



City and County of San Francisco

# *Shelter Monitoring Committee*

## **Fourth Quarter Report, April through June 2016**

### *Executive Summary*

#### *Site Visits*

The Shelter Monitoring Committee (The Committee) is responsible for documenting the conditions of shelters and resource centers to improve the health, safety, and treatment of clients, staff, and the homeless community. The Committee monitors the conditions of these shelters and resource centers by conducting site visits and by taking client complaints. Committee members form teams and conduct site visits to all shelters a minimum of 4 times per year, with at least 1 of these site visits must be announced in order to give shelter residents the opportunity to discuss shelter conditions with members of the Committee. Standards of Care infractions that were identified during site visits are submitted to shelter management to be addressed. The Committee was able to complete site visits at 20 of 20 sites during the reporting period, or 100% of the total mandated site visits for the 4th Quarter of this fiscal year. Of the 20 site visits conducted this quarter, 16 of them were announced. This gave Committee members the opportunity to conduct client surveys and speak to shelter residents regarding shelter conditions. The 4 sites that had unannounced site visits this quarter (A Woman's Place Shelter, Bethel AME, First Friendship and Hospitality House) had announced visits in previous quarters. The number of sites that did not have any Standards of Care infractions noted during site visits doubled from the previous quarter, increasing from 5 to 10 sites. Of the sites that had infractions noted during site visits, the average number of infractions per site decreased from 3.4 to 3.2.

#### *Standards of Care 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. The Committee received 27 Standard of Care complaints during the reporting period (From April 1st to June 30th, 2016), an increase of 28.5% from the previous quarter. The most frequent allegations received by the Shelter Monitoring Committee in client complaints are staff-related issues (67.4%), followed by facility and access issues (15.2%), ADA issues (10.8%) and health and hygiene issues (6.5%). Though the staff-related issues continue to be the category that comes up the most in client complaints, there were some changes in the other categories. The percentage of allegations related to facilities and access increased from 5.9% to 15.2% this quarter, while the number of allegations related to health and hygiene decreased from 13.7% to 6.5%. Of the complaints submitted by clients this quarter, 4 (14.8%) are pending a response from the client while 10 (37%) were closed due to a lack of response from the client. Though 7 complaints (25.9%) were closed as a result of clients

being satisfied with the site response, the Committee also received 6 responses (22.2%) that did not satisfy the client and required an investigation by Committee staff. Additional information on the investigations conducted this quarter can be found on Pages 23-27 of this report.

### ***Policy Recommendations***

For this reporting period, the Shelter Monitoring Committee has a series of recommendations for the Human Services Agency's (and the successor agency, the Department of Homelessness and Supportive Housing) 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 representatives from Supervisor Katy Tang's office. These recommendations will be submitted for approval by the Policy Subcommittee on July 12, 2016. If they are approved by the Policy Subcommittee, they will be sent to the full Shelter Monitoring Committee for approval on July 20<sup>th</sup>, 2016. A version of the Domestic Violence/Imminent Danger Policy with all the recommendations from the Committee implemented is included in Appendix A of this report (Page 28).

### ***Trainings***

During this reporting period, Shelter Monitoring Committee staff conducted Standards of Care trainings for employees of Hamilton Emergency Shelter and Hamilton Family Shelter. The Standards of Care trainings 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. Committee staff also coordinated Shelter Health trainings for shelter staff working at Bethel AME, First Friendship and Providence. Shelter Health Trainings are conducted by DPH Shelter Health nurses and cover how shelter staff can help clients with conditions such as bed bugs or body lice.

### **Site Visits**

The inspection teams conducted 20 of the 20 assigned visits in the 4th Quarter of this Fiscal Year, from April 1 to June 30, 2016. Of the 20 site visits this quarter, 16 were announced visits where the Committee notified shelter management of their visits in advance so sites could post signs informing shelter residents of the date and time of the Committee's visit. During announced site visits, Committee members are required to collect surveys from at least 10% of the maximum client capacity at the site (For example, if a site has a maximum capacity of 100 beds, the Committee is required to collect surveys from at least 10 shelter residents). The Committee utilizes two different client surveys, one for shelter clients and the other for resource center and drop-in center clients. While both surveys asked clients about their experiences with staff, safety and conditions inside the sites, the surveys for shelter clients also included questions about services that are offered at shelters but not resource centers or drop-in centers (such as noise levels during "Lights Out" hours or length of stay). The Committee had conducted announced site visits at four sites in previous quarters (A Woman's Place, Bethel AME, First Friendship and Hospitality House), so the visits to those sites were unannounced for this reporting period.

When compared to the previous quarter, the number of sites that did not have any Standards of Care infractions noted a visit doubled from 5 sites to 10 sites. Of the sites that did have infractions noted during a site visit, the average number of infractions decreased from 3.4 to 3.2 infractions per site.

Table 1: Site Visit Tally for 3<sup>rd</sup> QTR FY 2015-2016

Shelter and Resource Center	Number of Visits 1 <sup>st</sup> Qtr. 2015-2016 July – September	Number of Visits 2 <sup>nd</sup> Qtr. 2015-2016 Oct – Dec	Number of Visits 3 <sup>rd</sup> Qtr. 2015-2016 Jan – March	Number of Visits 4 <sup>th</sup> Qtr 2015-2016 April - June	Total 2015-2016 FY
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 *seasonal shelter that operates from November through February	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
<b>Total</b>	<b>20</b>	<b>17</b>	<b>22</b>	<b>20</b>	<b>79</b>
<b>Assigned Number of Visits</b>	<b>20</b>	<b>21</b>	<b>21</b>	<b>20</b>	<b>82</b>
<b>Percentage of Compliance</b>	<b>100%</b>	<b>81%</b>	<b>105%</b>	<b>100%</b>	<b>96% Compliance for FY15-16</b>

Chart I: Breakdown of the Standards of Care that receive the most infractions from site visits 4th Quarter 15-16

