City and County of San Francisco

Shelter Monitoring Committee

July 2015 through June 2016 Annual Report

Executive Summary

Last revised 12-16-16

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| Committee Roster |

Chair
Mwangi Mukami

Vice Chair
Matthew Steen

Secretary
Terezie Bohrer

Current Members
Patrina Hall
Anakh Sul Rama
Gavin James
Gary McCoy
Cindy Ward
Charles Morimoto

July 2015 – June 2016 Members
Nicholas Kimura (Fmr. Chair, resigned November 2015)
Jonathan Bonato (Fmr. Chair, resigned May 2016)
Michael Kirkland (resigned June 2016)
Kendra Amick (resigned September 2016)
Darcel Jackson (resigned October 2016)

| Message from the Chair |

It gives me distinct pleasure to forward our flagship Annual Report for FY2015/16. This is an important milestone to the work of our Committee and helps us fulfill our mandate of reporting and recommending changes to the Mayor, the Board of Supervisors and the public about the operations of the shelters in regards to the Standards of Care.

I'm indebted to my fellow officers, committee members, and our support staff for their hard work and dedication to our mission. In everything we do, shelter residents remain our primary and paramount consideration. However, we recognize that success is premised on engagement and partnership and we are thankful to our partners for their cooperation and support.

I am delighted by our accomplishments—a reflection of our commitment—to those who we serve. This report provides valuable data on shelter operations and demonstrates, in policy recommendations section, that we can impact our shelter residents positively. Future reports will utilize the benchmarks that are established in this report to highlight whether or not shelter conditions are improving.

We've made significant improvements on our mandated number of site visits this reporting period 96.3% compared to FY14-15 77%. We remain committed to crafting a new era of engagement to accelerate change within our shelter systems, and amplify shelter residents' voices in talking about issues that matters to them.

Warmest regards,
Mwangi Mukami
Shelter Monitoring Committee Chair

| Introduction |

Who We Are

The Shelter Monitoring Committee (The Committee) was established in 2004 to provide the Mayor, the Board of Supervisors, the Local Homeless Coordinating Board, the public and any other appropriate agency with accurate, comprehensive information about the conditions in and operations of shelters as well as City policies in place that affect operations of shelters or their impact on shelter clients. The Committee is also responsible for monitoring shelters and resource centers to ensure that they are complying with the 32 Standards of Care (The Standards), which are a set of shelter operating standards that were adopted by the Board of Supervisors in 2008.

What We Do

The Committee monitors the conditions of shelters and resource centers and their compliance with the Standard of Care by conducting site visits and taking client complaints. The Committee also offers Standard of Care trainings for shelter staff.

How We Do It

Unannounced and announced Site Visits

Committee members form teams and conduct site visits to all shelters and resource centers. The Committee conducts four unannounced visits per site per year to verify if sites are complying with the Standards of Care. Committee teams note and submit Standard of Care infractions to shelter management, who are given 7 days to investigate and resolve the infractions. In addition, the Committee also makes two announced site visits each year in order to survey shelter clients and to give them to opportunity to discuss shelter conditions with Committee members.

Investigation of Client complaints

Clients are able to submit complaints regarding their experiences at shelters and resource centers to Committee staff by email, phone or in person. Client complaints must contain allegations of shelters not complying with the Standards of Care. Complaints are submitted to shelter management, who have 7 days to investigate the allegations and respond to the complaint in writing. Clients have 45 days to inform staff whether or not they are satisfied with the site's response before the complaint is closed. Clients who are not satisfied with the site's response can request that Committee staff conduct an independent investigation into their complaint. Committee staff investigates the client's allegations and determines if the site is in compliance with the Standards of Care. Committee staff summarizes their findings and submits them to the client, the site and the Department of Homelessness and Supportive Housing. Committee staff also submits recommendations for corrective action if the investigation determines that the site was not in compliance with the Standards of Care.

Shelter Trainings

In addition to monitoring the conditions inside shelters and resource centers, the Committee also offers Standard of Care trainings for shelter staff. Committee staff conduct the Standards of Care trainings, which provide an overview of the Standards of Care as well as how the Committee will check the sites to see if they are in compliance with the Standards of Care through site visits and client complaints.

2015-2016
Fiscal Year in Review

Site Visits
The Committee was able to complete visits at 79 of 82 assigned sites during the reporting period, or 96.3% of the total mandated site visits for the year.

Standards of Care Client Complaints
The Committee received 121 Standard of Care complaints from clients during the 2015-2016 fiscal year. The most frequent allegations received by the Shelter Monitoring Committee in client complaints were staff-related issues (76.9%), followed by health and hygiene issues (9.7%), facilities and access (8.7%) and ADA related issues (4.7%).

26 complaints (21.5%) received responses from sites that satisfied the client. 80 complaints (66.1%) were closed due to No Contact. There were also 15 complaints (12.4%) that received responses from the site that did not satisfy the client and required an investigation by Committee staff. Committee staff found that sites were in compliance with the Standards of Care in 9 of 15 investigations and found that sites were not in compliance in 3 of 15 investigations (20%). There were also 2 investigations where Committee staff could not conclusively determine compliance (13.3%) and 1 investigation (6.7%) where the findings differed depending on each Standard listed in the complaint. Additional information on the investigations conducted this fiscal year can be found on Page 15 of this report.

Policy Recommendations
For 2015-2016 fiscal year, the Shelter Monitoring Committee recommended that the Human Services Agency (and the successor agency, the Department of Homelessness and Supportive Housing) adopt the Committee's recommendations for the Domestic Violence/Imminent Danger Policy. These recommendations were the result of a series of discussions between the Shelter Monitoring Committee's Policy Subcommittee, Human Services Agency, the Domestic Violence Consortium, the Department on the Status of Women and Supervisor Katy Tang's office. The new Domestic Violence/Imminent Danger Policy implemented by HSH is included in Appendix B of this report (Page 21-23).

