

Andrea Turner
Co-Chair / ZSFG Chief Operating Officer

Monica Diaz
Co-Chair/ Team Leader RCFE
SEIU Miscellaneous

Linda Sims, RN
BHC Director

Adela Morales
RCFE Program Director

Jeffrey Schmidt
Director of ZSFG Clinical Operations

Adrian Smith
ZSFG Chief Quality Officer

Ingrid Thompson, RN
MHRC Director of Nursing

Kelly Morson
Team Leader ARF
Local 21

Sharifa Rahman
Mental Health Rehabilitation Worker
ARF
SEIU Miscellaneous

Connie Truong
Activity Leader MHRC
SEIU Miscellaneous

Amy Wong
Mental Health Treatment Specialist
MHRC
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Sarah Larson, MS
Mental Health Treatment Specialist
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San Francisco Behavioral Health Center Adult Residential Facility Working Group

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DRAFT

MINUTES

SF Behavioral Health Center Adult Residential Facility Working Group

Thursday, September 2, 2021, 9:30 AM.
San Francisco Behavioral Health Center
Microsoft Teams Live Event

1) ROLL CALL & INTRODUCTIONS

Present: Andrea Turner, Co-Chair / ZSFG Chief Operating Officer
Monica Diaz, Co-Chair / Team Leader RCFE, SEIU Miscellaneous
Linda Sims, RN, Behavioral Health Center Director
Ingrid Thompson, RN, MHRC Director of Nursing
Adela Morales, RCFE Program Director
Jeffrey Schmidt, Director of ZSFG Clinical Operations
Kelly Morson, LVN, Team Leader, Local 21
Sharifa Rahman, Mental Health Rehabilitation Worker, ARF, SEIU Miscellaneous
Connie Truong, Activity Leader MHRC, SEIU Miscellaneous
Amy Wong, Mental Health Treatment Specialist, MHRC, Local 21
Sarah Larson, MS, Mental Health Treatment Specialist, RCFE, Local 21

Absent: Adrian Smith, ZSFG Chief Quality Officer

Other Attendees: Suzanne Goodner-Veles, Regulatory Affairs
Karlyne Konczal, Member of the Public
Kathlyn Marquez, SFBHC ARF Working Group Secretary

Full materials are online here: <https://www.sfdph.org/dph/comupg/knowlcol/meetinggroups/agendasminutes.asp>
or by email request to kathlyn.marquez@sfdph.org

The meeting was called to order at: 9:31 AM.

2) REVIEW AND APPROVAL OF THE AUGUST 5, 2021 MEETING MINUTES

Monica Diaz opened the topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Morson asked to remove all her stated comments in the minutes and replace them with Ms. Larson's name except for her remarks on page 6, the second paragraph regarding the July 4th Holiday.

Ms. Truong requested to add "physical" and "twice a year" on page 2, item 3 of the second paragraph.

Ms. Larson requested to change Ms. Morson's name to Ms. Larson's name on page 3, item number 4 in paragraph 3.

Ms. Larson stated that she sent a request for information regarding the budget on July 22nd to Daniel Hoffer in Human Resources, and he has not responded yet.

On page 4, item 5 in paragraph 3, paragraph 4, and paragraph 6, Ms. Larson requested to change Ms. Morson's name to Ms. Larson's name.

On page 4, item 4, last paragraph, Ms. Larson asked to change Ms. Morson's name to Ms. Larson.

Ms. Larson and Ms. Diaz requested to remove "Additionally, the chair of the internal committee that will represent the BHC in the Workplace Violence Committee for the organization" on page 5, item 6 in the first paragraph. They stated that they would need further discussion around this topic.

On page 5, item 6 in the last paragraph, Ms. Larson requested to change Ms. Morson's name to Ms. Larson's name.

On page 6, item 8 in the last paragraph, Ms. Larson requested to change Ms. Morson's name to Ms. Larson's name.

Action:

The Working Group voted unanimously to amend and approve the August 5, 2021 minutes with the changes outlined above.

3) CPI TRAINING UPDATE

Monica Diaz opened the topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims stated that there are minimal numbers of staff that need to complete the training. The people that have not completed the training comprise of staff who were absent while the training occurred. Ms. Sims indicated that the team is looking to train staff who have not completed the training. Ms. Sims mentioned that there are four certified CPI Trainers in the building.

