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SEIU Miscellaneous

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Adela Morales
RCFE Program Director

Jeffrey Schmidt
Director of ZSFG Clinical Operations

Adrian Smith
Director of Regulatory Affairs

Ingrid Thompson, RN
MHRC Director of Nursing

Kelly Morson
Team Leader ARF
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Sharifa Rahman
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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, February 4, 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
Jeffrey Schmidt, Director of ZSFG Clinical Operations
Kelly Morson, LVN, Team Leader, Local 21
Sharifa Rahman, Mental Health Rehabilitation Worker, ARF, SEIU Miscellaneous
Karlyne Konczal, LVN, Team Leader RCFE, SEIU Miscellaneous
Sarah Larson, MS, Mental Health Treatment Specialist, RCFE, Local 21
Ingrid Thompson, RN, MHRC Director of Nursing

Other Attendees: Casie Aniya, SFBHC ARF Working Group Secretary.

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

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

Andrea Turner opened topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Rahman requested that on page 6, the sentence be changed from “Item 8 discussed supporting the institutionalized environment for residents” to “Item 8 discussed supporting the non-institutionalized environment for residents.”

Ms. Morson requested that on page 3, the sentence be changed from “Ms. Morson noted that it is difficult to control residents...” to “Ms. Morson noted that it is difficult to monitor residents...”

Action:

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

3) WORKING GROUP MEMBERSHIP CHANGES

Andrea Turner opened topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Turner stated that leadership will be replacing Joanna Cheung with Ingrid Thompson. Ms. Sims confirmed.

Ms. Aniya asked Ms. Turner to confirm that Adrian Smith will be taking the place that she vacated when she assumed the Working Group Co-Chair role, but that he was unable to attend today’s meeting. Ms. Turner confirmed.

Action:

The Working Group voted unanimously to approve the working group membership changes.

4) FINALIZE SFBHC ARF DRAFT WORKING GROUP BOS REPORT

Andrea Turner opened the topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Larson asked if there were two copies of the report in the meeting packet. Ms. Aniya confirmed that there is only one version that Ms. Larson submitted.

Ms. Turner thanked Ms. Larson and Ms. Cheung for their work on the report and especially Ms. Larson for incorporating the changes that were discussed. Mr. Schmidt echoed Ms. Turner’s sentiments and thanked Ms. Larson for her work.

Ms. Sims requested that on page 2, under Workplace Safety, bullet 4 be changed from, “Management has yet to implement the new Workplace Violence Prevention policy...”, to “Management has implemented the new

Workplace Violence Prevention policy...” because they have implemented it and now conduct Cal-OSHA reporting and utilize the debriefing tool. Ms. Larson stated that because this is the December 2020 report, it was not implemented at that time. Ms. Turner recommended that the report instead state, “Management is implementing the Workplace Violence Prevention Policy...” since, in December it was being implemented but was not fully completed. Ms. Sims noted that there seems to be disagreement on the status of the policy implementation and BHC Leadership will follow up with ARF staff to determine if it has been implemented. The group agreed to changing the verbiage to, “Management is in the process of implementing the new Workplace Violence Prevention Policy...”

Mr. Schmidt also requested that on page 2, under Workplace Safety, bullet 1 be changed from, “Basil Price, Director of Security, is expected to present a safety analysis of the ARF” to “Basil Price, Director of Security, presented a safety analysis of the ARF on January 27, 2021.” Mr. Schmidt again commended the group for completing and submitting this report.

Action:

The Working Group voted unanimously to amend and approve the BOS report with the changes outlined above.

5) SECURITY RISK ASSESSMENT SUMMARY

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Mr. Schmidt reported out on the following Security Risk Assessment presentation that Basil Price, Director of Security, presented on January 27, 2021 to the ARF staff. He reiterated that Mr. Price conducts these assessments for all DPH facilities and will be looking at the other departments within the BHC at a later date.

The security risk assessment reviewed the (1) building perimeter, (2) building inner-perimeter, (3) departmental interior, (4) interior security sensitive spaces, (5) policy and procedures. Based on this assessment, Mr. Price rated the security risk level of the ARF as moderate.

