**City and County of San Francisco** **Department of Public Health**

**London N. Breed,**
**Mayor**

**Jenny Louie,**
**Acting Chief Financial Officer**

**MEMORANDUM**

To: President Dan Bernal and Honorable Members of the Health Commission

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

From: Jenny Louie, Chief Financial Officer

Date: April 30, 2021

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At the May 4th meeting, the Health Commission will hold a third hearing on the Department of Public Health's proposed budget for FY 2021-2022 and FY 2022-2023 (FY 2021-23). Staff will request the Commission's approval of three additional initiatives not included in the February submission. With the Commission's approval, these initiatives will be submitted to the Mayor's Office for consideration in the June 1 budget proposal. In the February budget presentation, we noted that there were several stakeholder processes underway to inform key budget initiatives taking place during the spring. Because the timing of the processes did not align with the Charter requirement for departments to submit a budget to the Mayor's Office by the end of February, the department postponed submission of budget initiatives on these topics. Items calendared for the May 4 hearing include:

- *The Citywide COVID-19 response and recovery plan.* The department has been participating with the Mayor's Office and other City departments on a coordinated Citywide COVID-19 budget. At this time, the majority of our COVID-19 Response and Recovery budget development process is nearing completion and the initial proposal is ready for Commission review. One important component of the COVID-19 response – funding for community-based partners – is still being developed and will come before the Commission later in the process.

- *Changes to security staffing and practices in the San Francisco Health Network.* To address racial equity concerns and issues with safety for patients and staff, the department has been working with staff and community stakeholders on a plan 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. A separate discussion item is calendared on the May 4 agenda on this proposal, and the department requests approval as part of the May 4 budget item.

- In addition, DPH now expects to receive revenue from additional one-time settlements from completed prior-year audits of programs under the Section 1115 Waiver programs.

Other items are still under development, and we will bring budget details to the Commission at future hearings. These include additional funding for Mental Health SF under Proposition C, community-based services supporting the COVID-19 response, and the CalAIM program. More discussion is included below in these initiatives.

Proposed Initiatives

*A6 – Additional One-Time Settlements $43 million*

As part of the negotiation for California's new Medicaid waiver between California and the Center for Medicare and Medicaid Studies (CMS), CMS has instructed that all open Waivers be closed and settled. The 2020-21 budget assumed $65.9 million in one-time revenue in anticipation of these waiver. Based on the resolution of several waivers to date, DPH anticipates up to $43 million in potential favorable settlements once the process is complete. Due to the extension of the waiver until December 2021, DPH anticipates the settlement process to continue into FY 2021-22.

*B2 – COVID 19 Response – $97.8 million offset with FEMA and other funding*

While San Francisco COVID-19 vaccination rates are rising and cases remain at relatively low levels, the City will require an ongoing (although substantially reduced) COVID-19 response and recovery program lasting into the coming fiscal year and beyond. The City has already begun a transition to a new operating structure, which retains a significantly scaled-down Citywide Emergency Operations Center (EOC) but returns most COVID-19 response functions to the relevant City departments. This change will allow the City to integrate COVID-19 response functions into normal departmental operations, making them more administratively efficient and operationally sustainable. It will also facilitate plans by many departments to begin re-opening services that have been reduced or suspended during the pandemic.

A majority of these functions will be housed within DPH, although other functions will rest with different departments including the Department of Emergency Management, the Human Services Agency, and the Department of Homelessness and Supportive Housing.

DPH will budget $98.2 million of new expenditures for the following functions in FY 2021-22:

COVID Disease Response Unit (CDRU) - The CDRU, comprised of case investigation (CI), contact tracing (CT), and outbreak management (OBM), will be staffed to manage up to 36 new cases and associated contacts and limited outbreak responses.

Community Engagement and Equity - Community engagement efforts will prioritize populations and settings most impacted by COVID and in priority neighborhoods with most health disparities. Community equity liaisons will be assigned to impacted populations and priority neighborhoods will align and coordinate with the Community Branch, DPH's Offices of Health Equity and External Government Affairs, as well as with other City Departments including the Emergency Operations Center (EOC) and the Mayor's Office.

