

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

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MINUTES

SF Behavioral Health Center Adult Residential Facility Working Group

Thursday, October 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
Linda Sims, RN, Behavioral Health Center Director
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: Monica Diaz, Co-Chair / Team Leader RCFE, SEIU Miscellaneous
Adrian Smith, ZSFG Chief Quality Officer
Ingrid Thompson, RN, MHRC Director of Nursing

Other Attendees: Basil Price, Director of Security
Suzanne Goodner-Veles, Regulatory Affairs
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: 9:38 AM.

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

Andrea Turner opened topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Larson asked to change "Mr." to "Ms." on page 6, under item 6, paragraph 3.

Ms. Larson requested to modify "materials for the next meeting will be available before the next meeting" to "materials for the next meeting will be available at least two weeks before the next meeting" on page 10, under item 9, paragraph 1.

Ms. Wong requested to change "MERC" to "MHRC" on page 4, under item 4, paragraph 1.

Ms. Wong asked to change "direction" to "directors" on page 5, item 4, paragraph 7.

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 topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims discussed that Director Price had conducted multiple trainings for staff except for those on leave. Ms. Sims continued, when staff return from leave, they plan to have those staff members participate in another department's CPI training session, such as Acute Psych. There are four staff members from the BHC who have become CPI certified trainers. Ms. Sims stated they would pull the group together to begin planning for ongoing training. They will also utilize these in-house trainers for re-hashes of events so they can bring forth principles. If there is identified training, the trainers can set up training for a group or across the board.

Ms. Turner asked Ms. Sims how many principal trainers are in the BHC? Ms. Sims responded, there is one principal trainer and three other trainers across all three shifts. In addition, there is a trainer on the night shift, the evening shift, and two on the day shift - who can flex their hours to support other shifts if needed.

Ms. Larson stated that it seemed an important issue that the trainers not be employees in the BHC; what has changed and why? Ms. Sims recognizes that from the ordinance, the initial training was not to be conducted by employees of the BHC. Having certified trainers on-site include advantages such as: utilizing specific incidents closer to the time it occurred and participating in debriefings. Ms. Larson expressed they made it clear that trainers should be professional trainers from elsewhere. She requests a CPI trainer from outside of BHC because these things seem to warp and veer with policy. Ms. Larson continued she hasn't seen these trainings initiated. The training was good, but she hasn't seen these efforts initiated on the units. Ms. Sims responded that the trainings had been conducted across the board by Director Price, and they are pulling their trainers together to begin to look at how they can set up ongoing trainings for the BHC staff. Ms. Larson asked if their trainers could be monitored for ongoing training by at least one outside trainer? One of the most challenging

things that all programs have is the lack of consistency. Ms. Larson requested a CPI trainer from the main hospital to come over to the BHC, assist in the training and provide consistency.

Ms. Turner asked if there is a module to follow for these trainings. Mr. Price responded, he had discussed this topic with Ms. Garner. There are trainers throughout the hospital. There are standardized methods of delivering the CPI training. It's not enough for trainers to take the class and have certification, but Mr. Price expressed that they want trainers to understand how to deliver that information. The plan is to have all the certified trainers go through training on how to provide that information to their respective departments. Additionally, spot audits will be conducted to monitor and ensure the quality control of the training, which is what it sounds like is being mentioned here.

Ms. Turner asked if this standardized method of training would end? Or will someone always conduct the audit and monitoring of these trainings? Mr. Price responded that it would be necessary initially, especially since these certified instructors have yet to deliver the training, and they would receive certifications. It's been about nine months to a year, so that information is probably lost. After the initial training, continue monitoring the trainer's first three classes to ensure they deliver the information correctly. Mr. Price continued, from that point, as they began to grow and become seasoned instructors, he does not see a need for monitoring after that. It is dependent upon how much time trainers spend training. The more trainings conducted, the more proficient a trainer will become. If there are trainers who only conduct training once a year and it's not incorporated within their day-to-day operations and debriefings, they lose that skill set. If this is indeed the case, then the BHC CPI trainers should be monitored for quality. Ms. Wong replied, she understands the concept, and they're trying to have a check and balance. She understands that it's good to always have oversight temporarily through a transition. Ms. Wong expressed not to dismiss the BHC CPI trainer's work, but they may not conduct training properly, so it's ideal to have that check and balance. Ms. Larson responded, one thing that's been wildly inconsistent over the years at the BHC is making sure these trainings are ongoing. If the BHC had one trainer from the hospital and one trainer from BHC, it would be more consistent and more effective.

