

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
Director of Regulatory Affairs

Ingrid Thompson, RN
MHRC Director of Nursing

Kelly Morson
Team Leader ARF
Local 21

Sharifa Rahman
Mental Health Rehabilitation Worker
ARF
SEIU Miscellaneous

Karlyne Konczal, LVN
Team Leader RCFE
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, March 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
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, Director of Regulatory Affairs
Ingrid Thompson, RN, MHRC Director of Nursing
Kelly Morson, LVN, Team Leader, Local 21
Sharifa Rahman, Mental Health Rehabilitation Worker, ARF, SEIU Miscellaneous
Amy Wong, Mental Health Treatment Specialist, MHRC, Local 21
Sarah Larson, MS, Mental Health Treatment Specialist, RCFE, Local 21

Absent: Karlyne Konczal, Team Leader RCFE, SEIU Miscellaneous

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

The meeting was called to order at: 9:34AM.

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

2) REVIEW AND APPROVAL OF THE FEBRUARY 4, 2021 MEETING MINUTES

Andrea Turner opened topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Larson requested that on page 3, the sentence be changed from "Ms. Larson confirmed that she will change the verbiage to..." to "The group agreed to changing the verbiage to..."

Ms. Larson requested that on page 4, the sentence be changed from "contraband includes drugs and alcohol" to "contraband includes drugs, alcohol and marijuana."

Action:

The Working Group voted unanimously to amend and approve the February 4, 2021 minutes with changes outlined above.

3) RESIDENT CARE IN THE ARF UPDATE

Andrea Turner opened topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Rahman stated that this improvement plan was created in hopes of better serving the ARF's clients. Many of these ideas are already being implemented informally, but further implementation is necessary to create an environment for clients that centers around compassion and dignity. She has worked in the ARF for the last 16 years and has worked closely with these residents to manage their symptoms and illnesses. In order to create an environment in which clients can thrive, staff help them with their living areas, supervise them when they are taking medication, accompany them to their appointments and celebrate their birthdays and holidays. Ms. Rahman confirmed that the ARF staff strive to provide a home for their clients, as they have created relationships with them and genuinely care about their wellbeing. Even though the ARF is a board and care facility, each client is on their individual recovery journey and she hopes that they can gain as much as they can from their program. Ms. Rahman believes that the ARF team can provide even better care with this plan. She thanked Ms. Konczal, Ms. Morson, Ms. Sims, and Ms. Cheung for their help on this improvement plan. She also asked the group to provide feedback or ideas for improvement and confirmed that this is only the beginning of the implementation of this plan.

Ms. Morson and Ms. Sims reviewed the 8 items of the Resident Care Improvement Plan in the ARF:

Item 1: Clients ADL:

		Rationale	Action Steps	Expected Completion Date
1	Clients ADL	<ul style="list-style-type: none"> To provide support and promote ADL improvements in identified clients who need this support. 	<ul style="list-style-type: none"> Creation of a daily shower and weekly room clean up log. Staff will document in the log which client has showered or bathed each day. Identified Clients who need reminders or support will be engaged by staff to develop a shower plan. Staff will remind the identified clients to shower or bathe regularly - provide a shower schedule. Needs and Service plans will be updated to include the plan. Staff will be assigned to help clients organize their rooms and to keep them organized. A weekly linen change plan will be initiated. A log will be kept in the communication book. 	On-going. To be reviewed for effectiveness in 6 months, August 2021.

Ms. Morson confirmed that there has been an informal implementation of this, as all staff work together to ensure that clients are showing and addressing their ADL. However, some clients need extra support and staff are always willing to provide that. Moving forward, there needs to be structure in place to ensure that staff on each shift address each individual's needs. Ms. Morson stated that as a Licensed Vocational Nurse (LVN) it is her job to educate clients on medications and ADLs.