COVID Data Intelligence - Allocated resources will support all current dashboards and reports as "maintenance" model, prioritizing data integrity and completeness, monitoring various external and internal data sources, and executing current quality control processes.

DPH Operational Sustainability - San Francisco Health Network and Population Health Division will returning to "New Normal" Operations with the goal of returning to pre-COVID state over the first half of FY 2021-22. Allocated resources will address the backlog of delayed inpatient and outpatient medical, surgical, diagnostic, and behavioral health services as well as increased operating costs to maintain CDC and CDPH infection and control protocols for disinfection cleaning and cohorting/isolation of staff and patients/residents. ZSFG and Primary Care will continue to provide some level of community and mobile vaccination and testing capacity.

COVID Task Force (Department Operational Center – DOC) - Allocated resources will support standing up the COVID Task Force, as a hybrid organization model between a traditional Incident Command System structure and established DPH operational structures, in order to facilitate the eventual integration of COVID-related services into assigned DPH programs, units or clinics.

Non- Health System Surge Capacity - Allocated resources will continue to provide medical, behavioral, and wraparound services including targeted testing and vaccination via DPH's Whole Person Integrated Care team in Shelter in Place locations. Contract vendors will administrate end-to-end services for isolation and quarantine sites.

COVID Vaccination - With the assumption that 80% of eligible individuals will be vaccinated when CCC begins transition into an EOC/DPH structure, allocated resources will prioritize project management, strategic outreach, active engagement with community and health system collaborative partners, and coordinated targeted events to reach "hard-to-reach" individuals as well as children 2-11 years old.

DPH COVID Testing Operations and Laboratories - The majority of COVID tests will be performed by three third-party contractors, who will provide both community physical sites/events as well as mobile teams. SFHN clinical settings will continue to provide onsite testing and support a limited team for mobile testing. School outbreaks testing, not surveillance, will be supported via one of the three contracted vendors.

A summary of the proposed budget for each of the functions are below. A portion of these costs will be offset by Federal FEMA reimbursement of about eighty percent after factoring potential disallowances for the first three months of costs. In addition, DPH has received a two-year $28 million grant to support contact tracing and case investigation efforts. The second year of operations is assumed to be at 25% of the proposed costs for FY 2022-23, as efforts will continue to step down. This assumption will be reviewed and revised as part of next year's budget process.

| | FY 21-22 | | |
|---|---|---|---|
| **Group/Project** | **Expense** | **FEMA and Other Revenue** | **General Fund Support** |
| DPH CoVid Disease Control | 15,167,628 | 15,244,255 | |
| DPH-Community Engagement | 10,256,811 | 2,050,425 | |
| DPH-COVID Data Intelligence | 1,995,950 | 398,805 | |
| DPH-COVID Testing Operations and Laboratories | 12,828,203 | 2,365,153 | |
| DPH-COVID Vaccination | 22,612,377 | 6,319,849 | |
| DPH-Department Operational Center | 10,210,318 | 2,406,186 | |
| DPH-Non Health System Surge Capacity | 2,282,481 | 500,098 | |
| DPH-Operational Sustainability | 22,820,419 | 5,880,954 | |
| Total | **98,174,187** | **35,165,726** | **63,008,461** |

The proposed services and budgets were developed with the following assumptions:

1. Every City Department strives to return to "new normal" COVID operations, with DPH addressing the backlog of delayed clinical and public health services and implementing new citywide priorities such as Mental Health San Francisco and other initiatives, while ensuring DPH provide a sustainable COVID disaster response until complete demobilization.
2. Staffing requirements are fulfilled by a combination of current and new temporary hires, contracted services, and some ongoing activation of Disaster Service Workers from both DPH and non-DPH City Departments until January 2022.
3. Financial contingencies will be available should we experience additional surge.
4. Transition of current COVID Command Center (CCC) at Moscone South back to DPH operations will proceed in a phrased approach tied to personnel availability and other COVID triggers.
5. Staffing model assumes the following COVID conditions:
    a. Vaccine – 80% vaccination rate for 16 years and older; no need for booster; and some level of vaccination among those between 2-15 years.
    b. Infection rate – no greater then yellow status (4 cases per 100,000 population census)
    c. Variants – no impact on infection rate, hospital capacity, or vaccine effectiveness.

