



City and County of San Francisco

# Shelter Monitoring Committee

## Quarterly Report to Board of Supervisors and the Mayor's Office

September 2, 2009

### *Executive Summary*

#### *Shelter Site Visits*

The Shelter Monitoring Committee ["Committee"] conducted 59 site visits in the last three quarters from October 1, 2008 to June 30, 2009. The Committee documented challenges for clients on site to access basic hygiene needs, an ongoing issue. Accessing shelter has continued to be a complaint of clients, specifically one-night stays and an immense amount of time spent daily accessing that one-night stay. The 59 visits provide a broad look at the day-to-day challenges for clients and sites in gaining and providing services within the Standard of Care.

The end of June also marked the closure of Tenderloin Health and the 150 Otis Drop In Center, centers which provided reservations, hygiene kits, showers, and toilet facilities.

#### *Policy and Legislative Reports of the Shelter Monitoring Committee*

##### Standards of Care

The Committee received 109 complaints from October 1, 2008 to June 30, 2009, with a dramatic decrease in June 2009 with client citing a "distrust" of the process. The Committee submitted 8 investigations, compiled of multiple complaints, to the Department of Public Health for further investigation. As of this date, the Committee has received only one response from the Department of Public Health regarding the investigations. The Committee finalized its year report of the implementation of the Standards of Care in July 2009.

##### Information Requests

The Committee submitted 6 requests for information to Human Services Agency, 311 Call Center, San Francisco MUNI, and the Department of Public Health. These requests focused on the [possible] budget impact on homeless programs, the routing of homeless service calls within the 311 Call Center, the policy on token distribution for clients per the Standards of Care, and the tracking of vacancies by sleeping unit type. The information provided by the City departments allows the Committee to both respond to clients' requests with accurate information and to track how the Standards of Care are being implemented site by site.

##### Membership

There is currently one vacancy on the Shelter Monitoring Committee.

**Shelter Monitoring Committee Quarterly Report  
September 2, 2009**

**Mission Statement of the Shelter Monitoring Committee**

*The Shelter Monitoring Committee is an independent vehicle charged with documenting the conditions of shelters and resource centers to improve the health, safety, and treatment of residents, clients, staff, and the homeless community. The Committee's mission is to undertake this work recognizing individual human rights and promoting a universal standard of care for shelters and resource centers in the City and County of San Francisco.*

**Site Inspections**

The inspection teams conducted 59 visits in the last three quarters, from October 1, 2008 to June 30, 2009.

Inspection teams use a Standard of Care checklist at each site to measure what components of the Standards of Care the site is in compliance with. Some of the sites still had basic challenges with the implementation of the Standards, specifically around health and hygiene standards. In an October site visit to A Women's Place, the inspection team noted that there were no paper towels in the bathrooms or personal protective gear for staff. A May 2009 visit to Next Door noted no toilet paper in stalls and no paper towels in bathrooms. While the Interfaith Winter shelters system which ran for four months in the winter to add additional sleeping units for clients seeking shelter had challenges meeting the Standards, specifically

Shelter and Resource Centers	Number of Visits
150 Otis Drop In Center and Shelter	3
A Woman's Place	7
Bethel AME Winter Family Shelter	3
Compass Family Center	2
Dolores Street Community Services-Santa Ana Shelter	3
Dolores Street Community Services-Santa Maria/Santa Marta	2
Hamilton Family Shelter	2
Hospitality House	2
Interfaith Winter Shelters	4
Lark Inn	5
Mission Neighborhood Resource Center	3
Multi Service Center South	5
Next Door	3
Oshun Drop In Center	3
Providence	3
Saint Joseph's Family Shelter	2
Sanctuary	3
Tenderloin Health Resource Center	2
United Council	2
<b>Total Number of Visits</b>	<b>59</b>

spacing between mats and laundry tokens, the majority of the clients interviewed at all four site stated that the services were "very good" and the meals were "excellent." St. Vincent de Paul's Multi Service South had been unable to provide a blanket, two sheets, and a pillow to clients due to funding began providing all three services at the beginning of the calendar year. An ongoing complaint from clients is around access, specifically the ability to get a shelter reservation for multiple nights in a timely fashion. One site had received multiple complaints regarding "dropped beds" and "canceled reservations" showed a system not a site challenge. In May,