Ms. Turner stated, details must be ironed out regarding short-term and long-term plans. She fully supports the suggestions and guidance brought upon by Mr. Price, Ms. Larson, and Ms. Wong. Ms. Turner mentioned she wants to ensure there is a solidified plan set up that will be effective over a long period.

4) STAFFING MINIMUMS UPDATE

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims stated the model they have is what this group has discussed in prior meetings, not the minimums but the model. For the current state of hiring, the same positions are vacant on the ARF. Recently, they have had two team leaders who have resigned due to personal reasons. On the bright side, there are a couple of float team leader positions that have been filled. They are trained for the ARF, so they will also be working on the ARF in those areas of vacancies. They continue to have challenges hiring employees for 2314's and 2305's. There has been a lot of work in human resources to explore ways to recruit 2305's. The 2314 team leader position remains open. Once the Merit division receives applications, they review to ensure prospective applicants meet the minimum requirements. If applicants meet the minimum requirements, Merit forwards the information to BHC leadership. They will meet with the prospective candidate, continue the hiring process, and hopefully bring them on board.

Ms. Larson asked Ms. Sims to be more specific on the staffing model being used. What has been agreed on in terms of staffing? Ms. Sims replied that there had not been an agreement on the labor side versus the management side regarding the staffing model. The staffing model is different from the minimum staffing. The staffing model has been discussed in this meeting multiple times, consisting of the team leader, the LPT, and two mental health workers. This model features 4-4-3. Ms. Larson thought the staffing model was 5-5-4, but Ms. Sims mentioned the 4-4-3 model was presented at previous workgroup meetings. Ms. Schmidt reiterated that the 5-5-4 staffing model was never previously discussed in detail.

Ms. Morson relayed that no matter what the staffing model is, and it's not that they're not trying to initiate the model, there are ultimately challenges in hiring staff. As Ms. Sims mentioned earlier, two employees resigned due to personal reasons, and these things do happen. So everyone is trying to do their best to fulfill this need, but it just remains challenging.

Ms. Turner discussed, healthcare across the country is suffering in trying to fill positions, and retention of employees is challenging. To Jeff's point, the staffing model has not from the 4-4-3. As stated from the earlier discussion, these positions have not been filled, and once the positions are filled, the staffing model can be reassessed. Ms. Turner agrees with Ms. Morson's observation that once employees get hired and get them up to speed to work effectively and efficiently, everyone will be able to make a difference. Jeff acknowledges that everyone is struggling even more so with the vaccine mandate, hoping this will all improve soon, and appreciates Ms. Morson for all her work with staffing.

Ms. Larson wanted to establish that management has agreed on the 4-4-3 staffing model. Mr. Schmidt confirmed that 4-4-3 is the new staffing model. Ms. Sims relayed this staffing model was posted on the ARF several months ago. Mr. Schmidt suggested Ms. Sims send a picture of the staffing model for the group for review. Ms. Wong asked Ms. Morson and Ms. Rahman if they had seen the grid? Ms. Morson replied that the grid is posted in the office on ~~3-North~~ARF, and she also took a picture of it for herself. Ms. Morson stated that she took a picture of the grid four months ago when she posted it. Ms. Sims said she could email the grid to the group for everyone's review.

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 that the gate was up and confirmed with Ms. Sims that there would be a walk for the panic alarms coming up soon. Ms. Sims believes the walk will take place, next Wednesday 10/13. Mr. Schmidt stated that the gate helped with keeping people off those stairs. Mr. Schmidt and Ms. Sims are working with Facilities on the next steps in obtaining a badge reader and possibly an intercom which may take a while. Mr. Schmidt mentioned that two individuals are camping in the BHC grotto who have been causing problems. He is working with Facilities to post signs that feature no loitering and other language on the sign so mobile crisis, street crisis, or deputies can help keep the area clear.