The Working Group agreed to defer further discussion of this item due to the absence of the assigned stakeholders.

4) STAFFING MINIMUMS UPDATE

Monica Diaz opened the floor.

Public Comment:

Karlyne Konczal stated she understands that staffing is difficult. She understands because it was hard for her to obtain the team leader position. It took her many months and a lot of hoop-jumping. She also understands that people have been out on medical leave, and employees must fill in at other places. One of those individuals returned from leave this week. Before that, for many weeks, there were three team leaders right now (with Ms. Konczal being one of them). Whenever there has been a need for two licensed staff to go upstairs, they will take two from the ARF and leave two on the second floor. She understands there is a need there as well. Most of the house coordinators are pretty good, but one will always draw from the ARF every single time. There will be three on the ARF and five on the second floor. These individuals were hired to have an extra person in the med room to prevent medication errors as much as possible. Also, to keep the people who were deemed problematic staff by previous administrators. They are still trying to keep these people out of the med room. They are still conspiring and doing things (to her belief) because of certain things she has witnessed, in reviewing medicine, looking for things, and looking for errors. These workers are still visibly doing things to wreak havoc, in her opinion. She hasn't seen it yet, but she believes it is still happening. Whenever two people are taken from the first floor and leave two on the second floor, there is time for the same people to create these little agendas. It seems as if the house coordinators are not getting the memo that it is vital to have extra licensed staff on the first floor. It is essential and expected, which is why we hire all these people. They understand it's a numbers game, and you cannot obtain the staff you need, but it doesn't seem to be relayed as an important message to the people that create the schedule. She does not mind the float and likes to see different faces on the floors. The other day she heard that there were three people on the ARF, seven people on the second floor, and they still took one of the three people to cover the front desk. This example has occurred several times recently when a new team leader has been there. She does not understand if there are seven or six people on the second floor. If a person is taken for several hours out of three people to cover the front desk, how does this make sense if licensing is essential on the ARF? Fair distribution is a good way of putting it.

Discussion:

Ms. Sims discussed an update specifically for the ARF. They continue to have the identical vacancies of two LPTs and one team leader. However, they are conducting more interviews and will hopefully have those three positions filled. Ms. Larson asked for an update on the director position. Ms. Sims stated that they are working on getting the director position through the human resources process to move forward with the postings. Ms. Larson asked if the job had not yet been posted? Ms. Sims stated that the position had not been posted yet.

Ms. Larson asked what the job requirements for the director position are? Ms. Sims responded that the requirements are still under review and will include a special condition of a certified ARF administrator. Ms. Larson inquired if the position would be for a health program coordinator or social worker. Ms. Sims replied that there is no update at this time.

Ms. Diaz posed a question to Ms. Sims about hiring licensed staff on the first floor. Sometimes on the night shift, licensed staff are absent. Ms. Sims stated that they had hired LPTs and team leaders that were not employed directly for the ARF positions. Instead, they were hired into other jobs, such as a float position. The one team leader position for the night shift has not been filled, is still vacant, and they are working on getting those positions filled.

Ms. Wong asked Ms. Sims, how do you determine hiring priority? Why is hiring in the ARF, not a priority? Ms. Sims responded that hiring in the ARF is a priority. There are scheduled shifts available, and people may not

take the shift or schedule. They may decline the position, such as an ARF position. However, they may be interested in another schedule or shift available. Ms. Wong stated that the Working Group has an obligation to provide corrections for the ARF. Ms. Wong added why these vacant positions couldn't be filled for the ARF. Ms. Wong asked why employees can choose a workplace location, such as the MERC or RCFE, and why isn't the ARF a priority? Ms. Sims replied this is a little more complex. First, someone may turn down a job if it's a schedule or shift that will not work for them, then continue with vacancies in the building. When an individual turns down a job, hiring continues with vacancies throughout the building. Secondly, as people get hired, seniority and shifts are other factors. SEIU MOU made a prior decision regarding annual bidding. Instead of having nursing staff bid for programs and schedules, it would be set up in that manner. If an individual chooses not to work the night shift, they will turn down the position. Individuals have turned down jobs because of schedules or shifts they cannot work.

