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To: President Dan Bernal and Members of the Health Commission

From: Basil A. Price
Director of Security
Department of Public Health

Through: Dr. Grant Colfax, Director of Health
Greg Wagner, Chief Operating Officer

Subject: **DPH Security Services Staffing Plan Proposal**

The safety and security of our staff, patients and visitors is one of DPH's most important goals. We continually review our practices and policies to ensure that all DPH facilities maintain safe and healing environments, deliver clinically appropriate responses to incidents, provide equitable incident response, building a welcoming environment for patients and visitors, and allow us to respond swiftly and effectively to potentially dangerous incidents. To meet these goals, DPH maintains a Security Management Plan that is evaluated annually to identify and implement opportunities for improvement. In addition, we have actively engaged with staff and community members who have concerns about the department's current security program.

A consistent and critically important issue the department must address is the inequitable use of force with respect to our patient population. The DPH security team has followed this metric for several years and documented inequities that have also been noted by staff and community advocates. Each year, the Sheriff's Office responds to an average of 16,000 patient-related calls. A yearly average of 100-incidents results in deputies using force against patients. In those incidents Black/African Americans have been subjected to force more than any other race or ethnicity. In FY 2019-20, of 129 incidents involving the use of force against patients, 62 (48%) of the incidents involved a Black/African American patient. This is an inequity that the department, community members and staff advocates find unacceptable. The department has concluded that healthcare-specific alternatives to law enforcement are more appropriate for meeting the goal of safety and security in many situations and environments.

Additionally, the presence of uniformed law enforcement officers is often at odds with the department's goal of creating a safe, healing, and welcoming health care environment. Personal and generational trauma associated with law enforcement for many individuals and communities means the presence of uniformed peace officers has a negative impact on patient experience and well-being at DPH clinical sites. In situations where a patient or client requires support from a trained, skilled health care professional, a law enforcement presence or response can have the unintended effect of escalating a situation or resulting in a negative outcome for the patient.

As the first step in addressing these problems, DPH plans to implement a new security model designed to address racial disparities in patient safety and experience as part of a welcoming and healing environment, while improving safety for everyone on our campuses and in our clinics. This new plan

reflects the many conversations we've had with staff, managers, and the community. The goal of this plan is to reduce visible law enforcement presence in most locations throughout the department and network, replacing law enforcement with staff trained in health care security and patient experience. These changes will advance the department's racial equity goals and bring DPH in line with standards and security programs already employed by many health systems. The changes also align DPH with the Center for Medicare and Medicaid Services (CMS) Interpretive Guidelines regarding law enforcement intervention on a person in a hospital by providing alternatives to law enforcement in patient care related incidents.

These changes are the first step in a larger effort to address inequities created by DPH's current health care security program; additional changes will be implemented over time. The department is establishing an internal security equity process to monitor, review, and revise security practices as needed. This process will adopt an anti-racist framework, including racial equity metrics to measure improvement, establish training for staff including principles of racial equity and institutional racism, and incorporate community and staff participation in decision making.

Overview:

The proposed security staffing plan would replace uniformed Deputy Sheriffs with trained health care professionals and peers at several of the department's patient care sites. Currently, the vast majority of calls for security assistance in clinical settings do not require a law enforcement response and can be more appropriately and effectively addressed by trained health care staff. Because many clinical sites currently lack alternatives to Sheriff's Department staff, law enforcement staff are often the only option available. The DPH proposal would allow trained health care staff to be the primary responders to many of these incidents, with the ability to call upon law enforcement for help if necessary. The department will continue to maintain a Sheriff's Department presence for incidents that do require a law enforcement intervention. Specific sites such as ZSFG's Emergency Department and Psychiatric Emergency Services will continue to have a Deputy Sheriff present, given history of staff and patient safety issues that cannot be fully prevented with clinical intervention or by the new health care security staffing. Additionally, the department will implement a more rigorous training program for DPH and Sheriff department staff to ensure they have the skills and tools to be as effective and supportive as possible in a patient care environment. In total, the proposal would reduce current 17.8 current sworn Deputy Sheriff positions (totaling 22.3 FTE) and add 44.1 FTE clinical and health care security staff, including Registered Nurses, Licensed Psychiatric Technicians, Health Workers, and Sherriff Cadets trained in health care security.

