DEPARTMENT OF PUBLIC HEALTH FISCAL YEAR 2022 BUDGET TESTIMONY MAY 5, 2021

INTRODUCTION

Good Morning, President Clarke and Members of City Council. I am Dr. Thomas Farley, Health Commissioner. Joining me today is Jane Baker, Chief of Staff. I am pleased to provide testimony on Department of Public Health's Fiscal Year 2022 Operating Budget.

DEPARTMENT MISSION & PLANS

Mission: The Department of Public Health (DPH) promotes and protects the health of every Philadelphian and provides a safety net for the most vulnerable.

Plans for Fiscal Year 2022: The department plans to undertake the following work to improve the health of all Philadelphians:

- Administration and Support will work to increase training offerings to staff, strengthen collection of annual employee performance reports, and address capital needs through various capital projects.
- AIDS Activities Coordinating Office will develop a health equity plan, increase response to HIV
 outbreak in key populations by implementing new program models such as low threshold clinics,
 and ensure access to harm reduction, substance use disorder and syringe services and programs.
- Air Management Services will strengthen local air pollution monitoring efforts and maintain regular publishing of data. The program will complete a Risk Assessment for cancer and non-cancer risk to inform regulation and present to the Air Pollution Control Board.
- **Ambulatory Health Services** will implement a new Pharmacy Information System while continuing to maintain high levels of health service access, with close attention to reducing ethnic health disparities and remaining prepared for any COVID-19 case surges.
- Chronic Disease and Injury Prevention will focus on decreasing access to tobacco products near schools and launch a media campaign about the risk of tobacco use. Strengthen review efforts to inform policies and programs to reduce the city's unacceptably high levels of gun violence.
- Covid Containment will provide rapid case identification, case isolation, contact tracing, and contact quarantine related to COVID-19. Continue to provide guidance to the Philadelphia health, education and economic community on COVID-19 safety practices.
- **Disease Control** will continue to implement a citywide COVID vaccination plan, which will involve oversight of vaccine distribution, engagement and training of providers, public information, and direct patients, all informed by an Equity Subcommittee and the Vaccine Advisory Committee. Also will seek to improve communication and surveillance of disease control efforts by strengthening technological systems and data collection efforts.
- Environmental Health Services will continue to conduct inspections of, and enforce regulations for, food service establishments, swimming pools, tattoo parlors, and other facilities, while meeting the increased demand due to COVID-19 regulations.

- Health Analysis, Information and Strategy will reduce fatal overdoses among non-Hispanic Black and Hispanic populations by reducing opioid prescriptions, ensuring drug treatment, and distributing naloxone.
- **Health Systems** will provide support for health systems and direct health services in the Philadelphia community for those with high needs and with limited access to care.
- Lead and Healthy Homes reduce no contact rate to assure continued lead remediations in high need neighborhoods. Continue to work with L&I regarding enforcement of City Council's recently passed new Lead Law.
- Maternal, Child and Family Health will continue to provide important services aimed at reducing racial disparities in maternal, child and family care. Goals include reducing infant mortality, advocating for Medicaid reimbursement for key maternal and child health services and developing a model for universal short-term home visiting services for families and infants.
- Medical Examiner's Office will improve death investigation services by overhauling the outdated toxicology lab processes, implementing barcoding and scanning to track evidence and starting a routine system to report cause of death statistics as it relates to specific racial and ethnic groups.
- Public Health Laboratory will continue to provide core laboratory functions to test for disease
 outbreaks, illnesses, and other threats to public health. The program will complete its move to a
 new site from its current location at 500 South Broad Street and implement inventory management
 systems for better tracking and to reduce supply costs

BUDGET SUMMARY & OTHER BUDGET DRIVERS

Please refer to attached FY22 Budget Hearing Summary Charts in section 1: Staff Demographics Summary, section 2; Employment Levels, section 3: Financial Summary by Class, section 6: Participation Rate and Goal.

PROPOSED BUDGET OVERVIEW

Proposed Funding Request:

The proposed Fiscal Year 2022 General Fund budget totals \$162,489,196, an increase of \$227,402 over Fiscal Year 2021 estimated obligation levels. This increase is primarily due to increased expenditures associated with air pollution reduction and COVID-19 isolation costs.