Ms. Wong discussed that since the gate has been installed, it has been a deterrent. She asks, who is allowed access to the back gate if it's intended as an exit-only gate? People have observed smokers at the back gate who have an access key or prop the door open. People have asked Ms. Wong if smokers have the privilege of coming in and out of that gate. Mr. Schmidt stated that people should not be propping any doors open, and it should be an exit-only gate. People must enter through the front of the BHC. This will eventually change once the card reader is installed, as it does benefit the clients to have that as an entrance. Installing a badge reader

and intercom is specifically for the clients. Today, everyone must enter through the front of the BHC, and doors should not be propped open anywhere.

Ms. Larson requested an update for the security camera, a budget, and a timeline for when all this work will occur. Mr. Schmidt stated the budget included the installation of the gate. The hardware, card readers, and intercom were omitted. Mr. Schmidt will request more information from Greg Chase regarding a timeline for when funding will be available and when the work will be complete. The security cameras are under Mr. Price's budget, which was approved. He will ask Mr. Price when Comtel plans to visit the BHC for wiring installation. They have agreed on the camera locations from the initial security assessment minus the patient care areas. There will be no cameras looking into the medication room. Mr. Schmidt will be able to provide an update before the next meeting or sooner. Ms. Larson asked if this would include a camera for the front of the building and the Hummingbird because congregating still takes place. Mr. Schmidt stated that there would be a camera in front of the BHC but is unsure of the camera angle; he will ask Mr. Price and inform him of the concerns at the Hummingbird.

Ms. Morson stated that most clients have embraced coming through the front, and they escort them right away, so it hasn't been too big of a problem. As they continue with this change, clients will get used to it. Ms. Turner added she thinks it's also the way the information is presented to the clients. If clients are thinking about the change negatively, it's everyone's job to give the information positively. She appreciates the advocacy work of the staff.

Ms. Larson does not want to downplay the importance of the residents using their designated entrance. However, some people may find it harder, and some people may not have any problem. Ms. Morson recognizes that there are challenges, but most clients have done a great job of entering through the front.

6) WORKPLACE VIOLENCE PREVENTION UPDATE

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item

Discussion:

Ms. Turner asked Ms. Sims if there was an update on the internal BHC Workplace Violence Committee (WPV)? Ms. Sims stated that they need to begin to look at how to set up that committee. The BHC WPV committee would mirror the hospital WPV committee. They have identified a co-chair who will be the person that will attend the hospital WPV committee on behalf of the BHC. Ms. Turner informed Ms. Sims that this individual should meet with her or Adrian Smith before joining the committee to bring them up to speed and give them information. Ms. Turner continued it is imperative to create a committee internally.

Ms. Turner mentioned that Mr. Smith is not in attendance today, and she wanted him to provide the group with an update about the new Unusual Occurrence (UO) system. The current UO system has many limitations. However, it is what is currently used. The last time Adrian attended this meeting, he mentioned training was conducted on the new UO system. His team is available to the BHC and ARF to ensure that reporting is completed correctly. There is standard work for the new UO system. Ms. Turner asked Ms. Sims to clarify if the standard work was socialized with her and her team to put in a complaint properly. Whether it's physical or verbal assault, it's essential to report. Leadership must ensure staff is comfortable with using the UO system and how to report an incident using the system. Ms. Turner states that if Mr. Smith cannot attend these meetings, she requests another person to participate on his behalf, such as Susan Brajkovic, so that they can discuss the UO system.

Mr. Schmidt states that underreporting is an issue occurring nationally. If there are situations in the workplace, particularly in the ARF, for these meetings, it should be reported. The best way to report incidents is through the UO system and via supervisor in real-time. Mr. Schmidt asked, what is the atmosphere in the ARF? Is there violence that has happened that we're not aware of and that hasn't been reported? Ms. Morson responded, there are shifts where it's definite situations of bullying and directed towards team leaders. Some of it has been reported and addressed but not enough. Ms. Morson believes there are team leaders and non-licensed employees that fear retaliation. The biggest issue pertains to incidents often going unreported due to fear of retaliation. She thinks the staff is getting better at reporting incidents. However, some things could have been addressed more. Ms. Turner asked for clarity around the retaliation piece of Ms. Morson's discussion. Ms. Morson stated there is fear of retaliation from employee to employee. Yes, there are definite issues on various shifts, and they're being addressed. Mr. Schmidt asked Ms. Morson to connect after this meeting to discuss in further detail.