Ms. Turner asked for clarification on what ADL stands for. Ms. Morson replied that it stands for activities of daily living which includes bathing, eating, brushing their teeth, getting dressed, making their beds, etc.

Ms. Sims thanked the ARF staff for brainstorming these ideas and thinking of areas that they want to improve in. She reminded the working group that the ARF does not provide treatment but must promote wellness and recovery as they are not a room and board, but a board and care facility. Ms. Sims confirmed that they would like to structure and document the actions that are being completed. After identifying which clients need more assistance, they will create a log to track each person's progress and demonstrate their improvement. She confirmed that this log will be implemented prior to the April work group meeting, and they will evaluate their progress every month.

Item 2: Develop an activity program and offer therapeutic groups:

		Rationale	Action Steps	Expected Completion Date
2	Develop an activity program and offer therapeutic groups.	<ul style="list-style-type: none"> Staff to develop activities that are of interest to the clients Increase social interactions. Involve and encourage clients to participate in activities 	<ul style="list-style-type: none"> Survey clients on types of activities and therapeutic groups they would like to have on the ARF. Identify therapeutic groups (anger management, symptom management and psychoeducation including medications). Team Leaders to run psychoeducation groups. Create a schedule of consistent basic physical activities (stretching, use of gym for table tennis, basketball, use of the courtyard). All team members engage with clients in activities. Staff will collaborate with activity leaders to organize activities Encourage clients to participate in activities and document engagement 	Ongoing

Ms. Morson stated that the ARF staff have already begun encouraging clients to go the gym and courtyard, stay active and participate in other activities such as artwork and ping pong.

Ms. Turner asked how many clients participate in activities at one time. Ms. Rahman confirmed that it depends on the day and time, and Ms. Morson stated that at a maximum there will be eight people at one time. Ms. Sims also confirmed that they are keeping in mind the ability to social distance and ensure that they only facilitate activities in which the clients can space out. Ms. Morson noted that the equipment is always wiped down and everyone remains socially distant while wearing masks.

Ms. Sims stated that the staff have taken a motivational approach and want to expand on this. To do so, they have given clients surveys to obtain their feedback and had discussions around therapeutic or psychoeducational groups led by team leaders, LVNs and LPTs (Licensed Professional Therapists) because it is within their scope of practice. These groups would coordinate with the float activity leaders there. Ms. Morson added that it would also be beneficial to log these activities as well to track each client's progress.

Item 3: Treatment follow up:

		Rationale	Action Steps	Expected Completion Date
3	Treatment Follow-up	<ul style="list-style-type: none"> To assist clients when they need more support with their medication schedule and/or appointments 	<ul style="list-style-type: none"> Identify clients who are not adhering to their treatment plan, and involve the client's team (medical, psychiatrist, and case management) in evaluating the best action and appropriate resources for the client success in the program. 	As needed

Ms. Morson confirmed that this is already in place and all staff perform this. Ms. Rahman stated that when clients are not taking their medication or going to their appointments, they have difficulty refilling their medication. This has caused clients in the past to lose their placements at the ARF. Ms. Morson stated that in these cases, the clients need follow up from their Case Managers. Mr. Schmidt agreed that this would be a great solution. However, Ms. Rahman and Ms. Morson added that it is often difficult to get in touch with the Psychiatrists and Case Managers or clients do not want to speak to them.

Ms. Sims noted that only clients who are on intensive case management can have Psychiatrists come to them. All other clients are required to seek out help on their own. Sometimes if they do not go to their appointments, their providers or case managers drop them as clients. She confirmed that they will begin to look at additional resources and obtain data on how often this is occurring. From there they strategize how to motivate clients to meet with their providers, which may mean escorting them if they refuse to go on their own.

