



San Francisco Department of Public Health

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To: President Dan Bernal and Members of the Health Commission

From: Basil A. Price
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Through: Dr. Grant Colfax, Director of Health
Greg Wagner, Chief Operating Officer

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

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.

Background:

A consistent and critically important issue that the department continues to address is the inequitable use of force with respect to our patient population. In 2021, the department concluded that in situations where a patient or client required support from a trained, skilled health care professional, a law enforcement presence or response could have the unintended effect of escalating a situation or resulting in a negative outcome for the patient.

We proposed a security staffing plan that was more appropriate for meeting the goal of safety and security and aligned with the Center for Medicare and Medicaid Services (CMS) Interpretive Guidelines regarding law enforcement intervention on a person in a hospital—we proposed using Psychiatry Nurses to function as a Behavioral Emergency Response Team (BERT) to 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.

Additionally, we proposed supporting BERT with non-uniformed cadets that would assist in patient intervention, based on clearly defined hospital policy and under the supervision of clinical staff. The cadets were to be vetted to ensure that they are suitable to function in a healing environment; receive DPH specific and healthcare security training to function as healthcare ambassadors.

This presentation provides an update of the operational transition status in the areas of:

- Security Plan, Staffing, and Training
- Behavioral Emergency Response and Training (BERT)
- BERT Recruitment and Hiring

Due to delays in hiring and the RFP process to contract for safety ambassadors, and the staffing changes experienced by the Sheriff's Office (SFSO), elements of the security staffing plan were modified and the original timeline for implementation, scheduled for March 2022, has been extended to October 2023.

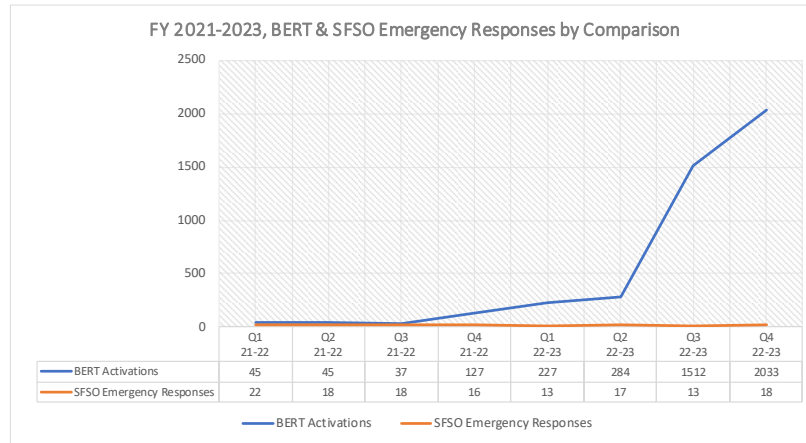
Overview - Zuckerberg San Francisco General Hospital:

In 2022, the proposed security staffing plan updates included:

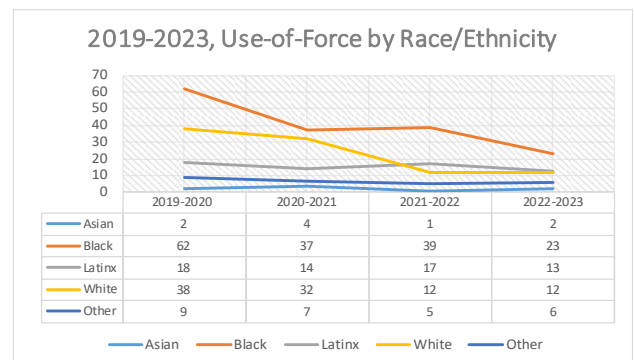
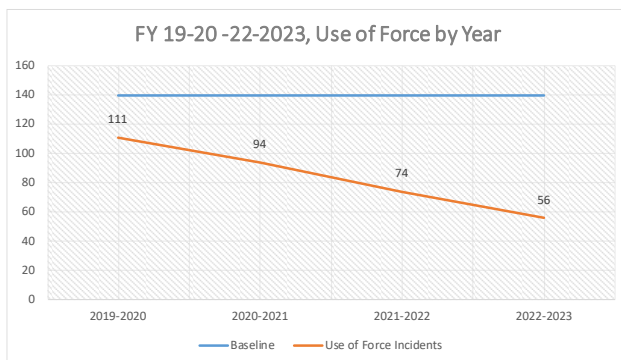
1. The BERT staffing model will be implemented in four phases. Phase-1 was implemented in January 2022, where existing psychiatry staff provided consultation rounding to the hospital and clinics, which had proven to be effective:
 - Use-of-force against patients had decreased 25% from the previous two-years average.
 - BERT responded to 90 emergent and urgent behavioral health situations with 69 (77%) being without law enforcement.
2. During Phases 2-4, the plan called for reducing the number of Sheriff Deputies by 11.4 FTE and adding 29.4 FTE of BERT to continue Phase 1 and implement a 24-hour BERT program in the Emergency Department.
3. Of the 26.4 FTE of BERT, 12 FTE had been hired and recruiting efforts were underway for the additional 19.9 FTE.
4. Although the 11.4 FTE of deputies were to remain through the full BERT implementation, due to staffing challenges, several deputy positions went unfilled. SFSO averaged 368 weekly unstaffed hours, which equated to 9.2 FTE of vacant positions.
5. The plan called for reducing the number of Sheriff Cadets by 2 FTE and adding 2 FTE of Health Workers to provide greeter services and visitor management at the Hospital Information Desk and Maternal Child Health entrance.
 - The remaining 40 FTE of cadets were to be issued non-traditional military uniforms and complete the Healthcare Ambassador Training Courses.
6. SFSO was actively recruiting and the training materials for the Ambassador Training Course were developed.

