infection, few public health agencies have the capacity to conduct surveillance for HCV and develop prevention strategies. PDPH conservatively estimates that 50,000 Philadelphia residents have HCV infection, and that up to 75% are unaware they are infected. PDPH has implemented a comprehensive HCV program through grant support from the Centers for Disease Control and Prevention (CDC). Under our new program, PDPH has begun to monitor the burden, extent, and impacts of the disease; identify populations at risk; increase knowledge and awareness; promote testing; increase medical referral and capacity; and decrease HCV transmission.

Philadelphia was one of three national sites to be named a Community of Excellence by the National Viral Hepatitis Roundtable, the major national advocacy group for hepatitis. This award was the result of the Public Health Department's efforts to engage and vitalize community partnerships in combatting hepatitis, including the Hepatitis C Allies of Philadelphia (HepCAP) coalition and the Hep B United coalition. Each group is made up of over 100 individuals representing dozens of agencies that serve populations at high-risk for hepatitis B and C.

The Division of Disease Control was recently awarded a CDC grant to "*Increase Human Papillomavirus (HPV) Vaccination Coverage Rates among Adolescents.*" We know that HPV is a preventable cause of cervical cancer. Immunization is a safe way to substantially reduce lifetime risk of HPV. Both women and men can receive the vaccine. The objectives set forth in the grant are to: (1) increase HPV vaccine initiation by at least 10% for adolescents 11-18 years; (2) increase HPV vaccine series completion by at least 20% for adolescents 11-18 years; and (3) increase the proportion of HPV vaccine initiators who are 11-12 year of age by 20%. Beginning in January 2014, PDPH will initiate a number of activities to reach these goals including a healthcare provider education program, a mass media campaign, and vaccine reminder calls to parents of eligible adolescents.

The AIDS Activities Coordinating Office, through a privately-funded partnership (Gilead Sciences, Inc. HIV FOCUS) with the University of Pennsylvania, will begin the START CARE (Surveillance-assisted HIV Testing And Relinkage

To Care) project. This project will provide technical assistance to implementation of routine HIV testing and surveillance assisted re-engagement in care for persons living with HIV with no evidence of recent HIV care.

Health Centers: Progress continues on the joint venture between the City and The Children’s Hospital of Philadelphia (CHOP) to provide health care to South Philadelphia adults and children in a unique arrangement that will allow the City to expand its provision of dental care, mammography, prenatal care, and a wide range of other children's and adult health care services. The venture will relocate two existing clinics: one a pediatric primary care practice in South Philadelphia owned by CHOP and the other a city health center. The new facility, being constructed by CHOP, will co-locate the two clinics with a City recreation center and a branch of the Free Library. The new multi-function center will allow the City and CHOP to create a complex that offers clinical care, wellness, prevention, and literacy services to improve health outcomes for children and adults. Construction on the new building is scheduled to begin in the Spring of 2014, with an anticipated completion date of December 2015.

OTHER BUDGETARY IMPACTS

FEDERAL AND STATE (WHERE APPLICABLE)

Reduction and loss of funding will be the most significant challenge many of PDPH’s divisions face in the coming years. Funding for the AIDS Activities Coordinating Office’s Enhanced Comprehensive HIV Prevention Planning (ECHPP) project that focused on completing an updated comprehensive plan for the implementation of HIV prevention activities in Philadelphia, ended in 2013. AACO is also facing loss of their Substance Abuse and Mental Health Services Administration (SAMHSA) funding in 2014.

Get Healthy Philly’s temporary federal funding through the American Recovery and Reinvestment Act (ARRA) ended in 2012. Between 2010 and 2012, ARRA grants provided \$13.6 million annually for tobacco control and obesity prevention initiatives in Philadelphia, equaling \$9 per capita. With the completion of the ARRA grants, Get Healthy Philly was left with \$4.5 million annually for tobacco control and obesity prevention initiatives, equaling only \$3 per capita. This total includes new competitive grant funding from the federal government, including the Affordable Care Act, and new local support through the City general fund. Because of this funding reduction, Get Healthy Philly had to scale back its efforts, particularly school wellness programs, breastfeeding promotion in hospitals, worksite wellness initiatives, and tobacco and sugary drinks media education campaigns. Recently, we have learned that a further reduction has been announced, reducing our federal funding by an additional \$1.5 million annually.

The Division of Maternal, Child and Family Health (MCFH) is experiencing unprecedented reductions in its two principal federal funding sources: the Healthy Start infant mortality prevention grant and the Title V state block grant. Both funds are undergoing significant revisions, expected to result in changes in funding focus, increased competitiveness for funding, and significant reductions in the amount of individual awards. As an example, MCFH submitted its five-year Healthy Start grant application in January 2013. Even if fully successful, MCFH will have to absorb at a minimum a \$750,000 reduction in annual revenue because of overall funding reductions in the program federally.