The security vulnerabilities are: client elopement, battery incidents, client on client threats / acts of violence, employee on employee threats / acts of violence, grand theft incidents, trespassing and illegal lodging, and arson – as there have been fires behind the BHC in the past.

Mr. Schmidt noted that some of Mr. Price’s security findings along the perimeter were previously pointed out to leadership by Mr. Larson and Ms. Wong when they were given a tour. The security findings were: insufficient security safeguards to control access to the facility’s grounds; illegal lodging and congregating within the egress path of the employee exit; trees and shrubbery preventing a clear view; the landscape providing ground-level cover that may be used for concealment; and the windows are not clear of vegetation, which provides access to the upper floors.

Department Interior findings were: the absence of designated visiting areas; absence of duress buttons that alarm into the Sheriff’s Operations Center; the reception workstation locations do not maximize the observation of clients; the sprinkler valves are not recessed in the ceiling tile; client rooms are not equipped with tamper proof electrical fittings; and perimeter door security is not connected to the fire alarm system and are not equipped with fail-secure and fail-safe capability.

Key findings around security sensitive areas and policies and procedures were: lack of electronic security surveillance to monitor the medication dispensary; absence of process for managing client medication schedules that includes drug diversion prevention; absence of a formalized client and visitors' weapon and contraband screening policy and procedure; lack of workplace violence data collection to track, trend and analyze incidents; lack of a formal incident reporting policy for threats/acts of violence, thefts or abuse; lack of Department Specific Emergency Response Procedures; and lack of training in Non-violent Crisis Prevention and Intervention.

Ms. Sims noted that clients are observed when medications are being administered.

Mr. Schmidt noted that leadership is working to set up the electronic format for data collection and reporting of workplace violence events, which is the same way the hospital reports unusual occurrences.

Mr. Schmidt stated that leadership is discussing how to facilitate the hands-on portion of the CPI training during the pandemic and is proposing that they meet in smaller groups, outdoors.

Ms. Larson asked for clarification regarding the absence of a screening policy. Ms. Sims stated that she believes a part of this policy regarding contraband will require further discussion. Mr. Schmidt agreed and explained that in the hospital, anyone who enters the Emergency Department, goes through a metal detector, but this does not occur for other entrances in the hospital. Therefore, they will need to discuss what this may look like at the BHC. He confirmed that they will bring an update back to the group when they know more. Mr. Schmidt also confirmed that contraband includes drugs, alcohol and marijuana.

Ms. Larson asked for clarification on the definition of drug diversion. Ms. Sims confirmed that Mr. Price was referring to what they call "cheeking", which is why a camera was initially proposed, but is not needed since clients are supervised during medication administering.

The key recommendations that the ARF will try to implement are: build fencing or other barrier to control access to the grounds and roof areas; prune all trees to clear windows and other exterior openings; trim landscaping to eliminate places of concealment and address obstructions to lighting systems; consult ZSFG Facilities Department to evaluate the safety of locked exits that are not connected to the fire alarm system; install an intercom with remote lock release at the client frequented patio; develop a Weapons and Contraband Search and Screening Policy; consider designated visiting areas; install a wall-mounted duress button at the exit of the dining room and under the reception workstation that alarms in the Sheriff's Operations Center; consult the Facilities Department to evaluate the risk of the sprinkler valves not being recessed into the ceiling and the risk that client rooms are not equipped with tamper proof electrical fittings to prevent self-harm; consult the ZSFG Workplace Violence Committee to provide support and integration of the hospital's strategies; consult the ZSFG Department of Education and Training to provide on-going non-violent crisis intervention training for ARF assigned employees.

Mr. Schmidt confirmed that the ARF will not install electronic security surveillance to monitor the drug dispensary area. He also confirmed that the ARF already has a written process for managing client medication schedules that include drug diversion prevention.

Ms. Sims confirmed that the ARF already has different Emergency Response Procedures in place that need to be pulled together. Therefore, they will not need to consult the ZSFG Emergency Preparedness Committee.