Should these assumption not hold, DPH will work with City Leadership to delay any step down in operations, retain additional DSWs, and implement other strategies to maintain necessary service levels.

One important component of the COVID-19 response is not yet included in the proposal before the Commission. During FY 2020-21, DPH entered into contracts with multiple Community Based Organizations for services like case investigation, contact tracing, service linkages from testing to community care, vaccine support, and behavioral health services. This work was closely coordinated in partnership with other City departments, and has been a critical part of the City's response. Over the past months, DPH has had a number of conversations with individuals and organizations in the community, and DPH and the Mayor's Office have received funding requests to support ongoing community-based

services in FY 2021-22. Because the service needs span multiple City departments, DPH is still working with the Mayor's Office, Office of Economic and Workforce Development, Human Rights Commission and other departments on a citywide budget approach for COVID-related CBO services. Staff will update the Commission when a proposal is finalized.

*B3 – Security Services Staffing Changes- $1.8 million annually*

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. The DPH proposal would allow trained health care staff to be the primary responders to many requests for support in clinical settings, 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, where there is a history of staff and patient safety issues, will continue to have a Deputy Sherriff present in addition to 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. The proposal includes a reduction 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 majority of this initiative will be funded with savings from the reduction in Deputy Sherriff positions. However, the staffing model includes a net increase in FTE to ensure sufficient coverage from health care safety teams, and therefore require an increase in funding of $1.8 million per year once fully implemented.

<u>Initiatives Still Under Development</u>

*Mental Health SF and other Behavioral Health Services Funded Under Proposition C* –In 2020, the City prevailed in a lawsuit surrounding Proposition C, a voter approved initiative to modify the Business Tax and provide funding for services to people experiencing homelessness, including behavioral health services. The legal victory freed up additional funding that can be used to support further implementation of the Mental Health SF initiative. Additional initiatives funded by Proposition C are still being developed in conjunction with the Our City, Our Home Oversight Committee (OCOH), a body established in the Proposition C legislation to advise the City on the use of these funds. Proposals under consideration include funding to expand DPH's response to the rise in overdose mortality in San Francisco, increase behavioral health services for individuals in permanent supportive housing, increase the number of behavioral health treatment beds, and target behavioral services for key populations such as transitional aged youth. Several members of DPH staff have been participating in committee meetings, community forums and planning meetings with the committee's appointed Behavioral Health Liaison. OCOH scheduled a final hearing on May 3rd at 12 pm to make recommendations to the

Mayor's Office for programs to be included in the FY 2021-23 Budget. It is likely we will not have final details on the Mayor's spending plan until the June 1 budget.

*New Enhanced Care Management and In Lieu of Services Programs Under CalAIM* - The department has been engaging with the San Francisco Health Plan, Anthem Blue Cross, the California Department of Health Care Services (DHCS), and the SF Department of Homelessness and Supportive Housing and other key stakeholders to prepare for the new Enhanced Care Management (ECM) and In Lieu of Services (ILOS) proposed under the State's CalAIM proposal. CalAIM is designed as a broad program that the health plans will administer through contracts with selected providers, focusing on care and payment models for various at-risk populations, starting in January 2022 with Individuals Experiencing Homelessness, High Utilizers and those with Severe Mental Illness and Substance Use Disorders. While additional details are being developed by the state, staff has been analyzing our existing services under Whole Person Care and Health Homes, participating State stakeholder updates, and working with the health plans to determine priority populations and programs for transition and expansion, as well as the necessary programmatic administrative, IT and data sharing supported needed. To date, there is no information regarding funding levels to county health plans for ECM or ILOS, but it is possible there may be an update at the end of May.