The proposed budget includes:

- \$58,752,291 in Class 100, \$481,611 increase over FY21. This funding will enable a full complement of essential staffing for air pollution reduction and will be offset by revenue from permits and annual licenses for boilers and generators.
- \$95,447,448 in Class 200, a \$2,022,711 increase over FY21. This funding will enable the Department to participate in a Medicaid intergovernmental transfer program with the Commonwealth of Pennsylvania that will generate corresponding revenue that more than offsets increased expenditures.
- \$7,366,053 in Class 300/400, a \$1,223,080 increase over FY21. This funding will enable purchasing of medical equipment and supplies, pharmaceuticals, and naloxone, the opioid overdose reversal drug in addition to air pollution reduction and rollover of funds for the Medical Examiner's Office move.
- \$923,404 in Class 800, a \$3,500,000 decrease over FY21. This funding support Capital expenditures at Philadelphia Nursing Home and a new City health center.

STAFFING LEVELS

The department is requesting 1017 budgeted positions for FY22, an increase in 11 positions from FY21. The increase is primarily attributed to essential staff needed to carry out the air pollution reduction efforts.

NEW HIRES

Please refer to attached FY22 Budget Hearing Summary Charts in section 8: New Hires Information.

PERFORMANCE, CHALLENGES, AND INITIATIVES

AIDS Activities Coordinating Office (AACO)

Measure	FY20 ACTUAL	ි FY21 TARGET	∰ FY22 TARGET
Number of new HIV diagnoses	423	450	629
Number of clients served by department-funded Ryan White outpatient ambulatory health system in Philadelphia	11,643	12,000	12,500

Program FY22 Strategic Goals

- AACO is developing a health equity plan led by a full-time Health Equity Advisor position, which is supported with EHE funding. All 50 subrecipients will be provided tools, like a dashboard, to measure progress in key indicators and technical assistance in developing health equity plans for their funded programs.
- Respond to HIV outbreaks among key populations by implementing new program models including a low threshold clinic for people who inject drugs, expanded sexual health hubs focusing on disproportionately affected communities: LGBTQ, Black, Latinx, and southwest Philadelphia residents.
- Ensure access to syringe service programs, provide harm reduction services, and linkage to substance use disorder treatment.

Air Management Services (AMS)

Measure	FY20 ACTUAL	© FY21 TARGET	© FY22 TARGET
Number of calendar days with air quality index rating of 100 or below	360	357	359

- Measure Air Toxics and Carbonyls in areas around the PES refinery and complete a Risk Assessment for cancer and non-cancer risk, finalizing the regulation and presenting to the Air Pollution Control Board. This will include Methyl Bromide for the Port of Philadelphia that reduces air toxins throughout the city.
- Generate air quality data from 50 locations in the Philadelphia Air Quality Survey, make analysis for all four seasons and produce a written summary report for the second annual analysis.

Ambulatory Health Services (AHS)

Measure	FY20 ACTUAL	ි FY21 TARGET	∰ FY22 TARGET
Percentage of visits uninsured	42.1%	45.0%	45.0%
Number of patient visits at department- run ambulatory health centers	324,388	315,000	315,000
Percent of patients ages 18-84 with a diagnosis of hypertension who have controlled blood pressure	64.7%	72.0%	72%

Program FY22 Strategic Goals

- Implement a new Pharmacy Information System.
- Continue addressing patient outcomes including reducing racial and ethnic health disparities and refining care management to improve outcomes for at-risk patients with hypertension and diabetes.
- Maintain health services to meet the needs of most at-risk patients during any upcoming surge in positive COVID-19 cases.

Chronic Disease and Injury Prevention (CDIP)

Measure	FY20 ACTUAL	© FY21 TARGET	© FY22 TARGET
Youth tobacco sales compliance (%)	58.2%	80.0%	80.0%

- CDIP will add non-fatal shooting reviews to the Homicide Death Review efforts and release an annual report on the findings of the review team with recommendations for strategies to prevent further violence, addressing the top killer of young Black men in Philadelphia. Additionally, CDIP plans to add a review of perpetrators and continue to expand work on preventing perpetration with joint District Attorney, Philadelphia Police Department, and DPH team members, including the perpetrator's involvement with City services.
- Increase access to and appeal of drinking water through strategies to expand the use of the City's Tiered Assistance Program (TAP) and existing partnerships.
- Through continued implementation of the tobacco retail permit regulations, CDIP plans to decrease tobacco retailer density and the number of tobacco retailers within 500 feet of a school, which are highest in majority Black and Brown neighborhoods and by 10% in each planning district. CDIP will also run tobacco warning mass media ads tailored to highest risk Philadelphians, including Black and Latino residents.