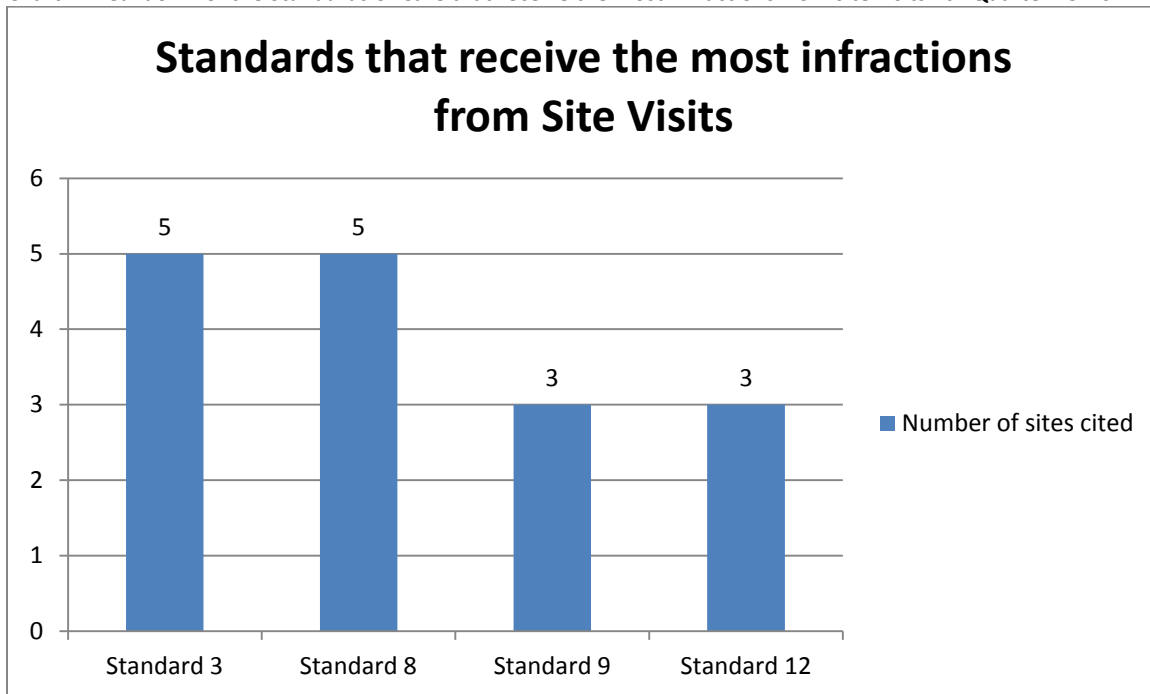


Chart I provides a breakdown of which of the Standards of Care were noted as having the most infractions during site visits. Out of the 10 sites that had Standards of Care infractions noted during site visits in the 4<sup>th</sup> Quarter, Standards 3 and 8 each had five sites that were not in full compliance. Standards 9 and 12 had the second most number of infractions noted, with three sites each that were not in full compliance.

**Standard 3:** The most commonly noted reasons why sites were not in compliance of Standard 3 were that bathroom facilities were out of soap, toilet paper or needed additional cleaning at the time of the visit.

**Standard 8:** The most commonly noted reasons why sites were not in compliance with Standard 8 were the absence of reasonable accommodation forms in Spanish and English and the lack of ADA related signage.

**Standard 9:** The most commonly noted reason why sites were not in compliance with Standard 9 was the absence of menus in English and Spanish.

**Standard 12:** The most commonly noted reason why sites were not in compliance with Standard 12 were the lack of sheets at emergency shelters. This is an ongoing issue related to laundering sheets and the fact that pillows are sewn into mats at emergency shelters.

***A Woman's Place Shelter***

*Site Visit infractions submitted to site: 6/10/16*

*Site responded: 6/23/16*

The Committee conducted one visit during the reporting period and noted the following Standards of Care infractions:

- Standard 3: Hand sanitizer dispensers empty (multiple dispensers throughout shelter, 1st floor, basement and kitchen/dining areas) - Resolved
- Standard 3: Toilet paper not provided in each stall (1st Floor bathroom) – Ongoing, site is in process of acquiring/installing toilet paper dispensers in individual stalls
- Standard 3: No soap or hand sanitizer provided (Basement Floor bathroom) - Resolved
- Standard 8: No ADA liaison on duty - Resolved
- Standard 8: Reasonable accommodation forms not available – Resolved
- Standard 9: No menus posted in English or Spanish - Resolved
- Standard 17: No signage noting facility problems (broken dining tables with poles sticking through seats, random debris spread throughout hallways) - Resolved
- Standard 19: Less than 22 inches of space between sleeping units (1st Floor Sleeping Area) - Resolved
- Standard 21: No Language Link or alternative professional translation service – Ongoing due to lack of funding
- Standard 25: ID badges not worn by all staff - Resolved

***A Woman's Place Drop In***

*Site Visit infractions submitted to site: 4/25/16*

*Site responded: 5/5/16*

The Committee conducted one announced visit during the reporting period and noted the following Standards of Care infractions:

- Standard 6: AED battery needs to be changed - Resolved
- Standard 21: No Language Link or other professional translation service (no funding provided) – Ongoing due to lack of funding
- Standard 22: No bilingual English/Spanish speaking staff on duty – Ongoing, bilingual English/Spanish speaking staff only on duty between hours of 8 AM and 4 PM.
- Standard 26: No MUNI tokens or alternative transportation options for clients going to medical, permanent housing, substance abuse treatment, job-search, mental health or shelter service appointments – Ongoing due to lack of funding

**Survey results:**

- #1: Do staff treat you with respect? **Yes: 5 clients, No: 1 client**
- #2: Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status? **Yes: 2 clients, No: 4 clients**

- #3: Do you feel safe at the shelter? **Yes: 5 clients, No: 1 client**

***Bethel AME***

*Site Visit infractions submitted to site: 6/28/16*

*Site responded: 7/22/16*

The Committee conducted one site visit to the site during the reporting period and noted the following Standards of Care infractions:

- No sheets provided to clients – **Ongoing due to issues related to laundering sheets**
- No pillowcases – **Ongoing, pillows are sewn into mats**

***Compass Family Shelter***

The Committee completed an announced visit to the site during the reporting period in order to collect client surveys. The Committee did not note any SOC infractions during this visit:

**Survey Results:**

- #1: Do you feel safe at the shelter? **Average answer: Often (4.80/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.55/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Often (4.88/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Often (4.10/5)**
- #5: How long have you been at this shelter? **Average answer: More than one month (4.11/5)**

***Dolores Street Community Services-Santa Marta/Santa Maria/Jazzie's Place***

*Site Visit infractions submitted to site: 4/4/16*

*Site responded: 4/6/16*

The Committee completed an announced visit to the site during the reporting period in order to collect client surveys. The Committee did not note any SOC infractions during this site visit:

**Survey Results:**

- #1: Do you feel safe at the shelter? **Average answer: Sometimes (3.56/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.22/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Often (4.22/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Sometimes (3.78/5)**
- #5: Do the meals provided here meet your needs? **Average answer: Sometimes (3.56/5)**
- #6: Has your bed ever been dropped? Have you ever lost a reservation at this site? **Average answer: Never (2.14/5)**
- #7: How long have you been at this shelter? **Average answer: More than one month (4.44/5)**

