

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
Local 21

Sarah Larson, MS
Mental Health Treatment Specialist
RCFE
Local 21

San Francisco Behavioral Health Center Adult Residential Facility Working Group

CITY AND COUNTY OF SAN FRANCISCO Department of Public Health

London N. Breed Mayor



Grant Colfax, MD
Director of Health

Kathlyn Marquez
SFBHC ARF Working Group Secretary
TEL (628) 206-3790
FAX (628) 206-4655

Web Site: <http://www.sfdph.org>

MINUTES

SF Behavioral Health Center Adult Residential Facility Working Group

Thursday, November 7, 2021, 9:30 a.m.
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
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, LVN, Team Leader, Local 21
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: Sharifa Rahman, Mental Health Rehabilitation Worker, ARF, SEIU Miscellaneous

Other Attendees: Kathlyn Marquez, SFBHC ARF Working Group Secretary

The meeting was called to order at 9:30 a.m.

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

2) REVIEW AND APPROVAL OF THE OCTOBER 7, 2021 MEETING MINUTES

Andrea Turner opened the topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims asked to change "3 North" to "ARF" on page 4, paragraph 4.

Action:

The Working Group voted unanimously to amend and approve the October 7, 2021 minutes with the changes outlined above.

3) CPI TRAINING UPDATE

Andrea Turner opened the topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

This topic was deferred to next month's meeting.

4) STAFFING MINIMUMS UPDATE

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims stated that there are no changes since the last meeting. There is a potential 2314 team leader candidate, but they are still in the process. They continue to have the same challenges with the two 2305 LPT vacancies on the ARF. In addition, challenges persist in hiring the 2314s. Ms. Sims is working closely with human resources for both classifications and recruitment for the 2305 position.

Ms. Turner shared that she emailed Ms. Sims to introduce her to Justin Dauterman to discuss opportunities for students and if there is an option to have students rotate at BHC in positions where recruitment is difficult. Ms. Sims stated that she met with Mr. Dauterman and discussed what the role would entail and who would provide supervision. Additionally, students would need to go through live scan clearances. Ms. Sims relayed that Mr. Dauterman would check in with the school around several questions that arose in their meeting. Ms. Sims will have a follow-up meeting with Mr. Dauterman to discuss the possibility of students joining the MHRC, supervision possibilities, and student expectations. Ms. Turner asked, with the difficulty of hiring LPTs, is there a plan or idea of what can be done in the meantime?

Ms. Morson stated that she has never seen this type of schedule where no one can have a weekend off, and it's becoming an issue. She has heard that many employees would like to have the ability to have every other weekend off or at least one weekend a month off, which is not offered and is unusual. Ms. Morson wondered if a viable solution to make the hiring process more appealing could include offering at least every other weekend off. Ms. Sims stated that they had faced some challenges around that. Schedules go back to the previous meet and confer with SEIU. Weekends off would increase the number of FTEs needed within every other weekend schedule. Changes were made, and some of the schedules were recommended through the previous meet and confer process with SEIU's shop stewards. Ms. Larson recalls a time when there were

alternating schedules. She asked if there were any issues with renegotiating or meeting with SEIU to relay that the current schedule is not meeting their needs. Ms. Turner inquired if there is a shop steward in this meeting. Mr. Truong stated that she was not a shop steward during the past meet and confer meetings with nurses when changes occurred. Ms. Truong said, if this is a census from most nurses and the current schedule is not attracting more hires, she is open to coordinating a discussion. Discussions would include Daniel Becker from SEIU, Ms. Sims, and other nursing shop stewards. Then open a new meet and confer possibly. With COVID, they must change and adapt to the unique situation. In addition, Ms. Truong mentioned, many nurses have families, and it's challenging to maintain a work-life balance.

Ms. Wong said to her best recollection, some employees still practice every other weekend off. She thought this has always been the practice, but what changed or shifted if that is not the case? Ms. Diaz stated she knows that the registered nurses (RNs) get every other weekend off but does not know why other licensed staff cannot have every other weekend off. Ms. Sims discussed that RNs are on a different contract. RNs have a different schedule featured in their MOU. There is staff in the miscellaneous nursing group that do get every other weekend off, and there are some nurses with every Sunday and Monday off or Friday and Saturday off. Ms. Diaz mentioned that sometimes schedules are top-heavy or bottom-heavy where there is 7 or 8 staff on one day because no one is getting weekends off. She inquires about obtaining a more balanced schedule.