Item 4: Development of general living skills:

		Rationale	Action Steps	Expected Completion Date
4	Development of general living skills	<ul style="list-style-type: none"> • Certain clients have the potential to learn and improve living skills • Facility Clients who are capable will learn living skills, e.g. budgeting, grocery shopping, rent payment, taking public transportation and keeping up with doctors appointments provides services to a level that clients do not have the chance to practice general living skills 	<ul style="list-style-type: none"> • Identify Clients who would benefit and have the potential to learn basic ADL skill building activities. • Implement the skill building activities with the identified clients. • Identify and implement groups/activities to build basic living skills for clients who are capable will learn living skills. (e.g. budgeting, grocery shopping, rent payment, taking public transportation and keeping up with doctors appointments) • All team members engage with clients in activities. • Staff will collaborate with activity leaders to organize activities and create a schedule of activities. 	On-going. To be reviewed for effectiveness in 3 months, May 2021

Ms. Morson stated that the ARF has many clients who are capable of doing these things, but there are others who require extra support. General living skills include budgeting, paying rent, public transportation, etc.

Ms. Sims confirmed that this has also been taking place, but more structure and organization is again required. Additionally, identifying and clearly documenting which clients need support will be helpful to better meet them where they are.

Item 5: Substance use:

		Rationale	Action Steps	Expected Completion Date
5	Substance use	<ul style="list-style-type: none"> • The facility has clients with co-occurring disorders who are in need of support in their recovery and obtaining community resources 	<ul style="list-style-type: none"> • Staff to identify clients with co-occurring disorders. • In collaboration with providers and case managers, identify possible resources and support for the client based on where the client is in the recovery process. • Use a harm reduction model and interventions. • Staff to communicate with team to offer helpful resources to recovery • Staff to encourage clients to attend and participate in recommended groups and activities including community resources. This may include NA, CMA and case management groups. 	Ongoing

Ms. Morson stated that the ARF houses clients with co-occurring disorders who need support in their recovery and obtaining community resources.

Ms. Sims stated that they hope to utilize the harm reduction model and will need to look into this training. This approach would include identifying those clients with co-occurring disorders, working with their Case Managers, utilizing the recovery process, and ensuring communication is clear with ARF staff, case management and providers to determine how to best encourage clients if they want to participate in a step program. Staff can then help them find Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Crystal Meth Anonymous (CMA) meetings and other community resources to help promote recovery and harm reduction.

Ms. Morson suggested that it may be beneficial to host an NA and AA meeting at the ARF, weekly. First, they would need to determine how many clients would participate and what their needs are.

Mr. Schmidt thanked the group for forward thinking and planning for a crisis in the future. Ms. Sims clarified that they do have clients with co-occurring disorders in the ARF and staff have already begun working with some who are actively using in the community, but not while they are in the ARF during the stay at home orders.

Ms. Turner asked if this will be standard work and an expectation of the ARF. The group confirmed that it will be. Ms. Turner also asked if there is a way to use a metric to track where they are today, how they improve and also ensure this work is data-driven. Ms. Sims confirmed that they would like support in tracking this data. Ms. Turner confirmed that Ms. Sims should reach out to herself and Mr. Schmidt if they need support with this work.

Item 6: Needs and service plan:

		Rationale	Action Steps	Expected Completion Date
6	Needs and Service Plans	<ul style="list-style-type: none"> Each client has a Needs and Service Plans to identify care and supervision needs Currently client's needs and staff interventions are documented on an as-needed basis. 	<ul style="list-style-type: none"> Program certified administrator will collaborate with the client and the team on development of the Needs and Service Plan. Team Leaders to review Needs and Service Plans on a monthly basis or as needed when changes in client condition occurs. Administrator and Team Leaders will collaborate on updating the Needs and Service plan. Staff should review clients Needs and Service plans and implement the care and supervision needed. Encourage client participation in the plan and encourage the client to sign the plan. Utilize meeting a client where they are at when developing the plan including goals. 	On-going. To be reviewed for effectiveness in 6 months, August 2021.

Ms. Morson confirmed that she has compiled all the service plans into one binder but would like to call in additional support on the project. The goal is also to have all staff involved in sharing information about service plans and having a clear picture of each client's needs in all aspects of their lives.