Trainings
For the 2015-2016 fiscal year, Committee staff completed Standard of Care trainings for staff at 15 out of 21 sites. Additional information on which sites received which trainings can be found on the "Trainings" section of this report on Page 16.

Site Visits

The Committee was able to complete 79 of 82 site visits, or 96.3% of the total mandated site visits for the 15-16 fiscal year. The Committee was unable to complete site visits due to changes in the composition of the Committee at Interfaith Winter Shelter, Next Door and Santa Ana in the 2nd Quarter. The Committee was able to make up the missed site visit at Santa Ana by conducting two visits in Quarter 3.

Table I: Site Visit Tally FY 2015-2016

Shelter and Resource Center	Number of Visits 1st QTR July – Sep.	Number of Visits 2nd QTR Oct. – Dec.	Number of Visits 3rd QTR Jan. - March	Number of Visits 4th QTR April – June	Total FY2015-2016
A Woman's Place	1	0	1	1	3
AWPDI	1	1	1	1	4
Bethel AME	1	1	1	1	4
Compass	1	1	1	1	4
First Friendship	1	1	1	1	4
Hamilton Emergency Shelter	1	1	1	1	4
Hamilton Family Shelter	1	1	1	1	4
Hospitality House	1	1	1	1	4
Interfaith*	0	0	1	0	1
Jazzie's Place	1	1	1	1	4
Lark Inn	1	1	1	1	4
MSC South Drop In	1	1	1	1	4
MSC South Shelter	1	1	1	1	4
MNRC	1	1	1	1	4
Next Door	1	0	1	1	3
Providence	1	1	1	1	4
Sanctuary	1	1	1	1	4
Santa Ana	1	0	2	1	4
Santa Marta/Santa Maria	1	1	1	1	4
St. Joseph's	1	1	1	1	4
United Council	1	1	1	1	4
Total	**20**	**17**	**22**	**20**	**79**
Assigned Number of Visits	**20**	**21**	**21**	**20**	**82**
Percentage of Compliance	**100%**	**81.0%**	**105%**	**100%**	**96.3%**

(Note: Interfaith is a seasonal shelter that operates from November through February)

Site Visit Infractions

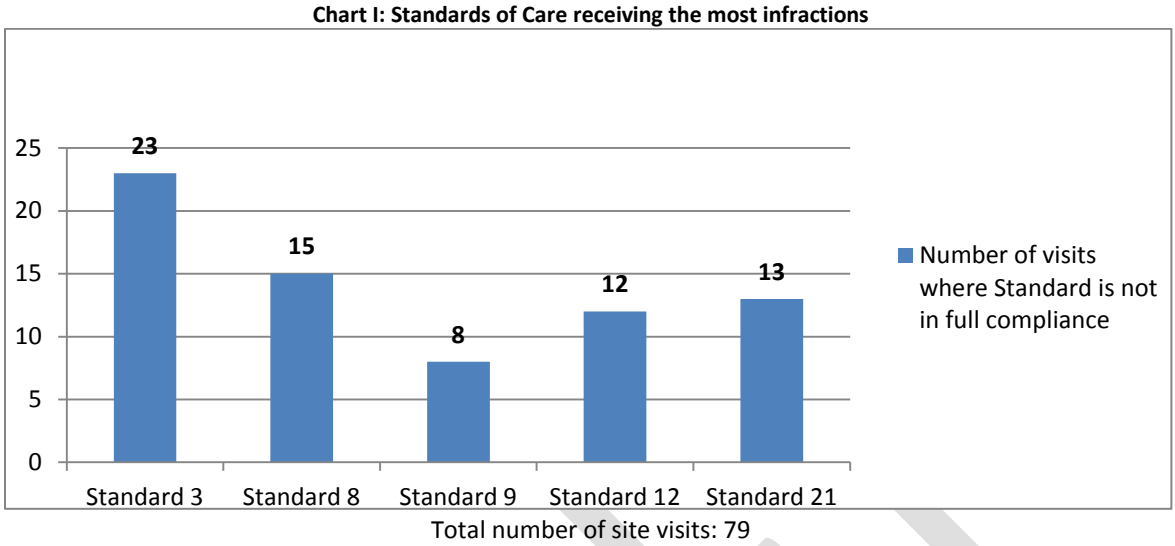
Table II provides a breakdown of the number of Standard of Care infractions that were noted at each site on each of the four unannounced site visits, the average number of infractions that were noted per visit and any infractions that were noted on multiple visits. Standards 3, 8, 9, 12 and 21 received the most citations for non-compliance during site visits. Chart I on the following page provides additional information on these Standards were cited as well as the reasons why sites were not complying with them.