APPENDIX DEPARTMENT OF PUBLIC HEALTH

CONTRACTING EXPERIENCE

M/W/DBE Participation on Large Contracts

FY14 Contracts

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBEs	Living Wage Compliant?
Alpha Medical Group	Radiological services	\$1,443,731	06/07/13	07/01/13	MBE: Best Efforts	0%	\$0	100% \$1,443,731	Y
					WBE: Best Efforts	100%	\$1,443,731		
					DSBE: Best Efforts	0%	\$0		
General Healthcare Resources; PharmPro; Soliant Health	Temporary pharmacy staffing services	\$700,000	07/14/11	08/01/13	MBE: Best Efforts	0%	\$0	0% \$0	Y
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
General Healthcare Resources	Health care services at Riverview Home	\$652,311	05/30/13	07/01/13	MBE: Best Efforts	0%	\$0	0% \$0	Y
					WBE: 1-5%	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
CL Cressler, Inc	HIV medication distribution	\$125,000	01/04/13	04/01/13	MBE: Best Efforts	0%	\$0	0% \$0	Y
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
Group 6 Healthcare Consulting	Patient Care Monitoring	\$110,000	05/17/11	07/01/13	MBE: Best Efforts	0%	\$0	100% \$110,000	Y
					WBE: Best Efforts	100%	\$110,000		
					DSBE: Best Efforts	0%	\$0		

DEPARTMENT EMPLOYEE DATA

Staff Demographics

Full-Time Staff

Executive Staff

	Male	Female	Male	Female
Total	250	609	10	14
% of Total	29%	71%	42%	58%
	African-American	African-American	African-American	African-American
Total	115	418	2	3
% of Total	13%	49%	8%	13%
	White	White	White	White
Total	96	120	6	8
% of Total	11%	14%	25%	33%
	Hispanic	Hispanic	Hispanic	Hispanic
Total	9	23	0	0
% of Total	1%	3%	0%	0%
	Asian	Asian	Asian	Asian
Total	26	33	2	3
% of Total	3%	4%	8%	13%
	Other	Other	Other	Other
Total	4	15	0	0
% of Total	0%	2%	0%	0%
	Bi-lingual	Bi-lingual	Bi-lingual	Bi-lingual
Total	78	151	4	3
% of Total	9%	18%	17%	13%

APPENDIX DEPARTMENT OF PUBLIC HEALTH

CONTRACTING EXPERIENCE

M/W/DBE Participation on Large Contracts

FY13 Contracts

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBEs	Living Wage Compliant?
General Healthcare Resources; PharmPro; Soliant Health	Temporary pharmacy staffing services	\$700,000	07/14/11	08/01/12	MBE: Best Efforts	0%	\$0	0.00% \$0	Yes
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
Alpha Medical Group	Radiological Services	\$680,000	03/17/09	07/01/12	MBE: Best Efforts	0%	\$0	0.00% \$0	Yes
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
General Healthcare Resources	Health care services at Riverview Home	\$652,311	04/20/09	07/01/12	MBE: Best Efforts	0%	\$0	0.00% \$0	Yes
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
Caremark, LLC	HIV medication distribution	\$200,000	12/16/08	03/01/12	MBE: Best Efforts	0%	\$0	0.00% \$0	Yes
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
Group 6 Healthcare Consulting	Patient Care Monitoring	\$110,000	05/17/11	07/01/12	MBE: Best Efforts	0%	\$0	100.00% \$110,000	Yes
					WBE: Best Efforts	100%	\$110,000		
					DSBE: Best Efforts	0%	\$0		

M/W/DBE Participation on Large Contracts

FY12 Contracts

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBEs	Living Wage Compliant?
eClinical Works	EHR Implementation	\$8,100,000	06/29/09	03/28/11	MBE: 10-15%	100%	\$8,100,000	100.00% \$8,100,000	Yes
					WBE: 5-10%	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
Caremark, LLC	HIV Medication	\$1,121,840	12/16/08	03/01/11	MBE: Best Efforts	0%	\$0	0.00% \$0	Yes
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
General Healthcare Resources	Health care services at Riverview Home	\$668,604	04/20/09	07/01/11	MBE: Best Efforts	0%	\$0	0.00% \$0	Yes
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
Alpha Medical Group	Radiological Services	\$600,000	03/17/09	07/01/11	MBE: Best Efforts	0%	\$0	0.00% \$0	Yes
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		
General Health Care Resources, PharmPro, Soliant Health	Temporary Pharmacy Services	\$600,000	07/14/11	08/01/11	MBE: Best Efforts	0%	\$0	0.00% \$0	Yes
					WBE: Best Efforts	0%	\$0		
					DSBE: Best Efforts	0%	\$0		