Mr. Schmidt asked for clarification on what type of support is required. Ms. Morson confirmed that she needs technical support from IT to help edit the service plans. Ms. Sims confirmed that she can support this work offline with Ms. Morales and they can put together assignments and help keep service plans up to date. She noted that service plans are mandated from the state with basic required categories. From there they can expand on those plans to fit the clients' needs. Leadership is also revising the roles and responsibilities of team leaders and will include organizing the service plans in the job description. Ms. Sims also acknowledged that one of the major challenges they are facing is that they do not currently have a certified ARF Administrator but will appoint an employee to lead this work.

Item 7: Promote quality of care by providing a non-institutionalized environment:

		Rationale	Action Steps	Expected Completion Date
7	Promote quality of care by providing a non-institutionalized environment (home-like)	<ul style="list-style-type: none"> Facility visually lends itself to a more institutionalized vs non- institutionalized setting (hospital or locked facilities visual, standardized bedding, lack of home-like visuals, etc.) 	<ul style="list-style-type: none"> Leadership to engage staff in identify changes that possibly be made to the environment to promote a more home like environment <ul style="list-style-type: none"> Paint colors used in rooms and dayrooms. Art work Increase use of bulletin boards for possible display of client projects and art work. Providing different bedding like comforters. (ex: furniture, paint, plants, art work) and Identified changes need to take into consideration safety and regulatory requirements. stay within line of existing facility policies Leadership to put forth a proposed budget to identify financial impact and needs. 	Ongoing

Ms. Rahman stated that the ARF currently looks like the locked facilities and is similar to the other floors of the BHC. She feels that it would be beneficial for the ARF to feel more like a home. In her research, she has found that the environment of living makes a major positive impact on the residents.

Ms. Sims added that the ARF staff are looking into incorporating bulletin boards. Leadership is also working to engage with staff and obtain feedback from the clients. However, she pointed out that some parts of this transformation would have budgetary constraints – comforters, for example, would have a large financial impact. Nevertheless, the team is working on putting together a budget proposal to submit to Finance.

Item 8: Annual mandatory trainings for staff:

		Rationale	Action Steps	Expected Completion Date
8	Annual mandatory trainings for staff.	<ul style="list-style-type: none"> To provide better client care, staff knowledge needs include, understanding of mental health, co-occurring disorders and wellness and recovery approaches based on best practices. 	<ul style="list-style-type: none"> In collaboration with staff, Leadership will identify annual trainings in addition to the regulatory required trainings. Examples of trainings needed annually <ul style="list-style-type: none"> Code of Conduct and Treating Clients with Dignity Resident rights both regulatory and Mental Health Client's rights Client self determination Therapeutic milieu and therapeutic communication CPI which includes de-escalation techniques Workplace Violence Plan Harm reduction principles Wellness and recovery approaches Co-occurring disorders and addiction. 	Annually

Ms. Morson stated that in order to provide better client care, staff need to better understand mental health and co-occurring disorders. These trainings and learnings will also need to be reviewed, annually. Ms. Rahman reaffirmed that staff need to have a knowledge of mental illness to provide better care.

Ms. Sims stated that leadership is looking into expanding standardized annual trainings and bringing best and evidence-based practices to these trainings. She noted that in the field of co-occurring disorders and mental health – these standards have changed over the years, so it will be important to develop a standardized

training and update it as needed. She also stated that harm reduction principles are key in dealing with co-occurring disorders. And although the ARF is not a treatment center, they are a care and supervision facility, and that care is based on the population they serve, which are folks with co-occurring disorders and mental illness. Leadership is working on developing these trainings. Ms. Morson confirmed that these practices need to be refreshed for staff. Ms. Rahman noted that with these trainings, staff will be able to help more people in the community. Mr. Schmidt confirmed that the Department of Education and Training (DET) can support some aspects of this as well.