***Dolores Street Community Services-Santa Ana***

*Site Visit infractions submitted to site: 3/2/16*

*Site responded: 3/9/16*

The Committee completed an announced visit to the site during the reporting period and noted the following Standards of Care infractions:

- Standard 8: No pillows - Resolved
- Standard 12: No signage posted on where to access laundry services – Resolved

**Survey Results:**

- #1: Do you feel safe at the shelter? **Average answer: Often (4.5/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.5/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Often (4.5/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Often (4.0/5)**
- #5: Do the meals provided here meet your needs? **Average answer: Often (4.17/5)**
- #6: Has your bed ever been dropped? Have you ever lost a reservation at this site? **Average answer: Never (2.0/5)**
- #7: How long have you been at this shelter? **Average answer: Less than one month (3.83/5)**

***First Friendship Emergency Family Shelter***

*Site Visit infractions submitted to site: 7/7/16 (site visit conducted on 6/28/16)*

*Site responded: 7/8/16*

The Committee conducted one site visit to the site during the reporting period and noted the following Standards of Care infractions:

- Standard 8: No ADA compliant beds – Ongoing, site is emergency shelter with mats, clients needing ADA compliant sleeping arrangements are accommodated with two mats
- Standard 12: No sheets - Ongoing issue related to laundering of sheets at emergency shelters
- Standard 31: No Cultural Competency training/staff were unaware of the date and type of last Cultural Competency training (The site responded with the date and type of training.) – Resolved

***Hamilton Family Residences***

*Site Visit infractions submitted to site: 7/7/16 (site visit conducted on 6/28/16)*

*Site responded: 7/12/16*

The Committee conducted one announced visit to this site during the reporting period and noted the following Standards of Care infractions:

- Standard 3: One shower in 3rd Floor Men's bathroom has no running water - Resolved
- Standard 3: Floors in 3rd floor Women's restroom needed to be cleaned - Resolved
- Standard 17: No signage noting the status of broken 3rd floor Men's Shower - Resolved

### Survey Results:

- #1: Do you feel safe at the shelter? **Average answer: Sometimes (3.86/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.14/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Sometimes (3.29/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Often (4.14/5)**
- #5: Do the meals provided here meet your needs? **Average answer: Sometimes (3.86/5)**
- #6: How long have you been at this shelter? **Average answer: More than one month (4.29/5)**

### *Hamilton Emergency Shelter*

*Site Visit infractions submitted to site: 7/7/16 (site visit conducted on 6/28/16)*

*Site responded: 7/11/16*

The Committee conducted one announced visit to this site during the reporting period and noted the following Standards of Care infraction:

- Standard 3: Two hand sanitizer dispensers needed to be refilled – Resolved

### Survey results:

- #1: Do you feel safe at the shelter? **Average answer: Often (4.09/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.18/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Sometimes (3.18/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Rarely (2.91/5)**
- #5: Do the meals provided here meet your needs? **Average answer: Sometimes (3.91/5)**
- #6: How long have you been at this shelter? **Average answer: Less than one month (3.64/5)**

### *Hospitality House*

*Site Visit infractions submitted to site: 7/7/16 (site visit conducted on 6/22/16)*

*Site responded: 7/11/16*

The Committee conducted one unannounced visit to this site during the reporting period and noted the following Standards of Care infractions:

- Standard 8: No signs posted regarding check-in/check-out times and case management availability/accessibility - Resolved
- Standard 9: No menus posted in English or Spanish - Resolved
- Standard 10: No vegetarian option - Resolved
- Standard 25: ID Badges not worn by all staff – Resolved

### *Interfaith Emergency Winter Shelters*

Interfaith Emergency Winter Shelters are only open during the 2<sup>nd</sup> and 3<sup>rd</sup> Quarters of the year. As a result, the Committee did not conduct a visit to this site during the reporting period.

### ***Lark Inn***

*Site Visit infractions submitted to site: 5/25/16*

*Site responded: 6/17/16 (delayed due to technical issues at the site)*

The Committee conducted one announced visit to this site during the reporting period and noted the following Standards of Care infractions:

- Standard 8: No signage on case management availability and accessibility
- Standard 23: No emergency exit plan posted

#### **Survey Results:**

- #1: Do you feel safe at the shelter? **Average answer: Sometimes (3.75/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Sometimes (3.88/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Often (4.5/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Sometimes (3.25/5)**
- #5: Do the meals provided here meet your needs, e.g. enough food provided to accommodate your special needs like being vegetarian? **Average answer: Sometimes (3.125/5)**
- #6: How long have you been at this shelter? **Average answer: More than one month (4.0/5)**

### ***Mission Neighborhood Resource Center***

The Committee conducted one announced visit to this site during this reporting period and did not note any Standards of Care infractions.

#### **Survey Results:**

- #1: Do staff treat you with respect? **Yes: 8, No: 1**
- #2: Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status? **Yes: 2, No: 7**
- #3: Do you feel safe at the shelter? **Yes: 7, No: 2**

### ***MSC South Drop-In***

*Site Visit infractions submitted to site: 7/7/16 (site visit conducted on 6/23/16)*

*Site responded: 7/11/16*

The Committee conducted one announced visit to this site during this reporting period and noted the following Standards of Care infractions:

- Standard 3: Men's Restroom needed cleaning - Resolved

The Committee also conducted client surveys on this site visit:

#### **Survey Results:**

- #1: Do staff treat you with respect? **Yes – 6, No - 1**
- #2: Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status? **Yes – 3, No - 4**
- #3: Do you feel safe at the shelter? **Yes – 5, No – 2**

***MSC South Shelter***

*Site visit date:* 6/23/16

The Committee conducted one announced visit to this site once during the reporting period to collect client surveys.

**Survey Results:**

- #1: Do you feel safe at the shelter? **Average answer: Often (4.03/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.00/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Often (4.00/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Sometimes (3.83/5)**
- #5: Do the meals provided here meet your needs? **Average answer: Sometimes (3.94/5)**
- #6: Has your bed ever been dropped? Have you ever lost a reservation at this site? **Average answer: Never (2.65/5)**
- #7: How long have you been at this shelter? **Average answer: More than one month (4.03/5)**

***Next Door***

*Site Visit infractions submitted to site:* 7/7/16 (site visit conducted on 6/27/16)

*Site responded:* 7/11/16

The Committee conducted one announced visit to this site during the reporting period and did not note any Standards of Care infractions.