Mr. Schmidt acknowledged that many of these recommendations are difficult to implement and require funding. However, Mr. Price has already started working on some of these things. For example, he has started working with Facilities on the outside premises work and on the installation of the duress buttons, intercoms and connecting the exit doors to the fire alarms.

Ms. Sims asked for further clarification from Mr. Price on the door security connection to the fire alarm system. Mr. Schmidt replied that there are two ways a door can lock: (1) fail-safe – doors will release upon activation of the fire alarm or if the power goes out and (2) fail-secure – doors will remain locked upon fire alarm activation or if the power goes out. He confirmed that the ARF currently has fail-secure doors and that is how they will remain.

Mr. Schmidt opened the floor for questions. Ms. Larson asked if the interior doors will also remain locked. Ms. Sims confirmed that the interior doors are fail-secure and that any doors that are locked now, will remain locked in case of an emergency. Ms. Larson followed up and asked if this means that residents can get locked in a unit that is not staffed. Ms. Sims confirmed that this will not happen as the double doors do not automatically lock.

Ms. Rahman asked if these changes require approval from community licensing care. Ms. Sims stated that she believes they will, because they will have to set up the exits so that certain doors lock, but clients are still able to get into their homes.

Ms. Rahman thanked Mr. Schmidt and Ms. Sims for fixing the patio light.

Ms. Larson asked if Mr. Price mentioned anything about the perimeter security by the back alley. Mr. Schmidt noted that he didn't remember that being addressed, but he can ask Mr. Price. Ms. Sims also asserted that she did not believe that specific location was brought up, but he reviewed the perimeter. Ms. Morson confirmed that she frequently monitors that area when she is on duty as a team leader and believes that would be the best solution for those areas. Mr. Schmidt agreed.

Ms. Larson asked about installing a security camera in the back entrance on Potrero Ave and if they would be able to record the footage. Mr. Schmidt stated that he believes the camera is connected to the system monitored in the Sheriff's Operation Center and if it is not that is the intent. Ms. Sims confirmed that the camera was not intended to record because the clients are coming in and out of the setting. Mr. Schmidt confirmed that he will ask Eric Kondo what system the security cameras are on and will provide an update.

6) MOBILE CRISIS REPORT OUT

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

This item was deferred to next meeting as Ms. Diaz was not present.

7) RISK MANAGEMENT REPORT REVIEW

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Mr. Schmidt and Ms. Larson reviewed the Risk Management Report from February 2020.

Mr. Schmidt asked if there is a Medication Error Policy in place. Ms. Sims confirmed and stated that it is a part of Medication Management.

Mr. Schmidt stated that the trainings have been addressed.

Mr. Schmidt asserted that the 5150 and assault protocols were a part of the Mobile Crisis report out that was deferred to the March meeting. He asked the group if they have called Mobile Crisis since it was last discussed. Ms. Konczal stated that they have not had to call them. Ms. Sims noted that the ARF has been in discussion with Mobile Crisis about utilizing the service. Mr. Schmidt confirmed that Mr. Price's Security Risk Assessment also reviews some of those items.

Mr. Schmidt confirmed that Basil has listed the bullying and false allegations as a vulnerability and that leadership is setting up a meeting to discuss this with labor.

Mr. Schmidt asked for more clarity on the item stating, "no interventions for predatory behaviors." Ms. Larson confirmed that this is regarding clients who harass other clients for money and cigarettes and enter their homes in the middle of the night without consent. Mr. Schmidt confirmed that this has also been identified as a vulnerability and leadership/Mr. Price will continue to investigate and work on this.

Mr. Schmidt noted that many of the environmental risks listed are addressed in the Security Risk Assessment report, except for furniture. Ms. Larson noted that in the RCFE, residents are required to have eight square feet of drawer space and that the ARF does not have shelves in the closets. Ms. Sims stated that there have been no issues from Regulatory on storage space for the ARF and that in the closets, the hooks release so that clients cannot use them for self-harm. Mr. Schmidt confirmed that he and Ms. Turner will take this to the Facilities team to determine how this can be improved.