Mr. Schmidt thanked the group for their impressive work on this and learning how to best serve their clients and improve their experience and health. Ms. Rahman asked for leadership support in implementing this. Mr. Schmidt replied that they will provide any support needed.

Ms. Wong acknowledged and thanked Ms. Morson, Ms. Rahman and all the ARF staff. She confirmed that she would like to support the ARF in implementing this as well. She also wanted to remind the group that the ARF previously had a mental health treatment specialist who provided coordinated care, made connections with resources in the community, and developed programs and activities. Especially without an administrator they need this expert. Ms. Larson stated that there is a lack of therapeutic specialists that could support every floor. Ms. Sims replied that the ARF does have licensed staff such as Licensed Psychiatric Technicians or Licensed Vocational Nurses. She confirmed that she is hearing more education needs to be done around these different classifications.

Monica confirmed that this is the first phase of the improvement plan and they will bring this back next month.

Ms. Turner asked how they will socialize this improvement plan with the rest of the team. Ms. Rahman replied that she gave a copy of it to many staff and asked for their feedback. So far, all staff have approved. She also provided copies to all the team leaders and some of the mental health workers. Ms. Sims stated that they will start sharing this at their change of shifts, which are similar to team huddles. Additionally, she and Ms. Morales will meet with team leaders in smaller groups to communicate this and obtain feedback. She confirmed that the change of shift will be a great place to have that dialogue.

Ms. Rahman asked if Ms. Sims will also meet with all staff and not just team leaders. Ms. Sims agreed and stated that she will be meeting with all staff as well. This will be implemented for staff across all three shifts in a collaborative way and will be helpful to learn what does and does not work, and then adjust. She confirmed that this will be a living document to help guide and capture the work.

Ms. Turner again thanked the group for their work.

4) SFBHC ARF BUDGET REVIEW

Andrea Turner opened the topic for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims stated that leadership is having recurring meetings with Finance to understand the ARF's budget status. She also had a meeting with the ZSFG Chief Financial Officer, Jennifer Boffi, to discuss ways they can fund some of the activities and homelike environment they would like to implement. Currently they are reviewing what needs to be pulled together to obtain funding. They are also investigating ways they can work with the Foundation to obtain funds, but there are limitations on what they can and cannot support. Ms. Sims will work with Ms. Morales to obtain items they can purchase through their Materials and Supplies (M&S) budget. For anything outside of that, they will work to achieve Foundation funding.

Ms. Rahman asked about obtaining WiFi. Ms. Sims stated that that is a large expense and she does not anticipate it will be implemented soon. The M&S budget is for specific items for resident care on the ARF. Mr. Schmidt added that WiFi is considered capital equipment, so this funding will need to come from a bond or other type of funding, but he confirmed that they have started this conversation with Eric Raffin, the Chief Informatics Officer of DPH, but this will be a longer process.

Ms. Larson asked if there is anything carved out of the budget specifically for activities. Mr. Schmidt replied that the Finance team largely reviews the personnel and staffing or the M&S budget, which is where supplies for activities or equipment for the unit would be. Specific items for activities are not listed, but they fall within these broader buckets. Ms. Turner confirmed.

Ms. Larson asked how the budget is built without input from staff. Mr. Schmidt confirmed that the budgets are driven by the Finance team, based on what was used the previous year, and whether it needs to be increased or decreased. Ms. Turner added that if a higher budget is needed, Finance asks for an SBAR, or business plan, to discuss why the department needs to buy specific items, and what would happen if they do not purchase it. Then BHC leadership and the Finance team would determine where they can find money for those specific items. If that is not possible, they will determine how to fund it at a later time.