Covid Containment (CoCo)

Measure	© FY22 TARGET
Percent of cases who agree to participate in contact tracing	75%
Percent of contacts who agree to quarantine	75%
Percent of PDPH COVID-19 tests that are rapid point-of-care	50%

Program FY22 Strategic Goals

- Ease the burden of COVID-19 on racial and ethnic minorities and vulnerable populations through effective contact tracing, expanded testing options, and targeted outreach campaigns.
- Through improved electronic reporting, rapidly identify and prevent further spread of new cases.
- Monitor performance of community testing sites to ensure racial and ethnic minorities and underserved communities are reached.

Disease Control (DDC)

Measure	FY20 ACTUAL	© FY21 TARGET	FY22 TARGET
Children 19-35 months with complete immunizations 4:3:1:3:3:1:4	69%	70%	70%
Number of patient visits to department- run STD clinics	17,238	21,000	19,500
Number of high school students who are tested for a sexually transmitted disease through the school screening program	6,391	5,000	2,500

- Achieve COVID-19 vaccination coverage rates of 70% or greater in priority populations and 50% or greater in the general population.
- Reduce disparities in influenza vaccine uptake by African American residents by 25%.
- Reduce hepatitis A case rates to < 1 per 100,000.
- Collect antimicrobial susceptibility data on >90% of *Neisseria meningitidis* isolates.

Environmental Health Services (EHS)

Measure	FY20 ACTUAL	ි FY21 TARGET	FY22 TARGET
Number of months between food establishment inspections	16.3	12.0	12.0

Program FY22 Strategic Goals

- Achieve annual interval goal for food establishment inspections, perform COVID-19 related enforcement activities, implement the process for cease operations for bathing places and body art establishments, and use the multi-agency approach for joint inspections of nuisance establishments.
- Improve training for all EHS staff, continuing to develop the customer service training videos and finalize the guide "what to expect, when you are inspected," implement the new childcare certification training.

Health Analysis, Information, and Strategy

Measure	FY20 ACTUAL	ි FY21 TARGET	FY22 TARGET
Average number of department digital media views per month	3,862,684	5,000,000	5,000,000

- The opioid program plans to reduce fatal overdoses by 10% among non-Hispanic Black and Hispanic populations and reduce opioid prescribing by 25%, ensure that 15 drug treatment programs are distributing naloxone and there is an increase number of buprenorphine waivered prescribers by 25%.
- Move 80% of servers to approved City data centers and update and/or audit Active Directory users, servers and access, assuring at least 90% of Active Directory users have correct information such as division, title, and phone number.
- Implement workstation management, ensuring 100% of applicable computers are enrolled in System Center Configuration Manager (a Microsoft endpoint management technology) and managed.

Health Systems

Measure	FY20 ACTUAL	© FY21 TARGET	© FY22 TARGET
Philadelphia nursing home average daily census	297	290	N/A

Program FY22 Strategic Goals

- Develop and implement a COVID-19 safety and testing plan for residents and staff and conduct two performance audits to identify areas of improvement for Philadelphia Nursing Home residents.
- Assess facility needs at the Philadelphia Nursing Home in partnership with the Department of Public Property and Office of Homeless Services.

Lead and Healthy Homes (LHH)

Measure	FY20 ACTUAL	ි FY21 TARGET	FY22 TARGET
Reported number of children under age 6 years with new lead exposure, defined as elevated blood level of 5 micrograms per deciliter (µg/dL)	1,098	1,500	1,500

Program FY22 Strategic Goals

- Reduce no contact rate to assure continued lead remediations in high need neighborhoods.
- Continue to work with L&I regarding enforcement of City Council's recently passed new <u>Lead Law</u>.

Maternal, Child, and Family Health (MCFH)

Measure	FY20 ACTUAL	ි FY21 TARGET	FY22 TARGET
Percent of women initiating breastfeeding	82.0%	82.0%	82.0%

Program FY22 Strategic Goals

• Use the Perinatal Periods of Risk Assessment to set the new common agenda for our collective impact work that aims to reduce racial disparities in infant mortality.

- Implement the recommendations from the Maternal Mortality Review to reduce maternal mortality through the newly created maternal mortality action team and launch a maternal mortality/morbidity early warning signs campaign to reduce disparities in maternal mortality/morbidity.
- Expand the centralized intake system to include other maternal, child health services (for example, lactation support, doulas).
- Expand the Pacify tele-lactation to provide free, 24/7 lactation support to all Philadelphia new mothers.