Table II: Site Visit Infractions by Site

Site Name	1st QTR July-Sept.	2nd QTR Oct. – Dec.	3rd QTR Jan. - March	4th QTR April - June	Average No. of infr*	Repeated SOC Infractions
A Woman's Place Shelter	11	0	4	10	8.33	3, 6, 8, 20, 21, 25
A Woman's Place Drop In	8	8	6	4	6.50	8, 18, 21, 22, 26
Bethel AME	4	4	2	2	3.0	12, 18
Compass Family Shelter	0	0	1	0	0.25	0
First Friendship	7	6	4	3	5.0	12, 21
Hamilton Family Shelter	0	0	1	3	1.0	0
Hamilton Emergency Shelter	0	2	3	1	1.50	3
Hospitality House	0	6	1	5	3.0	8, 9, 10
Interfaith Emergency Winter Shelter	0	0	1	0	1.0	0
Jazzie's Place	0	2	2	0	1.0	8
Lark Inn	3	8	8	2	5.25	3, 8, 9, 17, 25
Mission Neighborhood Resource Center	1	0	0	0	0.25	0
MSC South Drop-In	2	10	4	1	4.25	3, 8, 23
MSC South Shelter	0	2	1	0	0.75	0
Next Door	2	0	2	0	1.0	0
Providence Emergency and Providence Family Shelter	4	2	3	0	2.25	3, 12
Sanctuary	1	0	3	0	1.0	0
Santa Ana	1	0	2	2	1.25	0
Santa Marta/Maria	0	8	3	0	3.25	9, 23
St. Joseph's	0	0	0	1	0.25	0
United Council	5	1	7	3	4.0	3, 6, 21, 22, 26

(*Average number of Infractions noted)

Explanation of Infractions



Standard 3: Lack of hygiene kits
The Committee noted Standard 3 infractions at 29.1% of all site visits conducted by the Committee this past fiscal year. The most commonly noted reasons why sites were not in compliance of Standard 3 were that bathroom facilities were out of soap, hand sanitizer, toilet paper or needed additional cleaning at the time of the visit.

Standard 8: Lack of ADA access
The Committee noted Standard 8 infractions at 18.9% of all site visits conducted by the Committee this past fiscal year. The most frequent reasons why sites were cited for non-compliance with Standard 8 were because reasonable accommodation forms were not available in English and Spanish as well as sites not posting signage noting the on-duty ADA liaison.

Standard 9: Menus not posted in English and Spanish
The Committee noted Standard 9 infractions at 10.1% of all site visits conducted by the Committee this past fiscal year. As a result, Standard 9 was the fifth most frequently cited non-compliant Standard during site visits. All sites that were cited for not complying with Standard 9 did not having menus posted in English and Spanish.

Standard 12: Insufficient bedding and linens
The Committee noted Standard 12 infractions at 15.2% of all site visits conducted by the Committee this past fiscal year. Site were cited for not complying with Standard 12 if they did not provide two sheets, one blanket, one pillow and one pillowcase to clients.

Standard 21: No Language Link or other professional translation service available
The Committee noted Standard 21 infractions at 16.5% of all site visits conducted by the Committee this past fiscal year. Sites were cited for not complying with Standard 21 if they did not have Language Link or another professional translation service.

Standards of Care Complaints

There were 121 Standard of Care complaints filed by clients from July 1 to September 30, 2016. The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. A complaint can include allegations of non-compliance for one Standard or multiple Standards. In addition, each complaint can contain multiple allegations of violations of the same Standard of Care. For example, a client alleged the staff did not have their identification (Standard 25), a lack of soap (Standard 3), a lack of paper towels (Standard 3) and lack of a pillow (Standard 12). The Standards of Care complaints fall into three areas of compliance that are depicted in Table III on Page 11 below:

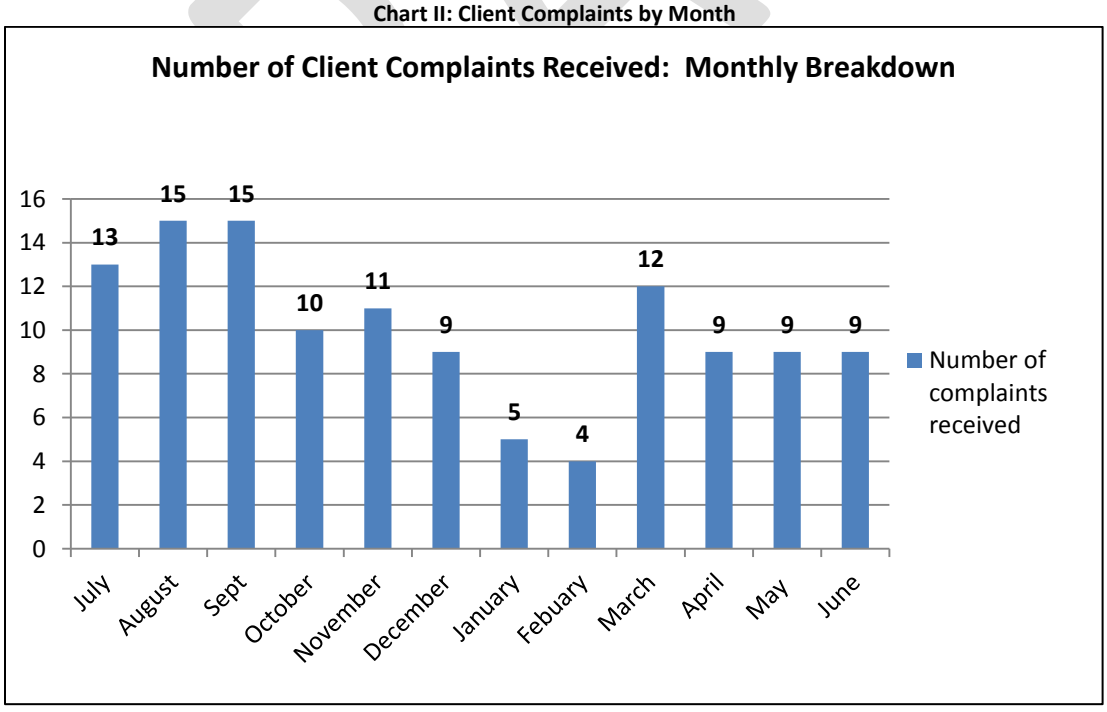
There are three status categories for complaints:

Closed – Indicates that the client who initiated the complaint agrees with the site's response.