Ms. Larson noted that overtime, the BHC will need more funding. Ms. Turner agreed and confirmed that they are making significant improvements from listening to staff and Ms. Sims. With this information, they are able to create a plan and case for the things they need. She encouraged staff to continue to work with leadership in the way that they are. Ms. Sims confirmed that they do have some money in the budget for items in the activity catalog. She confirmed that leadership can help the ARF staff better utilize this catalog as other units use it. However, she pointed out that the budget does not fund activities such as outings that have previously been discussed.

Ms. Wong acknowledged the changes that leadership has made and confirmed that staff feel the positive impact and thanked them for it. She noted that they will likely have more requests in the future. Ms. Turner stated that they enjoy the collaboration. She appreciates the communication and that the staff have been such strong advocates for their environment and the clients they serve. She also asked for their patience as they need to be strategic, and things are not always easy in that process. Ms. Turner thanked them for all that they do.

Ms. Diaz stated that they need to fully utilize the budget they are given. Ms. Sims confirmed that they are putting together a proposal for funding through grants, donors or the Foundation to have money available on an ongoing basis. She also clarified that although the budget does not cover outings, they can easily order different supplies through the catalog as it is a city approved vendor. Ms. Rahman asked what the catalog is. Ms. Sims confirmed that she can provide the information to the ARF staff to review it.

5) ARF VACANCIES UPDATE

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims confirmed that filling the vacancy of the ARF Administrator will be an ongoing process because the position has special conditions in which the candidate has to be a certified ARF Administrator. The ARF also currently has LPT and Team Leader vacancies. Ms. Sims stated that they have one LPT candidate pending the live scan clearance, and one additional LPT vacancy. There is a new hiring list of LPTs, and leadership will be

setting up interviews once the list has been certified. They also have interviews with candidates for the Team Leader vacancies, however she noted that this is another challenging position to fill. For example – one candidate only requested to work per diem shifts.

Ms. Wong asked who is on the interview panel. Ms. Sims replied that DPH has very specific rules, so the panel varies. The panel is required to have a limited number of people, gender requirements, etc. so they have to find staff who are outside of the BHC to participate. Ms. Sims noted that she, Ms. Morales and Ms. Thompson are on some of the panels but not all. They also have transition staff in some of them and have reached out to the hospital for support when needing to meet the panel requirements.

Ms. Wong appreciates Ms. Sims's feedback, but is a strong advocate of interdisciplinary team panels so that they can get a sense of the working relationship they will have with their potential colleague. Ms. Sims appreciates that insight and suggested that they meet outside of the working group to discuss the HR interview panel rules and standardized process.

6) MOBILE CRISIS REPORT OUT

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Diaz reported that she touched base with the Mobile Crisis team, and they provided the following background about their services: Mobile Crisis is a comprehensive services agency that provides a behavioral health and crisis response service to adults and children. It is comprised of three teams – (1) crisis response, (2) children's crisis and (3) mobile crisis. Ms. Diaz confirmed that Mobile Crisis is the service the ARF is interested in. They operate six days a week, from 8:30am-11:00pm Monday through Friday; and 12:00pm-8:00pm Saturdays and holidays. This service provides an assessment of behavioral crisis triage and they come into the field to do a crisis assessment intervention and short-term crisis case management for those 18 and older in SF.

Ms. Sims confirmed that she has gotten in touch with the Director of Crisis Services and will meet with her today at 3:30pm to determine the type of services they might be able to provide at the ARF.

7) CPI TRAINING UPDATE

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Mr. Schmidt announced that because the City's COVID numbers have improved, they are planning for the CPI in-person training to resume. DET is working on this now. He confirmed that these trainings will be outdoors, and they will schedule the ARF staff for the trainings shortly. The plan is that they will be a part of the ED staff training, which should be taking place next month.

Ms. Wong asked if this is only for the ARF staff. Mr. Schmidt confirmed that this is currently for the ARF staff but will soon be open for the entire BHC.

8) STAFF SAFETY IN THE ARF

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims confirmed that CPI training plays a role in staff's skills around de-escalation. She added that they had the security assessment and that they are pulling together data to help them observe trends in different categories, such as physical assault. The improvement plan for resident care in the ARF will also help to better support those staff who have difficulties. Staff are already doing a great job de-escalating situations with the clients.