Ms. Diaz stated the issue with the med room includes auditing; if the only team leader available on the night shift is floated to another location, who is conducting the auditing? Ms. Sims replied, there is still the ability to conduct audits because everyone is not floating out of the ARF. Ms. Diaz said the purpose was to bring in more staff to clean up the issues with the med room, but if licensed staff constantly shifts to cover the third floor on all shifts, how will this be corrected? Ms. Sims replied things had been improved on the ARF around medications and medication management. Ms. Diaz agrees that there has been an improvement and no infractions in the med room for a while. Still, the whole purpose of bringing in more licensed staff is to keep them on the floor, and if they are constantly being floated to the third floor, this could be an issue later. Ms. Diaz asked, why not prioritize the first floor and maintain licensed staff on all three shifts, so these issues don't happen again? Ms. Sims responded that several improvements have occurred, understands the concern around maintaining progress, and will continue to look at that.

Ms. Larson asked, what are the criteria for improvement and what does it mean to improve? Some staff members stated improvements have not occurred. Ms. Sims replied staff should discuss these issues outside of this Working Group to address concerns. Ms. Sims continued that they have not had the same number of medication errors in the past. There have been improvements in the med rooms. They are not finding items in the med rooms that have been expired. There have not been findings of loose medications, which were referenced in the non-compliance plan. These have not been reported by staff on the ARF that these are ongoing issues and finding these issues. Ms. Sims suggests holding a meeting with the team leaders on the ARF to discuss concerns about ARF medication management. Ms. Larson stated that the reason for this meeting was to discuss the various concerns. The Board of Supervisors expects the Working Group to be a part of this conversation, and Ms. Larson believes this should not be an offline conversation. This meeting is where the discussion should take place.

Additionally, Ms. Larson states that the group is still discussing a new staffing model upon reviewing last month's meeting minutes. Still, there has not been a priority to address staffing issues. Therefore, it is not just the issue of medication management, but also staffing issues which is one of the reasons to hold these Working Group meetings.

Ms. Diaz added that they received a copy of the BHC staffing model updated in April 2015. The staffing grid proposed and implemented shows that there is a program manager on the ARF morning shift. The morning shift is allocated one team leader, four mental health workers, one MH treatment specialist. For the PM shift, it states one team leader and four mental health workers. For the NOC shift, it says one team leader and three mental health workers. This grid was generated in 2015, and it was never staffed in that manner. The new staffing grid features 3-3-2, while the staffing grid from 2015 features 5-5-4. Ms. Diaz continued that they have asked to increase the staffing grid to 4-4-3. It has been more than eighteen months in this process, and the group has not been able to obtain an answer from management. She suggests that the group come up with a deadline with proposals to implement or come to vote because an agreement has not been made. Ms. Diaz would like the group to vote on a decision to implement these new numbers.

Mr. Schmidt replied that he and Linda had a discussion earlier in the week about this and agreed that the group could take a vote. Linda is working on a plan to get the numbers right, as stated in the last meeting of 4-4-3. Mr. Schmidt said they are working on that and asked if there is still a reason to vote, being that this is something that they agree on? Ms. Diaz relayed that the frustration is around not obtaining an answer from management and request something in writing, so the group understands what will be implemented. There are only a few months of meetings left, which is why she is pushing this issue.

Mr. Schmidt understands their frustration around management working on this issue. He will draft something in writing with Ms. Turner and Ms. Sims and give that to Ms. Diaz. Ms. Larson asked, what does working on it entail? Mr. Schmidt replied staffing and hiring are very challenging in this City and nationally. We are struggling with staffing everywhere. Staffing is a national problem, and obtaining staff is problematic for various reasons, such as COVID and employees being out on leave. Working on it means getting people hired, and it's not because they're not trying. It's because people are not available.

Ms. Larson stated Mr. Schmidt was not present for the discussion about the management position, and no one knows what job class they plan to advertise yet. The manager for the ARF has been gone for a while, and the job has not been posted yet. Mr. Schmidt relayed that the job will be posted, and they are working on that. Working on that entails working with the Merit division to determine the best classification for that position. The human resources process is slow, and Ms. Sims meets with human resources every week, with a standing meeting to review all these positions. For the ARF vacancies, various things are holding them up.