Ms. Turner recognizes that this is an internal scheduling problem that she hopes the group can figure out. She appreciates Ms. Truong taking the lead to facilitate this conversation and suggests discussing with the union and Ms. Sims about managing the schedule. Ms. Turner recommends it would be ideal if there is a way to create a plan to illustrate equitable weekends off among staff and see how it would match up with the staffing. Mr. Smith expresses that equity between disciplines is essential. He understands that people who create the schedule apply the minimum basic staffing needs per the regulations for each unit and area. Balancing those two things can be difficult, but it's critical to meet basic staffing needs for every shift. Mr. Smith continues its OK to adjust the schedule based on any actions, programming, and activities that occur on those days. Communication may be vital to address this topic. Perhaps some days appear heavy because of scheduling around an activity or programming issue for that day. If everyone isn't aware of why that decision was made, then maybe that's why there is a perception of inequity.

Ms. Truong mentioned after this meeting she will contact BHC shop stewards. When she returns on Monday, she will coordinate a meeting with Ms. Sims and Mr. Becker from SEIU. Ms. Sims stated that human resources and labor should also be involved in this discussion since this was a previous meet and confer with SEIU, along with looking at the budget and staffing needs of the BHC as staffing issues continue on the weekends.

Ms. Larson inquired if human resources have posted the job for the ARF manager? Ms. Sims replied, no. Ms. Diaz asked who the certified administrator for the ARF is? Ms. Sims stated that they do not have a certified administrator. Ms. Wong asked if this violates their licensure? Ms. Sims replied, yes, there can be regulatory implications because of that. Ms. Larson asked what was holding up the hiring process? Ms. Sims stated they are still discussing the position and the recruitment process to obtain an administrator. This position is currently with the merit division, and Ms. Sims will coordinate another meeting.

Ms. Wong is concerned that there is no coverage for an administrator for the program. Ms. Sims stated that an RCFE administrator is covering. In previous years, in losing an administrator, Community Care License was aware they didn't have an administrator, but an RCFE administrator was covering. Ms. Sims hears the concerns, and she too has concerns as well. Ms. Larson asked why a health program coordinator position can't be created? Ms. Sims relayed that there are discussions around job analysis that has held up the process. Ms. Sims mentioned they've been down 50% of managers. Mr. Smith expressed his gratitude for the staff having this level of concern and leadership participation on this call. Leadership shares these concerns and understands that a position like this being vacant for an extended period is concerning. The City and County HR processes are sometimes slow, and there is a process of checks and balances because of spending public

money. When spending public money, it's crucial to abide by these checks and balances, which takes a long time. Mr. Smith hears, acknowledges, and supports staff's concerns. He is proud of staff concerns regarding the program and the residents in the program. The next step is to follow up from a leadership perspective with human resources to determine the exact current stage in the process and see if leadership can influence that process.

Ms. Diaz posed a question to Ms. Sims about staffing. Ms. Diaz acknowledges long-time discussions about the grid and the increase, but she noticed that the night shift is still running with two staff at the ARF. If the grid has increased, why are they running with only two staff members? Ms. Sims responded, they are still trying to get the shifts covered, and currently, the staff is not always available for overtime. Ms. Sims stated they are looking into mandatory overtime and have concerns around employee burnout. She has previously spoken with the night shift and a shop steward on the ARF concerning this issue, and they felt they were doing OK managing it based on their current client group that sleeps most of the night. They're not having problems with clients getting up during the night. Ms. Diaz understands that the staffing has been difficult for the night shift, but she doesn't see the increase in staffing. The staff has volunteered to work, and supervisors state they're not hiring because management asks them to operate with two staff members. The whole facility is operating at bare minimums with two staff members. If the grid increased, the facility should be running with 3 and 3. There is staff willing to work, but management does not want to hire. Ms. Sims said she would look at that. Reports to Ms. Sims indicate that they are reaching a point on shifts where overtime will become mandatory. There is a good chance that can occur on the night shift. There are a couple of people out, and to Ms. Sims's understanding, one person has returned. She will obtain an update of the other full-time staff member on nights regarding the expected date to return.

