

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐

DPH SECTION: Public Health Laboratory

PROGRAM CONTACT NAME/PHONE: Sally Liska, PH Lab Director; 554-2800

PROGRAM / INITIATIVE TITLE: **Funding Chief Microbiologist Position at the Public Health Lab**

GENERAL FUND: **\$28,241**

TARGETED CLIENTS: Bioterrorism Response unit, Communicable Disease Control Program, STD Control and TB Control programs

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In April 2005, a Chief Microbiologist was hired with federal UASI funds to provide laboratory support for San Francisco's BT response program. In 18 months, this position established PCR rapid response laboratory service to detect Select Agents and worked with the First Responder team to implement a program to test environmental samples, such as powders for Anthrax, and other Select Agents. Concurrently, the Chief Microbiologist established test procedures for Norovirus and Influenza to assist the Communicable Disease unit in outbreak investigations. The Chief Microbiologist also responded to the request of STD Control to investigate a PCR method to test syphilis and gonorrhea specimens for antimicrobial resistance. Funding for this position ends June 30, 2007. The department has been notified that we will receive a local assistance grant from the California DHS/ Office of Workforce Development that will provide \$109,000 to fund personnel costs.

JUSTIFICATION: (required by the Mayor's Office)

Funding from the General Fund is requested for the Chief Microbiologist position at the PH Lab in order to: 1) Allow DPH to provide accurate and timely identification of communicable disease agents at group facilities; 2) Provide support to the SF First Responders for detecting Select Agents, such as anthrax, in suspicious samples; 3) Assist STD and TB Control programs in monitoring drug resistance in disease agents; and 4) Improve the testing capabilities at the DPH Laboratory.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$28,241 for salaries and fringes

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Addition of 1.00 2466 Chief Microbiologist position that expires in June 2007

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Backfill for loss of grant funding for Public Health Lab

	FY 2007-08	Ongoing
Sources:		
Grant funding	\$ 109,000	\$ -
Subtotal Sources	109,000	-
Uses:		
Salaries and Fringes	\$ 137,241	\$ 182,988
	-	-
	-	-
Subtotal Uses	137,241	182,988
Net General Fund Subsidy Required (Uses less Sources)	\$ 28,241	\$ 182,988
Total FTE's	1.00	1.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's		
2466	Chief Microbiologist	1.00	\$	101,660
				-
				101,660
				35,581
			\$	137,241

Operating Expenses

Index Code	Character/Subobject Code		
		-	\$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

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DPH SECTION: Office of Policy and Planning

PROGRAM CONTACT NAME/PHONE: Anne Kronenberg, 554-2898

PROGRAM / INITIATIVE TITLE: **DPH Disaster Preparedness Planning**

GENERAL FUND: \$49,140

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Office of Policy and Planning (OPP) is responsible for the overall coordination and planning for disaster preparedness for the Department of Public Health. Since February 2005, OPP had several positions funded with federal UASI funds, including a 2820 Senior Health Program Planner who has been responsible for disaster preparedness activities including planning, training, grant management, liaison to Department of Emergency Management and coordination of all DPH disaster preparedness planning. UASI funding for the position ends in June 2007 however additional grant funding has been identified for July 2007 to December 2007.

JUSTIFICATION: (required by the Mayor's Office)

Department of Public Health is responsible for the coordination of the medical and health response in the event that any disaster should befall CCSF, whether a natural disaster such as an earthquake or infectious disease outbreak or a human made disaster such as an act of terrorism. DPH has been dependent on grant funding to staff preparedness planning positions and to pay for equipment and supplies needed for emergency response. In addition, in order to continue to qualify for federal funding, the Department must maintain compliance with the National Incident Management System (NIMS). NIMS training is required of all jurisdictions receiving federal preparedness funding and most DPH employees are required to be NIMS "compliant". Since DPH has over 6000 employees the training coordination that the 2820 position performs is crucial to develop and maintain the training program not only for compliance but also for skills capabilities.

In addition this position is responsible for the Department Operations Center that is the DPH Command Center in an emergency. The 2820 position is needed to coordinate staffing, training, maintenance and upgrade of the DOC. In addition, the 2820 will continue to be the lead planner for writing plans and reports related to disasters, including the Emergency Operations Plan and the Isolation and Quarantine plan. Finally, the 2820 will continue to liaison with other City departments the Department of Emergency Management, SFFD, SFPD and the Human Services Agency. Inter-Departmental coordination is critical for Disaster Preparedness in San Francisco, as all the Departments will need to work together and share resources, expertise and personnel for a large-scale event.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$49,140 for salaries and fringes

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Addition of 1.0 FTE 2820 (Position is existing but position authority ends June 2007.)