Committee Members went to Providence and observed clients shouting outside that they had reservations and should be allowed inside the site. The staff on duty spent a significant amount of time de-escalating the clients and attempting to find a location to send the clients [all three clients had CHANGES reservations sheets and one client had one huge suitcase]. Another staff stated that this [clients being sent to Providence when the site was full] was an ongoing issue. On a previous visit to Providence on March 25, 2009, the Committee noted the same challenge for staff. The staff stated that the men's dormitory only has 105 spots to accommodate the 22 inch SOC. However, on a nightly basis, more than 105 men are sent/receive reservations to Providence. The April Vacancy Report produced by HSA shows an average vacancy rate of 11% for Providence in the month of April as well as shows that both women and men make up the 105 bed count. The March Vacancy Report produced by HSA shows a 10% vacancy rate for the night of March 25, 2009, a date Committee staff was at the site and noted clients were sent away. In the 2009-2010 year, the Human Service Agency implemented a new reservation length and process for extension, which the Committee will track and report back on any challenges clients note.

### ***Shelter System***

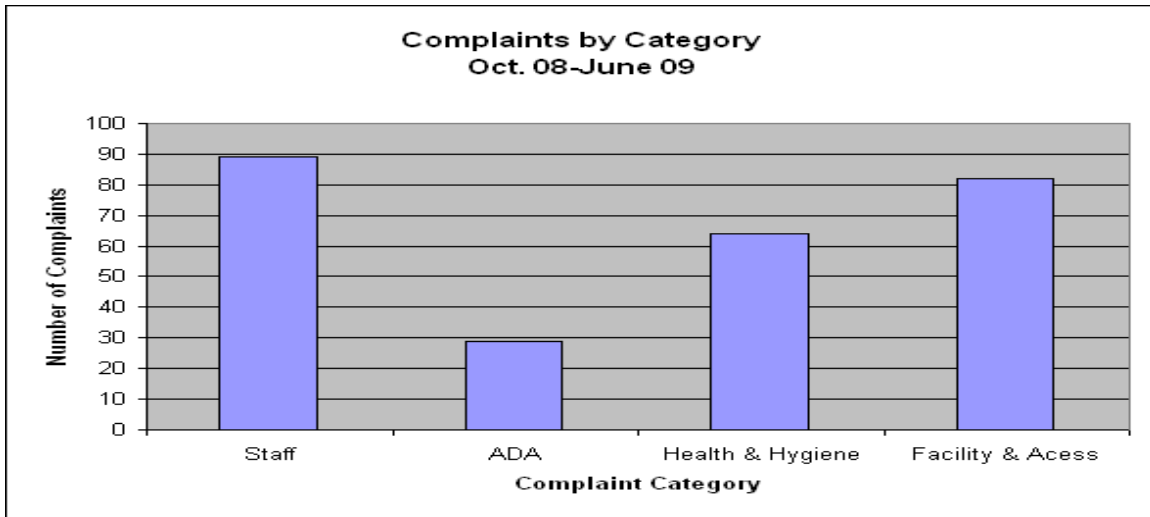
Tenderloin Health Resource Center was closed due to budget cuts and 150 Otis Drop In Center and Shelter was closed due to building usage requirements. The closures could have a bigger impact on the existing resource centers, Mission Neighborhood Resource Center, the only resource center currently providing laundry services to men in the Central City and Mission area, Oshun Resource Center, United Council's Bayview Resource Center, and MSC South's Drop In Center. The Committee will track usage and client access to services.