Medical Examiner's Office (MEO)

Measure	FY20 ACTUAL	ි FY21 TARGET	FY22 TARGET
Percent of all cases with autopsy reports issued within 90 calendar days	90.8%	≥ 90.0%	≥ 90.0%
Number of death cases investigated	3,637	N/A	N/A

Program FY22 Strategic Goals

- Prepare for move to 400 North Broad:
 - o Turning over stored evidence to the Police Department.
 - o Consolidating existing specimens and records.
 - Create transition plans to keep autopsy, investigation, and toxicology services running during the move.
- Plan implicit bias training for all public-facing MEO employees.

Public Health Laboratory

Measure	FY20 ACTUAL	ි FY21 TARGET	FY22 TARGET
Number of diabetes blood sugar test performed	13,579	14,500	14,500

- Recruit, hire, and train new Medical Technology staff with diverse cultural and racial backgrounds to support testing.
- Relocate the Public Health Laboratory to new, state-of-the-art location.

Department of Public Health

- Implement new systems and processes including electronic lab test order/ result connection to outside clients; Point of Care testing; Urine Suboxone Drug Screen testing; Flu A/B and Strep to support the City's health initiatives.
- Implement Inventory Management Systems which will reduce supply costs and better track supplies.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

The Department of Public Health receives funding from federal and state governments in several ways:

- 1. directly from the federal government, such as grants from the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency (EPA), the Health Resources and Services Administration (HRSA), and the Department of Housing and Urban Development (HUD);
- 2. indirectly through the state, such as CDC "pass-through" grants;
- 3. direct funding through the Commonwealth's Department of Health, Department of Environmental Protection, and other agencies;
- 4. fee-for-service payments through state-federal shared programs, such as Medicaid payments; and
- 5. through other city agencies, such as the Mayor's Office of Community Empowerment and Opportunity's Community Services Block Grant funding.

The Department cannot speculate what will happen with the federal or state budgets, but we work closely with the Mayor's Office and with relevant public health and health care associations to advocate for continued funding. President Biden's administration has proposed to strengthen Medicaid, the Affordable Care Act's marketplaces, and initiatives to address women's health. Hopefully, this would positively impact the Department's revenue projections, specifically for Medicaid services mostly delivered through the City's eight health centers.

Full federal and state funding of public health and epidemiologic services related to stabilizing the novel Coronavirus pandemic will be critical budget needs for the City and the Department in FY22.

CONTRACTING EXPERIENCE

Please refer to attached FY22 Budget Hearing Summary Charts in section 4: Contracts Summary.

EMPLOYEE DATA

Please refer to attached FY22 Budget Hearing Summary Charts in section 7: Staff Demographics.

LANGUAGE ACCESS

1. Provide the name of your language access coordinator, the date of your last department training, and a link to the posting of your language access plan.

The Language Access Coordinator for the Department of Public Health- Ambulatory Health Services is Vanessa Johnson. Upon implementation of the Language Access Plan in 2016, the department's leadership, as well as the staff received training. All employees receive training annually and as part of onboard hiring within ten (10) days of appointment. Additionally, the Department also provides cultural competency training as well as specialized training regarding the use of interpreters and translators to all staff members with regular interaction with individuals with limited English proficiency. The department's language access plan can be found here: https://beta.phila.gov/documents/language-access-plans/.

2. Breakdown new hires and existing staff by race and language. Breakdown how many frontline personnel are trained to provide language access services.

All employees receive training annually and as part of their orientation onboard hiring. This includes frontline staff as well as call center operators.

Please refer to attached FY22 Budget Hearing Summary Charts in section 8: New Hires Information/Language Access for breakdown of new hires and existing staff by race and language.

3. How many requests for language access services did your department receive in the past year? How many language access services were delivered by staff? Breakdown language access services provided, by language, including but not limited to the language line, translation of public notices and documents, website language services, and advertisement/publication services.

The division that has the highest use of language access services is Ambulatory Health Services. Services by interpreters include in-person conversations during patient visits, telephone calls for scheduling, follow-ups, questions and concerns and translation of documents. Documents commonly translated include: Tele-visit patient guides, brochures, Patient Rights and Responsibilities, flyers of how to access patient information on the patient portal, COVID-19 related information, and pharmacy and medication assistance information. See tables below for the breakdown of the amount of language services provided for each language.