Mr. Schmidt discussed a workplace violence incident that occurred in Philadelphia. He reminded everyone to be hyper-vigilant about these workplace violence issues. If staff observes anyone behaving erratically, if there are microaggressions or behaviors which are worrisome, these incidents must be reported. Unfortunately, Ms. Turner added, leaders or coworkers may not be paying attention to the signs of someone's erratic behavior. Usually, the actions of employees happen over a long period of time. It's something that could happen over two, three, or four years. When staff notices these types of incidents occurring and their fear of retaliation, leaders and staff must partner with human resources and be forceful to address the situation in real-time. As it compounds with more erratic or awful behavior, it could reach the point of violence; this is what all staff should try to prevent.

Ms. Larson stated, Ms. Wong brought up concerns about bullying again. In referencing last month's meeting, Ms. Larson would like to know the composition of the internal BHC WPV committee that Mr. Schmidt and Ms. Sims are putting together. She objects with Mr. Schmidt and Ms. Sims in holding sidebar meetings to determine representatives from each program. Ms. Larson feels it's a divide and conquer which is part of the problem. Many of these bullying issues happen when the same people can abuse their coworkers repeatedly. The people who are bullied are often are the ones that come with the gun. It's challenging to identify who is being affected. Ms. Larson continued other floors she has experienced it too. In the last meeting with the Board of Supervisors, something was discussed regarding management not taking responsibility for disciplining the usual subjects. Ms. Larson asked Ms. Sims to identify the representative she had chosen for the internal BHC WPV committee. Ms. Sims relayed that Sarah Schneider is the representative. Ms. Wong wondered if there would be representatives from other disciplines. Ms. Sims confirmed that other disciplines would be part of internal the BHC WPV committee. Ms. Turner understands what Ms. Larson and Ms. Wong are advocating for, but the time for this meeting must be used for topics about the ARF. Ms. Turner suggests that Ms. Sims form her team and have a conversation to discuss what the representation should look like for the internal workplace violence committee at the BHC. She agrees that there must be more of a comprehensive, up-front facing composition of members regarding the prevention of workplace violence. Ms. Morson states she noticed a big difference and significant improvement in what's being addressed and how supervisors address it in the ARF.

Ms. Larson states they have been kept out of the hospital WPV committee and would like to understand why. Those meetings keep getting canceled, and she thinks maybe because people aren't showing up. Ms. Larson continued that instead of having people interested in fixing the problem, the only people who can participate are designated by management, and they don't show up. Ms. Turner responded the hospital WPV committee has representation from different areas. She asked Linda to identify someone to represent the BHC for the hospital WPV committee. Ms. Turner, Ms. Sims, and Mr. Smith all agreed to have an internal committee for the BHC. Then one person, whoever is deemed or selected by Linda to be the representative on this committee. As far as any meetings being canceled, if Ms. Turner is unavailable to chair the meeting, Mr. Smith will chair the meeting. Ms. Turner is not aware of any meetings being canceled. It's not feasible to have multiple

representatives join the hospital WPV committee, so one representative from the BHC is selected. Ms. Turner requested one representative from the BHC to join the hospital's WPV committee. Any questions regarding the internal BHC WPV committees should go to Ms. Sims. Ms. Turner and Mr. Smith can work together to help support Ms. Sims, informing that committee internally. Ms. Larson asked Ms. Sims if there is a timeline for the internal committee? Ms. Sims responded she does not have a set timeline right now. She will need to work on reaching out to garner support, as Ms. Turner mentioned in how to format and set that up. Ms. Larson asked when this meeting would occur. Mr. Schmidt stated they would meet before the end of this month.