Ms. Diaz asked Ms. Sims if the grid increase was official? Ms. Sims replied, yes, it has, and they are trying to meet that grid. There are challenges with the number of vacancies and staff out on leave. They are trying to be mindful of what is happening in the unit and how to manage it. It's also important to be aware of staff getting tired and people taking on more overtime. They have had a significant increase in the number of overtime shifts, and while Ms. Sims was away, they were close to implementing mandatory overtime several times.

Ms. Diaz mentions the ARF's increased workload of staff escorting clients to the front lobby. She understands that this effort removes staff off the floor constantly, leaving the floor short. When operating with three staff, they're working with the bare minimum. To Ms. Sims's understanding, they have not been running with three on days and evenings; it has been four and four. They are currently gathering data around the impact of the escorting to and from the lobby, now that they do not have access to clients returning through the ARF door. They are looking at the effects of that through data collection. Ms. Wong asked Ms. Sims what the purpose of the data collection was? Ms. Sims relayed that the purpose of the data is to look at what workflows have changed and create strategies to address it. Ms. Sims added looking at the impact of the current work before implementing the exit-only gate closure and looking at ARF staff responsibilities, their workflows, and the present related effects. Ms. Larson states the importance of monitoring a large area like ARF that spans three separate units. If there are only two staff on shift and they go on break, they cannot fully monitor these units, which causes staff to be unaware of what's going on with the residents. In addition, the patient care aspect, safety aspect, and best practices must be considered. Ms. Sims suggests the increasing frequency of the rounds on the program. These are the topics to discuss with ARF staff, along with their workflows and workloads. Ms. Morson mentions that when she is on shift, she rounds the ARF unit consistently. The ARF clients are more independent and come to staff if any issues arise. Since escorting began, it's rare to have one or two staff members on the floor, but it takes a lot of time for staff to accompany clients. Ms. Morson states she doesn't feel like safety is an issue at this point because clients are pretty independent and can come to the team if there's a problem.

Ms. Turner acknowledged the various valid points in this discussion and appreciates the great opportunity to make changes for the future. When pitted with the criticality of working with insufficient staff available, she

inquired how this is typically handled? By mandatory overtime? Ms. Sims responded mandatory overtime would be an option if they determine a need for overtime. It would be mandatory if it impacts the shift currently on duty; then they're the ones mandated to stay. Ms. Turner relayed that when looking to remedy or prevent mandatory overtime from happening, the standard of practice and safety must be essential to review. Still, data also matters to show and help to answer some of those questions.

Ms. Turner asked how is the data being gathered? Data can be used in many ways to prove a point or to disprove a point. If data collection is not done to help solve a problem, people lose faith in the data. Ms. Morales asked for clarification if Ms. Turner requested how the data is gathered regarding the ARF staff escorting people to the lobby and back to the program? Ms. Morales continued, information is collected by clients utilizing sign-in and out sheets. When a client leaves the program, they must check with the staff and sign out to know where they're going when they're coming back. A staff member collects these sheets, puts the data together, and keeps track of the number of clients that leave the program. The information showcases the number of times staff from the ARF need to go back and forth from the lobby to get the clients and come back to the program. Reviewing the numbers and frequency of clients leaving determines the number of staff needed for support. Currently, at the ARF, the AM and PM shifts always have four staff members on the floor, and one staff member is designated to escort clients from the lobby. Ms. Morson stated that daily, at specific times during the day, staff return to the unit from escorting a client then they are called to come back down to the lobby. Staff is in tandem quite often, running back and forth, which is a strain sometimes.

5) SECURITY RISK ASSESSMENT IMPLEMENTATION UPDATE

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Mr. Schmidt stated that there were discussions around the possibility of obtaining personal duress alarms in previous meetings. He has since learned that the technology didn't work at Laguna Honda and is questioning if the alarms will work at the BHC. However, Mr. Schmidt relayed, the plan is to continue with the duress buttons at various places within the facility, including nurse stations and a few other locations. Work with the vendor, Comtel, will start very soon. The cameras will most likely be installed at the same time. Ms. Sims mentioned a walkthrough with Comtel was conducted. They were looking at different options of placement for the camera in the front and the intercom system for the front door of the BHC. Comtel looked at all three floors to determine how to set up and install duress buttons.