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Disaster Preparedness Planning

	FY 2007-08	Ongoing
Sources:		
	\$ 49,140	\$ -
Subtotal Sources	49,140	-
Uses:		
Salaries and Fringes	\$ 98,280	\$ 98,280
	-	-
	-	-
Subtotal Uses	98,280	98,280
Net General Fund Subsidy Required (Uses less Sources)	\$ 49,140	\$ 98,280
Total FTE's	1.0	1.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2820	Senior Health Program Planner - Existing Position through June 2007	1.00	72,800
			-
			72,800
	Fringe (35%)		25,480
			\$ 98,280

Operating Expenses

Index Code	Character/Subobject Code	
		- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

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- X Public Health
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☐ CBHS - Substance Abuse
☐

DPH SECTION: DPH Disaster Logistics/Emergency Medical Services Agency

PROGRAM CONTACT NAME/PHONE: John Brown EMS Agency Medical Director/355-2607

PROGRAM / INITIATIVE TITLE: **Logistics Unit to Maintain Disaster Equipment**

GENERAL FUND: **\$95,455**

TARGETED CLIENTS: DPH Disaster Response Sections (EMS Agency, DPH Clinics, SF General Hospital) and Community Hospitals and Skilled Nursing Facilities Disaster Preparedness

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Since 2004, DPH has received and distributed hundreds of pieces of emergency/disaster equipment, including surge tents, decontamination tents, generators, satellite phones and personal protective equipment, to dozens of sites and organizations, including DPH locations, ambulances, hospitals, clinics and other locations. To comply with US DHS grant requirements, and to assure the functionality of this equipment during disasters, this equipment must be tracked by controlling agency and location, and must receive recurring testing, maintenance, and repair, based on yet-to-be-developed standard protocols.

JUSTIFICATION: (required by the Mayor's Office)

The EMS Agency requests a dedicated logistics-experienced 1824 and a 2533 EMS Specialist, to perform the equipment maintenance, testing, repair, and inventory functions. The two positions and the pharmacy tech (requested separately) will constitute a three-person logistics unit.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)
\$95,455 for salaries and fringes.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

0.75 FTEs 2533 EMS Agency Specialist

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Logistics Unit to Maintain Disaster Equipment

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 95,455	\$ 127,274
Subtotal Uses	\$ 95,455	\$ -
Net General Fund Subsidy Required (Uses less Sources)	\$ 95,455	\$ 127,274
Total FTE's	0.75	1.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2533	EMS Agency Specialist	0.75	\$ 70,707
			-
	Fringe (35.0%)		24,748
			\$ 95,455

Operating Expenses

Index Code	Character/Subobject Code	
		- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

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DPH SECTION: Communicable Disease Control and Prevention

PROGRAM CONTACT NAME/PHONE: Susan Fernyak, MD, 554-2845/Lorna Garrido, 554-2859

PROGRAM / INITIATIVE TITLE: **Communicable Disease Epidemiology Response**

GENERAL FUND: \$124,027

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Funding is request to offset the loss of UASI grant funding.

JUSTIFICATION: (required by the Mayor's Office)

Since May 2005, a 1.0 FTE Epidemiologist II has been funded by the Urban Area Security Initiative to develop sections of the Department's Infectious Disease Emergency Response (IDER) Plan concerning disease surveillance, epidemiological investigation, and data analysis that tactically drive response activities during a bioterrorism event or naturally-occurring threats such as pandemic influenza. The development of the plan and its numerous supporting custom tools (e.g., forms, surveys, and protocols) is expected to be completed for 7 catastrophic and/or terrorism-related diseases by June 2007. However, there remain at least a dozen more naturally occurring diseases that need to be addressed (e.g., *E. coli* O157:H7, hepatitis A, meningococcal infection, norovirus, pertussis). Each of these diseases can cause large outbreaks and require the Department to rapidly mobilize a response to determine the cause of the outbreak and prevent disease spread. Although disease control and outbreak management activities are traditional responsibilities of CDCP staff, the current capacity is limited to smaller outbreaks (fewer than 100 sick individuals). In order for SFDPH to build a robust and sustainable response capable of handling larger outbreaks, ongoing effort is needed to develop the tools and systems that would enable the Department to rapidly scale up response activities. The Department requests General Fund support to replace the loss of UASI grant funding.