The Committee also conducted client surveys during this site visit:

**Survey Results:**

- #1: Do you feel safe at the shelter? **Average answer: Often (4.07/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.02/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Often (4.29/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Sometimes (3.56/5)**
- #5: Do the meals provided here meet your needs? **Average answer: Sometimes (3.50/5)**
- #6: Has your bed ever been dropped? Have you ever lost a reservation at this site? **Average answer: Never (2.23/5)**
- #7: How long have you been at this shelter? **Average answer: More than one month (4.06/5)**

***Providence Emergency and Providence Family Shelter***

*Site visit date:* 4/21/16

The Committee conducted one announced visit to this site during this reporting period and collected the following responses to client surveys:

**Survey Results:**

- #1: Do you feel safe at the shelter? **Average answer: Sometimes (3.82/5)**

- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.05/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Sometimes (3.77/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Sometimes (3.64/5)**
- #5: Do the meals provided here meet your needs, e.g. enough food provided to accommodate your special needs like being vegetarian? **Average answer: Sometimes (3.95/5)**
- #6: Has your “bed” ever been dropped? Have you ever lost a reservation at the site? **Average answer: Never (2.23)**
- #6: How long have you been at this shelter? **Average answer: More than one month (4.05/5)**

### *Sanctuary*

*Site visit date:* 4/26/16

The Committee conducted one announced visit to this site during this reporting period and collected the following responses to client surveys:

#### **Survey results:**

- #1: Do you feel safe at the shelter? **Average answer: Often (4.06/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.13/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Sometimes (3.44/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Sometimes (3.63/5)**
- #5: Has your “bed” ever been dropped? Have you ever lost a reservation at the site? **Average answer: Never (2.13)**
- #6: How long have you been at this shelter? **Average answer: Less than one month (3.44/5)**

### *St. Joseph’s Family Shelter*

The Committee conducted one announced visit to this site during this reporting period and collected the following responses to client surveys:

#### **Survey results:**

- #1: Do you feel safe at the shelter? **Average answer: Often (4.6/5)**
- #2: Does staff treat you with respect and speak to you in a professional manner? **Average answer: Often (4.4/5)**
- #3: Does staff de-escalate arguments and help to break up verbal fights between clients? **Average answer: Often (4.0/5)**
- #4: Is the sleeping area quiet at night? **Average answer: Sometimes (3.8/5)**
- #5: Do the meals provided here meet your needs? **Average answer: Often (4.2/5)**
- #6: How long have you been at this shelter? **Average answer: More than a month (4.2/5)**

***United Council – Mother Brown’s***

*Site Visit infractions submitted to site: 4/21/16*

*Site responded: 2/17/16*

The Committee conducted one announced visit to this site during the reporting period and collected the following responses to client surveys:

- #1: Do you feel safe at the shelter? Yes: **5 clients** No: **2 clients**
- #2: Do staff treat you with respect? Yes: **7 clients** No: **None**
- #3: Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status? Yes: **1 client** No: **6 clients**
- #4: Do you feel safe at the shelter? Yes: **7 clients** No: **0 clients**

## Standards of Care Complaints

There were 27 Standard of Care complaints filed by clients from April 1 to June 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 four areas of compliance that are depicted in Chart 2 on page 16 below:

There are five status categories for complaints:

***Open*** – Indicates that the site has yet to respond to the complaint filed by the client.

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

***Not Satisfied*** – 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, HSA and shelter management.

***Pending*** – Indicates that the site has responded to the complaint and that the Committee is waiting for the client to indicate whether or not they agree with the site's response.

***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.

**Shelter Monitoring Committee**  
**August 17, 2016**  
**4th Qtr 2015-2016 Report Draft**

Table II: Standard of Care Complaints Tally Per Site for 4th Quarter 2015-2016

<b>Site</b>	<b># of Complainants</b>	<b># of Complaints filed</b>	<b>Status of Complaints</b>	<b>Investigations</b>
<b>A Woman's Place</b>	0	0	N/A	None
<b>A Woman's Place Drop In</b>	1	1	No Contact (1)	None
<b>Bethel AME</b>	2	3	Closed (1) Pending (1) No Contact (1)	None
<b>Compass</b>	0	0	N/A	None
<b>First Friendship</b>	0	0	N/A	None
<b>Hamilton Emergency Shelter</b>	1	1	Pending (1)	None
<b>Hamilton Family Shelter</b>	0	0	N/A	None
<b>Hospitality House</b>	0	0	N/A	None
<b>Interfaith</b> *seasonal shelter that operates from November through February	0	0	N/A	None
<b>Jazzie's Place</b>	0	0	N/A	None
<b>Lark Inn</b>	0	0	N/A	None
<b>MSC South Drop In</b>	3	6	Closed (3) Not Satisfied (2) No Contact (1)	Completed (2)
<b>MSC South Shelter</b>	4	4	Closed (1) Pending (1) Not Satisfied (1) No Contact (1)	Completed (1)
<b>MNRC</b>	1	1	Not Satisfied (1)	Completed (1)
<b>Next Door</b>	3	5	Closed (2) Not satisfied (2) No Contact (1)	Completed (2)
<b>Providence</b>	2	2	No Contact (2)	None
<b>Sanctuary</b>	3	3	No Contact (3)	None
<b>Santa Ana</b>	0	0	N/A	None
<b>Santa Marta/Santa Maria</b>	1	1	Pending (1)	None
<b>St. Joseph's</b>	0	0	N/A	None
<b>United Council</b>	0	0	N/A	None
<b>Totals</b>	<b>21</b>	<b>27</b>	Closed (7) Pending (4) Not Satisfied (6) No Contact (10)	<b>Complaints requiring investigation (6)</b>

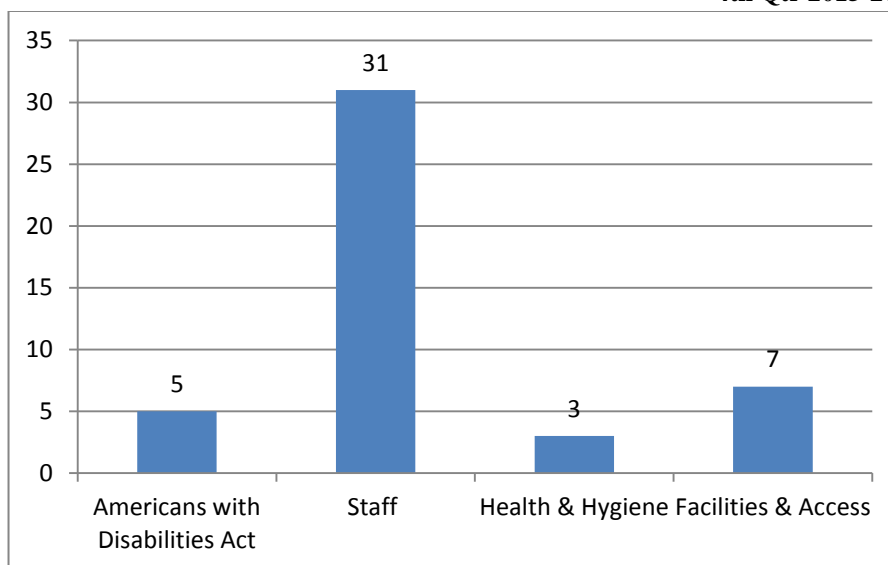


Chart II: Standard of Care Complaint Alleged Violation Breakdown, 4th Quarter, 2015-2016