Ms. Rahman confirmed that documenting incidents of violence is not an issue with ARF staff.

9) SUMMARY OF PROGRESS AND IMPROVEMENT IN THE ARF

Andrea Turner opened the floor.

Public Comment:

There was no public comment on this item.

Discussion:

Ms. Sims stated that the improvement plan, discussed earlier, captured much of the work the ARF has done. For example, Regulatory found that the supervision and care piece needed to be improved and that is complete. They are also supporting more activities to help the clients remain active. Additionally, the LPTs, Mental Health Workers and Team Leaders are working together and utilizing their full scope of skills to focus on wellness, recovery and harm reduction. Ms. Sims also noted that it is important to document and capture this progress.

Mr. Schmidt confirmed that this meeting continues to improve, and the main focus is on the clients. He thinks that much progress has been made in improving client care and thanked everyone for their work. Ms. Turner echoed those sentiments. Mr. Schmidt also stated that he, Ms. Turner and Ms. Sims have been in discussion with Ms. Boffi about the facility itself and ways to improve it through furniture and other areas.

Ms. Larson asked what percentage of mental health workers are interested in doing groups and activities. Ms. Rahman replied that they are willing and used to host activities, community meetings and other groups before they hired Activity Leaders. Ms. Sims confirmed that she has received feedback that evening shift staff are very involved. Messaging has also gone out confirming that staff are allowed to support client activities. Ms. Diaz stated that she wants to ensure they have enough staff to support this work. Especially with the pandemic, they have added additional duties to their workload and may not have the manpower to support activities.

Ms. Larson noted that residents are much more likely to participate in activities if there is a set schedule. Ms. Morson stated that this is not the case in the ARF. Ms. Sims added that she did hear feedback that a schedule is needed, and it is a part of the improvement plan to ensure the ARF is more structured and organized. Ms. Wong noted that it is a part of the licensing requirement to have the schedule posted.

Mr. Schmidt recognized the work that everyone is doing under these conditions with the pandemic. Tomorrow marks the one-year mark from the day ZSFG had its first COVID positive patient on campus and it has been almost one year of us being in quarantine, which has drastically changed the work that is done in the ARF. This include clients not being able to go out and ensuring that they remain in the building. He recognizes and thanks all the ARF staff for the challenging work that they have been doing and confirms that the COVID situation seem to be improving.

Ms. Morson also pointed out that their clients have been stellar in their abilities to be patient with the situation. Mr. Schmidt agreed that it has been difficult for them and that it is great to hear that they have adapted to our new way of life. Ms. Sims agreed that it's important to acknowledge the residents and she also wants to thank the staff for the work that they have done, as they have been very skillful in managing and supporting the clients well.

Ms. Larson asked about the status of in person meetings. Mr. Schmidt confirmed that because this is a Board of Supervisors Work Group, the Mayor has put out directives that this cannot be in person.

Ms. Turner acknowledged Ms. Aniya for her work in facilitating the work groups and scheduling the meetings. She also thanked Ms. Diaz for being a wonderful partner in helping to plan the work group meetings and identify critical issues to resolved. She thanked Mr. Smith for stepping into this work group when she became the co-chair. Finally, she thanked the entire work group for being a great team and for their good conversations.

Ms. Wong thanked Ms. Turner for acknowledging the staff and giving them validation for their work. Ms. Turner responded that she is committed to helping the team in any way she can to help staff and clients feel supported and safe.

10) TOPIC SUGGESTION FOR NEXT MEETING

Andrea Turner opened the floor for discussion.

Public Comment:

There was no public comment on this item.

Discussion:

There was no discussion on this item.

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:

There was no discussion on this item.

12) ADJOURNMENT

The meeting was adjourned at 11:08AM.