Interpreter Assists: FY21

The table below presents the languages used at each health center from highest to lowest.

BY HEALTH CENTER	COUNTS
HEALTH CENTER 10	16,979
SPANISH	8,577
CHINESE	3,808
PORTUGUESE	2,011
CREOLE	1,181
HINDI/MAYALAM	1,163
FRENCH	164
BENGALI	75
HEALTH CENTER 2	16,699
SPANISH	4,905
SPANISH INDONESIAN	4,905 4,688
INDONESIAN	4,688
INDONESIAN CAMBODIAN	4,688 3,134
INDONESIAN CAMBODIAN VIETNAMESE	4,688 3,134 3,031
INDONESIAN CAMBODIAN VIETNAMESE MANDARIN	4,688 3,134 3,031 941

The Table below presents the languages used at all locations from highest to lowest.

LANGUAGES	COUNTS
SPANISH	25,127
INDONESIAN	4,688
CHINESE	3,808
CAMBODIAN	3,134
VIETNAMESE	3,031
PORTUGUESE	2,011
CREOLE	1,181
HINDI/MAYALAM	1,163
MANDARIN	941
FRENCH	164
BENGALI	75
ALBANIAN	0
Grand Total	45,323

LEP Phone Transactions: FY21

The table below presents the 20 top languages that required phone interpreting assistance.

TOP 20 LANGUAGES	COUNTS
SPANISH	23,198
PORTUGUESE-BRAZILIAN	1,898
MANDARIN	1,217
ARABIC	1,044
BENGALI	952
FRENCH	910
HAITIAN CREOLE	857
VIETNAMESE	828
INDONESIAN	620
KHMER	528
ALBANIAN	514
RUSSIAN	495
NEPALI	398
PASHTO	279
POLISH	218
MALAYALAM	215
URDU	207
CANTONESE	190
HINDI	126
AMHARIC	104

The table below presents the top 3 languages used at each health center, including cental scheduling. Languages used besides the top 3 are identified as "OTHER."

BY LOCATION	COUNTS
CENTRAL SCHEDULING	6,400
SPANISH	5,722
PORTUGUESE-BRAZILIAN	224
MANDARIN	203
OTHER	251
HEALTH CENTER 10	7,878
SPANISH	2,917
PORTUGUESE-BRAZILIAN	1,335
BENGALI	598
OTHER	3,028
HEALTH CENTER 2	6,751
SPANISH	3,070
INDONESIAN	582
VIETNAMESE	567
OTHER	2,532
HEALTH CENTER 3	1,267
SPANISH	620
FRENCH	145
BENGALI	102
OTHER	400
HEALTH CENTER 4	1,081
SPANISH	363
FRENCH	309
BENGALI	207
OTHER	202
HEALTH CENTER 5	2,812
SPANISH	2,354
PORTUGUESE-BRAZILIAN	128
MANDARIN	94
OTHER	236
HEALTH CENTER 6	8,748
SPANISH	7,968
ALBANIAN	270
POLISH	129
OTHER	381
HEALTH CENTER 9	451
HAITIAN CREOLE	180
SPANISH	109
PORTUGUESE-BRAZILIAN	41
OTHER	121
STRAWBERRY MANSION HEALTH CENTER	219
SPANISH	75
PORTUGUESE-BRAZILIAN	43
FRENCH	33
OTHER	68
Grand Total	35,607
Grand Total	35,007

4. Explain what your department has done to improve language access services over the past year.

The Department of Public Health has provided training for all direct service divisions in keeping with Mayor Kenney's executive order for

language access services. The Department has designated language access liaisons for each division; the liaisons' responsibility is to ensure that clients' and patients' language access service needs are appropriately coordinated to remove barriers in accessing care.

The Department provides many direct services including:

- Ambulatory outpatient medical care and dental services;
- Care and prevention services for tuberculosis, sexually transmitted diseases, hepatitis, and HIV/AIDS:
- Care and prevention services focused on maternal, child, and family care;
- Lead home inspections; and
- Restaurant and food establishment inspections.

The Department works to assure language access for all patients and clients by providing inperson and telephonic translation as well as interpretation services for people with LEP (Limited English Proficiency) and ESL (English as Second Language). Translation services include: Language Line and Globo services, onsite interpreters (staff), mobile telecommunication - interpreter on wheels for death patients, and translation of documents. Examples of documents translated have been: Brochures, Patient Rights and Responsibilities, flyers of how to access patient information on the patient portal, coronavirus related information, pharmacy and medication assistance information.