Continued funding of the Communicable Disease Response Epidemiologist position is critical for SFDPH to effectively and rapidly respond to communicable disease outbreaks. This position would:

- Respond to requests for communicable disease data.
- Report outbreak data to state health authorities as mandated by state regulation.
- Provide technical support for effective investigation and analysis of the large number of outbreaks that occur in San Francisco on a regular basis; this includes on-the-fly adaptation of tools for specific outbreak situations, designing and implementing studies, and analyzing investigation data.
- Update continuously detailed customized tools that enable DPH to quickly investigate urgent cases and outbreaks of disease, both naturally occurring and bioterrorism-related.
- Develop and implement ongoing, annual training of SFDPH staff that perform epidemiologic investigation functions during a major outbreak response, as well as just-in-time training of staff recruited from other programs during a large-scale outbreak.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

In 2006, over 60 outbreaks were reported to CDCP, and their management often required the expertise of an experienced epidemiologist. The Epidemiologist II will develop and maintain investigation tools and forms for approximately two-dozen epidemic-prone, urgent diseases, comprising over 150 documents. The incumbent will also develop and implement at least 2 trainings a year on epidemiologic investigation procedures for an infectious disease emergency or large-scale outbreak response.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$124,027 in salaries and mandatory fringe benefits.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

1.0 FTE 2803 Epidemiologist II position (position authority ends in June 2007)

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Communicable Disease Epidemiology Response

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 124,027	\$ 124,027
	-	-
	-	-
Subtotal Uses	124,027	124,027
Net General Fund Subsidy Required (Uses less Sources)	\$ 124,027	\$ 124,027
Total FTE's	1.0	1.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2803	Epidemiologist II	1.0	\$ 91,872
			-
	Total Salaries		91,872
	Fringe (35%)		32,155
			\$ 124,027

Operating Expenses

Index Code	Character/Subobject Code	
		- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

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DPH SECTION: DPH Disaster Logistics/Emergency Medical Services Agency

PROGRAM CONTACT NAME/PHONE: John Brown EMS Agency Medical Director/355-2607

PROGRAM / INITIATIVE TITLE: **DPH Disaster Logistics**

GENERAL FUND: **\$93,366**

TARGETED CLIENTS: DPH Disaster Response Sections (EMS Agency, DPH Clinics, SF General Hospital) and Community Hospitals and Skilled Nursing Facilities Disaster Preparedness

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In April 2005 a pharmacy technician was hired with federal UASI funds to provide support for the Homeland Security/Disaster Local Pharmaceutical Cache, a part of the Metropolitan Medical Response System. This cache consists of medications and related medical supplies and equipment to prophylax approximately 250,000 individuals in case of biological terrorist event, and to treat approximately 1,000 individuals in a disaster event from any cause (natural, such as an earthquake, or man-made, such as a chemical, explosive, radiological or biological event). This program is designed to be the bridge between the occurrence of a large-scale disaster event (which would quickly deplete on-hand medical supplies, as these are maintained in all health care facilities as "just-in-time" inventory, i.e. no reserve supplies) and the arrival of federal medical assets, which must be requested through a long chain of authority including Region II and the State EMS Authority—an expected request-to-delivery time of over 24 hours. Funding for the position ends June 30, 2007.

JUSTIFICATION: (required by the Mayor's Office)

Funding from the General Fund is requested for the Pharmacy Technician position in the DPH Disaster Logistics function in order to: 1) Allow DPH to stockpile adequate materiel to meet the pharmaceutical needs of a disaster in San Francisco for the first hours following the event, 2) to keep all medical supplies at hand current, i.e. not to have any expired medications in the cache, 3) to update the medications in the cache periodically to conform with the changing standards of disaster medical practice, 4) to rotate as much of the cache as possible so as to use the medications to meet day-to-day DPH medical practice needs, 5) to assist community hospitals and skilled nursing facilities with their pharmaceutical disaster preparedness, and 6) to assist DPH disaster managers with responses to smaller disaster events as well as drills and training for disaster preparedness.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$93,366 for salaries and fringes