Mr. Schmidt asked Ms. Sims to provide a high overview of the ARF vacancies. Ms. Sims stated that live scan plays a part that is not her control or management's control but in the State's control. Management is not in control of when the State will clear people or if they'll give it a live scan clearance. That is a regulatory requirement, and they have been previously cited because someone did work and did not have a live scan clearance in the program. Ms. Sims continued that in previous meetings, they have discussed the challenges of finding LPTs and team leaders. They are working with recruitment around that, and Ms. Sims has mentioned these repeatedly. Ms. Sims continued, as Mr. Schmidt stated, if people don't apply, we can't hire them. Additionally, if people choose not to work a specific shift, they don't accept the position.

Ms. Larson added that she understands, but people don't know about it if the job is not posted. Ms. Sims clarified that the team leaders are an ongoing open position that they work to accomplish. They are currently published and stay up. When a job is posted, someone applies; after it's reviewed and meets the qualifications, the information is forwarded to Ms. Sims, and they begin the interview process. That is a big positive that is occurring. For the LPT's, they have been recruiting, they have been posted multiple times, and there have been various lists. Ms. Sims reiterated that they could not interview and hire if they did not apply. There are challenges, as previously stated, with the classification of licensed site techs. They are working with recruiters to determine how to obtain more LPT's to apply for the positions. This is an ongoing process that occurs weekly where Ms. Sims meets with human resources.

Ms. Morson stated an individual is orienting for the PM shift and looking forward to having plenty of staff for the night shift. They have a strong team on the day shift that watches over auditing the med books and the medications; she has a colleague who never leaves it alone. This is part of the reason why they've been able to keep this going as long as they have. Ms. Morson is looking forward to fulfilling our staffing needs. They are not struggling too hard with the auditing, and it gets done every day. Ms. Sims added that float staff is trained for ARF, and they conduct work there. Therefore, every float staff hired benefits the ARF because they do work there as well.

Ms. Wong clarified, when Ms. Larson asked about the direction position, then Mr. Schmidt mentioned that they are going through the Merit division and the classification. Ms. Wong asked when any vacant position opens, do you have to reevaluate the Merit and classification for that position to be considered, to be posted, or built-in? Mr. Schmidt replied, not all positions, for example, 2320's nurses and LPT's are not taken through

Merit. With the director position being vacant, those positions go through Merit to ensure it's in the suitable class. They review the job description and make sure they're putting the correct classification within the City system into these positions. Ms. Wong stated that she is a little concerned and asked if that means the person in the previous position may not be in the correct job description in the Merit system? The person who previously held the position had been working under that position for a long time. If that person had not departed, then would it have continued the way it is? Mr. Schmidt relayed how Merit works; it's a division that when they can look and see if things can improve or if the right people are doing the work, they will get involved. He stated that he wouldn't say that the last person in the position was in the wrong class; they just see an opportunity for improvement.

Ms. Truong appreciated the explanation and asked for clarification. For example, if there's a classification up for modification, should SEIU be informed? Mr. Schmidt stated, he does not know the answer but can be discussed with Dan Hoffer in Labor Relations to ask him about that. If that is the case, he'd be happy to meet with Ms. Truong.

Ms. Larson asked if there was time for public comment.

5) SECURITY RISK ASSESSMENT IMPLEMENTATION UPDATE

Jeff Schmidt opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Mr. Schmidt discussed, last month, Powerpoint slides were featured with the timeline. The budget was presented to the Board of Supervisors and being reviewed. Mr. Schmidt spoke to Basil Price, and there is no update if it has been approved or not. Work began with the gate installed on the Potrero to the side to keep people out of that stairwell. Although it is not currently locked, there are plans for a badge reader and a button to be installed. Ms. Morson clarified if this would be a buzzer? Mr. Schmidt confirmed that yes, this would be a buzzer. Mr. Schmidt confirmed; eventually, a buzzer will be installed. Another part of Mr. Price's security assessment is around panic alarms and duress buttons. Comtel, one of the vendors, will be working.

The plan is to start on the ARF and work their way up. Next week, the next step is to walk the building to look at what it will take for wiring. Mr. Price is obtaining a quote. During Mr. Price's presentation, he stated that the idea would place duress buttons in specific locations. Comtel now has a solution where employees can have personal duress alarms that are connected to that server. Employees will wear these alarms, and if an employee were to experience a situation where additional help is required, employees could push that button. It will alarm locally and in the Security Operations Center (SOC), so the Sheriff's Department is aware that an alarm has been pushed. Mr. Schmidt stated that they had not used this type of technology anywhere else, so it's pretty exciting. When Comtel arrives, they will look at camera placements that can be monitored in SOC, mainly in the perimeter. Efforts are moving forward, and work with Comtel will occur relatively soon.