Mr. Schmidt confirmed that he and Ms. Turner have already met with Jennifer Boffi, Chief Financial Officer of ZSFG, about the quality of the furniture at the BHC and will continue to ask her if it can be included in the budget. Ms. Turner confirmed that the conversation around furniture has started. Ms. Sims met with Terry Saltz and Jason Zook from ZSFG Capital Projects to review the furniture and put together a quote for purchasing new items. Once that is complete, Ms. Boffi can begin to find funding for it, as it is a high priority.

Ms. Larson requested to see a summary of the budget. Ms. Turner replied that Finance is conducting a new process of sharing and preparing the hospital's budgets and wants to keep it at a high level for now, as it has not yet been solidified. She confirmed that all hospital departments are going through this process in giving their input on their budget and speaking with Finance about staffing models, materials and supplies, and what is needed to run operations. They are currently also learning what the financial data is showing and what is needed to support the departments. Once they have a better understanding, Ms. Sims can start sharing it with the group, but they are still building the budgets, so they are not yet at that point.

Ms. Larson asked if there have been savings from vacancies that they can use and if there will be a budget for the entire BHC. Ms. Turner replied that every department within the BHC will have their own budget. Ms. Larson asked if this is something that they will be able to review. Ms. Turner confirmed that leadership will have to discuss this further, but in her experience, she would only speak to each department about their individual budget.

Ms. Larson stated that the wheelchair lift in the wheelchair van does not work. Mr. Schmidt replied that this will be a capital equipment request, as anything over \$5,000 is considered capital equipment. He confirmed that the capital equipment committee will be meeting soon, and both he and Ms. Turner sit on that committee so they can discuss it there and bring an update back to the group.

Mr. Schmidt confirmed that the contraband policy and protocols and door alarms will be addressed with Mr. Price's recommendations.

Mr. Schmidt stated that the intercom and camera installation should help to reduce second hand smoke. Ms. Larson asked for clarification. Mr. Schmidt noted that one of the doors have been propped open on the patio where clients have been smoking.

Ms. Larson asked why there would be a door alarm on certain doors when staff are not able to turn them off. Mr. Schmidt confirmed that he would have to ask the fire marshal as door alarms are there for specific reasons and asked that Ms. Larson send him an example of this situation. Ms. Larson explained that the door next to her office is alarmed. Ms. Sims confirmed that the back stairwell is alarmed because staff wanted to know if clients were going to the far end of those areas. Additionally, the door by Ms. Larson's office is for evacuation that leads to Hummingbird, which is also why it is alarmed.

Ms. Larson stated that some of the interior doors are also alarmed. Ms. Sims asked if they could look at the doors Ms. Larson is referencing. Mr. Schmidt confirmed that that would be a great plan and that he would also like to join that tour.

Ms. Larson confirmed that case management has been unresponsive, and some staff are working from home so they do not help clients get to their appointments and clients cannot meet with them virtually, as computers are not set up in the BHC. Ms. Turner asked if this is happening with ARF clients. Ms. Morson replied that the ARF has case managers who take clients out, but many of them are transported by ARF staff. They could use more case management support. Ms. Sims confirmed that this lack of case management support is partly pandemic related. Prior to the pandemic, clients went to appointments on their own or case managers would escort them if they had intensive case management, which is much more active case management. If not, the expectation was that the client would go to the case managers if they needed support. Ms. Sims also confirmed that the BHC is working on implementing telehealth. Ms. Morson believes that the case managers can check in more with clients by phone. Mr. Schmidt confirmed that virtual visits will be easier with equipment that is coming.

Ms. Larson stated that with the pandemic, there is confusion about the quarantine process and that clients sometimes move to other units or go outdoors while they are supposed to be quarantined. Mr. Schmidt shared the link on the CHN intranet page for staff to find COVID information, including who does and does not need to quarantine. He demonstrated where the COVID FAQs are and confirmed that in the ARF – a PUI would be someone who develops symptoms or is exposed to someone with COVID and those would be the only reasons someone is to quarantine.