Chart II, the *Standard of Care Complaint 4th Quarter Breakdown*, provides an overview of the type of complaints that were filed with the Committee. This chart does not provide the outcomes of each complaint. Instead, it provides an overview of the types of complaints received in the quarters. At the end of each fiscal year, there is a report that breaks down the types of complaints generated at each site and the outcome of each of that site's specific complaints. The quarterly reports are intended to provide an overview of the type of complaint received. Table II, *Standard of Care Complaints Tally Per Site*, on Page 16, provides the outcomes of complaints generated by clients and the Committee.

### ***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.

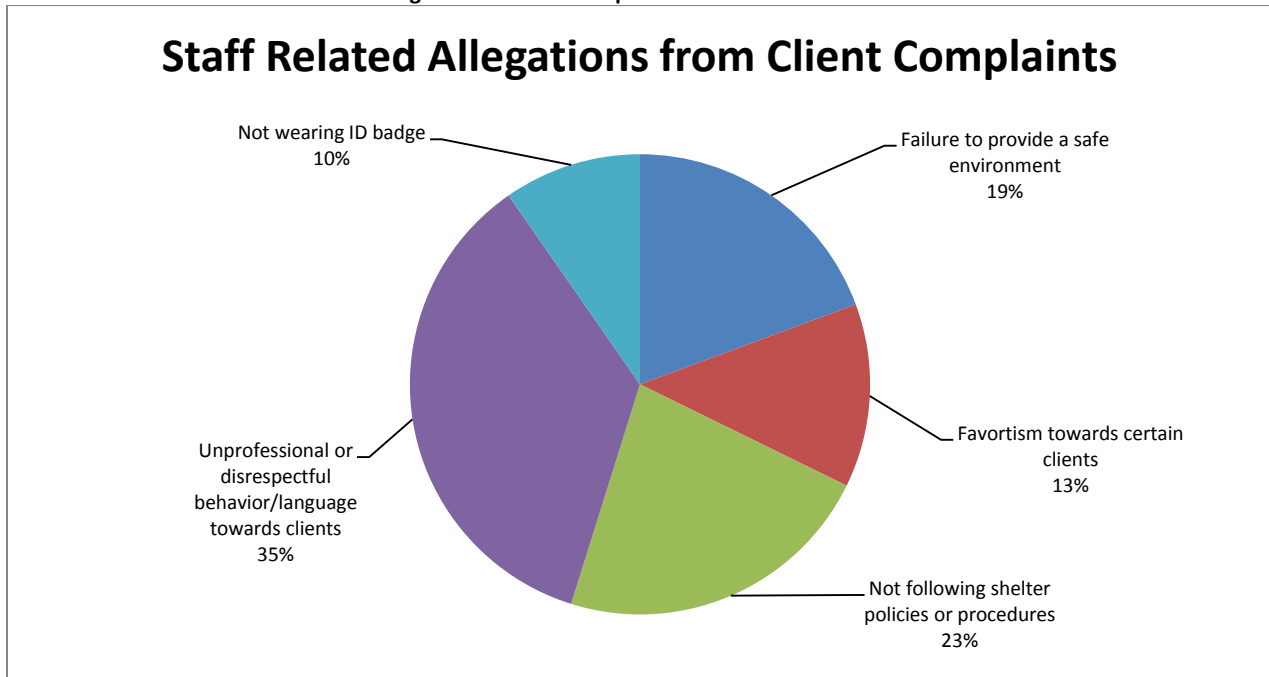
### ***Health & Hygiene***

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 III: Breakdown of Staff-related allegations in client complaints



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

With 11 allegations this quarter, 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 or other unprofessional behavior.

The second most common allegations of staff misconduct are allegations of staff not following shelter policies or procedures. The Committee received 7 allegations of this type this quarter. These allegations involve staff not providing reasonable accommodations, laundry vouchers or MUNI tokens to eligible clients.

The third most common allegation of staff misconduct is related 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 6 allegations of this type during the reporting period.

The categories with the fewest allegations of staff misconduct this quarter were complaints about staff showing favoritism to clients and not wearing ID badges with 4 and 3 allegations respectively.

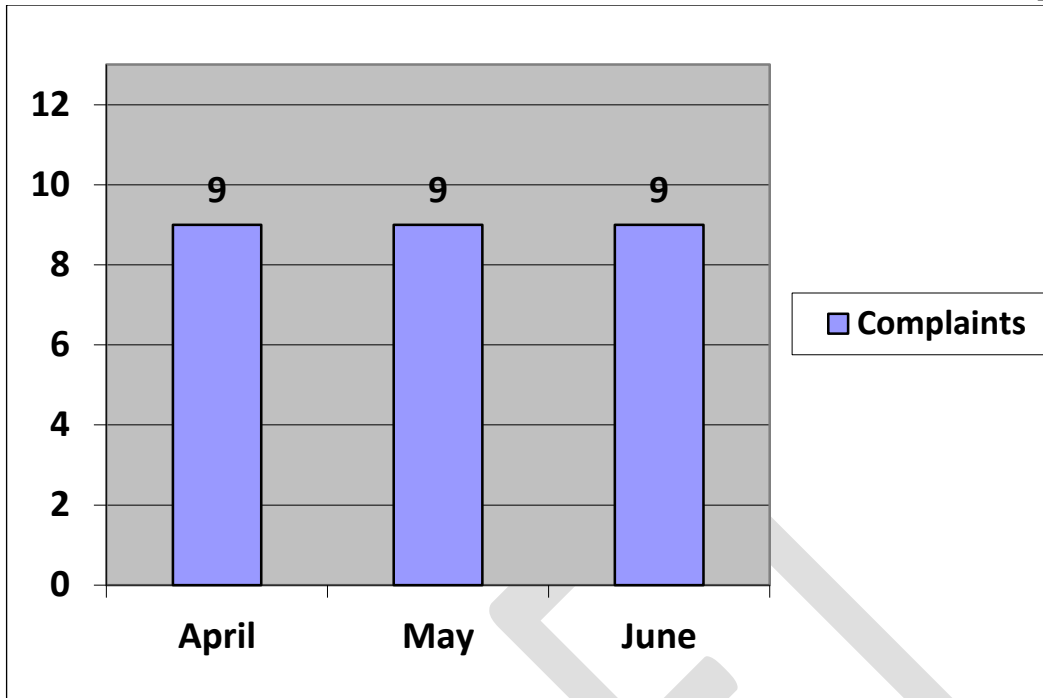


Chart IV: Standard of Care Complaint Monthly Breakdown, 4th Quarter, 2015-2016

### *Client Complaints and Allegations by Site*

#### *A Woman's Place*

This site did not receive any client complaints during the reporting period.