Investigated – Indicates that the client who initiated the complaint did not agree with the site's response. Responses that are not satisfactory for the client are investigated by the Committee. The Committee's investigation reports are provided to the client, HSH and shelter management.

No Contact – Indicates that the contact information the client provided at the time of the initial complaint is no longer valid or the client did not have contact information when making the initial complaint and has not returned within the 45-day requirement to review the site's response.

Chart II: Client Complaints by Month



Total Complaints: 121

Table III: Standard of Care Complaints Tally Per Site for FY 2015-2016

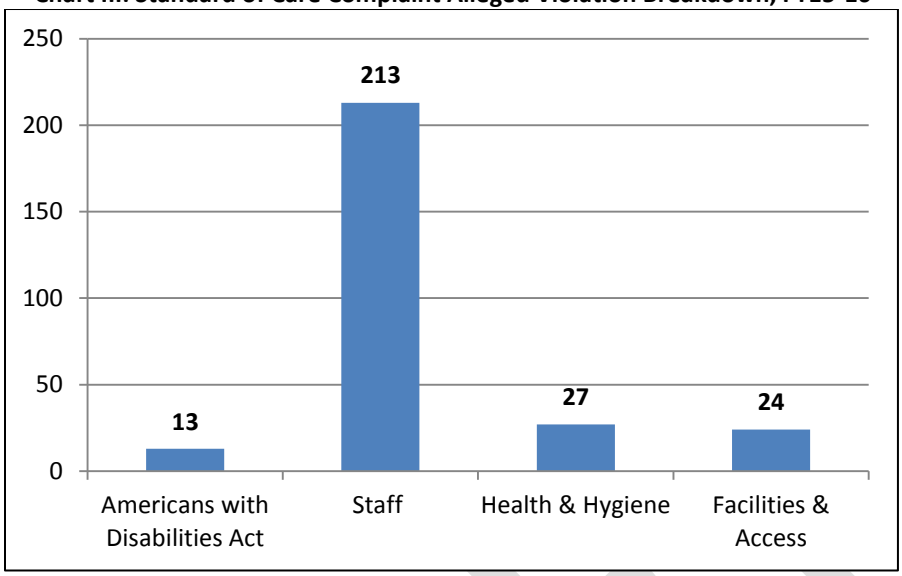
Site	# of Complainants	# of Complaints filed	Status of Complaints
A Woman's Place	2	2	Closed (2)
A Woman's Place Drop In	5	6	Closed (1) No Contact (5)
Bethel AME	9	10	Closed (5) No Contact (5)
Compass	3	3	No Contact (3)
First Friendship	4	4	No Contact (4)
Hamilton Emergency Shelter	3	3	No Contact (3)
Hamilton Family Shelter	0	0	N/A
Hospitality House	0	0	N/A
Interfaith*	1	2	Closed (1) No Contact (1)
Jazzie's Place	3	3	No Contact (2) Investigated (1)
Lark Inn	0	0	N/A
MSC South Drop In	9	15	Closed (3) No Contact (8) Investigated (4)
MSC South Shelter	18	21	Closed (6) No Contact (14) Investigated (1)
MNRC	1	1	Investigated (1)
Next Door	17	29	Closed (8) No Contact (15) Investigated (6)
Providence	7	7	No Contact (7)
Sanctuary	10	11	No Contact (9) Investigated (2)
Santa Ana	2	2	Closed (1) No Contact (1)
Santa Marta/Santa Maria	1	1	No Contact (1)
St. Joseph's	0	0	N/A
United Council	1	1	No Contact (1)
Totals	**96**	**121**	**Closed (26) No Contact (80) Investigated (15)**

(*Interfaith is a seasonal shelter that operates from November through February)

Table IV: Client complaint breakdown by Standard of Care

Standard	Category	# of complaints involving this Standard	% of complaints involving this Standard
1	Staff	95	78.5%
2	Staff	41	33.9%
3	Health	8	6.6%
4	Health	0	0
5	Health	0	0
6	Health	0	0
7	Health	1	0.8%
8	ADA	9	7.4%
9	Health	2	1.7%
10	Health	1	0.8%
11	Health	1	0.8%
12	Facility	1	0.8%
13	Health	8	6.6%
14	Facility	1	0.8%
15	Facility	8	6.6%
16	Facility	3	2.5%
17	Facility	4	3.3%
18	Facility	0	0
19	Health	2	0
20	Facility	0	0
21	Facility	0	0
22	Facility	0	0
23	Facility	0	0
24	Facility	1	0.8%
25	Staff	3	2.5%
26	Facility	1	0.8%
27	Facility	0	0
28	Facility	1	0.8%
29	Facility	0	0
30	Health	0	0
31	Staff	0	0
32	Facility	0	0

Chart III: Standard of Care Complaint Alleged Violation Breakdown, FY15-16



Total allegations: 277

Chart II, the *Standard of Care Complaint FY15-16*, provides an overview of the type of complaints that were filed with the Committee. Client complaints fall into four categories:

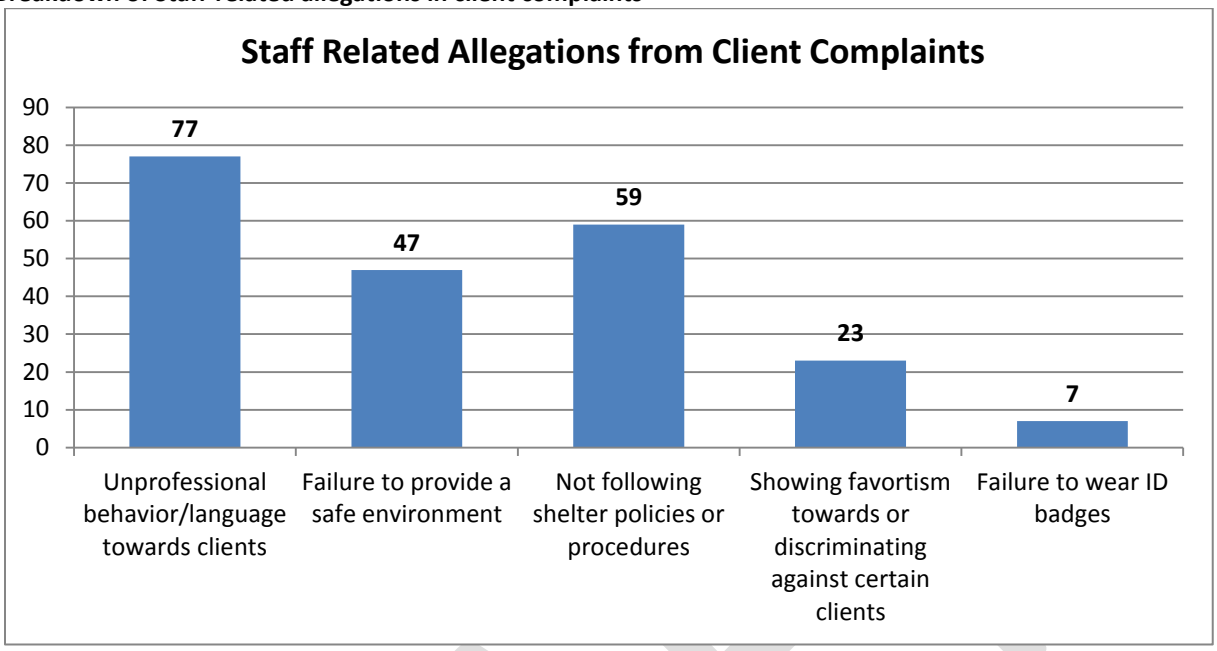
Staff
The staff category refers to four Standards [1, 2, 25 & 31] that focus on how the client is treated at the site and by staff, including how staff identifies themselves through the use of photo identification or name tags and the amount of training they have received.

Americans with Disabilities Act (ADA)
The ADA category refers to Standard 8 and the majority of complaints in this category focus on either a lack of or a denial of access through an accommodation request or a facility problem.

Health & Hygiene
This category refers to 11 Standards focusing on meals, access to toiletries, and stocked first aid kits. The 11 Standards include Standards 3, 4, 5, 6, 7, 9, 10, 11, 13, 19, and 30.

Facility & Access
Sixteen Standards make up this category. The Standards that make up this area are 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.

Chart IV: Breakdown of Staff-related allegations in client complaints



Total number of Staff-related allegations: 213

Out of the four Standards of Care categories, the Staff category consistently receives the most client complaints and allegations. Chart III breaks down 213 total Staff-related allegations in client complaints into more specific categories.

With 77 allegations this year, the most common allegation of staff misconduct listed in client complaints are allegations of unprofessional or disrespectful behavior and language towards shelter clients. This category contains allegations of staff speaking to clients using profanity, yelling at clients, sleeping on duty or other unprofessional behavior.

The second most common allegation of staff misconduct is related to allegations of staff not following shelter policies or procedures. These include allegations of staff not granting reasonable accommodation requests, not making rounds or not writing up clients for breaking shelter rules. The Committee received 59 allegations of this type of staff misconduct this past year.

The third most common allegation of staff misconduct is related to allegations of staff failing to provide a safe environment for shelter clients. These include allegations of shelter staff not properly addressing instances of verbal threats or physical violence taking place inside shelters. The Committee received 47 allegations of this type in client complaints during the reporting period.

The fourth most common allegation of staff misconduct in client complaints during the reporting period involve allegations of staff showing favoritism towards or discriminating against clients. The Committee received 23 allegations of this type during the reporting period.

The category with the fewest allegations of staff misconduct this fiscal year were allegations about staff of staff not wearing their ID badge. There Committee received 7 allegations of this type during the reporting period.

Investigations

There were fifteen investigations conducted during the 15-16 fiscal year resulting from site responses that were not satisfactory for the complainants.

There are four categories for Investigation results:

In Compliance – Committee staff found sufficient evidence to determine that the site is in full compliance with the Standards of Care that were listed in the original client compliant.

Not in Compliance – Committee staff found sufficient evidence to determine that the site was not fully complying with the Standards of Care that was listed in the original client complaint.

Inconclusive – Committee staff were unable to find sufficient evidence to conclusively determine if the site was or was not fully complying with the Standards of Care listed in the original client complaint.

Split – The original complaint contained allegations that the site was not complying with multiple Standards of Care. The Split category indicates that Committee staff determined that the investigation results differed depending on each Standard listed in the complaint (Example: A complaint alleges that a site is not in compliance with Standard 1 and Standard 2. The investigation result would be Split if Committee staff determined that the site was In Compliance with Standard 1, but Not in Compliance with Standard 2).