Ms. Larson asked for clarification from the last notes stating that the gate will have a button with a microphone. Mr. Schmidt confirmed that would be included. That is the plan but will not be immediate. He stated that was their ask and their expectation when the gate was put in.

Ms. Diaz stated that they received an email from Ms. Sims stating that the patients will be coming through the front because they will not have access to the new gate. The gate will be an exit-only gate with no entry. Mr. Schmidt relayed that they wanted to get the gate up to keep people out of the stairwell. Eventually, patients will be able to use that gate again once they can obtain the card reader and the button with the microphone so patients can buzz in. Ms. Wong stated that if they lock it and people can enter one way, staff have not informed residents of the drastic change. Therefore, clients who return late will have to go to the front into the

dark driveway, which is an inconvenience to those who pay rent. Ms. Wong believes that residents are owed the respect to inform them of the change and follow interim guidance.

Ms. Sims added, to be clear, the clients on both the ARF and RCFE have been notified of this change? Ms. Morson replied that clients had been notified. She was responsible for letting the ARF clients know. Ms. Larson stated that informing clients of a change is different than working with them. Ms. Sims replied that they did notify the clients. And is a continuous piece, and would like it reflected clearly in the public documentation because the work was done to inform them. The gate is not yet locked. They will continue to work with the clients and remind them of how this will work until the intercom, the card reader, the buzzer, and everything is installed.

Ms. Larson added they could work to ensure that there will be someone at the front desk because there is a lack of consistent staff at the front desk. Ms. Sims stated that this is something they have to address. She believed that Mr. Schmidt had also followed up with the Sheriff's Department regarding the cadets. Ms. Larson stated that a security guard at building 87 has security guards at the main house and asked why they can't have a security guard here? Mr. Schmidt relayed that there are no security guards at the BHC; they have Sheriff's Department staff. The private security at OTOP is the only security guard on campus. Ms. Larson asked, why can't they have a Sheriff instead? She inquired why they don't have security guards? With the Hummingbird and the clinic, this is a more at-risk area than anywhere on campus. Therefore, she is requesting one dedicated Sheriff that is at the BHC. Mr. Schmidt stated that he could ask Mr. Price about that. Mr. Price oversees the budget and where positions can be placed. He will inquire about Mr. Price's plan and will get back to Ms. Larson about that. Ms. Larson stated that having a dedicated Sheriff in the interim should be implemented until security is in place. She feels that they have been left abandoned, and the request is for one person. Ms. Larson is requesting to let them know when they go and take a break, so residents don't get stuck outside.

6) WORKPLACE VIOLENCE PREVENTION UPDATE

Jeff Schmidt opened the floor.

Public Comment:

There was no public comment on this item

Discussion:

Mr. Schmidt stated that this item would be postponed to next month's meeting because that stakeholders were not present for the discussion.

Ms. Diaz understands the stakeholders are not present to discuss an update. Still, there are people on the committee who would like to discuss concerns on workplace violence.

Mr. Larson stated that the internal BHC Workplace Violence Committee chair would represent BHC in the hospital-wide Workplace Violence Committee. She is requesting clarification on who will be the chair, and does that mean that none of the staff here will represent the BHC? Ms. Sims relayed that they would create a committee at the BHC so that all programs and disciplines will have a fuller representation within the internal committee. There will be a co-chair who will be the representative for the hospital. This person will take forth the concerns of the BHC and bring things back to the BHC committee. The internal BHC committee will mirror the hospital committee structure by utilizing the LEAN PASTA model and charter. Information will be relayed from the internal committee to the larger hospital committee and vice versa.

Ms. Wong stated that there are still concerns about bullying occurring. She asked when who would be creating this committee and who would be on this committee? It is a pretty urgent issue. If bullying is happening, we do not want these situations to get out of control. Mr. Schmidt agrees that this effort needs to occur urgently. This will not be solved today, but a meeting should happen next week to discuss when the group will meet and

who will be there. Mr. Schmidt will discuss this with Linda. As Linda stated, this will be a multi-disciplinary group with representatives from each program. Ms. Larson clarified if meeting with representatives should occur instead of just meeting with Ms. Sims and Mr. Schmidt agreed.