Ms. Sims confirmed that there is very specific information at the BHC about how they are supposed to manage COVID. She also stated that the information is in the bulletin and it will be updated shortly. If there is a person under investigation (PUI) then the rules are stricter versus when they have a new admission. Ms. Sims confirmed that she is hearing that COVID communication is not happening effectively and that she will review their messaging to ensure staff know how to respond to clients and the plans in place that have been approved by Infection Control.

Ms. Sims stated that this item was not on the agenda for discussion. Ms. Turner agreed and stated that issues within the ARF are to be brought up at this working group meeting. If there are other problems within the BHC, she requests that they are brought up with leadership.

8) MED MANAGEMENT ROOT CAUSE ANALYSIS REVIEW

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims presented an overview of the Medication Management Root Cause Analysis that was performed by ZSFG Risk Management in February 2020. ZSFG Risk Management made observations, met with frontline staff and made general recommendations. She confirmed that they are currently working on the recommendations with team leaders and members of the ARF on the areas that have been identified around their policy updates and changes. Staff are currently reviewing these and providing feedback. They are also working on updating their orientation checklist on competencies and environmental factors. Ms. Sims confirmed that they already have a demarcation line and are working with ARF staff to get their approval and feedback to improve the process. Ms. Morson confirmed that she is confident they will accomplish this soon and is looking forward to it. Mr. Schmidt thanked Ms. Morson and Ms. Sims for their work.

9) TOPIC SUGGESTION FOR NEXT MEETING

Andrea Turner opened the floor for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Larson asked if the group could hear more about the budget. Mr. Schmidt confirmed that they can speak to budgeted FTEs for staffing, materials and supplies and the facilities budget. He stated that they can provide a high-level overview next month. Ms. Turner agreed.

Mr. Schmidt stated that they should also have a mobile crisis update when Ms. Diaz is in attendance and when Ms. Sims can provide more information since she is in discussion with them.

Ms. Sims noted that the ARF ordinance has specific items the working group is to address. She confirmed that Ms. Rahman and her colleagues have been looking at the conditions of the ARF and asked that this be included on the next agenda. Ms. Rahman asked if Ms. Sims is referring to the resident care in the ARF item that Ms. Cheung presented last month. Ms. Sims confirmed. Ms. Konczal confirmed that Ms. Rahman has a draft of this report that they can share. Ms. Aniya confirmed that she has this draft and will share it with the group. Ms. Sims noted that they are doing great work in making recommendations for improvement.

Ms. Konczal asked about addressing resident behaviors such as when clients go into each other's rooms in the middle of the night without consent and how to handle it. Ms. Sims proposed that she and Ms. Konczal first discuss this offline with Ms. Morales. Ms. Turner also requested that they propose a recommendation on this item to the group and she and Mr. Schmidt can determine whether or not the recommendation is feasible. Once they have an idea, they can send it to Ms. Aniya and Ms. Turner and Ms. Diaz can put it on the agenda. Ms. Konczal agreed.

Ms. Larson stated that she would like management to address what behaviors will not be tolerated in the ARF. Ms. Rahman confirmed that this can be addressed in next month's resident care in the ARF item.

Ms. Larson asked to see an MOU between DPH and ZSFG about the ARF, after they transitioned back from Care Transitions. Ms. Sims confirmed that the MOU drafted for the BHC's initial move to Transitions has expired and there is currently no MOU with ZSFG because there is no need for one. Mr. Schmidt confirmed that ZSFG now has oversight over operations of BHC and that the only MOU ZSFG has is with the unions.

10) GENERAL PUBLIC COMMENT

Andrea Turner opened the floor for general public comments.

Public Comment:

There was no general public comment.

11) ANNOUNCEMENTS

Andrea Turner opened the floor to announcements.

Public Comment:

There was no public comment on this item.

Discussion:

Mr. Schmidt announced that there will be another BHC townhall next month and everyone should have received the invite.

12) ADJOURNMENT

The meeting was adjourned at 10:56AM.