CLIMATE CHANGE

1. How has climate change affected your department's provision of services?

Climate change has affected the Department of Public Health's provision of services in a few ways, including by increasing the requirements for the Vector Control Services unit, which prevents the spread of diseases via population control of vectors like rats and mosquitos. Additionally, low-income Philadelphians living in parts of the city without sufficient tree cover and without access to air conditioning face worsened asthma and health conditions to live safely in their homes.

2. How might worsening climate change increase costs and demands for your department?

Climate change impacts health through many pathways including heat, air pollution, extreme weather, vector-borne diseases, and access to safe water and food. Warmer weather is linked to a decrease in water quality and an increase in ground-level ozone and particulate matter air pollution. Air pollution exacerbates existing chronic health problems, like asthma, allergies and other respiratory diseases. Extreme weather conditions and disasters contribute to an increase in mental health and stress disorders. Other health consequences can include pre-term birth, low birth weight, and maternal complications.

As climate change continues to have an effect on the health conditions of individuals in the communities we serve, we might need to increase our ability to both monitor those pathways, but also prepare for an increase in our patient population needing treatment. Our Air Management Services and Environmental Health Services must continue to monitor the threat of climate change as it evolves. This requires them to stay up to date on the latest practices, technology and other methods of measuring climate change. Treatment of consequential conditions and ailments span across many of our divisions including Ambulatory Health Services, Chronic Disease and Injury Prevention, and Maternal, Child and Family Health. The City must be prepared to take on the demands of increased ailments and frequency of visits for our services due to climate change triggered illnesses.

3. How does your department intend to mitigate and adapt to climate change?

We plan to mitigate and adapt to climate change by continuing our work to educate individuals on healthy habits to avoid or lessen the impact of the chronic diseases that climate change can worsen. Additionally, in our regulatory efforts, we plan to hold companies accountable for protecting the environment in order to slow the effects of climate change.

1. Staff Demographics Summary

Staff Demographics Summary (as of December 2020)								
	Total	Minority	White	Female				
Number of Full-Time Staff	854	682	172	631				
Number of Exempt Staff	13	9	4	8				
Number of Executive Staff (deputy level and above)	4	2	2	3				
Average Salary, Full-Time Staff	\$65,481	\$61,914	\$79,623	\$65,559				
Average Salary, Exempt Staff	\$79,140	\$69,808	\$97,806	\$87,074				
Average Salary, Executive Staff	\$152, 301	\$133,278	\$171,325	\$161,395				
Median Salary, Full-Time Staff	\$53,541	\$49,200	\$62,820	\$52,128				
Median Salary, Exempt Staff	\$58,394	\$40,788	\$100,510	\$76,000				
Median Salary, Executive Staff	\$133,278	\$133,278	\$171,325	\$136,500				

2. Employment Levels

Employment Levels (as of December 2020)						
	Budgeted	Filled				
Number of Full-Time Positions	1006	854				
Number of Part-Time Positions	N/A ¹	10				
Number of Exempt Positions	14	13				
Number of Executive Positions (deputy level and above)	4	4				
Average Salary of All Full-Time Positions	\$77,970	\$65,481				
Median Salary of All Full-Time Positions	\$59,033	\$53,541				

¹For the annual budget, part-time positions are budgeted for funding amount but not for number of positions.

3. Financial Summary by Class

Some departments may also want to provide financial summary tables for other funds, such as the Grants Fund.

Departments should delete any budget lines that have \$0 in every year (i.e. if a department has no Class 500 appropriations, actuals, or proposed appropriations, the Class 500 row should be deleted).

General Fund Financial Summary by Class								
	FY20 Original Appropriations	FY20 Actual Obligations	FY21 Original Appropriations	FY21 Estimated Obligations	FY22 Proposed Appropriations	Difference: FY22- FY21		
Class 100 - Employee Compensation	\$58,328,165	\$60,130,460	\$57,654,465	\$58,270,680	\$58,752,291	\$481,611		
Class 200 - Purchase of Services	\$89,824,827	\$96,119,796	\$90,506,143	\$93,424,737	\$95,447,448	\$2,022,711		
Class 300/400 - Materials, Supplies & Equipment	\$6,769,148	\$7,819,770	\$6,768,973	\$6,142,973	\$7,366,053	\$1,223,080		
Class 500 - Contributions	\$0	\$4,944	\$0	\$0	\$0	\$0		
Class 800 - Payment to Other Funds	\$4,500,000	\$4,500,000	\$4,423,404	\$4,423,404	\$923,404	(\$3,500,000)		
	\$159,422,140	\$168,574,970	\$159,352,985	\$162,261,794	\$162,489,196	\$227,402		

4. Contracts Summary

This table focuses on large professional services contracts with for-profit vendors.