Zuckerberg San Francisco General Hospital and Laguna Honda Hospital

The security staffing plan proposes using Psychiatry Nurses to function as a Behavioral Emergency Response Team (BERT) to prevent crises by performing early-stage de-escalation, rounding, patient standby services, and assist in giving emergent medications and the initiation and application of restraints. ZSFG has piloted the use of BERT over the past year with significant positive results. The proposal would reduce the number of Sheriff Deputies at ZSFG by 11.4 positions (14.5 FTE), and add 30.4 FTE of BERT and patient experience staffing.

The BERT will follow an escalation protocol for patient interventions that will include support from non-uniformed cadets, based on clearly defined hospital policy and under the supervision of clinical staff. The Sheriff Cadets will be vetted to ensure they are suitable to function in a healing environment; they will receive DPH specific and healthcare security training, and will function as healthcare ambassadors to the community, conduct hospital campus patrols, and provide customer service, wayfinding, and navigation services.

Sheriff Deputies will continue to be present in ZSFG's Emergency Department and Psychiatric Emergency Services. In other clinical areas Sheriff Deputies currently patrolling the campus will be reduced and become less visible, allowing BERT to provide the primary response in non-law-enforcement incidents. The Sheriff's Department will maintain Campus Vehicle Patrols, bicycle patrols and Deputy Supervision to ensure a response is available in situations where escalation to law enforcement is needed, while reducing unnecessary use of law enforcement where a clinical response is more appropriate..

At Laguna Honda Hospital, 4.2 Deputy Sheriffs will be replaced with 8.4 Cadets, with the additional health care security training described above. This change will allow for a reduction in the visibility of uniformed law enforcement while increasing appropriate staff response capacity. Laguna Honda will also add 3 FTE of Psychiatric Nurse positions to support behavioral response training for LHH staff.

Community Clinics

Although some common ground exists between security and law enforcement duties in community-based clinics, the vast majority of activities performed by these two groups are different. Many DPH clinics require a culturally competent safety service that can provide ambassadors for DPH and the community, is trusted by the community, and knowledgeable about the neighborhoods where DPH provides service.

At the community clinics, the security staffing plan proposes to replace Deputy Sheriffs with community members trained in health care security, provided by contract with a Community Based Organization to provide security services. The contracted work force will bring experience with their local community and be trained in de-escalation and principles of patient experience. This model has been implemented at the department's Medical Respite and Sobering Center for some time, with significant positive outcomes. The peer-based staffing model has proven effective at keeping the sites safe, addressing patient needs, and maintaining a welcoming environment aligned with the needs of DPH's patients.

Deputies would be replaced at Southeast Health Center, SOMA Mental Health Center, Castro-Mission Health Center, and the Behavioral Health Access Center at 1380 Howard. A fulltime deputy presence at these clinics has proven disproportionate to the volume of security related reports. Over the past three years, there have been zero incidents that required a law enforcement response at these clinics. Sheriff's deputies will provide support to the contracted safety-service-personnel through vehicle patrols and emergency responses to criminal activity. In FY 2019-20 the department replaced stationed deputies with vehicle patrols at Potrero Hill Health Center, Maxine Hall Health Center, Ocean Merced Ingleside Family Center (OMI), and Chinatown North Beach Behavioral Health. The model has proven effective, with no increase in incidents requiring law enforcement.

Deputies will continue to remain in fixed positions at clinic locations with a history of high safety and security concerns for staff and patients: Tom Waddell Urban Health Clinic, WPIC Urgent Care, Mission Mental Health and DPH Central Administration (101 Grove.)

Because this proposal would require partially replacing certain City-employed Deputy Sheriffs with non-profit healthcare security staff, it requires Board of Supervisors approval under Proposition J. The department will request that the documents required for Board approval be submitted with the Mayor's June 1 budget.

Training Program

In conjunction with the program described above, DPH will significantly expand its current security training program for BERT and cadet staff.