Ms. Turner stated that when she heard the discussion about bullying, verbal abuse, and many things of that nature, it all must be addressed in real-time. These actions are unacceptable. Ms. Turner will ask her assistant to set up a meeting to discuss and form the internal committee. There is a charter that the BHC can use and review other departments' efforts to develop their internal committee. Each department needs to own its committee to have the tools, address a situation in real-time, and not wait for a monthly meeting to talk about issues. Ms. Wong replied she thinks it's also vital if leadership can start bringing some support in talking about workplace violence. The town hall is complex online but wondering if there is any way that leadership can participate, talk about it, and validate the people. She is requesting validation in the conversation, making solid points to say this is unacceptable; leadership will look into it and detail consequences. In doing so, the staff or the people who are being bullied and intimidated can feel like they are being acknowledged and have support from leadership. It will be essential if leadership can provide that support and make it known to the whole group to say it is not OK. Therefore, people, not only the victim but the perpetrator, can hear that leadership will investigate these incidents and be on top of it. Ms. Morson stated that everybody needs more education, training, and how to communicate with each other.

7) 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 believes the report is complete, and what is left is looking at the home-like environment update. They are checking to see if there are any updates on the furniture. Ms. Morson continued that they are doing their best to promote a non-institutional quality and home-like environment in this unit. They keep moving forward; they've had several challenges this week, but they keep moving forward and doing their best. They want to stay abreast of the mandatory trainings for staff to provide better client care; staff knowledge needs to include an understanding of mental health and co-occurring disorders. Ms. Morson states that they have tremendously knowledgeable people at the ARF and throughout the physical facility. When people float, they are relatively familiar with the clients on the ARF. It's strongly encouraged for them to watch out for their safety since they're coming and going as they please. Ms. Morson relays that they're doing what they can to keep improving the ARF. Ms. Rahman shares that they are spending a lot of time escorting clients from the lobby to the unit. Even though they've been swamped, sometimes it's interactive with their activities and spending time after the end of the shift; every day, they try their best. The resident council is going well. Clients have been asking when they can use the kitchen for their cooking groups. Ms. Rahman continued, she spoke to Gigi, a director from the vocational program who oversees the training kitchen. Gigi said she would support the group in using the kitchen. Ms. Rahman detailed that Gigi is thrilled, and they have a grant that can provide the group with items such as groceries or anything else they may need. Gigi would like to work with the clients to involve some of the vocational program clients. Gigi will be contacting her supervisor named Mindy, to set this all up. Ms. Rahman requested Ms. Sims and Mr. Schmidt to solidify an official day and time for the ARF clients to use the kitchen.

Ms. Larson mentioned the vocational cooking group has wanted to use the real professional kitchen. But, unfortunately, the kitchen that's there, they're not allowed to use. So she is requesting for management to look at a way to let the vocational group use the professional kitchen so they can use the training kitchen. Mr. Schmidt stated that they would look into this.

Ms. Rahman detailed that gardening was going very well, then unwanted rats came and destroyed all their tomatoes, herbs, etc. Ms. Morson shared they tend to have this rat problem in the fall. Food is a central thing for clients, and if there's another kitchen, that would be fantastic. Throughout all three units, everyone talks about food. It's a great subject, and everyone loves it. For some people, it brings joy, and it's therapeutic. Ms. Morson is hoping to make plans about using the kitchen and get it to fruition.

Mr. Schmidt asked Ms. Morson to provide an update for the resident council. Ms. Morson replied that a resident jumped right in and said they would be happy to do it, and he is very consistent. Every Thursday at 2:00 PM, he gathers as many residents as he can. There are usually at least seven to ten residents participating, and they talk about the things they want, such as accessing the kitchen. They also discuss issues in the units, what's going on, what needs to be fixed, or environmental issues.

Ms. Larson asked Mr. Schmidt if they were going to receive routine maintenance inspections anytime soon? She states they haven't had their windows washed in the building for six years. She feels as if they are being left out. Mr. Schmidt understands that there is someone from facilities assigned to that building. Ms. Sims confirms that George is assigned to the BHC but does not know if he performs routine maintenance. Ms. Turner states there is some ownership if the windows require washing. It's not about being left out; it's about making the request. It's a matter of taking responsibility and owning the environment. If there is a request, please escalate it and look into follow-up. Ms. Larson stated that they used to have routine maintenance inspections, and according to Ms. Sims, that stopped when transitions took over, and maintenance has not resumed. It's putting a lot of responsibility on the day-to-day stuff. Ms. Turner thinks it is vital that staff owns it, pays attention, and escalates any maintenance issues. Staff can reach out and request some support for that.