"Large" is defined as meaning that an RFP was required.

Departments should focus on contracts that have been conformed to date.

Any departments that have large contracts with non-profit providers are encouraged to provide board makeup information in the optional "Non-Profit Vendor Demographics" table below.

M/W/DSBE Participation on Large Professional Services Contracts											
Top Five Largest Contracts, FY21											
Vendor Name	Service Provided	Dollar Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DSBE Participation Achieved	\$ Value of M/W/DSBE Participatio n	Total % Participatio n - All DSBEs	Total \$ Value Participatio n - All DSBEs	Local Business (principal place of business located within City limits) [yes / no]	Waiver for Living Wage Complianc ? [yes/no]
	Electronic Medical Records				MBE: N/A	100%	\$1,296,460	-1			
eClinical Works LLC	System	\$1,296,460			WBE: N/A	0%	\$0	100%	\$1,296,460		
	·		4/11/2018	8/1/2019	DSBE: N/A	0%	\$0			no	no
	COVID and Voter Media				MBE: 33-36%	12%	\$227,141				
ab+c Creative Intelligence	Campaigns	\$1,892,838			WBE: 33-36%	0%	\$0	12%	\$227,141		
			1/5/2018	7/1/2018	DSBE: N/A	0%	\$0			yes	no
					MBE: N/A	0%	\$0				
General Healthcare Resources	Nursing Services	\$950,000			WBE: N/A	0%	\$0	0%	\$0		
			4/11/2017	7/1/2017	DSBE: N/A	0%	\$0			no	no
					MBE: 33-36%	100%	\$824,363				
Bandujo Advertising + Design	Various Media Campaigns	\$824,363			WBE: 33-36%	0%	\$0	100%	\$824,363		
			1/5/2018	7/1/2018	DSBE: N/A	0%	\$0			no	no
					MBE: N/A	0%	\$0				
Walgreen CO	HIV Medications	\$499,999			WBE: N/A	0%	\$0	0%	\$0		
			1/16/2018	3/1/2018	DSBE: N/A	0%	\$0			no	no

rofit Vendor Demographics		
Fairmount Long Term Care	Minority %	Female %
Workforce	88.20%	75.50%
Executive	33.30%	66.70%
Board	66.70%	33.30%
PMHCC, Inc.	Minority %	Female %
Workforce	65.80%	68.70%
Executive	33.30%	66.70%
Board	37.50%	62.50%
PHMC	Minority %	Female %
Workforce	75.00%	76.00%
Executive	50.70%	78.90%
Board	54.50%	40.90%
Health Federation of Philadelphia, Inc.	Minority %	Female %
Workforce	65.00%	85.90%
Executive	20.00%	80.00%
Board	53.30%	66.70%
Children's Hospital of Philadelphia	Minority %	Female %
Workforce	39.40%	79.20%
Executive	17.40%	52.20%
Board	23.50%	17.60%

5. Performance Measures Table

Please refer to the FY22 Budget Testimony narrative for Performance Measure data.

6. Participation Rate and Goal

The Contract Participation Goal table is for **all** contracts (Public Works, SS&E, and Professional Services, combined).

Contracts Summary (Professional Services only)								
	FY18	FY19	FY20	FY21	FY22	FY21 YTD (Q1 & Q2)		
Total amount of contracts	\$5,759,002	\$5,133,303	\$16,913,050	\$6,178,639	\$6,000,000	\$6,178,639		
Total amount to M/W/DSBE	\$1,398,266	\$945,894	\$3,223,881	\$3,054,847	\$1,300,000	\$3,054,847		
Participation Rate	24%	18%	19%	49%	22%	49%		

The department requires specialized services that are only available through specific vendors. For example, nursing staff and HIV medications.

Total M/W/DSBE Contract Participation Goal (Public Works; Services, Supplies & Equipment; and Professional Services combined)					
	FY20	FY21	FY22		
M/W/DSBE Contract Participation Goal	32%	30%	30%		

7. Staff Demographics

Biracial employees should be included under "Other."