#### *A Woman's Place Drop-In*

This site received one complaint during the reporting period:

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to No Contact from the client.**

#### *Bethel AME*

This site received three complaints submitted by two separate clients during the reporting period:

- Client #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 25: Require all staff to wear a name badge that identifies the staff person by name and position
  - **Complaint is closed due to No Contact from the client.**
- Client #2, Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #2, Complaint #2:
  - **The site has responded to this complaint but it is still open pending the client's response.**

***Compass***

This site did not receive any Standards of Care complaints during this reporting period.

***First Friendship***

This site did not receive any Standards of Care complaints during this reporting period.

***Hamilton Emergency Shelter***

This site received one complaint submitted by a client during the reporting period:

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 3: ...hire janitorial staff to clean shelters on a daily basis – 1 allegation
  - Standard 8: Provide shelter services in compliance with the Americans with Disabilities Act, including...reasonable modifications to shelter policies, practices and procedures – 1 allegation
  - **The site has responded to this complaint but it is still open pending the client's response. Phone number provided by client is no longer in service, Committee staff are working with the client's case manager to ensure the client will receive the site's response.**

***Interfaith Winter Shelter***

This site was closed during this reporting period.

***Jazzie's Place***

This site did not receive any Standards of Care complaints during this reporting period.

***Lark Inn***

This site did not receive any Standards of Care complaints during this reporting period.

***Mission Neighborhood Resource Center***

This site received one Standards of Care complaint during the reporting period.

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 25: Require all staff to wear a badge that identifies the staff person by name and position – 1 allegation
  - **The client was not satisfied with the site's response, which prompted an investigation. The results of this investigation can be found on the "Investigations" section of this report on Pages 23-27.**

***MSC South Drop-In***

This site received six complaints submitted by three separate client during the reporting period:

- Client #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 3: Provide liquid soap with a dispenser permanently mounted on the wall in the restrooms... – 1 allegations
  - **The client was not satisfied with the site's response, which prompted an investigation. The results of this investigation can be found on the "Investigations" section of this report on Pages 23-27.**

- Client #2:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is safe and free of physical violence – 1 allegation
  - **The client did not provide any contact information when submitting the complaint. As a result, this complaint is closed due to No Contact.**
- Client #3, Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 8: Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to...reasonable modifications to shelter policies, practices, and procedures...
  - **The client was not satisfied with the site's response, which prompted an investigation. The results of this investigation can be found on the "Investigations" section of this report on Pages 23-27.**
- Client #3, Complaint #2:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #3, Complaint #3:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #3, Complaint #4:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 8: Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to...reasonable modifications to shelter policies, practices, and procedures...
  - **Complaint is closed due to client satisfaction with the site's response.**

### ***MSC South Shelter***

This site received four complaints submitted by four separate clients during the reporting period:

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is safe and free of physical violence – 1 allegation
  - Standard 3: ...hire janitorial staff to clean shelters on a daily basis – 1 allegation
  - Standard 8: Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to...reasonable modifications to shelter policies, practices, and procedures... - 1 allegation
  - **The client was not satisfied with the site's response, which prompted an investigation. The results of this investigation can be found on the "Investigations" section of this report on Pages 23-27.**
- Complaint #2:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Complaint #3
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 13: Make the shelter facility available to shelter clients for sleeping at least 8 hours per night – 1 allegation

- **Complaint is closed due to client satisfaction with the site's response.**
- Complaint #4:
  - Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter – 1 allegation
  - **The site has responded to this complaint but it is still open pending the client's response.**

### *Next Door*

This site received five complaints submitted by three separate clients during the reporting period:

- Client #1, Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegations
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #1, Complaint #2
  - Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter – 1 allegations
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #2, Complaint #1
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 8: Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to...reasonable modifications to shelter policies, practices, and procedures... - 1 allegation
  - **The client was not satisfied with the site's response, which prompted an investigation. The results of this investigation can be found on the "Investigations" section of this report on Pages 23-27.**
- Client #2, Complaint #2
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegations
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Client #5
  - Standard 3: ...Hire janitorial staff to clean shelters on a daily basis – 1 allegation
  - **The client was not satisfied with the site's response, which prompted an investigation. The results of this investigation can be found on the "Investigations" section of this report on Pages 23-27.**

### *Providence*

This site received two complaints from two separate clients during the reporting period:

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Complaint #2:
  - Standard 1: Treat clients equally, with respect and dignity – 3 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation

- Standard 19: Provide a minimum of 22 inches between the sides of sleeping units... – 1 allegation
- **Complaint is closed due to No Contact from the client**

### ***Sanctuary***

This site received three complaints submitted by three separate clients during the reporting period:

- Complaint #1:
  - Standard 3: ...Hire janitorial staff to clean shelters on a daily basis – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Complaint #2:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Complaint #3:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to No Contact from the client**

### ***Santa Martha/Santa Maria***

This site received one complaint submitted by a client during the reporting period:

- Client #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 25: Require all staff to wear a badge that identifies the staff person by name and position badges – 1 allegation
  - **The site has responded to this complaint but it is still open pending the client's response.**

### ***Santa Ana:***

This site did not receive any Standards of Care complaints during this reporting period.

### ***United Council***

This site did not receive any Standards of Care complaints during this reporting period.

## Investigations

There were six investigations conducted during this reporting period resulting from site responses that were not satisfactory for the complainants. Next Door and MSC South Drop In each had two complaints that resulted in investigations while MSC South Shelter and the Mission Neighborhood Resource Center each had one complaint that resulted in an investigation:

### ***Next Door*** **Investigation #1**

In the original complaint, the complainant stated that there was a bed bug infestation in the 3rd Floor men's sleeping area. The complainant also stated that there was an insect infestation with a bacterial component making him sick and that staff was not adequately responding to his complaints about these issues.

