



Department of Public Health

Safety Services Staffing Plan Proposal





Introduction

DPH maintains a Security Management Plan that is evaluated annually to identify and implement opportunities for improvement. The gaps in performance improvement has been contributed to:

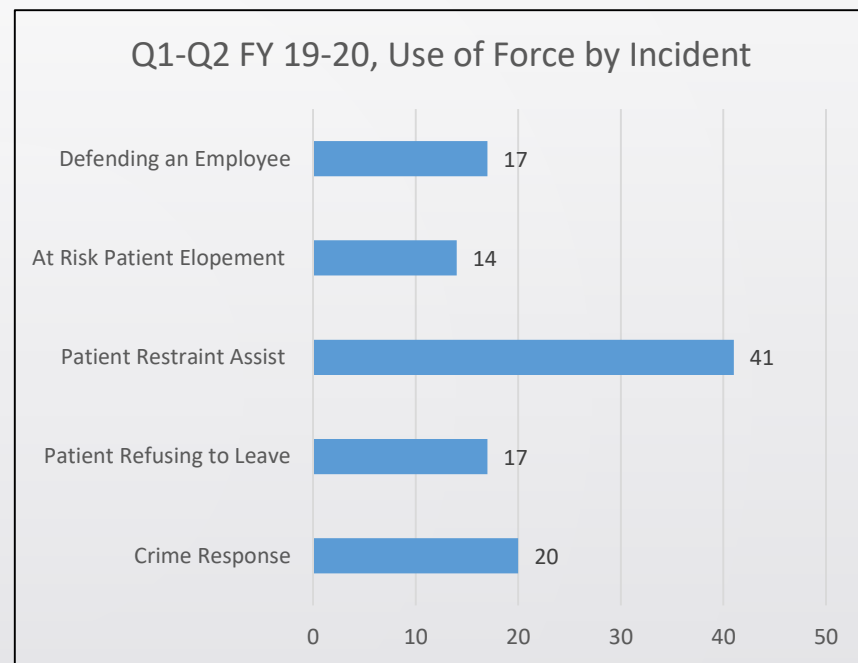
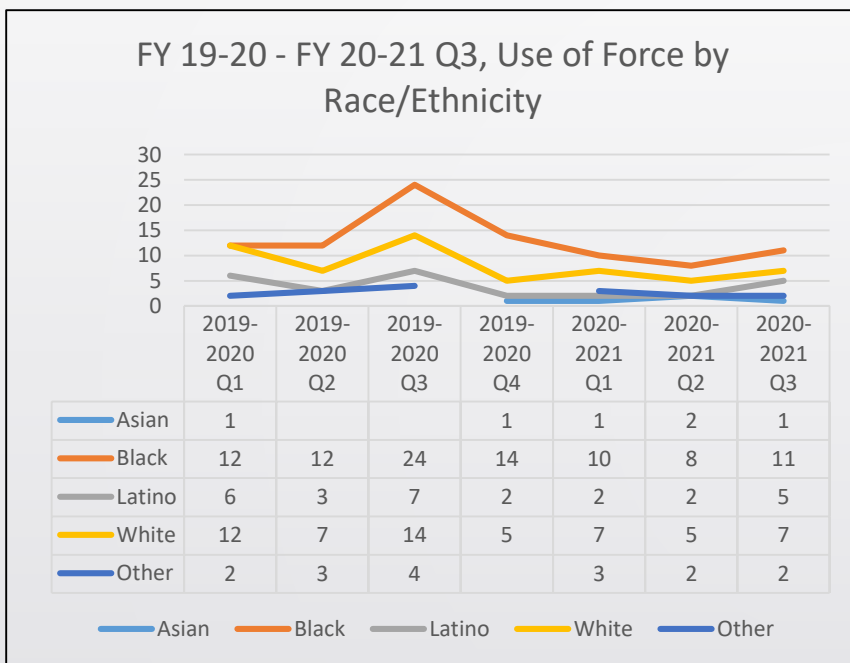
- Inequitable use-of-force
- The presence of uniformed law enforcement officers at odds with department's goals of creating a safe, healing and welcoming healthcare environment.
- Historically rooted trauma associated with law enforcement and the negative impact on community and patient experience
- Negative patient outcome resulting from the escalating effect of law enforcement presence.