Mr. Schmidt mentioned that the installation of the gate on Potrero had kept people out of that area which has improved things. However, there are still people on campus and around that area of the BHC, specifically the grotto. This issue has been cited in the weekly security meeting for several weeks. The Sheriff's Department has committed to increasing its patrols. They have assigned specific times to round in the area and move these people on. There are two individuals that the Sheriffs are working with to keep them moving along and not congregate around the BHC. Specifically, there is someone every night on camps in the grotto. The Sheriffs ask this individual to move every night, then they move further down Potrero. Another person often has a tent in front of the BHC, the plazas, building 25, and other areas of the campus. A new Lieutenant, Lieutenant Ramos, replaced Lieutenant Kroll, who is committed to doing this work and having his deputies move those people, specifically the patient in the grotto.

Ms. Larson asked where they were planning to put the cameras? Comtel will place a camera at the front door of the BHC. That will also have an intercom system for the front lobby. Mr. Schmidt will ask Mr. Price to send a sketch for camera installation locations and send it to the group to review before the ARF next meeting. The

recommendations from Mr. Price's expertise would be good for the group to review since they don't have the exact locations. Ms. Larson still requests a camera to be installed in front of Hummingbird because there's still a problem with congregating up there. Smoking takes place there, and even the staff are participating in it. There's also the problem of people on the sidewalk, the feces, people shooting up at the bus stop. Ms. Larson understands that Mr. Price can obtain a waiver to have cameras facing the sidewalk from the building, which is very important. Ms. Larson states that she has taken many pictures and has been documenting the filth on the street at that bus stop. Residents are complaining that they are unable to use the bus stop because people are shooting up. Ms. Larson also suggests placing a camera at the methadone clinic because people congregate, and crime occurs. With no camera covering the area, it poses a massive security issue. A security issue not just for the residents but also for the people who work in the area, the rest of the employees and residents who must go out that entrance. Mr. Schmidt reiterated that he would provide a list of camera locations, and input is welcome.

Mr. Schmidt discussed, since the last time this group has met, another group was put together to work on various security issues. Stakeholders included all the groundskeepers, the Sheriff's Department, leadership such as Terry Saltz, Greg Chase, and Mr. Schmidt. The group discussed how difficult it is for the groundskeepers to deal with all the filth, drug paraphernalia, and all of the concerns that BHC staff have. The group will be meeting monthly to talk about the various places that people congregate on this campus, including Hummingbird, in front of the BHC, several camp spots on the main campus, and they're looking at ways to mitigate them. Mr. Schmidt will ask Mr. Saltz and Mr. Chase about moving the bus stop and go from there.

Ms. Turner stated that she met with Ms. Ehrlich and Mr. Price two weeks ago. They talked about the campus as a whole. The BHC was at the top of the list, including issues discussed in this meeting. Although there are many safety and security assessment opportunities, Ms. Turner wants this group to understand that it's not falling on deaf ears. Ms. Turner requests staff to bring up issues and escalate them in real-time when they occur. If these issues are captured in real-time and escalated, they can be discussed in the weekly security meeting on Tuesdays to obtain answers. Ms. Turner, Mr. Schmidt, or Mr. Smith must be informed of the various issues happening weekly so they can keep it at the top of the Sheriff's department's minds. Ms. Turner continued that moving the bus stop along with various other issues don't happen overnight. In the meantime, ensuring that staff and clients are safe will take a collective effort of staff being responsible or accountable for. If leadership is informed of real-time issues, these issues can be brought up as topics for continual conversation. When Mr. Price met with Ms. Ehrlich and Ms. Turner, he presented the security assessment for the campus, and the BHC was the number one topic of discussion. Ms. Turner communicated that time must be given to those stakeholders to make things happen because their plates consist of many things that need to be done on campus, which is not that simple.

Ms. Turner had a prior discussion with Mr. Schmidt about continuing these ARF Working Group meetings after the mandate ends. They discussed the possibility of maintaining a cadence of this meeting to continuously look at things that can be improved, ensuring accountability and being responsible for the items discussed and getting those done. Ms. Turner would like to continue to hear from the team, what they're doing and any movement as far as progress. Mr. Schmidt mentioned that he met with Ms. Rahman last week, and they had the same conversation. It won't be a formal meeting like this, and the good news is that meetings can happen in person. Leadership will work with Ms. Sims, Ms. Morales, and the ARF staff on setting up or continuing some form of meetings routinely. These meetings will be separate from the town hall meetings.