In the response, Next Door stated that they implemented their bed bug policy for the complainant. This policy included providing the complainant with a new mattress, washing his bedding and clothes and steaming any items that could not be washed. Next Door also stated that they had checked the client's bed multiple times after implementing the policy and were unable to detect any bed bugs.

The complainant stated that he was not satisfied with Next Door's response that there were still bed bugs present in the sleeping area near his bed.

Shelter Monitoring Committee staff visited Next Door to determine whether or not there were still bed bugs in the 3rd Floor sleeping area near the complainant's bed.

### ***Findings***

Committee staff were unable to find any bed bugs or other insects after a physical inspection of the complainant's mattresses, bedding and immediate sleeping area. Based on these findings and the steps that Next Door has already taken through implementation of the site's bed bug policy (providing the client with a new mattress, washing bedding/clothing and steaming any possessions that could not be washed), Committee staff determined that Next Door was in compliance with Standard 3 of the Standards of Care.

### ***Next Door*** **Investigation #2**

In the original complaint, the complainant stated that she had submitted two reasonable accommodation requests for bed changes but that she never heard back from staff. The complainant alleged that several other clients had received bed changes but she has yet to even receive a response to her request to change beds.

In the response, Next Door stated that they had received the complainant's reasonable accommodation request for a bed change and that they had approved it but asked the client to be patient while they identified an appropriate bed for her to be moved to.

The complainant stated that she was not satisfied with the site's response because it had been close to two weeks since she submitted her request and that she believed it was unreasonable for the site to take that long to identify a bed for her, especially because she had a medical reason for the bed change.

### ***Findings***

During the course of the investigation, Committee staff were informed that Next Door had instituted new procedures in April 2016 for how the site would be handling reasonable accommodation requests for bed changes. These new procedures included the creation of a new log that would track when requests were made and if they were approved. In addition, shelter management reviews bed change requests every Monday and follow-up with staff if approved bed change requests from the previous week had not been fulfilled.

Based on the site's bed change log, Committee staff determined that the complainant had received a bed change prior to the investigation. However the site's records do not indicate the exact date when the bed change was granted. Committee staff attempted to contact the client to determine when her bed change request was granted but did not receive a response. Due to the fact that the specific date when the complainant received her bed change could not be verified, Committee staff were unable to conclusively determine whether or not Next Door handled the complainant's request in a timely manner.

### ***Recommendations***

Committee staff recommended that Next Door begin to track when bed changes are actually granted in addition to when they were approved by shelter management.

### ***MSC South Drop In Investigation #1***

In the original complaint, the complainant stated that he visited MSC South Drop In several times between the hours of 1:00 – 3:00 PM and noted that several shower stalls were out of soap.

In the response, MSC South Drop In stated that shelter staff conduct hourly bathroom checks in order to determine if bathrooms are clean, soap dispensers are filled and toilet paper is available in each stall.

The complainant requested that the Committee conduct an investigation into whether or not soap dispensers in the men's showers were filled on a regular basis.

Shelter Monitoring Committee staff visited MSC South Drop In at 1:15 PM to conduct a physical inspection of the men's shower facilities.

### ***Findings***

Committee staff inspected the men's showers and found that the soap dispensers in all four shower stalls were filled with soap. As a result, MSC South Drop In is in compliance with Standards 1 and 8 of the Standards of Care.

### ***MSC South Drop In Investigation #2***

In the original complaint, the complainant stated that he requested a chair while waiting in line to get into MSC South Drop In but was denied when a shelter employee told him his medical paperwork was out of date. The complainant stated that he has submitted reasonable accommodation requests in the past to receive a chair while waiting in line for the Drop-In due to

his permanent disability and stated that it was unfair for the site to continue asking for medical documentation of a permanent condition.

In the response, MSC South Drop In stated that the complainant's medical paper was out of date and needed to be renewed. The site also stated that they have still provided the complainant chairs to sit in many times even though his paperwork was out of date and recommended that the complainant keep up to date paperwork with him at all times to ensure that staff will be aware of his accommodation.

The complainant requested an investigation because he reported that he was still having difficulty getting a chair.

Shelter Monitoring Committee staff visited MSC South Drop In to determine if the site was making a reasonable attempt to accommodate the complainant's request for chairs while waiting in line for the Drop-in. Committee staff spoke to Yolanda Johnson (Supervisor) and reviewed the site's procedures for processing reasonable accommodation requests.

### ***Findings***

During the investigation, Committee staff reviewed the reasonable accommodation procedures for Drop-In Center clients. Committee staff were discovered that reasonable accommodation requests for Drop-In Center clients are kept in a binder and that requests are granted for the specific period of time listed in the client's medical paperwork/doctor's note. However once the time period listed in the medical paperwork has expired, clients must submit updated paperwork with a new reasonable accommodation request. While the complainant's request for a chair while waiting in line was initially denied due to the expired paperwork, shelter staff were still able to provide him with a chair on several occasions until he submitted an updated medical documentation.

Based on these findings, Shelter Monitoring Committee staff determined that MSC South Drop In was fairly enforcing shelter policies and is in compliance with Standards 1 and 8 of the Standards of Care.

### ***MSC South Shelter*** **Investigation #1:**

In the original complaint, the complainant stated that she submitted a reasonable accommodation requests for extra blankets and to be allowed to sit on a couch listening to the TV with her eyes closed. The complainant alleged that even though she submitted medical documentation for these requests, she was still having a hard time getting extra blankets and that she was not being allowed to sit on the couch with her eyes closed. The complainant also alleged that there were bugs inside the Drop-In Center.

In the response, MSC South stated that both reasonable accommodation requests were approved on 4/21/16 after reviewing the request and speaking to the complainant. The site also submitted a copy of the reasonable accommodation request form as evidence of when the reasonable accommodation requests were approved. MSC South also stated that the maintenance team regularly cleans the Drop-In Center, that they have an outside vendor come in regularly to spray the Drop-In Center for pests and that no other Drop-In Center clients had reported issues with pests or bugs.

The complainant stated that she was not satisfied with the site's response because she was not notified that her reasonable accommodation requests had been granted and stated that she had seen bugs in the Drop-In Center.

Shelter Monitoring Committee staff visited MSC South to review the site's reasonable accommodation procedures, check for the presence of bugs/pests inside the Drop-In Center and to review pest spraying records.

### ***Findings***

After reviewing MSC South's reasonable accommodation policy and the submitted reasonable accommodation request, Committee staff were able to determine that the client's request was approved but not when the client was notified of the request's approval. MSC South stated in their response that they spoke to the client to notify her that the request was approved, whereas the client stated that shelter staff never spoke to her about the request's approval. Because the provided documentation only states that the request was approved and does not state when the client was notified, Committee staff were unable to determine whether or not the client was ever formally notified that her request was approved.