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

1.0 FTE 2409 pharmacy technician position (position authority for UASI grant expires June 2007)

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: DPH Disaster Logistics - UASI

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 93,366	\$ 93,366
	-	-
	-	-
Subtotal Uses	93,366	93,366
Net General Fund Subsidy Required (Uses less Sources)	\$ 93,366	\$ 93,366
Total FTE's	0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2409	Pharmacy Technician	1.00	69,160
			-
			69,160
	Fringe (35%)		24,206
			\$ 93,366

Operating Expenses

Index Code	Character/Subobject Code	
		- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input checked="" type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Communicable Disease Control and Prevention

PROGRAM CONTACT NAME/PHONE: Susan Fernyak, MD 554-2845/Lorna Garrido 554-2859

PROGRAM / INITIATIVE TITLE: **Maintenance of mass prophylaxis trailers**

GENERAL FUND: **\$101,200**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Funding is requested for space rental and annual maintenance of emergency preparedness and response trailers.

JUSTIFICATION: (required by the Mayor's Office)

In 2006, the 23 trailers were purchased with funding from the Cities Readiness Initiative (CRI) grant provided by the Centers for Disease Control and Prevention (CDC). The intent of the CRI program is to help San Francisco develop the capability to provide mass prophylaxis to all of the city's residents within 48 hours of a bio-terror attack. As part of the mass prophylaxis plan, the Department purchased and pre-positioned 23 trailers stocked with supplies (not medications) necessary to operate approximately 20 point-of-dispensing sites where the provision of medications or vaccinations will take place. Due to the nature of the CRI grant, ongoing funding to support this program will not be available.

The Department requests General Fund support for the annual maintenance costs and facility costs for these 23 trailers. The costs to keep the trailers ready for immediate deployment include:

- Annual parking at 7th & Harrison lot: \$100/month x 16 trailers x 12 months = \$19,200
- Annual rental at Pier 80 warehouse that will accommodate 7 trailers and allow for space as a staging area for receiving/processing the Strategic National Stockpile: \$0.60/square foot/month x 1000 square feet x 12 months = \$72,000
- Annual maintenance of trailers: \$10,000

The effectiveness of the Department's mass prophylaxis plan depends on the constant readiness of equipment that is central to the plan's implementation. While the purchase of such equipment is funded by federal grants, it is not possible to use the grants to fund ongoing maintenance costs. General Fund support of this program is needed to ensure that the equipment can be properly stored and deployed when they are needed.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

San Francisco's daytime population.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$101,200 in work orders with the Port Commission, Public Works, and Parking Authority.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

No net impact on department's workforce.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Mass Prophylaxis Trailers

	FY 2007-08	Ongoing
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes		
081/081PO EF-Port Commission	\$ 72,000	\$ 72,000
081/081PA IS-Purch-Central Shops-Auto Maint	\$ 10,000	\$ 10,000
081/081PK GF-Parking & Traffic	\$ 19,200	\$ 19,200
Subtotal Uses	101,200	101,200
Net General Fund Subsidy Required (Uses less Sources)	\$ 101,200	\$ 101,200
Total FTE's	0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE's

Fringe (35%)

-
 -
 -
 \$ -

Operating Expenses

Index Code	Character/Subobject Code		
	081/081PO EF-Port Commission	\$	72,000
	081/081PA IS-Purch-Central Shops-Auto Maint	\$	10,000
	081/081PK GF-Parking & Traffic	\$	19,200
		\$	101,200

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input checked="" type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Disease Control and Prevention

PROGRAM CONTACT NAME/PHONE: Susan Fernyak, MD 554-2845/Lorna Garrido 554-2859

PROGRAM / INITIATIVE TITLE: **Infection Control Professional**

GENERAL FUND: **\$207,605**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The UASI grant currently funds two positions in the area of infection control: one physician and one nurse manager. Although the personnel were hired to develop response/preparedness measures against infectious disease emergencies and bioterrorism events, the Department recognizes that their responsibilities and expertise are directly tied to the daily operations of the Communicable Disease Control and Prevention section. General Fund support is requested for the physician specialist after the grant funding expires in June 2007.