8) BOARD OF SUPERVISORS REPORT

Jeff Schmidt opened the floor for discussion.

Public Comment:

There was no general public comment.

Discussion:

Mr. Schmidt thanked Ms. Morson, Ms. Rahman, and Ms. Sims for their work on the report. This is the first edition, and there will be edits from the group. Ms. Morson stated she is happy to take comments and answers questions regarding the report. They are moving forward in the best way they can with the current situation. Ms. Larson asked if they could review the last report and compare it with the issues that were featured. Ms. Morson replied that they did make a comparative list over the previous reports. She included all the things that were being addressed. She asked Ms. Larson what she expected of her, and she will do her best. Ms. Larson relayed that it's not her expectation; it's about having the report conform to what is in the ordinance because it asked for specific things.

Ms. Morson stated, to the best of her knowledge, those are the things that are in the ordinance. Ms. Larson mentions a concern regarding patient care where management has not yet addressed monitoring recreational drug use and the availability. Also, regarding stabilizing and setting limits on dangerous and threatening behaviors. The other issue about drug use and the refusal of medications and medical care, binge-eating, violent acting out, predatory behaviors, and poor hygiene are not being addressed to any effect. Has anything changed in how theft is being dealt with residents who routinely steal from other residents? Ms. Morson

replied that it must be developed, and it hasn't been addressed yet because many other things have been brought up, so it will have to be added to the report. As far as harm reduction is concerned, as far as theft, that problem has been resolved for the most part. They don't have consistent thievery on the unit; that hasn't happened. Ms. Larson states that this is a management issue that management should be addressing and has been discussed for a long time. She understands that the ARF does not have the more intensive drug users AWOL from the program now but may have it in the future. Another issue includes some residents pressuring other residents into giving them cigarettes or money, which addresses patient safety and the home-like environment. Ms. Larson continued that management should have a plan to address this and not Ms. Morson. Ms. Morson stated that they keep Ms. Morales abreast of these issues every day, and there are no inconsistencies in the way it is being addressed.

Ms. Wong discussed that interventions and preventions were mentioned a couple of times in the report and that the ARF is practicing harm reduction. Ms. Morson clarified; they are not running a harm reduction program of any kind. They do their best to educate the clients when they go out, be safe, and not overdo it. It's the principles of harm reduction, and they are not running a program. Ms. Wong said it's great that they are practicing the principles of harm reduction. She wonders if all staff are familiar with the principles of harm reduction? Ms. Wong requests management to provide a forum or an opportunity for staff to understand harm reduction principles. Ms. Morson appreciates Ms. Wong's input. Throughout the facility, they have incredibly knowledgeable staff who have a lot of professional experience and life experience. Ms. Wong wanted to preface ongoing training regarding principles of harm reduction. If staff are not aware of these principles, then she requests someone to talk about it.

Ms. Larson mentions, one of the significant issues is there's currently no access to bridge programs or treatments specialists at the ARF to address special needs. Also, this facility continues to have an opaque system of admissions, it did say by way of the transitions placement team, but she doesn't know because it's very unclear. Other external sources are slow to respond, if at all to residents who decompensate, leaving the facility with no recourse but to keep residents who require a different level of care or impinge on the rights of their peers. Ms. Larson states that this is still happening and needs to be reflected in the report. Mr. Schmidt requested Ms. Larson to write down anything else that needs to be added to the report so they can all look at it.

Ms. Wong asked to include a note about the newly installed gate on Potrero Ave. She also requested to feature information regarding the camera and the lock installation for the gate.

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 topics for the next meeting which include standing items: CPI training, staffing minimums, security risk assessment, workplace violence prevention, resident care in the ARF and the Board of Supervisors report. Ms. Wong requested to add principles of harm reduction to the agenda.

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:

There was no discussion on this item.

11) ADJOURNMENT

The meeting was adjourned at 11:27 AM.