Table V: FY2015-2016 Investigation Results

Site	Investigations	Findings
Jazzie's Place	1	In Compliance (1)
Next Door	6	In Compliance (3) Inconclusive (2) Not in Compliance (1)
Mission Neighborhood Resource Center	1	Not in Compliance (1)
MSC South Shelter	1	Split (1): Standard 1: Inconclusive Standard 8: In Compliance
MSC South Drop-In	4	In Compliance (3) Not in Compliance (1)
Sanctuary	2	In Compliance (2)
Total	**15**	**In Compliance (9)** **Inconclusive (2)** **Not in Compliance (3)** **Split (1)**

Trainings

Shelter Monitoring Committee staff offer Standards of Care trainings for shelter staff, which provide an overview of the Standards of Care as well as how the Committee will check the sites to see if they are in compliance with the Standards through site visits and client complaints. The table below provides an overview of the trainings that were conducted by the Shelter Monitoring Committee during the 15-16 fiscal year:

Table VI: Shelter Monitoring Committee Trainings Per Site FY15-16

Site:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
A Woman's Place	Standards of Care		Standards of Care	
A Woman's Place Drop-In	Standards of Care		Standards of Care	
Bethel AME		Standards of Care		
Compass		Standards of Care		
First Friendship		Standards of Care		
Hamilton Emergency Shelter				Standards of Care
Hamilton Family Shelter				Standards of Care
Hospitality House				
Interfaith		Standards of Care		
Jazzie's Place			Standards of Care	
Lark Inn	Standards of Care			
MSC South Drop-In				
MSC South Shelter				
Mission Neighborhood Resource Center				
Next Door		Standards of Care		
Providence		Standards of Care		
Sanctuary		Standards of Care		
Santa Ana			Standards of Care	
Santa Marta/Maria			Standards of Care	
St. Joseph's				
United Council				

Please note that this table only tracks the trainings conducted by the Shelter Monitoring Committee and does not reflect the total number of trainings received by shelter staff

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Appendix A: The Standards of Care

Standard	Type of Standard
1. Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	STAFF
2. Provide shelter services in an environment that is safe and free of physical violence; by ensuring safety protocols are in place that include training to shelter staff regarding de-escalation techniques	STAFF
3. Provide, liquid soap with a dispenser permanently mounted on the wall in the restrooms; small individual packets of liquid soap, or small bar soap for use by one individual only, paper/hand towels, hand sanitizers, at least one bath-size (24"x48") towel to shelter clients and staff in each bathroom; if hand-dryers are currently installed they shall be maintained in proper working condition; in addition, shelters shall provide toilet paper in each bathroom stall and hire janitorial staff clean shelters on daily basis	HEALTH
4. Provide feminine hygiene and incontinence supplies	HEALTH
5. Comply with current City policy set forth in the San Francisco Environment Code, including the requirements set forth in Chapter 3 (the Integrated Pest Management Code) and Chapter 2 (the Environmentally Preferable Purchasing Ordinance) to ensure that shelter operators use products that are least harmful to shelter clients, staff, and the environment	HEALTH
6. Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all times and make Automatic External Defibrillators (AED) available to staff in compliance with all regulatory requirements of state and local law relating to the use and maintenance of AEDs.	HEALTH
7. Supply shelter clients with fresh cold or room temperature drinking water at all times during normal operating hours	HEALTH
8. Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to: (i) appropriate and secure storage of medication, (ii) the provision of accessible sleeping, bathing and toileting facilities in previously designated as accessible shall comply with federal and state law requiring a minimum of 36 inches between sleeping units and sleeping surface height between 17-19 inches above the finished floor. In consultation with the contracting City department, and based on a history of previous usage, shelter operators shall designate an adequate number of accessible sleeping units to meet the needs of shelter clients requiring such facilities due to a mobility disability; and (iii) reasonable modifications to shelter policies, practices, and procedures; (iv) In addition, shelters shall provide orientation to new shelter clients that includes information on shelter rules and how to access case management services, and shall ensure case management services go to those shelter clients most in need of case management services. This information shall be made accessible to shelter clients with disabilities through the use of appropriate auxiliary aid and/or services, such as large print for clients with visual impairments or ASL interpreting for Deaf clients. The City shall provide equal access to shelter clients with disabilities without regard to whether they accept auxiliary aids.	ADA
9. Engage a nutritionist, who shall develop all meal plans, including meal plans for children and	HEALTH

pregnant women; and post menus on a daily basis.	
10. Make dietary modifications to accommodate request from clients based on religious beliefs and practices; health or disability reasons	HEALTH
11. Comply with Article 19F of the San Francisco Health Code that prohibits smoking in homeless shelters.	HEALTH
12. Provide shelter clients with one clean blanket, two clean sheets, and one pillow enclosed in a plastic or vinyl sleeve with a clean pillowcase; sheets shall be cleaned at least once per week and upon client turnover	FACILITY
13. Make the shelter facility available to shelter clients for sleeping at least 8 hours per night	HEALTH
14. Provide daytime access to beds in all 24-hour shelters	FACILITY
15. Provide shelter clients with pest-free, secure property storage inside each shelter. Shelter staff shall provide closable bags to clients for storage purposes. If storage inside a shelter is unavailable, the shelter operator may provide free, pest-free storage off-site as long as the off-site storage is available to the shelter client up until the time of evening bed check	FACILITY
16. Provide shelter clients with access to electricity for charging cell phones; and other durable medical equipment for clients with disabilities	FACILITY
17. Note in writing and post in a common areas in the shelter when a maintenance problem will be repaired and note the status of the repairs	FACILITY
18. Provide access to free local calls during non-sleeping hours; including TTY access and amplified phones for clients who are deaf and hearing-impaired	FACILITY
19. Provide a minimum of 22 inches between the sides of sleeping units, excluding the designated ADA-accessible sleeping units and sleeping units separated by a wall	HEALTH
20. Provide all printed materials produced by the City and shelters in English and Spanish and other languages upon and endure that all written communications are provided to clients with sensory disabilities in alternate formats such as large print, Braille, etc., upon request	FACILITY
21. Communicate with each client in the client's primary language or provide professional translation services; including but not limited to American Sign Language interpretation; however, children or other clients may be asked to translate in emergency situations	FACILITY
22. Provide at least one front line staff at each site that is bilingual in English and Spanish	FACILITY
23. Ensure that each shelter has an emergency disaster plan that requires drills on a monthly basis and that, in consultation with the Mayor's Office on Disability, includes specific evacuation devices and procedures for people with disabilities	FACILITY
24. Locate alternate sleeping unit for a client who has been immediately denies services after 5:00 PM, unless the denial was for acts or threats of violence	FACILITY