Ms. Larson discussed that the Workplace Violence Committee had been up and running for quite some time and workplace violence is one of the reasons to hold this meeting. This must be reflected in the report because there should be no reason why they should not have been addressing this a year ago. Ms. Sims replied that things are being handled and not put into the public because of human resources issues that are inappropriate to discuss. There is a process in place where problems go through EEO that have been occurring. Ms. Larson stated that those issues should be addressed in this meeting. The Board of Supervisors gave the workgroup the responsibility of using this platform to manage those things. Ms. Larson disagrees with Ms. Sims' response and states it is not appropriate.

As laborers, Ms. Wong stated that this working group must work jointly with leadership to correct and address many issues, which is why this group started. Both groups are working together to ensure that safety is the number one priority. If the bullying continues, it needs to be discussed with this group, which is expected from the Board of Supervisors as developed from this ordinance. Mr. Schmidt said they would meet next week to discuss the following steps to put this workplace violence group specifically for that building together.

Ms. Sims responded that the workplace violence group is not ARF specific; it is building-wide and should not just be the ARF making determinations for this building. Ms. Larson stated that it is in the ordinance and what should be addressed. Ms. Sims wanted to clarify several things in the ordinance that the group is to address. Many items are occurring for the ARF, and she does not want that to get lost in other issues. Ms. Larson stated that it's not another issue, and they have done many good things, but the specific things the group is here for and must be addressed. Mr. Schmidt has agreed to meet with staff to get things moving forward.

Ms. Truong acknowledges that there have been many positive changes that have occurred in the ARF. She witnesses these changes as she walks by daily. Kudos to the management and staff that have been working hard together with residents and improving the program. She applauds the beautiful work that everyone at the ARF and everyone in the building has accomplished. Ms. Truong states that the group has been struggling. One of the reasons for this group is to address staffing, bullying, harassment, and medication errors. All of which have not been addressed. Members of the ARF would like to be a part of the workplace violence meeting set up by Mr. Schmidt, Ms. Sims, and the BHC.

Mr. Larson wanted to point out that part of the workplace violence that people are experiencing is that there is no chain of command. The team leaders are expected to supervise mental health workers. Still, they're not allowed to write them up and have any input on progressive disciplinary actions. Which in turn creates he said, she said, which leaves everyone upset. This leaves different job classes saying they can do whatever they want, and they haven't seen any changes. Ms. Morales must supervise both floors. She is the only person who can initiate any disciplinary action, and nothing is happening. Team leaders can initiate but not do anything; all they can do is inform Ms. Morales. Ms. Morson stated that they do communicate with the manager. Mr. Schmidt reiterates that staff does speak with the manager. Ms. Wong says that they can communicate with the manager, but they cannot write them up. Mr. Schmidt states that is correct. Ms. Larson asked if this process applies to the main hospital. Mr. Schmidt replied that charge nurses could not write anyone up. Only managers, managers, or directors have that ability.

7) RESIDENT CARE IN THE ARF UPDATE

Jeff Schmidt opened the floor for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Rahman discussed that all the activities were going well. Last Sunday, she went shopping for gardening supplies and was given a budget of \$300 to spend. Ms. Rahman bought soil and flowers. They had a fun time with the clients. The clients participated in gardening, and they requested to obtain vegetables such as tomatoes, Italian parsley, cilantro to make the 2 o'clock smoothies. All the other activities are going well. Ms. Sims, Ms. Morales, and Ms. Morson can speak more about this. In the resident care improvement plan to improve wellness and recovery. Under item number seven, promote the quality of care by providing a non-institutionalized environment (a home-like environment). Ms. Rahman does not see this effort happening. She asks if there is a plan, waiting for budget, vendor, or obtaining new furniture.