Updates - Zuckerberg San Francisco General Hospital:

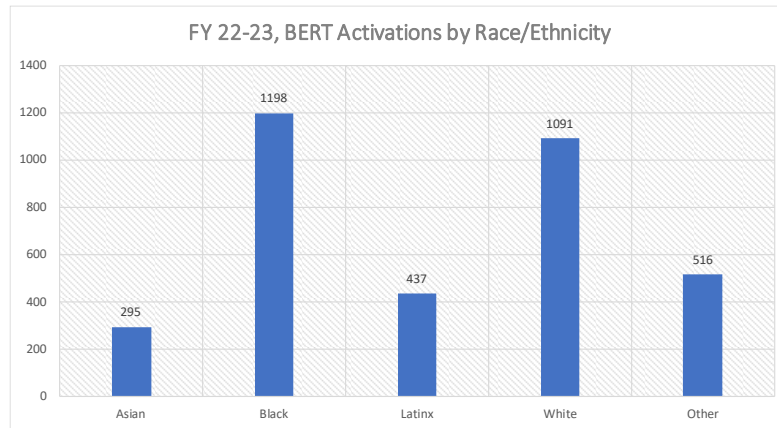
1. By February 2023, the BERT program was fully implemented and ZSFG experienced a shift in culture that began transforming how ZSFG delivered care to patients. Rather than calling law enforcement to address patients in distress, BERT was called to 3,995 more events of risk-behavior than SFSO.
 - 81% of BERT activations were without law enforcement presence.
 - The implementation of the Emergency Department 24-hour BERT program accounted for 2,961 (73%) of proactive ED activations and 2,635 (89%) were without law enforcement.



2. On July 2023, the 11.4 FTE of deputies was officially reduced from the workorder, which reduced the total deputies from 30 FTE to 21 FTE.
 - The impact of the reductions were realized in FY 21-22, due to SFSO staffing shortages, operating at a 30% vacancy rate
3. Although use-of-force had decreased 10%, over 4 years, disparities in law enforcement use-of-force against patients still existed.
 - Use-of-force against Black/ African Americans continued to be the highest of all other race/ethnicities—46% (161 of 353 incidents.)
 - Deputies assisting with patient restraints was the primary driver for use-of-force.
 - In FY 22-23, of 56 incidents of force, 41 (73%) of the incidents occurred in high-risk departments, (Emergency Department, Psychiatry, and Psychiatry Emergency Services.) Black/ African Americans were subject to force in the Emergency Department more than other high-risk departments, 15/41 (36%).



4. The countermeasure to the force disparity in the Emergency Department was proactive BERT activations. Support for patients experiencing distress was higher for Black/ African Americans, which accounted for 34% of BERT activations (1,198 out of 3537 activations.)
 - The success of BERT underpinned the department's position that in situations where a patient is experiencing a crisis, skilled healthcare professionals are more likely to yield a positive patient outcome than when law enforcement is called to respond.
 - The Security Equity program includes educating hospital staff in *Critical Decision Making* in determining interventions that are reasonable, proportionate, and least restrictive that maximize safety and minimize harm.
 - BERT provides in-services in *Conflict Management* to educate clinical departments on effective de-escalation and when to contact BERT v SFSO services.