25. Require all staff to wear a badge that identifies the staff person by name and position badges	STAFF
26. Ensure all clients receive appropriate and ADA-compliant transportation to attend medical, permanent housing, substance abuse treatment, job-search, job interview, mental health, shelter services (etc)	FACILITY
27. Provide public notification at least 24 hours in advance of on-site, community meetings	FACILITY
28. Provide clients with access to free laundry services with hot water and dryer that reaches a temperature between 120-130 degrees Fahrenheit, on or off site	FACILITY
29. To the extent not inconsistent with Proposition N, passed by the voters on November 5, 2002, ensure all single adult shelter reservations be for a minimum of 7 nights.	FACILITY
30. Agree to comply with the California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry regarding Blood borne Pathogens (8 CCR 5193) and its injury and illness Prevention Program (8CCR 3203), including but not limited to applicable requirements regarding personal protective equipment, universal precautions, and the development of an exposure control plan, as defined therein,	HEALTH
31. Annual all-staff mandatory trainings: (1) hand washing requirements and other communicable disease prevention; (2) proper food handling and storage; (3) emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements; (4) safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse; (5) safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse; (6) On-the-job burn-out prevention; (7) requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office; (8) policies and procedures explained in shelter training manuals; (9) cultural humility, including sensitivity training regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible disabilities, youth, women, and trauma victims.	STAFF
32. Maximize the space for sleeping in the shelter to the fullest extent possible.	FACILITY

Appendix B: Policy Recommendation

Domestic Violence/Imminent Danger Policy

City-Funded Family Shelters and Compass Connecting Point

Domestic Violence is an incident and/or pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence or coercion.

When domestic violence occurs in the family shelter system, the safety of the victim as well as the parents, children, residents, and staff remaining in the shelter must be protected. Every situation is unique and no one can predict what a perpetrator may be capable of. This policy is intended to provide guidelines for City-funded shelters to follow, but should not replace the shelter provider's ability to make any decisions necessary to ensure the safety of shelter residents and staff.

A. DEFINITIONS

Domestic violence occurs:
Between people in intimate relationships, including current or former husbands and wives, boyfriends and girlfriends, gay and lesbian partners, sex workers and their pimps/clients, and victims of stalking or trafficking.

Domestic violence includes one or more of the following components:

1. Attempting to cause or causing physical harm to another family or household member. This includes, but is not limited to: pushing, shoving, grabbing, punching, slapping, kicking, biting, pulling hair, threatening with a weapon, attacking with a weapon, leaving visible marks or causing bleeding.
2. Making explicit threats to physically harm a family or household member.
3. Forcing a family or household member to involuntarily engage in sexual activity through violence, threats of violence, or duress.

B. PROTOCOLS

Self-Disclosure of Domestic Violence Cannot be Grounds for Denial of Service
Self-disclosure by the victim of a recent domestic violence incident will not affect their ability to get on the wait list for shelter or to be placed in shelter by Compass Connecting Point. However, it may still be the basis for a denial or service at a shelter based on the discretion of the shelter provider's evaluation of safety. For example, if a victim comes to his or her case manager with a black eye reporting that s/he was just struck by her partner, the shelter may decide to move forward with a denial of service for the alleged perpetrator. If a

perpetrator of domestic violence admits to committing an act of domestic violence, s/he will be denied services.

When a Domestic Violence Incident Occurs
If a domestic violence incident occurs in the shelter, the perpetrator will be denied services and must leave immediately. The victim will be given two options:

1. The victim may remain in the shelter if they immediately express willingness to request an Emergency Protective Order (EPO) or Civil Restraining Order as soon as possible, and follow through with taking steps to make the request for an EPO or a Civil Restraining Order.

If the family chooses not to avail themselves of this option, they must exit the shelter. If the domestic violence incident in question occurs after 7:00pm, the victim and other family members may stay until the following morning when they may be better able to access other resources. The family shelter staff will make every effort to secure a safe shelter situation for the exiting family, including providing assistance in accessing the following resources:

- Access a Domestic Violence Shelter (possibly the La Casa de las Madres Domestic Violence Response Team emergency beds)
- CalWORKs emergency hotel vouchers
- Other shelter beds outside San Francisco
- Homeward Bound
- The client's own support system

2. Where the family chooses to exit the family shelter, the provider will make available cab vouchers or other appropriate transportation resources to allow them to reach their destination.

3. For families placed out of San Francisco County due to the availability of other resources, family shelters will provide transportation support for travel back to SF if needed (school, medical appointments, court, etc.) as needed for up to 15 days.

La Casa de las Madres Domestic Violence Program will work with a family shelter experiencing a domestic violence incident to make available their Domestic Violence Response Team (DVRT) emergency beds. Family shelter and La Casa staff will receive periodic training on how these beds will be accessed, how to proceed with placement of a family in these temporary beds, and continued communication after placement (see Appendix A).