6) WORKPLACE VIOLENCE PREVENTION UPDATE

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item

Discussion:

Mr. Schmidt discussed in either this group or the town hall, they committed to starting a workplace violence group at the BHC, which they have been trying to do, and it hasn't come to fruition. Mr. Schmidt takes full responsibility for not getting that meeting going. Like the ARF, Mr. Schmidt has been enduring his staffing challenges last month where he was doing a lot of work as the AOD. He could not put the initial meeting together, but he committed with Ms. Turner, Ms. Sims, Mr. Smith, and Ms. Morales to get something going this month. Mr. Schmidt would like to review the charter that Ms. Turner and Mr. Smith created for this campus in general and look at how they can apply that to the BHC. Ms. Sims requests for information sent to her to also begin to look at the charter and other resources that the hospital uses.

Ms. Sims stated that they had not had any significant client or staff violence issues on the ARF in this last month. Mr. Smith shared that they began reporting on workplace violence events at Tier 4 (T4) that includes any information from the BHC. There are no details around specific staff, residents, or patients. Details include whether there was a physical or verbal event only and in what department it happened. When these incidents occur in the BHC, it will be reported at T4.

Mr. Smith shared that risk management has changed its methodology on workplace violence events where physical contact transpires between the assailant and the victims. Risk Management will reach out within 48 hours of the event, in addition to the department manager and ensure that they've obtained all the facts around every incident. In response to Ms. Sim's request for information, Mr. Smith recommends meeting with Dave Staconis in the ED, where they have their own workplace violence workgroup to obtain information. Their workgroup reviews individual events and what they can learn from them. There are numerous resources that Mr. Schmidt, Mr. Smith, Ms. Turner, and other areas of the organization could offer to the BHC. Mr. Smith would like to make sure that it aligns with broader work and the broader countermeasures implemented and aligns with workplace violence A3. Ms. Sims states that the BHC would like to create a similar endeavor to the ED, which is very department specific. She clarified if the BHC would mirror the hospital processes and then report to the larger hospital committee? Mr. Schmidt shared that Katie Oshiro, a staff member, chairs that ED workgroup with one of the nurse managers. Mr. Staconis will be able to connect Ms. Sims with those stakeholders. They have done some great work, and it took the ED quite a while to get their departmental workplace violence committing going. Once they did, they looked at every single assault and event. Then they came up with solutions to mitigate these situations. The ED is one of the places where the most assaults on campus occur. The ED created a "Code 50". A "Code 50" is when patients who come into the ED are either in a crisis or escalating. When a situation arises, they overhead Code 50 along with location, then the entire team comes a primary nurse, the attending, the deputy, and other additional staff. They all come together to work with the patient and create a plan before entering the room so that everyone has a clearly defined role and a goal. In reviewing "Code 50s," staff assaults have decreased. Ms. Larson understands a "Code Green," but the physical violence aspect is one thing. As far as the boarding cares, one of the more significant issues is bullying, staff bullying, and she doesn't see that changing.

Ms. Larson shared that most staff at the BHC don't know how to use the UO system. She requests training on the UOs to report out. Ms. Larson is unable to enter the system. Upon reviewing the logbook for the RCFE, Ms. Larson does not see the ARF one. There are constant tussles with residents, verbally assaulting each other, threatening behaviors, and Ms. Larson believes there is a lack of reporting incidents because many people don't know how to access the UO system or don't have access. Ms. Larson reiterates her request for UO training. Mr. Schmidt states if there are tussles with patients, these incidents should be reported and tracked. Mr. Smith mentioned that an email previously sent included a link to a video. The videos were part of live training that was recorded and can be re-watched. Mr. Smith can look into any other additional needs for training for the BHC and will touch base with Ms. Sims offline. Ms. Sims agreed that would be great. She recognizes some staff do not know how to manage it from their email. Ms. Sims has received feedback from staff stating that they did understand how to do it.

Ms. Larson continued, as Kelly brought up in the last meeting, there are many staff members afraid of retaliation. How does the UO protect staff against retaliation? Mr. Smith discussed that a UO comes to risk management and the department manager. Unless the fear of retaliation is within those two departments, they only see the content. If the fear of retaliation is from one of those two groups, Mr. Smith will review how else they could address how things could be reported. Those UOs should not be shared widely amongst people and should be investigated in a way that is mindful of the nature of the allegations in the UO. Ms. Larson mentioned that the employee-to-employee part is very tricky, and it's ongoing. Mr. Smith will connect with Ms. Sims offline regarding the training and brainstorm ideas on how to get that information to more frontline staff differently. A possibility could include showcasing the training video in a training room or conference room at a specific time each day for a week.