5. Currently 5.9 FTE of the hired BERT staff are deployed across the hospital campus, 11.7 FTE of BERT are dedicated to the Emergency Department, and there are 11.8 FTE vacant BERT positions.
 - Of the 29.4 FTE of BERT, the highest number of staff hired was in December 2022, with 19.4 FTE.
 - Despite, actively hiring, 83% of BERT staff that were originally hired in May 2022, cited long commute time to San Francisco from Sacramento as their reason for resigning.
 - Barriers to hiring have been the lack of Bay Area, License Psych Tech schools and the HR/onboarding process time.

6. In March 2022, SFSO cadets were issued non-traditional military uniforms; however, cadet staffing shortages prohibited SFSO from proceeding with the healthcare security ambassador program.
 - On July 27, 2022, Sheriff Paul Miyamoto, provided a letter, agreeing to support the temporary use of private security officers, due to the SFSO staffing shortages.
 - On August 31, 2022, the Civil Service Commission approved the request for proposed Personal Services Contract.
 - 46.5 FTE of healthcare trained private security officers are functioning as hospital ambassadors at each of the ZSFG campus entry points.
 - Administrative polices were revised to clearly delineate the role, jurisdiction, and the authority of the private security officer operating at ZSFG.
 - The annual cost for the 4.0 FTE of Cadets is 5.7M compared to the 46.5 FTE of Contracted Security Officers is 2.1M.
 - On July 1, 2023, SFSO reported that cadet positions were fully staffed; however, there has been no movement towards the training of cadets to function as healthcare security ambassadors.

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7. In July 2023, the 2 FTE of Cadets was reduced, and 1 FTE of Health Worker was hired for the Maternal Child Health entrance. The Hospital Information Desk position remains unfilled, and a private security officer is temporarily functioning in the role.

Overview - Laguna Honda Hospital:

In 2022, the proposed security staffing plan updates included:

1. The original security plan called for 4.2 Deputy Sheriffs to be replaced with 8.2 FTE of Cadets, that would receive additional healthcare security training and add 3 FTE of Psychiatric Nurse positions to support behavioral response training for LHH staff.
 - The 4.2 of Deputy Sheriff's was reduced; however, the 8.2 FTE of Cadets were not filled due to hiring challenges experienced by SFSO and SFSO policy prohibiting cadets to conduct clinical searches.
 - In March 2022, the funding for the 8.2 FTE of Cadets was transferred to fund 14 FTE of Health Workers to perform paraprofessional duties, including property screening, contraband searches, and monitoring residents.

Updates - Laguna Honda Hospital:

1. In January 2022, to satisfy the hospital's plan-of-correction, 8.4 FTE of Deputy Sheriffs were deployed to monitor key gathering places where illicit drug activity was suspected.
 - Due to SFSO inability to provide staffing, in March 2022, 34.6 FTE of private security officers were assigned to provide 24-hour monitoring in eight key gathering places where illicit drug activity was suspected.
 - The annual cost for the 8.4 FTE of Deputies is 2.5M compared to the 34.6 FTE of Contracted Security Officers is 1.6M.
2. In October 2022, it was decided that the 14 FTE of Health Workers would be utilized for BRT staff and managed by Nursing Administration and would not perform any security functions.

Overview - Community Clinics:

In 2022, the proposed security staffing plan updates included:

1. After determining that a full-time deputy presence was disproportionate to the volume of security related reports, deputies would be replaced at the listed locations:
 - Southeast Health Center
 - SOMA Mental Health Center
 - Castro-Mission Health Center
 - Behavioral Health Access Center at 1380 Howard
2. Deputies would continue to remain in fixed positions at locations with a history of high safety and security concerns for staff and patients: Tom Waddell Urban Health Clinic, WPIC Urgent Care (Maria X Martinez), Mission Mental Health and DPH Central Administration (101 Grove.)

Updates - Community Clinics:

1. Proposition J was approved by the Board of Supervisors and the RFP was finalized in January 2022 that was approved by the Civil Service Commission in April 2022.
2. The contract was awarded in June 2023, and funding release and contract documents are proceeding.
3. The implementation is scheduled for October 2023 at the following locations:
 - Southeast Health Center
 - Castro-Mission Health Center
 - Maxine Hall Health Center
 - Silver Avenue Health Center
4. Upon further consideration for high safety and security concerns for staff and patients, Behavioral Health Access Center (1380 Howard) and SOMA Mental Health were excluded from the original list of locations and Maxine Hall and Silver Avenue Health Centers were added.