### ***Nutrition***

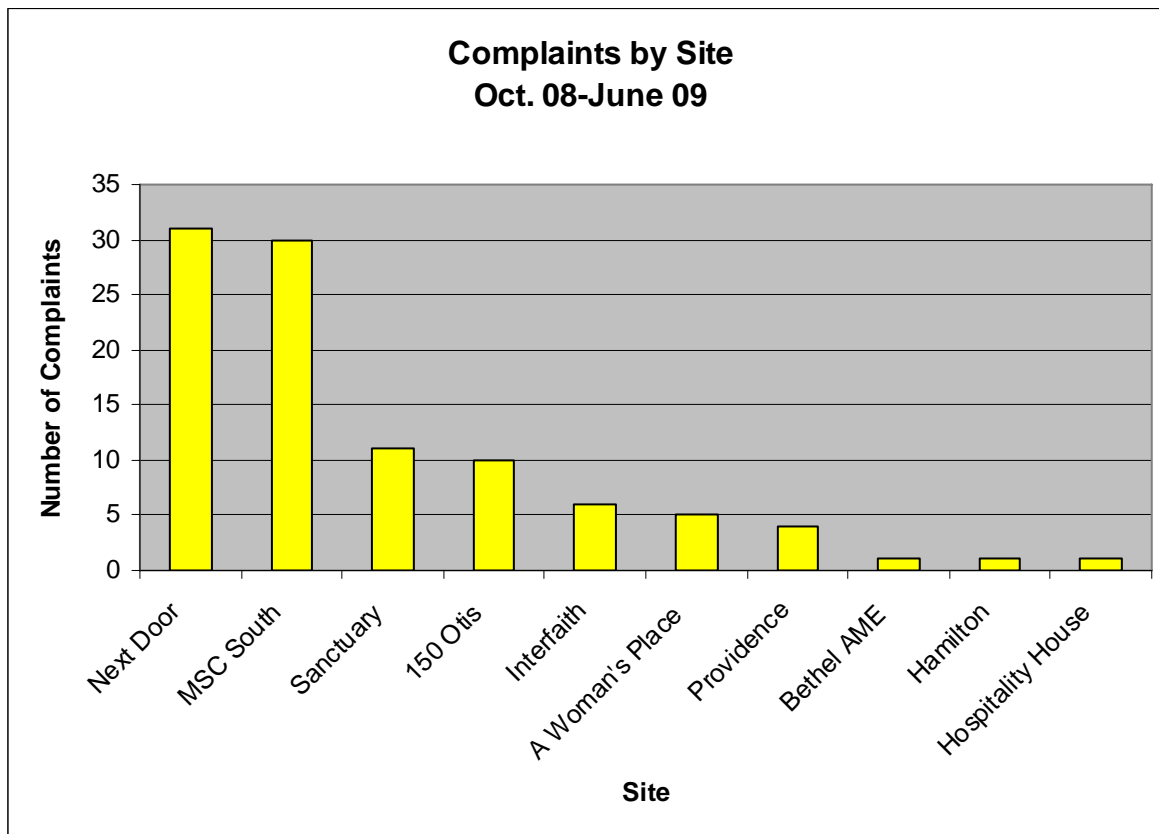
The Committee continues to receive complaints regarding the nutritional quality of the food provided in shelters, including allegations of the lack of accommodation for vegetarians, diabetics, etc. Based on these complaints, the Committee requested the nutritionist assigned to the Standard of Care implementation to present at two Committee Meetings and requested a break-down of meal costs from City agencies that fund meals, including the Human Services Agency. The Department of Aging and Adult Services provided a detailed example of how meal costs are determined and funding is awarded to agencies providing meals to vulnerable populations such as seniors. On site inspections conducted by some Members, the food was found to be inedible. One concern the Committee has is that the shelter and resource center contracts do not include a breakdown of costs for each meal provided and therefore shelter providers may not have the budget to provide nutritional meals to clients. Please refer to Appendix 1 for a list of all the shelter nutrition documents.

### **Standard of Care**

The Shelter Monitoring Committee took 109 complaints from clients and charted the complaints within one, or more, of four areas: staff, Americans with Disabilities Act, health and hygiene, and facility and access. The number one complaint continues to be allegations of abuse and disrespect by staff, one of the more challenging issues to investigate.



The majority of Standard of Care complaints are against the three largest shelters, Next Door, Sanctuary, and MSC South, which have approximately 80% of all shelter clients. Multiple sites received no complaints during this period, Dolores Street Community Service's Santa Ana, United Council, Oshun Drop In Center, and Lark Inn.