Staff Demographics (as of De	ecember 2020)				
	Full-Time Staff		E	xecutive Staff	
	Male	Female		Male	Female
	African-American	African-American		African-American	African-American
Total	108	383	Total	0	1
% of Total	13%	45%	% of Total	0%	25%
Average Salary	\$57,550	\$58,930	Average Salary	\$0	\$130,055
Median Salary	\$50,341	\$46,786	Median Salary	\$0	\$130,055
	White	White		White	White
Total	61	111	Total	1	1
% of Total	7%	13%	% of Total	25%	25%
Average Salary	\$74,127	\$82,643	Average Salary	\$125,020	\$217,630
Median Salary	\$62,975	\$62,664	Median Salary	\$125,020	\$217,630
	Hispanic	Hispanic		Hispanic	Hispanic
Total	7	29	Total	0	0
% of Total	1%	3%	% of Total	0%	0%
Average Salary	\$64,720	\$55,748	Average Salary	N/A	N/A
Median Salary	\$46,786	\$46,786	Median Salary	N/A	N/A
	Asian	Asian		Asian	Asian
Total	35	57	Total	0	0
% of Total	4%	7%	% of Total	0%	0%
Average Salary	\$75,587	\$79,870	Average Salary	N/A	N/A
Median Salary	\$66,429	\$76,422	Median Salary	N/A	N/A
	Other	Other		Other	Other
Total	12	50	Total	0	1
% of Total	1%	6%	% of Total	0%	25%
Average Salary	\$60,896	\$65,036	Average Salary	N/A	\$136,500
Median Salary	\$48,236	\$52,539	Median Salary	N/A	\$136,500
	Bilingual	Bilingual		Bilingual	Bilingual
Total	3	34	Total	0	0
% of Total	0%	4%	% of Total	0%	0%
Average Salary	\$99,489	\$67,964	Average Salary	N/A	N/A
Median Salary	\$110,962	\$76,422	Median Salary	N/A	N/A
	Male	Female		Male	Female
Total	223	630	Total	1	3
% of Total	26%	74%	% of Total	25%	75%
Average Salary	\$66,576	\$68,445	Average Salary	\$125,020	\$161,395
Median Salary	\$50,341	\$52,539	Median Salary	\$125,020	\$136,500

Detail for non-binary employees, if applicable: N/A



8. New Hire Information/Language Access

Date range is 7/1/20 to December 2020 increment run. Detail for any hires since then can be added in the text box below the table.

New Hires (from 7/1/2020 to December 2020)							
	Total Number of New Hires	[language 1]	[language 2]	[language 3]	[language 4]	[language 5]	
Black or African American	11	English					
Asian	4	English	Malayalam	Laotian	Hindi	Gujarati	
Hispanic or Latino	1	Spanish	English				
White	4	English					
Other	19	English	Russian	Bulgarian	Hindi	Portuguese	
Total	39	0	0	0	0	0	

Detail for new hires since December 2020, if applicable:							
	Total Number of New Hires	[language 1]	[language 2]	[language 3]	[language 4]	[language 5]	
Black or African American	7	English	Yorubo				
Asian	6	English	Malayalam	Cantonese	Hindi	Spanish	
Hispanic or Latino	1	Spanish	English				
White	6	English	Spanish				
Other	11	English					
Total	31	0	0	0	0	0	

All Staff							
	Total Number of Staff	[language 1]	[language 2]	[language 3]	[language 4]	[language 5]	
Black or African American	277	French	Spanish	Bengali	Hindi	Igbo	
Asian	96	Malaylalam	Vietnamese	Mandarin	Cantonese	Gujarati	
Hispanic or Latino	56	Spanish	Russian				
White	95	Spanish	French	Hebrew	Malaylalam	Russian	
Other	47	Malaylalam	Hindi	Russian	French	Spanish	
Total	571*						

^{*}This is the data available from employees who have reported fluency in other languages and does not include all employees.

Frontline Staff						
	[language 1]	[language 2]	[language 3]	[language 4]	[language 5]	
Black or African American	French	Bengali	Spanish	Igbo	Hindi	
Asian	Malaylam	Vietnamese	Mandarin	Chinese	Cambodian	
Hispanic or Latino	Spanish	Russian				
White	Spanish	French	Hebrew	Malaylalam	Russian	
Other	Hindi	Malaylalam	Russian	French	Bengali	
Total	0	0	0	0	0	