BERT members will be trained in non-violent crisis intervention training that includes:

- Crisis Prevention – providing support to address staff, patient and visitor anxiety
- Verbal De-escalation – giving directives, setting limits, and empathic listening

- Physical Intervention – self-preservation techniques, team intervention, and physical holds

Non-uniformed cadets will be vetted to ensure that they are suitable to function as healthcare ambassadors for DPH and the community. The scope of cadet's role and assistance in patient intervention will be clearly defined in hospital policy and under the supervision of clinical staff. Cadets will receive be trained to perform the following:

- Customer Service - greeting and wayfinding
- Patient Standby - assistance is limited to supporting clinical staff as a deterrent or backup
- Patient Assistance – assisting, at the direction of a physician, affiliated professional, or nurse, to prevent the inappropriate behavior of a patient.

Measures of Success

- Reduce law enforcement intervention in patientcare related incidents through BERT and Healthcare Security response alternatives.
- Drive equity and respond to the community's concerns about the strong law enforcement presence within DPH facilities by replacing law enforcement with hospital and clinic ambassador safety services.
- Improvement in metrics that explicitly measure and address the role of race and racial equity in patient interactions with security services.
- Reduce use-of-force/physical intervention to address risk behavior through early-stage support and verbal de-escalation.
- Increase after-action reviews that include de-briefing with all impacted persons, including patients and visitors and developing performance improvement and care-plans specific to the individual.
- Decrease lost time claim frequency due to aggressive/assaultive behavior.
- Improve employee and patient satisfaction security surveys.

Summary of Proposed FTE Changes (Full Year)

The proposal includes a reduction of of 17.8 Deputy Sheriff positions (22.3 FTE) across SFHN sites. This reduction is more than offset by the addition of 44.1 clinical and health care security FTE, including Registered Nurses, Licensed Psychiatric Technicians, Health Workers, and Sherriff Cadets trained in health care security. The net increase in FTE will allow improved coverage and response capability by the new non-sworn FTE. Because Deputy Sheriff positions have a higher cost per FTE than many of the newly added positions, the majority of the cost of the net new FTE will be funded with the savings from the reduction in Deputy Sheriff positions. However, in order to meet new standards for coverage and service levels, the proposal would require an additional $1.4 million in FY 2021-22 and an additional $1.8 in FY 2022-23. That cost is included in the budget proposal before the Commission at the May 4 meeting.

<u>ZSFG Changes</u>

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

<u>LHH Changes</u>

- Reduce the DPH-Sheriff Workorder by 4.2 positions (est. 5.3 FTE including backfill)
- Add Healthcare Security Trained Sheriff Cadets – 8.4 FTE (est. 9.4 FTE Including backfill)

- Add BERT Psych Nurses & Techs – 3 FTE (Including backfill)

Clinic Changes

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

Other Proposed Actions

In addition to the staffing and budgetary changes proposed above, DPH is continuing to pursue other administrative changes to its security program, including:

- Establish a DPH-wide Security Equity Group to evaluate the impact of the changes proposed and make further recommendations. The budgetary changes proposed above are the first phase of a longer-term response to larger cultural and operational issues within the network. The group will include DPH staff, patients and external advocates.
- New uniforms for cadets (khakis and polo shirts) to replace current peace officer-style uniforms. This change will align with the new health care security role for cadets and reduce the perception of law enforcement presence at SFHN facilities.
- Revise administrative policies at DPH facilities to increase the use of trained health care staff in responding to patient issues.
- Training for DPH staff in clinical settings on how to address challenging patient issues and when to request a response from health care staff versus law enforcement.

Next Steps

May 2021

- Continued meetings with staff and labor organizations
- Health Commission Approval Requested as part of revised budget submission (May 4 meeting)

June 2021

- Mayor submits balanced budget and accompanying legislative documents (including Proposition J resolution) to BOS by June 1
- BOS Budget and Appropriations Committee Hearings and amendments - Month of June
- BOS Committee sends recommended budget and accompanying legislative documents to full BOS – end of June

July/August 2021

- Full Board of Supervisor hearings on amended budget and accompanying legislative documents – mid- to late July
- Mayor's Office signature of final budget and accompanying legislative documents – early August

August-March, 2021-22

- Hiring and onboarding new BERT staff
- Community Clinics contractor selection and onboarding
- Implement training program
- Operational transition