JUSTIFICATION: (required by the Mayor's Office)

Since the hiring of the infection control staff, the Department has hosted a citywide hospital infection control working group which includes Infection Control Professionals (ICPs) from all San Francisco hospitals and Seton Medical Center. This has increased collaboration between SFDPH and the hospitals and allowed a forum for sharing Infection Control best practices. The direct communication with hospital representatives through this working group has improved reporting of legally reportable communicable diseases as well as increased cooperation and assistance with routine disease control investigation of hospitalized cases. Accomplishments to date include:

- Bioterrorism Disease Infection Control recommendations
- Avian Flu Infection Control recommendations
- Interim Pandemic Influenza Infection Control recommendations for the World Health Organization's Phase 4/5/6
- High Hazard Procedure Respiratory Protection recommendations
- Pandemic Influenza Infection Control Table Top Exercise

The Infection Control staff's work in the planning/preparedness arena has also addressed several gaps in the Department's traditional disease reporting/control activities. The Infection Control staff provides crucial guidance and information regarding appropriate infection control measures in healthcare facilities, long-term care facilities, schools, day-care facilities and other facilities to interrupt transmission of diseases that are responsible for outbreaks. This included a "checklist" of key measures taken during gastrointestinal illness and respiratory illness outbreaks in various facilities to prevent further spread of disease. This information has been used effectively in response to over 60 reported

outbreaks in 2006. Infection control staff have conducted site visits and performed on-site assessments of potential sources of ongoing disease transmission or suboptimal disease containment measures.

The Department has improved its ability to answer infection control related questions for health care providers, occupational health specialists, other emergency responders, personnel from other city departments and agencies and others. As states introduce more requirements on public reporting of healthcare-associated infections, collaboration with hospital and other health institutions will need to be tighter. As a result, the need for infection control consultation services will increase.

The advent of Avian Influenza (H5N1) in humans means that hospital infection control and home isolation guidelines, policies and procedures need to be further developed. In recent months, several suspected H5N1 cases were reported to SFDPH, which required the department to provide guidance on home and health care facility isolation. This function cannot be performed without a trained infection control practitioner.

A recent survey indicated that at least 24 state and local health departments employ staff dedicated to infection control issues. This need pertains directly to large metropolitan jurisdictions such as San Francisco where the contribution of Infection Control staff have a major direct impact on the day-to-day operations of disease reporting. The Department's ongoing effort to control and limit the impact of infectious disease outbreaks.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Infection control professional expertise, consultation, and development of guidelines for routine infection control practices as well as disease containment measures during outbreaks impacts all 11 SF hospitals as well as greater than 100 long term care facilities for the elderly in San Francisco. In addition, this service potentially impacts containment of outbreaks at all of the schools and daycares in San Francisco as well. Appropriate guidelines for disease containment measures for situations such as pandemic influenza potentially impact every resident, visitor, and employee in San Francisco.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$207,605 salaries and fringes

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

1.0 FTE 2230 Physician Specialist position (position authority ends June 2007.)

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Infection Control Professional

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 207,605	\$ 207,605
	-	-
	-	-
Subtotal Uses	207,605	207,605
Net General Fund Subsidy Required (Uses less Sources)	\$ 207,605	\$ 207,605
Total FTE's	1.0	1.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's		
2230	Physician Specialist	1.0	\$	153,781
				-
	Total Salaries			153,781
	Fringe (35%)			53,823
			\$	207,605

Operating Expenses

Index Code	Character/Subobject Code		
		-	\$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

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☐

DPH SECTION: SFGHMC – Nursing Services (Leslie Holpit)

PROGRAM CONTACT NAME/PHONE: Sue Currin/206-3670

PROGRAM / INITIATIVE TITLE: **RN Internship Training Program**GENERAL FUND: **\$332,446**

TARGETED CLIENTS: Acute care patients

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

This proposal will allow continuation of the RN Internship Program that provides for specialty training and organizational support of new graduate registered nurses and their registered nurse preceptors. Prior to FY 2004-05 the General Fund supported the program. For the past three years a grant from the Gordon and Betty Moore Foundation funded the program however it will expire in November 2007. This program has demonstrated improved competency for new graduate RNs with high rates of satisfaction and confidence thus resulting in significantly improved retention and vacancy rates within nursing units. At present, the Internship Program has had a turnover rate of 0% compared to a turnover rate of 18% within the first year of hire for new graduate RNs from 2003-2005. Additionally, RNs participating in preceptor training have demonstrated higher retention rates and enhanced the ability of SFGH to recruit and support ethnically diverse new graduate RNs who are reflective of the patient population of SFGH.