Next Steps

With your approval, we will submit these proposals as additional initiatives in the department's submission for FY 2021-22 and FY 2022-23 for consideration as part of the Mayor's Proposed June 1 Budget. We will keep you informed and as necessary schedule any additional hearings as our initiatives are considered for the Mayor's Proposed Budget on June 1.

**Initiative Number – A6**

**FY 2021-22 & 2022-23 Program Change Request**

**DIVISION:**

☐ DPH – department wide
☒ Zuckerberg San Francisco General Hospital
☐ Population Health
☐ Laguna Honda Hospital
☐ SF Health Network Wide
☐ Ambulatory Care _____

PROGRAM / INITIATIVE TITLE: **ZSFG One-Time Settlements**
TARGETED CLIENTS: N/A
PROGRAM CONTACT NAME/TITLE: **Matthew Sur, Finance Manager**

| FY2021-22 FTE Change | FY 2022-23 FTE Cumulative Change | FY 2021-22 General Fund Impact Favorable/(Unfavorable) | FY 2022-23 Cumulative Net General Fund Impact Favorable/(Unfavorable) |
|---|---|---|---|
| n/a | n/a | $43,044,394 | $0 |

**PROGRAM DESCRIPTION**: (brief description of proposed change)

To recognize addition revenues at Zuckerberg San Francisco General due to the closing of previous Medi-Cal Waivers from 2005 and 2010.

**JUSTIFICATION:**

Due to the complex nature in which Medicaid Waiver funds are distributed between California's Designated Public Hospitals, it is DPH policy to reserve a portion of the revenue received in each year to protect against the possibility of overpayments that must be repaid. As part of the negotiation for California's new Medicaid waiver between California and the Center for Medicare and Medicaid Studies (CMS), CMS has instructed that all open Waivers be closed and settled. The 2020-21 budget assumed $65.9 million in one-time revenue in anticipation of these waiver. Based on the resolution of several waivers to date, DPH anticipates up to $43 million in potential favorable settlements once the process is complete. Due to the extension of the waiver until December 2021, DPH anticipates the settlement process to continue into FY 2021-22.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

No impact on clients.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Net revenues will increase by $43 million in FY 2021-22.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

No impact on FTEs in both years.

**INITIATIVE TITLE: One Time Medi-Cal Waiver Settlement**

| | Description | FY 2021-22 | FY |
|---|---|---|---|
| **Sources:** | | | |
| | One Time Medi-Cal Waiver Settlement | $ 43,044,394 | |
| | Subtotal Sources | $ 43,044,394 | $ |
| **Uses:** | Salary and Benefits | $ - | $ |
| | Operating Expense | | |
| | Subtotal Uses | $ - | $ |
| **Net General Fund Subsidy Required (savings)/cost (Uses less Sources)** | | $ (43,044,394) | $ |
| **Total FTE's** | | 0.00 | |

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

| Class | Title | FTE | | FTE |
|---|---|---|---|---|
| 0 | | 0.00 | | 0.00 |
| 0 | | 0.00 | | 0.00 |
| 0 | | 0.00 | | 0.00 |
| | Total Salary | 0.00 | - | 0.00 |
| | Fringe | | | |
| | Total Salary and Fringe | **0.00** | **0** | **0.00** |

| Character/Subobject Code | | | |
|---|---|---|---|
| 527000 | Professional Services | - | |
| 540000 | Materials and Supplies | - | |
| 581000 | Workorder | - | |
| | | $ - | - |

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**Initiative Number – B2**

**FY 2021-22 & 2022-23 Program Change Request**

**DIVISION:**

☒ DPH – department wide ☐ Population Health ☐ SF Health Network Wide
☐ San Francisco General Hospital ☐ Laguna Honda Hospital ☐ Ambulatory Care _____