Mr. Smith shared that the new safety system contract was approved during last Tuesday's Health Commission meeting. The new system encompasses the UO process, complaints, and grievances for any department receiving funding from Medicare and Medi-Cal and the root cause analysis process. The brand-new system will be much easier to use than the current system. The organization will have the ability to produce data, track and trend events, and have a lot more functionality. Go-live will take place in 2022. ZSFG will get a state-of-the-art system, and there will be comprehensive training for all staff in the BHC. The system will eventually be DPH-wide. The three main areas for this launch include Laguna Honda, ZSFG, and primary care clinics. Mr. Smith detailed that risk management ensured BHC was rolled into that initial phase one of the go-live and not left to later.

7) HARM REDUCTION PRINCIPLES

Andrea Turner opened the floor for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims stated that this topic is related to substance use disorders and utilizing harm reduction principles. These principles are essential since a lot of BHC's clients have co-occurring disorders. In addition, harm reduction principles are a very relevant evidence-based approach in the world of behavioral health. Ms. Sims has reached out to DET to see what resources they have. Ms. Sims will look into different resources available within behavioral health services. Ms. Sims is hoping to utilize individuals with expertise in harm reduction and possibly provide in-service training for staff at BHC.

Ms. Larson expressed concern about promoting a harm reduction philosophy. In her experience as a therapist and working in clinics, harm reduction was mainly promoted towards people living in SRO's (living on their own). Her only concern is not to take a stance that makes it look like the staff promotes or supports drug use. Many residents in this facility are clinging to their sobriety and trying hard to maintain it. Ms. Larson continued, it's easy to say harm reduction, and it sounds terrific, but it must be considered in a community setting, especially in an elderly community setting. Ms. Sims agrees with Ms. Larson, but in the world of addiction and substance use, harm reduction principles are essential in approaching people who have difficulties maintaining abstinence. Efforts should also support people who want to stay clean. Ms. Sims reiterated the importance of training around understanding harm reduction principles. With the training, staff will hopefully garner a better understanding of addiction, how to support people in their sobriety, how a staff member can intervene and support, and how to use harm reduction principles. The BHC boarding cares are housing as well, where harm reduction principles are utilized, in the community. Ms. Sims stated it's an excellent opportunity to utilize and obtain training to support staff to understand how to approach some of these issues with clients. Ms. Larson agrees and reveals that sometimes staff has a lackadaisical attitude towards clients using pot or other drugs. The staff believes that clients can go out and use whatever drugs they

want because it's none of their business. Ms. Larson states that's what staff has been told by management. Clients can do whatever they want on the street, yet they come back to the BHC, and their behaviors result from that substance use. Client behaviors affect the whole environment and the residents. Mr. Smith added that staff must recognize that relapse is part of recovery for anyone with substance misuse or habitual problem.

Mr. Smith continued, harm reduction techniques can be aimed and targeted around relapse and recognition of triggers for relapse. Additionally, recognition of how to maintain connections with housing, health care, and many things as part of the initial recovery from relapse. Ms. Larson indicated that they had intensive drug users in this program. When relapse occurred, the biggest problem was theft. People steal from each other and bring drugs into the program. Those issues were not addressed when those residents were at the BHC. Ms. Larson added, if there will be harm reduction training, then this effort must also include harm protection for the environment. Mr. Schmidt stated that they would need someone from BHS to help with this effort and he will reach out to Hillary and Roland to determine the best person to address these issues, including best practices. Ms. Turner suggested having more of a cohort or engaging process with this effort.

8) RESIDENT CARE IN THE ARF UPDATE

Andrea Turner opened the floor for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Morson shared that the four staff members remain remarkably consistent in encouraging clients to get up and go to the gym, exercise, be engaged, and address things in conversation. Recently Ms. Rahman was able to talk to Mindy and Gigi from the vocational program. They are very interested, want to speak with Mr. Schmidt about a cooking group and were very enthusiastic about it. They're looking forward to getting together with the vocational program. There's a whole training kitchen, and clients are excited about the cooking group. Mr. Schmidt previously met with Ms. Rahman, was informed of this endeavor, and will meet to discuss the possible opportunities with the vocational program.