Goals for the Safety Service Model

- Providing a safe and secure environment of care for staff, patients and visitors.
- Provide a safety program that has a healthcare-specific context
- Provide equitable service consistent with the DPH mission and governmental mandate.
- Eliminate racial/ethnic disparities in security and law enforcement calls-for-service and response.
- Deliver a clinically appropriate approach to safety services with a focus on prevention.

Although responding to requests for assistance with patients is a valid and necessary function of any hospital safety program; **alternative interventions** to law enforcement are more appropriate.



- Use-of-force against patients account for 91% of use-of-force incidents.
- From FY 19-20, of the 197 incidents involving use of force against patients, 91 (46%) of the incidents involved Black/African.
- Of the 177 calls-for-service that resulted in force, 61 (34%) of the incidents involved deputies assisting with patient restraints.



Zuckerberg San Francisco General and Laguna Honda Hospital


- At ZSFG, reduce the number of Sheriff Deputies at ZSFG by 11.4 FTE and add 31.9 FTE of Psychiatry Nurses and License Psychiatry Technicians to function as Behavioral Emergency Response Team, (BERT) staff.
 1. BERT will prevent crisis development by performing early-stage de-escalation, rounding, patient standby services, and assist in giving emergent medications and the initiation and application of restraints.
- Non-uniformed cadets will provide clinical support in patient intervention, function as healthcare ambassadors to the community, conduct hospital campus patrols, and provide customer service, wayfinding, and navigation services.
- At Laguna Honda Hospital, replace 4.2 Deputy Sheriffs with 8.2 non-uniformed cadets and add 3 FTE of Psychiatric Nurse positions to support behavioral response training for LHH staff.

Sheriff Deputies will continue to be present in ZSFG's Emergency Department, Psychiatric Emergency Services, and ZSFG and LHH campus vehicle patrols, and deputy supervision.



Community Clinics

- Provide a culturally competent safety service that is an alternative to traditional security and law enforcement that serves as ambassadors for DPH and the community, is trusted by the community, and knowledgeable about the neighborhoods where DPH provides service.
 - Replace Deputy Sheriffs with a health care safety workforce provided by contract with a Community Based Organization to provide safety and customer services, and verbal-de-escalation at the following locations:
 1. Southeast Health Center
 2. SOMA Mental Health (TBD)
 3. Castro-Mission Health Center
 4. Behavioral Health Access Center (1380 Howard)
- *Sheriff Deputies will continue to remain in fixed positions at Tom Waddell Clinic, Tom Waddell Urgent Care, Mission Mental Health, and DPH Central Administration (101 Grove.)*
 - *Sheriff's deputies will provide support to the contracted safety-service-personnel through vehicle patrols and emergency responses to criminal activity.*



Behavioral Emergency Response Team, Intervention Training

- BERT members are trained in Non-Violent Crisis Intervention Training that includes:
 1. **Crisis Prevention** – providing support to address staff, patient and visitor anxiety
 2. **Verbal De-escalation** – giving directives, setting limits, and empathic listening
 3. **Physical Intervention** – self-preservation techniques, team intervention, and physical holds



Cadet Training

- 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 trained in following:
 1. **Customer Service Training**
 2. **Cultural Humility**
 3. **Crisis Intervention Training**
 4. **Non-Violent Crisis Intervention Training (CPI)**
 5. **ICARE Training (Introduce, Connect, Ask, Respond, Exit)**
 6. **Trauma Informed Care Training**
 7. **International Association of Healthcare Safety and Security Training**



Summary of Proposed FTE Changes

ZSFG Changes

- 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)

LHH Changes

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



Proposed Measures of Success

- Reduce law enforcement intervention in patientcare related incidents.
- Drive equity and respond to the community's concerns of the strong police presence within DPH facilities.
- 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.
- Reduce cost of security per patient day.



Timeline and Next Steps

May 2021

- Continued meetings with staff and labor organizations
- Health Commission Approval Requested

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



Timeline and Next Steps

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

Questions?



Comments/Input