**PROGRAM / INITIATIVE TITLE:** COVID-19 Response and Recovery Program
**TARGETED CLIENTS:** General public; COVID+ individuals
**PROGRAM CONTACT NAME/TITLE:** Albert Yu, DPH COVID Command Lead

| FY2021-22 FTE Change | FY 2021-22 FTE Cumulative Change | FY 2021-22 General Fund Impact Favorable/(Unfavorable) | FY 2022-23 Cumulative Net General Fund Impact Favorable/(Unfavorable) |
|---|---|---|---|
| - | - | **$63,008,461** | **$10,067,080** |

**PROGRAM DESCRIPTION**: (brief description of proposed change)

While San Francisco COVID-19 vaccination rates are rising and cases remain at relatively low levels, the City will require an ongoing (although substantially reduced) COVID-19 response and recovery program lasting into the coming fiscal year and beyond. At the April 20 Health Commission Meeting, Dr. Albert Yu, current DPH lead for the COVID incident command, described the process for transitioning the City's COVID-19 response over the coming months. Under the previous structure (from July, 2020 through March, 2021), citywide COVID-19 response activities were managed under a single citywide Unified Command structure, operated out of the Moscone Center and including hundreds of staff from multiple City departments, with DPH as the largest contributor of staff resources. As San Francisco moves into the next phase of its COVID-19 response, on April 5, 2021 the City began a transition away from the Unified Command model. Under the new structure, the City will retain a significantly scaled-down Citywide Emergency Operations Center (EOC), but most COVID-19 response functions will be integrated into operations within the relevant City departments. This change will allow the City to integrate COVID-19 response functions into normal departmental operations, making them more administratively efficient and operationally sustainable. It will also facilitate plans by many departments to begin re-opening services that have been reduced or suspended during the pandemic. A majority of these functions will be housed within DPH, although other functions will rest with different departments including the Department of Emergency Management, the Human Services Agency, and the Department of Homelessness and Supportive Housing.

Because of increasing vaccinations and stable positive case levels, DPH anticipates that over the next several months it will be able to reduce staffing levels for many of the functions that have been housed under the Unified Command structure for the past year. However, ongoing staffing and resources will be needed for activities such as an ongoing vaccination program, testing program, case investigation, contact tracing, outbreak management, community services, epidemiology and data management. For the past year, DPH and other City departments have deployed staff away from their pre-COVID activities to support the COVID response, impacting service levels in a number of areas. As we begin to establish the "new normal," with services gradually reopening, DPH staff and other departments' staff will need to return to pre-COVID duties, requiring additional temporary staff hires to support COVID-19 functions.

DPH anticipates a phased in approach to transitioning COVID-19 functions back to the department. As of April 1, 2021, there were approximately 1,175 staff assigned to COVID-19 response functions that will return to their home departments including DPH under the transition plan. DPH plans to gradually reduce this number to approximately 828 by July 1, 2021 as demand for COVID-19 services decreases and deployed City staff return to pre-COVID activities. Over the first half of the fiscal year, staffing levels will gradually decrease to approximately 466 by January 1, 2022.

| Phase in Model by Quarter | 7/1/2021 | 10/1/2021 | 1/1/2022 |
|---|---|---|---|
| DPH CoVid Disease Control | 135 | 95 | 95 |
| DPH-Community Engagement | 78 | 55 | 37 |
| DPH-COVID Data Intelligence | 37 | 26 | 15 |
| SFHN-PHD Returning to "New Normal" Operations | 217 | 160 | 122 |
| DPH-CoVid Task Force (DOC) | 105 | 75 | 61 |
| DPH-Non Health System Surge Capacity | 23 | 16 | 16 |
| DPH-COVID Vaccination | 207 | 138 | 102 |
| DPH-COVID Testing Operations and Laboratories | 27 | 19 | 19 |
| **Projected Staffing** | **828** | **583** | **466** |

One important component of the COVID-19 response is not yet included in the proposal before the Commission. During FY 2020-21, DPH entered into contracts with Community Based Organizations for services like case investigation, contact tracing, service linkages from testing to community care, vaccine outreach, and behavioral health services. This work was closely coordinated in partnership with other City departments and has been a critical part of the City's response. Over the past months, DPH has had a number of conversations with individuals and organizations in the community, and DPH and the Mayor's Office have received funding requests to support community-based services in FY 2021-22. Because the service needs span multiple City departments, DPH is still working with the Mayor's Office, Office of Economic and Workforce Development, Human Rights Commission and other departments on a citywide budget approach for COVID-related CBO services. Staff will update the Commission when a proposal is finalized.