Residents have expressed that they need more furniture and spend a lot of time on the patio. Most of the patio furniture is broken. Residents are requesting patio furniture. Mr. Schmidt agrees that they need new patio furniture. He relayed that the San Francisco General Hospital Foundation has given the Department of Psychiatry, including the BHC, a donation to purchase new furniture for that building. Buying new patio furniture is part of that plan. Ms. Sims confirmed that there is some patio furniture. However, most of the furniture that they're going to receive is for rooms and day rooms. Ms. Schmidt discussed seeing what type of furniture they would receive and finding a way to get other furniture replaced. He commended Ms. Rahman for all the great work and was happy she could go shopping. Ms. Larson asked where the \$300 was obtained? Ms. Rahman said it came from the Facilities budget.

Ms. Morson is impressed with Ms. Rahman's work. Her observation is that the teams are getting stronger with the day and PM shifts. The night shift conducts different things. Ms. Morson states that she likes this job and likes working here, and she hopes the group can continue as a team and lead by example. There should be more of these places all over San Francisco. Ms. Morson loves the way everyone is getting it done and communicating. They are having a great time at the ARF. Ms. Rahman appreciates all the team at the ARF. We have a great team. Everyone works as a team, and all staff is there for the clients to improve their lives.

Ms. Larson asked if they would continue to contract out the 15 beds? Mr. Schmidt replied that they would be for the time being, and it depends on what the City has planned for ARF beds in the future. Ms. Larson asked Mr. Schmidt to elaborate and be more specific on who he is talking about in the City. Mr. Schmidt responded that Mental Health SF has a plan for behavioral health beds, discussed in the Town Hall meeting. He is not an expert on this topic and has not been a part of these meetings, but there are plans to open additional beds in the City. It is dependent on what happens there before determining opening more ARF beds.

Ms. Wong would like to know who oversees the ARF? She states the City does not know who oversees the ARF. Mr. Schmidt states that ZSFG oversees the ARF. He notes the question is what the City's stance on the Hummingbird beds is and does not know who made the decision. Ms. Wong mentions that no one knows who makes the decisions, which is astounding. Ms. Larson feels that the whole facility, but the ARF, especially where no one wants to take the responsibility. They conducted a report in Mental Health SF, and they discussed the importance of permanent beds. In the report, they only took a count of the third floor. It's as if they are not on the map anywhere and makes her wonder who the interested parties are making decisions for using the ARF? Mr. Schmidt does not have an answer to Ms. Larson's question. He stated the decision for the ARF beds was made related to the Hummingbird. The City, in general, the Department of Public Health will inform the group if Hummingbird needs those beds or not or if they should be given back to the ARF and is not a decision made him. Ms. Wong stated that for the record, they say it is not their domain. Ms. Larson references the last meeting that discusses Hummingbird's success and how great it is to offload residents from PES and the seventh floor to these beds. She disagrees with the hospital's idea of success. In mental health, the only successful thing is stability. When people get offloaded to shelter beds, it's only a success for the hospital and not for the mentally ill.

8) BOARD OF SUPERVISORS REPORT

Jeff Schmidt opened the floor for discussion.

Public Comment:

There was no general public comment.

Discussion:

Mr. Schmidt discussed that this report needs to be completed. We will look at the last report and work on it. Ms. Larson and Joanna worked on this report last time, and Ms. Larson will not be volunteering to work on this report. Mr. Schmidt asked for volunteers to work on this report. Ms. Morson volunteered to work on this report. Ms. Larson requested copies of the information for the next meeting.

9) TOPIC SUGGESTION FOR NEXT MEETING

Jeff Schmidt opened the floor for discussion.

Public Comment:

There was no general public comment.

Discussion:

Mr. Schmidt discussed that the Board of Supervisors report would be on the agenda. CPI training should stay on the plan because it was not addressed in this meeting. Staffing will also remain on the agenda. Security risk assessment will be discussed, and Mr. Schmidt will hopefully have an update and an answer from Comtel. Mr. Schmidt is committed to getting a group together around workplace violence and an update about the hospital-wide committee from Ms. Turner or Mr. Smith. Resident care in the ARF will stay on the agenda. A draft of the Board of Supervisors report will be sent out before the next meeting. Materials for the next meeting will be available a week before the next meeting.

10) GENERAL PUBLIC COMMENT

Jeff Schmidt opened the floor for general public comments.

Public Comment:

There was no public comment on this item.

10) ANNOUNCEMENTS

Jeff Schmidt opened the floor to announcements.

Public Comment:

There was no public comment on this item.

Discussion:

11) ADJOURNMENT

The meeting was adjourned at 11:08 AM.