4. Shelter providers shall consider extenuating circumstances that affect the victim's safety, including verification of a perpetrator's incarceration by law enforcement agencies and allowing the victim to return to shelter when there is no longer an imminent threat present.

Procedures to Contact Law Enforcement Agencies for the Provision of Emergency Protective Orders (EPOs) in Cases of Domestic Violence

Compass Connecting Point and family shelters must report a domestic violence incident as a critical incident and contact law enforcement agencies in all cases of observed physical violence that take place at Compass Connecting Point or in shelter, and assist clients with getting an Emergency Protective Order whenever possible. While only law enforcement can request an EPO and only a judge can issue one, shelter staff should advocate on the client's behalf.

Shelter Grievance Policy

Except in extenuating circumstances (see above), victims who refuse to seek an EPO or Civil Restraining Order will be denied services for imminent danger. They will be informed of their right to appeal the denial of service in accordance with the Shelter Grievance Policy.

Lethality Assessment Upon Intake to Evaluate All Families for Risk of Domestic Violence

Compass Connecting Point and family shelter assessments must include questions regarding current and past domestic violence history in order to better assess the risk of danger or potential for reoccurring domestic violence, and provide those clients with necessary resources. Programs must use the *Domestic Violence Lethality Screen for Homeless Shelter Front Line Staff* (see Appendix B). The information in the screen must be kept confidential and cannot be used as part of a denial of service or presented at an internal hearing or arbitration.

Staff Training on Domestic Violence and Other Crisis Situations

All family shelter provider staff will continue to receive training in crisis intervention, de-escalation, and the dynamics of domestic violence relationships and how to support families experiencing domestic violence. Family shelters are required to submit a list of relevant trainings completed by shelter staff to DHSH and the Shelter Monitoring Committee on an annual basis.

In addition, all shelter employees will be required to attend the "Safe Housing Training" by La Casa de Las Madres. This training is customized to address the needs of each program, including shelter design (e.g. size and layout of shelter, congregate or private rooms, staffing levels) with the goal of increasing staff ability to recognize domestic violence risk factors, respond to domestic violence incidents, help clients create safety plans and obtain EPO's, and keep other shelter residents and staff as safe as possible.

Appendix C: Committee Membership

The Shelter Monitoring Committee consists of 13 members who are appointed by the Mayor, the Board of Supervisors and the Local Homeless Coordinating Board. Former Chair Nicholas Kimura (Board of Supervisors Seat #3), former Chair Jonathan Bonato (Local Homeless Coordinating Board Seat #2) and Committee Member Michael Kirkland (Board of Supervisors Seat #5) resigned from the Committee during the 2015-2016 fiscal year. Board of Supervisors Seat #1 (individual that is currently or formerly homeless that is the legal guardian of a child under the age of 18) was filled during the 4th Quarter of the fiscal year with the appointment of Committee Member Patrina Hall. As a result, the Committee now consists of 10 members with three vacancies that still need to be filled. The requirements for the three open seats are:

- Board of Supervisors Seat 3: Seat must be filled by a candidate that has experience providing direct services to the homeless through a community setting.
- Board of Supervisors Seat 5: Seat must be filled by a candidate that is selected from a list of candidates that are nominated by nonprofit agencies that provide advocacy or organizing services to homeless people and be homeless or formerly homeless.
- Local Homeless Coordinating Board Seat 2: Seat must be filled by a candidate that is homeless or formerly homeless and has experience providing direct service to the homeless through a community setting **[Seat filled after reporting period]**.

All Committee seats for the 2014-2016 term will expire on December 31, 2016.

Appendix D: Client Complaint Process Flowchart

Client Complaints

• Committee staff screens complaint, and if valid, complaint is written up and emailed to site director and site manager
•Copy of the complaint given to client

Note: HSA is immediately notified of all allegations involving staff or incidents of violence, fraud, and/or assault

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- Sites have 48 hours to acknowledge receipt of complaint
- Sites investigate complaints/allegations and are required to send a formal response to the Committee along with its findings 7 days after complaint is submitted to site

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When the Committee receives site's response, the client is notified and is provided with a copy of the site's response for their review

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If the client is satisfied with the site's response, the process stops here.

If the client is not satisfied with the site's response, the complaint is investigated by Committee staff. Clients must inform staff that they are not satisfied with the complaint within 45 days of receiving the site's response otherwise the complaint is closed.

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Committee staff will investigate the client's allegations at the site and determine whether or not site is in compliance with the Standards of Care.

- If Committee staff are able to verify the client's allegations, then the site is not in compliance
- If Committee staff are unable to verify the client's allegations, then the site is in compliance

Committee staff will compile their findings in an Investigation Report (which includes any recommendations for corrective actions) which will be sent to the client, site management and HSA

Appendix E: Site Visit Infraction Process Flowchart

Site Visit Infractions

•The Committee notes any Standards of Care infractions during site visits and submits them to shelter management

Note: HSA is immediately notified for all incidents of violence, fraud, and/or assault that take place during a site visit

- Sites have 48 hours to acknowledge receipt of the infractions
- Sites investigate infractions and are required to send a formal response to the Committee along with its findings and corrective actions 7 days after they are submitted to the site

When the Committee receives site's response, Committee staff will review site's response and check for completion of corrective actions

If Committee staff are satisfied with the site's response, the process stops here.

If Committee staff are not satisfied with the site's response, the infractions will be investigated by Committee staff

Committee staff will conduct an investigation at the site and determine whether or not the site has addressed the infractions.

- If the site has addressed the infractions, the site is now in compliance
- If the site has not addressed the infractions, the site is not in compliance

Committee staff will compile their findings in an Investigation Report (which includes any recommendations for corrective actions) which will be sent to site management and HSA