### ***SOC Challenges***

The Committee has forwarded 8 investigations, compiled of 32 complaints, to the Department of Public Health over a six-month period and has received only one response back from the Department of Public Health. The average response time from the shelter sites to the Standard of

Care complaints was 36.8 days, 30 days beyond the 5-day response required of the legislation. Committee staff cites these two areas as the decrease in shelter complaints. The staff continue to receive phone calls from clients leaving complaints without contact information and multiple clients have become frustrated about what they cite as the City's non-response to their complaints.

The Committee made the following recommendations within its Standard of Care report to improve the SOC implementation:

- *Improving the Committee's response and follow-up time with providing complaints to the site*

In March of 2009, the Committee received an additional bilingual staff. The additional staff person is the lead for Standard of Care complaints and correspondence. With the additional staff, the Committee is working to increase its time from intake to forwarding to the site to 2 business days and will begin investigations on all complaints sites do not respond to within 2 weeks.

- *Improving the Department of Public Health's (DPH's) acknowledgement of SOC complaints and improving time period of investigation*

The Committee has only received one response back from the Department of Public Health regarding Standard of Care complaints, including serious health and hygiene allegations. Without more oversight by the DPH on investigations, sites fail to receive corrective actions or other forms of technical assistance to improve the conditions at their site. In addition, timelier follow up by DPH will help the City & County of San Francisco identify if non-adherence to the Standards is based on fiscal limitations or other reasons. In the first year, DPH only responded to one complaint forwarded by the Committee.

- *Improving site response time to complaints logged by clients and the Committee on behalf of clients*

Section 20.405 of the Standard of Care legislation outlines the Complaint Process and Investigation of complaints. Sites are required to acknowledge to client complaints, those submitted by the Committee on behalf of the client and those submitted by individual clients, within 2 business days and respond within 5 days. The contracting agencies, Human Services Agency and the Department of Public Health, should work with their sites to encourage compliance in this area.

### **Information Requests**

The Committee submitted 6 requests for information to Human Services Agency, 311 Call Center, San Francisco MUNI, and the Department of Public Health. These requests focused on the [possible] budget impact on homeless programs, the routing of homeless service calls within the 311 Call Center, the policy on token distribution for clients per the Standards of Care, and the tracking of vacancies by sleeping unit type. The information provided by the City departments allows the Committee to both respond to clients' requests with accurate information and to track how the Standards of Care are being implemented site by site.

The requests to the 311 Call Center provided information on how clients can access shelter information via the free service as well as how clients have been routed to the Committee for information calls. The Department of Public Health and the Human Services Agency responded to requests of an estimate of budget impact cuts on shelter services, specifically with the closure

of Tenderloin Health. As noted in the Site Visit section of this report, the Committee continues to run into challenges with vacancy numbers reported and the vacancy rates observed. The request to the Human Service Agency regarding vacancy numbers was to better understand how vacancies are determined and tracked by HSA.

**Membership**

One Committee Member tenured his resignation last month and in September, another member will resign. The Local Homeless Coordinating Board is the appointing body of the former member and circulated applications to fill that seat.

## **Appendix 1**

SF Shelter Nutrition  
Kathleen da Silva, RD  
May 6, 2009

1. Food Service Goals

Goals reflect basic food safety and sanitation standards associated with facilities that comply with Environmental Health's Food Safety Program. These goals are taken from the Draft Shelter Nutrition Monitoring Tool developed with the pilot shelters last year.

2. Food Safety Certification

California Food Safety Law requires at least one employee at each retail food facility be certified as a food safety person by passing an approved examination. The certified person can be any employee responsible for safe food handling and who may ensure that other employees use proper food handling techniques.