**JUSTIFICATION:**

The FY22 DPH-COVID response staffing model is based on the following financial and operational assumptions:

1. Every City Department strives to return to "new normal" COVID operations, with DPH addressing the backlog of delayed clinical and public health services and implementing new citywide priorities such as Mental Health San Francisco and other initiatives, while ensuring DPH provide a sustainable COVID disaster response until complete demobilization.
2. Staffing requirements are fulfilled by a combination of current and new Cat-18 TEX hires, contracted services, and some ongoing activation of Disaster Service Workers from both DPH and non-DPH City Departments until January 2022.
3. Financial contingencies will be available should we experience additional surge.
4. Transition of current COVID Command Center (CCC) at Moscone South back to DPH operations will proceed in a phrased approach tied to personnel availability and other COVID triggers.

5. Staffing model assumes the following COVID conditions:
    a. Vaccine – 80% vaccination rate for 16 years and older; no need for booster; and some level of vaccination among those between 2-15 years.
    b. Infection rate – no greater then yellow status (4 cases per 100,000 population census)
    c. Variants – no impact on infection rate, hospital capacity, or vaccine effectiveness.

The description below follows FY2021 DPH-COVID budget categories, highlighting key service assumptions.

**COVID DISEASE RESPONSE UNIT (CDRU) – DPH COVID DISEASE CONTROL**

The CDRU comprises of case investigation (CI), contact tracing (CT), and outbreak management (OBM). Beginning July 2021, CDRU will consolidate six service lines into two – congregate residential and congregate non-residential. It is staffed to manage up to 36 new cases and associated contacts, including limited outbreak responses. In addition to the CI/CT efforts supporting the general public, DPH Occupational Health Services at Zuckerberg San Francisco General Hospital (ZSFG) will continue to perform CI/CT related investigations for impacted CCSF employees. This level of support will be maintained throughout FY22.

**COMMUNITY ENGAGEMENT AND EQUITY**

Community engagement efforts will prioritize populations and settings most impacted by COVID and in priority neighborhoods with most health disparities. Staffing model has allocated community equity liaisons assigned to impacted populations and priority neighborhoods. These new equity resources will align and coordinate with the Community Branch, DPH's Offices of Health Equity and External Government Affairs, as well as with other City Departments including the Emergency Operations Center (EOC) and the Mayor's Office. There is anticipated shift in deployment of community engagement resources from senior care facilities to schools, workplaces, and person experiencing homeless (PEH) due to reopening.

**COVID DATA INTELLIGENCE - ADVANCED PLANNING & EPIDEMIOLOGY**

COVID virus tracking is the intelligence that informs and supports ongoing responses. Allocated resources will support all current dashboards and reports as "maintenance" model, prioritizing data integrity and completeness, monitoring various external and internal data sources, and executing current quality control processes. Resource reduction in this area can only support "essential" new COVID-related data requests that adheres to strict DPH data request protocols.