JUSTIFICATION: (required by the Mayor's Office)

This initiative will allow 26 new graduate RNs to enter the training program annually and will positively impact the recruitment of new graduate RNs particularly in specialty areas such as critical care, emergency and operating room. Training costs for each new graduate RN ranges from \$38,946 in the OR to \$14,979 in the medical-surgical area. This program also provides an enrichment component that consists of 15 slots of class and clinical training, 40 slots for preceptor development and 15 slots for mentorship for RNs who are currently employed at SFGH. The program has correlated work satisfaction and confidence in clinical skills with program participation. This results in fewer RN vacancies in the specialty areas and improvement in retention.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)**

\$332,446 Temp N salaries and fringes

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Temp Nurses

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: RN Internship Training Program

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 332,446	\$ 332,446
Subtotal Uses	332,446	332,446
Net General Fund Subsidy Required (Uses less Sources)	\$ 332,446	\$ 332,446
Total FTE's	0.00	0.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
Temp N	RN interns and mentors		\$ 307,963
			307,963
	Fringes (7.95%)		24,483
	Total Salaries & Fringes =	0.00	\$ 332,446

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☒ AIDS Office

DPH SECTION: AIDS Office

PROGRAM CONTACT NAME/PHONE: James Loyce/554-8461

PROGRAM / INITIATIVE TITLE: **Improving HIV/AIDS Treatment and Prevention Services - Earmark**

GENERAL FUND: \$743,946

TARGETED CLIENTS: At least 650 low-income, underserved, and minority individuals and families living with HIV who are currently not reached or effectively served through the existing system of care.

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In FY 2005-06 the DPH received a grant earmark from the Centers of Medicare and Medicaid Services for HIV Health Services. The grant period was July 1, 2005 to June 30, 2006.

The earmark application specifically designated the following agencies and amounts that would be funded.

AGENCY	CMS Award 2005-06
UCSF/ Men of Color Project	\$275,000
Quan Yin	106,351
UCSF/ AIDS Health Project	203,946
SFGH/ Ward 86	290,000
Positive Resource Center	150,000
Mission Neighborhood Health Center	250,000
TOTAL	\$1,275,297

In March 2006 the Department applied for a second earmark for \$1,500,000 to assist with HIV/AIDS services at San Francisco General Hospital's Ward 86 and at community-based facilities including the Castro-Mission and Southeast Health Centers. The funding would have provided primary care services, additional HIV care and prevention services (including outreach, HIV counseling and testing, linkage to care), adherence support, counseling and culturally appropriate substance abuse treatment, and counseling and case management services. This range of services would have enabled the Department to comprehensively address the multiple and complex needs of the City's most vulnerable populations, including women and minorities with HIV or at risk of HIV infection.

The requested budget included \$1,298,727 for contracted services. All Congressional Earmarks were defunded by Congress so the City did not receive the funding.

During the FY 2006-07 budget development the Mayor's Office added \$150,000 and the Board of Supervisors added \$383,000 to the DPH budget for the following services:

SERVICE	AMOUNT	DESCRIPTION
HIV/AIDS services for African American Men	\$275,000	Multi-disciplinary medical and psychosocial services for HIV positive African American men
Alternative Medicine for persons with HIV	108,000	HIV health services
HIV Support Groups	150,000	Support services
	533,000	

A RFP process was used to select the following contractors.

AGENCY	G.F. Add-Back 2006-07
UCSF/ Men of Color	\$275,000
Quan Yin	108,000
UCSF/ AHP	150,000
TOTAL	533,000

Since the FY 2006-07 Earmark was cancelled, a supplemental was proposed to continue the services provided under the FY 2005-06 Earmark. Funding for the following services was requested.

Agency	CMS Earmark	FY 2006-07 Budget	Change	Supplemental	Notes
UCSF/ Men of Color Project	\$275,000	\$275,000	0	0	Fully Funded
Quan Yin	106,351	108,000	(1,649)	0	Fully Funded
UCSF/ AIDS Health Project	203,946	150,000	53,946	26,973	January start date
SFGH/ Ward 86	290,000	0	290,000	290,000	Providing services all year
Positive Resource Center	150,000	0	150,000	75,000	January start date
Mission Neighborhood Health Center	250,000	0	250,000	250,000	Providing services all year
	\$1,275,297	\$533,000	743,946	641,973	

The annual value of the supplemental is \$743,946.