3. Shelter Food Service Matrix

The shelters each have unique food service operations in which they provide meals. In order to provide assistance for shelter staff to meet the food service goals, a Food Service Matrix is being developed to illustrate the food service. The following are the categories that will be included:

- Facility Name
- Description of services (single adult, family, resource center)
- Meal type (breakfast, lunch, dinner, snacks)
- Days served
- Average number of each type of meal/day
- Food service (self-operated on site or catered)
- Food Production staff (volunteer or paid)
- Food Service staff (volunteer or paid)
- Permit type (Housing and Food Preparation & Service)
- Staff Food Safety Certification
- Menus

4. Menu Review and SOC Food Handling and Storage Trainings

Food/menus are in the process of being reviewed for all shelters.

SOC Food Handling and Storage trainings have been scheduled for staff.



DATE: May 11, 2009

TO: **Bernice Casey, Policy Analyst**  
Shelter Monitoring Committee

CC: Trent Rhorer, Executive Director, Human Services Agency  
Anne Hinton, Executive Director, Department of Aging & Adult Services (DAAS)  
Shireen McSpadden, Deputy Director of Programs, DAAS  
Denise Cheung, Director, Office on the Aging (OOA) & County Veterans Service Office  
Jason Adamek, Integrated Intake Unit Supervisor, DAAS  
Stella Chu, Senior Contracts Manager, Human Services Agency

FROM: Linda Lau, RD, MPH, OOA Nutritionist

RE: DAAS OOA Meal Cost Information

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Per your request, below is information to address your questions about congregate meal programs that Department of Aging & Adult Services (DAAS), Office on the Aging (OOA) contracts for. If you have other questions or need clarification, please contact me at (415) 355-6774 or email: Linda.Lau@sfgov.org

**Question #1:** Do your contracts allot specific amount of money to be spent on meals for seniors? If so, what does the amount cover?

**Response:**

Yes, DAAS OOA's nutrition contracts specify costs and services to be provided. DAAS only covers a portion of agency's cost. In general, DAAS OOA's funding covers personnel/staffing for program administration (including site coordinators, dietician, fiscal staff, etc.) and food service operation, including food costs, kitchen staff, utilities, etc.

DAAS OOA conducts Request for Proposal for the nutrition services. For nutrition providers recommended for contract awards, we negotiate with them to finalize the unit cost per meal and annual service units to be provided. Costs will vary depending on program size and type of meals provided.

FY 2008-09 DAAS OOA's Congregate Meal Program Contract Info:

	DAAS Funding	#Meals Contracted	#Nutrition Education Units	Average Meal Rate
Elderly Nutrition Program (ENP, age 60+)	\$4,832,524 *	803,835	40,127	\$6.01 (\$4.14 – 6.72)
Younger Adults with Disabilities (YAD, age 18-59)	\$67,534 **	12,480	N/A	\$5.41 (\$5.17 - \$6.21)

Note: \*ENP is total of federal, state & local funds. \*\*YAD is all local funds

DAAS OOA is in the process of negotiating the meal rate for FY 2009-10 with contractors. Due to projected budget deficits, we worked with our contractors to increase program efficiencies and reduce costs as much as possible. Thus, the meal rate for FY 2009-10 is estimated to be about 10% lower than current fiscal year.

Attached is a sample of the major contract paperwork for congregate nutrition providers:

- Congregate Nutrition Contract Appendix AB: Details the nutrition program requirements, menu requirements, outcome measures and reports required.
- Appendix B - Budget Form
- Consumer Satisfaction Survey: Required as part of outcome measure to monitor program quality

The YAD Congregate meal program is small due to limited local resources. A selected number of the senior congregate meal sites are designated to also serve YAD consumers. Menu for YAD consumers is the same as ENP menu. Program administrative costs for YAD program have been minimized and/or covered under ENP in order to serve as many consumers as possible.

**Question #2:** How does Aging & Adult Services monitor contract compliance for the nutritional components of their contracts?

**Response:**

The following are systems in place to ensure program and menu compliance:

- Nutrition providers are required to conduct and submit their internal program monitoring documentation to DAAS OOA on a quarterly basis.
- Include in their budget staffing for a Registered Dietician or a consultant who is responsible to help the provider to develop their menu and provide technical assistance.
- Menus must be approved and certified by OOA Nutritionist prior to use.
- DAAS OOA conducts annual program monitoring.
- OOA staff conducts drop-in site visits and other site visits, as needed.