**SAN FRANCISO HEALTH NETWORK AND POPULATION HEALTH DIVISION RETURNING to "NEW NORMAL" OPERATIONS – DPH Operational Sustainability**

Allocated resources will address the backlog of delayed inpatient and outpatient medical, surgical, diagnostic, and behavioral health services with the goal of returning to full pre-COVID state over the first-half of FY22. Examples of clinical services gained include restoration of behavioral health services affected by deployments (clinical services including staff needed to

implement and support new services under Mental Health SF), other ambulatory and preventative health care services that have been paused/reduced due to deployments (cancer screening, immunizations, diabetic blood sugar control, in-person mental health services, school-based public health programs, in-home services, physical/occupational therapy encounters, etc.), and the reopening of additional operating rooms to work down the 500+ case backlog that resulted from the COVID Health Order. The SFHN Call Center will continue to support inbound inquires on vaccines for non-SFHN patients until contracted services take over this responsibility, when it will shift support to both inbound and outbound outreach calls to only SFHN patients. There are dedicated resources required to maintain CDC and CDPH infection and control protocols for disinfection cleaning and cohorting/isolation of staff and patients/residents. Lastly, ZSFH and Primary Care will continue to provide some level of community and mobile vaccination and testing capacity.

**DPH COVID TASK FORCE – DEPARTMENT OPERATIONAL CENTER (DOC)**

Allocated resources will support standing up the COVID Task Force, as a hybrid organization model between a traditional Incident Command System structure and established DPH operational structures, in order to facilitate the eventual integration of COVID-related services into assigned DPH programs, units or clinics. Resources primarily support the establishment of logistics, planning and finance sections and DPH's Public Health Emergency Preparedness and Response unit that is charged with managing a "health" multi-hazard response. While information and guidance resources will be reduced, this unit will continue to provide guidance documents that can support the reopening of economy, summer school/program, fall school opening, and pediatrics vaccination and possibly variants' impact.

**NON-HEALTH SYSTEM SURGE CAPACITY – SHELTER-IN-PLACE "CLINCIAL SERVICES" SUPPORT**

Allocated resources will continue to provide medical, behavioral, and wraparound services including targeted testing and vaccination via DPH's Whole Person Integrated Care. Contract vendors will administrate end-to-end services for isolation and quarantine sites.

**DPH COVID VACCINATION**

With the assumption that 80% of eligible individuals will be vaccinated when CCC begins transition into an EOC/DPH structure, allocated resources will prioritize project management, strategic outreach, active engagement with community and health system collaborative partners, and coordinated targeted events to reach "hard-to-reach" individuals as well as children 2-11 years old. When the current three high-volume, vaccination sites end 6/30/21, efforts and resources will come primarily from community sites supported by 2 contracted vendors and from three consolidated SFHN vaccination sites in priority community and neighborhoods. Lastly, resources and tactics to reach the "hard-to-reach" unvaccinated individuals and groups will become increasingly resource inefficient.

**DPH COVID TESTING OPERATIONS AND LABORATORIES**

The majority of COVID tests will be performed by three third-party contractors, who will provide both community physical sites/events as well as mobile teams – Color, Virus Geeks, and

City Health. SFHN clinical settings will continue to provide onsite testing and support a limited team for mobile testing. Lastly, school outbreaks testing, not surveillance, will be supported via one of the three contracted vendors.

**IMPACT ON CLIENTS:** (units of service and/or number of clients affected, if applicable)

SFHN clients and San Francisco residents, workers, and visitors will have access to key COVID-19 services. As DPH staff return to pre-COVID duties, access to SFHN and PHD services will return to pre-pandemic levels, strengthening prevention programs and access to clinical services.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

$98,174,187 in expenditure increase in FY 2021-22, decreasing to $24,543,547 in FY 2022-23. Revenues will increase by $35,165,726 in FY 2021-22, decreasing to $14,476,467

**IMPACT ON DEPARTMENT'S WORKFORCE :**

The majority of DPH staff who have been deployed to new duties during the pandemic will return to their pre-COVID roles. The department anticipates hiring approximately 120 additional temporary staff to continue the COVID-19 response.