9) BOARD OF SUPERVISORS REPORT

Jeff Schmidt opened the floor for discussion.

Public Comment:

There was no general public comment.

Discussion:

Ms. Morson shared that they have participated in a three-part medication training series on site which included, psychotropic medications and the most used medications for medical problems based on the review of medications used on the ARF. The training was simple, comprehensive and everybody attended. They've also had first aid and ongoing CPR training. CPI training included escalation, safety, and physical management of escalating clients in context with the program. Four staff have been trained and certified as CPI trainers. Trained staff will enable the facility to provide ongoing training throughout the year, and it can focus on the specific needs of the facility. Trauma-informed care training was initiated, but due to the COVID-19 pandemic, the classes were suspended. They are currently investigating resumption of training classes or alternative training that might be available. There is an ongoing discussion about training staff around the principles of harm reduction. Ms. Morson stated that they keep a close eye on that in the ARF. Things are regularly addressed, and they haven't had too many problems on the ARF thus far. They have had some in the past, but now things are going well. For workplace conditions, workplace violence was discussed in detail earlier. In the staffing model, everyone is trying the best they can. It's been very challenging in many ways,

from many directions, and it's very frustrating for everyone. Ms. Diaz relayed that the new official 4-4-3 staffing grid must be included in the report.

Mr. Schmidt shared that they have been struggling with the report. The group will add some things and make this a final report, being as next month will be the last formal ARF workgroup meeting per the ordinance. Mr. Schmidt discussed the report with Ms. Rahman, Ms. Morson, Ms. Sims, and Ms. Morales and will work to get it posted for everyone to review before the next meeting in December, then submit it to the Board of Supervisors. In addition to what Ms. Morson discussed earlier, they would like to add ongoing annual training, including code of conduct and resident rights. For understaffing, they will include the number of vacancies for the ARF in this report and the grid that Ms. Diaz discussed. Mr. Schmidt continued that the residential care portion is perfect and does not require any modifications. At the beginning of the report, a section about the census and plan outlined by the ordinance will be included. The 41 beds have been maintained, and two beds have not been filled because they are reserved for COVID, which is down from four beds and is great news. In this report, they will also address things that the group has accomplished and has not accomplished. For example, they have not accomplished everyone at the ARF being trained with trauma-informed systems. Mr. Schmidt and Ms. Rahman discussed this topic, and only about half of the staff have been trained. Ms. Morson asked if the training kitchen should be added to the report, and Mr. Schmidt agreed it could.

Ms. Larson asked Mr. Schmidt if it would be possible to have a caucus and discuss the draft of the report. There are concerns that beds are still being contracted out, and staff does not know why. Another issue includes having no access to bridge programs or treatment specialists at the ARF to address the unique needs of residents. There's difficulty in moving residents to different levels as they need them. There's an opaque admissions process, and Ms. Larson doesn't think it's improved. Mr. Schmidt supports Ms. Larson's idea of holding a caucus. Ms. Larson would like the staff to review the report before next month's meeting. Mr. Schmidt relayed that after Ms. Morson is finished with the edits, she will send the report out to the group. Ms. Morson stated she would do her best and requested support in making report revisions. Ms. Sims agreed to support her. Ms. Morson agreed to send a draft to the group in two weeks.

Ms. Larson asked to add that they are still requesting a facility-wide coordinator that can be a point person regarding the facilitation and scheduling of training, orientation, testing, and certifications, a topic included in the last report. Ms. Larson added that the report should also include that they haven't had a director for the ARF for about ten months, and the hiring process doesn't seem to be moving very fast.

10) TOPIC SUGGESTION FOR NEXT MEETING

Jeff Schmidt opened the floor for discussion.

Public Comment:

There was no general public comment.

Discussion:

Mr. Schmidt stated that the next meeting would probably have the same agenda. Mr. Schmidt will need to figure out who will discuss harm reduction principles after meeting with Hillary and Roland.

11) GENERAL PUBLIC COMMENT

Jeff Schmidt opened the floor for general public comments.

Public Comment:

There was no public comment on this item.

12) ANNOUNCEMENTS

Jeff Schmidt opened the floor to announcements.

Public Comment:

There was no public comment on this item.

Discussion:

There was no discussion on this item.

13) ADJOURNMENT

The meeting was adjourned at 11:18 a.m.