JUSTIFICATION: (required by the Mayor's Office)

This will provide funding for these services for a full fiscal year.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

At least 650 low-income, underserved, and minority individuals and families living with HIV who are currently not reached or effectively served through the existing system of care

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$743,946

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

No impact.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Improving HIV/AIDS Treatment nad Prevention Services

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes		\$ -
Contracts	743,946	-
	-	-
Subtotal Uses	743,946	-
Net General Fund Subsidy Required (Uses less Sources)	\$ 743,946	\$ -
Total FTE's	0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE's

Fringe (35%)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code

HCHPDHIVS 02700 743,946 \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
- ☐ Laguna Honda Hospital
- ☐ Primary Care
- ☐ Jail Health
- ☐ Health At Home

- ☒ Public Health
- ☐ CBHS - Mental Health
- ☐ CBHS - Substance Abuse
- ☐

DPH SECTION: AIDS

PROGRAM CONTACT NAME/PHONE: Dean Goodwin, 554-9054

PROGRAM / INITIATIVE TITLE: **Reduction in CARE grant**

GENERAL FUND: **\$5,700,000**

TARGETED CLIENTS: Low income San Francisco residents with a diagnosis of HIV-infection

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The federal Ryan White Program (CARE) provides funding for health care for people with HIV disease. Enacted in 1990, it fills gaps in care faced by those with low-income and little or no insurance. With the recent reauthorization of the CARE Act, now the HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Program), Part A (formerly named CARE Title I) the full grant award is being delivered in three separate parts. The first part, the Formula portion of the award was received on March 1, 2007. The second part, the Supplemental portion, is expected April 30, 2007. The third part, the M.A.I. (Minority AIDS Initiative) portion of the award is expected in August of 2007.

With the change in the reauthorization of the CARE Act, 2/3rds of available Part A dollars are set aside for the Formula award and 1/3rd for the Supplemental award. Because of this change, fewer dollars remain for the Supplemental awards, about \$150 Million.

Last year the San Francisco Eligible Metropolitan Area (EMA) received \$27,964,864 in CARE Title I (Part A) dollars (\$15,444,793 from Formula, \$12,520,071 from Supplemental). Nationally, the CARE Award was composed of 50% Formula funds and 50% Supplemental funds. With about \$250 Million available nationally for Supplemental awards, San Francisco received approximately 5% of the funds available.

This year, San Francisco's Formula portion of the Part A award is exactly 5% less than last year's award (as a result of a hold harmless provision left in place for Formula dollars) - a reduction of \$772,240. If we are able again to capture 5% of funds available in the Supplemental portion of the CARE award our total reduction from last year's award would increase to a total of approximately \$5.7 million.

To maintain level funding we would need to receive nearly 9% of \$500 Million in Supplemental funds; a difficult task given that there are 5 new EMAs competing for dollars this year. In fact, an additional reduction in the percentage of the Supplemental dollars we receive this year should not be ruled out.

For FY 2006-07, the M.A.I. portion of the SF CARE Title I award was \$534,737, approximately 2% of our total award. In past years the M.A.I. dollars were an earmark within the total CARE award. This year, they are separate dollars, outside of the Formula and Supplemental, and will be awarded in August based upon a competitive grant.

JUSTIFICATION: (required by the Mayor's Office)

A reduction in the CARE award of \$5.7 Million represents an overall reduction of more than 20% of total federal funding for HIV/AIDS Health Services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

In San Francisco, for FY 2006-07, more than 6,000 clients accessed HIV Health services funded with CARE dollars. These services include Outpatient Primary Medical Care, Dental Care, Mental Health and Substance Abuse services, Case Management, Delivered Meals, Housing services, Direct Emergency Financial Assistance, Facility and Home-based Home Care, Benefits Counseling and other important supportive services.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$5,700,000

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

A reduction of \$5.7 million in the CARE award would translate to a reduction of \$285,000 from administrative/personnel expenses.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Reduction in CARE grant

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ -	\$ -
Non-Personal Services	5,700,000	5,700,000
	-	-
Subtotal Uses	5,700,000	5,700,000
Net General Fund Subsidy Required (Uses less Sources)	\$ 5,700,000	\$ 5,700,000
Total FTE's	0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE's

Fringe (35%)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code

- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