**ATTACHMENT B**
**SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: COVID-19 Response**

| Description | | **FY 2021-22** | **FY 2022-23** |
|---|---|---|---|
| **Sources:** | | | |
| FEMA Reimbursement (estimated) | $ | 20,689,259 | $ - |
| State Grants | $ | 14,476,467 | $ 14,476,467 |
| Subtotal Sources | $ | 35,165,726 | $ 14,476,467 |
| **Uses:** | | | |
| CoVid Disease Control | $ | 15,167,628 | $ 3,791,907 |
| Community Engagement | $ | 10,256,811 | $ 2,564,203 |
| COVID Data Intelligence | $ | 1,995,950 | $ 498,987 |
| COVID Testing Operations and Laboratories | $ | 12,828,203 | $ 3,207,051 |
| COVID Vaccination | $ | 22,612,377 | $ 5,653,094 |
| Department Operational Center | $ | 10,210,318 | $ 2,552,580 |
| Non Health System Surge Capacity | $ | 2,282,481 | $ 570,620 |
| DPH Operational Sustainability | $ | 22,820,419 | $ 5,705,105 |
| Subtotal Uses | $ | 98,174,187 | $ 24,543,547 |
| **Net General Fund Subsidy Required (savings)/cost (Uses less Sources)** | $ | 63,008,461 | $ 10,067,080 |
| **Total FTE's** | | 0.00 | 0.00 |

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

| **Class** | Title | FTE | | FTE | |
|---|---|---|---|---|---|
| 0 | | 0.00 | | 0.00 | |
| 0 | | 0.00 | | 0.00 | |
| 0 | | 0.00 | | 0.00 | |
| | Total Salary | 0.00 | - | 0.00 | - |
| | Fringe | | | | - |
| | Total Salary and Fringe | **0.00** | **0** | **0.00** | **0** |

City and County of San Francisco
London Breed
Mayor

**San Francisco Department of Public Health**
***Basil A. Price***
***Director of Security***
***(415) 926-3669***

April 30, 2021

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**

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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.

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 (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

**ATTACHMENT B**
**SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: DPH Security Services Staffing Plan**

| Description | | FY 2021-22 | FY 2022-23 |
|---|---|---|---|
| **Sources:** | | | |
| | | $ - | $ - |
| | Subtotal Sources | $ - | $ - |
| **Uses:** | Salary and Benefits | $ 2,571,067 | $ 5,612,365 |
| | Operating Expense | $ (1,202,609) | $ (3,780,194) |
| | Subtotal Uses | $ 1,368,459 | $ 1,832,171 |
| **Net General Fund Subsidy Required (savings)/cost (Uses less Sources)** | | $ 1,368,459 | $ 1,832,171 |
| **Total FTE's** | | 15.49 | 31.85 |

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

| Class | Title | FTE | | FTE | |
|---|---|---|---|---|---|
| 2320 | Registered Nurse | 3.85 | 704,505 | 7.85 | 1,507,965 |
| 2305 | Psychiatric Technician | 15.40 | 1,434,926 | 20.00 | 1,956,554 |
| 2586 | Health Worker II | 1.93 | 145,084 | 2.50 | 197,826 |
| 2320 | Registered Nurse | 1.54 | 281,802 | 2.00 | 384,244 |
| 2305 | Psychiatric Technician | 0.77 | 71,746 | 1.00 | 97,828 |
| 9993M | Attrition (3 months one time BY - ongoing BY+1) | (8.00) | (855,536) | (1.50) | (305,237) |
| HOLM | Holiday Pay | | | 0.00 | 140,634 |
| | Total Salary | 15.49 | 1,782,527 | 31.85 | 3,979,813 |
| | Fringe | 44.2% | 788,540 | 41.0% | 1,632,552 |
| | Total Salary and Fringe | **15.49** | **2,571,067** | **31.85** | **5,612,365** |

| Character/Subobject Code | | | | |
|---|---|---|---|---|
| 581000 | SHF Reduction/Changes ZSGH/LHH | $ (994,102) | $ | (3,042,613) |
| 581000 | SHF Reduction DPH clinics (4 months BY) | $ (359,307) | $ | (1,099,501) |
| 527000 | Professional Services DPH Clincis (5 months BY) | 150,800 | | 361,920 |
| 540000 | Materials and Supplies | - | | - |
| | | - | | - |
| | | $ (1,202,609) | $ | (3,780,194) |