Committee staff conducted a physical inspection of the Drop-In Center and was unable to find any pests or bugs. Committee staff also reviewed the shelter's pest spraying records and verified that the Drop-In was sprayed for pests on a monthly basis.

### ***Recommendations***

Committee staff recommends that MSC South institutes a new procedure that documents when clients are notified that their reasonable accommodation requests have been approved.

### ***Mission Neighborhood Resource Center***

#### ***Investigation #1:***

In the original complaint, the complainant stated that the shelter bed reservation process was not being applied equitably to all clients. The complainant stated that on 6/2/16 and 6/3/16 he showed up at the site at 5:30 AM to put his name on the shelter bed reservation list. The complainant stated that staff allowed him to put his name on the list at 5:30 AM. The complainant stated that there were already several names on the list before him. The complainant claimed that this process was unfair because Mission Neighborhood Resource Center's policy states that no names will be taken for reservations until doors open at 6:00 AM.

Mission Neighborhood Resource Center stated in the response that no names were taken for services, including shelter reservations, until the doors opened at 6:00 AM.

The complainant stated that he was not satisfied with the site's response because he was able to put his name down on the shelter bed reservation list before 6:00 AM on two separate occasions.

Shelter Monitoring Committee staff visited the Mission Neighborhood Resource Center at 5:50 AM on 6/24/16 in order to investigate if the site was taking names for the shelter bed reservation list before doors officially opened at 6:00 AM.

### ***Findings***

After reviewing the shelter bed reservation list for 6/24/16, Committee staff saw that there were several names on the list even though it was not yet 6:00 AM. Committee staff also spoke with

Mission Neighborhood Resource Center staff, who confirmed that they would occasionally start taking names for services before 6:00 AM in order to reduce wait times for clients standing in line. Based on these findings, Committee staff determined that the Mission Neighborhood Resource Center was not in compliance with Standard 1 of the Standards of Care. Committee staff reported their initial findings to Mission Neighborhood Resource Center management, who immediately gave verbal warnings to morning staff for violating the shelter reservation list policy and reminded them that the policy was in place to ensure a fair shelter reservation process in addition to the safety of shelter staff.

### ***Recommendations***

Committee staff recommends that the Mission Neighborhood Resource Center continue to review shelter policies and procedures with staff to ensure that they are fairly applied to all clients.

### **Membership**

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 reporting period with the appointment of Committee Member Patrina Hall. Committee Chair Jonathan Bonato and Committee Member Michael Kirkland both resigned from the Committee during this reporting period. 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 [**Appointment Pending**].

There were changes to one Committee officer positions during the reporting period:

- Committee Member Mwangi Mukami was elected to fill the vacant Chair position

Through the creation of the Committee, the committee is required to submit quarterly and as-needed emergency reports to the Board of Supervisors and Mayor's office. To educate the Board of Supervisors, the Mayor's office and public and private stakeholders, including clients, the Committee provides monthly reports on the Standard of Care complaint process. These reports are discussed monthly at public meetings, provided to the contractors (Human Services Agency and Department of Public Health), and made available upon request to any individual. Committee officers are working on streamlining staff duties to ensure that required information is collected, captured and made public.

**Shelter Monitoring Committee**  
**August 17, 2016**  
**4th Qtr 2015-2016 Report Draft**

Table 3: Shelter Monitoring Committee Trainings Per Site FY15-16

<b>Site:</b>	<b>1<sup>st</sup> Quarter Trainings</b>	<b>2<sup>nd</sup> Quarter Trainings</b>	<b>3<sup>rd</sup> Quarter Trainings</b>	<b>4<sup>th</sup> Quarter Trainings</b>	<b>FY15-16 Trainings to Date</b>
<b>A Woman's Place</b>	Standards of Care, Shelter Health		Standards of Care		Standards of Care (2), Shelter Health (1)
<b>A Woman's Place Drop-In</b>	Standards of Care, Shelter Health		Standards of Care		Standards of Care (2), Shelter Health (1)
<b>Bethel AME</b>		Standards of Care		Shelter Health	Standards of Care (1), Shelter Health (1)
<b>Compass</b>		Standards of Care			Standards of Care (1)
<b>First Friendship</b>		Standards of Care		Shelter Health	Standards of Care (1), Shelter Health (1)
<b>Hamilton Emergency Shelter</b>				Standards of Care	Standards of Care (1)
<b>Hamilton Family Shelter</b>				Standards of Care	Standards of Care (1)
<b>Hospitality House</b>					
<b>Interfaith</b>					
<b>Jazzie's Place</b>			Standards of Care		Standards of Care (1)
<b>Lark Inn</b>	Standards of Care				Standards of Care (1)
<b>MSC South Drop-In</b>					
<b>MSC South Shelter</b>					
<b>Mission Neighborhood Resource Center</b>					
<b>Next Door</b>		Shelter Health, Standards of Care			Standards of Care (1), Shelter Health (1)
<b>Providence</b>		Standards of Care		Shelter Health	Standards of Care (1), Shelter Health (1)
<b>Sanctuary</b>		Shelter Health, Standards of Care			Standards of Care (1), Shelter Health (1)
<b>Santa Ana</b>			Standards of Care		Standards of Care (1)
<b>Santa Marta/Maria</b>			Standards of Care		Standards of Care (1)
<b>St. Joseph's</b>					
<b>United Council</b>					

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

## **Appendix A: Domestic Violence/Imminent Danger Policy with approved edits from the Shelter Monitoring Committee**

### **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 the partner, the shelter may decide to move forward with a denial of service if the abuser poses an actual and imminent threat to the victim or other residents of the shelter (where "imminent threat" is defined as "a physical danger that is real, would occur within an immediate time frame and could result in death or serious bodily harm") and if there is no other way to keep the victim or other residents

safe. 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.
2. If the family chooses not to exercise this option and the perpetrator still presents an imminent threat to the victim or shelter residents, the family must exit the shelter. When the perpetrator no longer presents an imminent threat to shelter residents, the victim will be allowed to return to 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

### **3. Exits from Family Shelters**

Where the family chooses to exit the family shelters, the provider will provide cab vouchers or other appropriate transportation resources to allow them to reach their destination.

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, legal, employment, etc.) for seven days.

Shelter providers shall consider extenuating circumstances that affect the victim's safety, including verification of a perpetrator's incarceration with law enforcement agencies.

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. 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 takes 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.

**5. Shelter Grievance Policy**

Except in extenuating circumstances (see above), victims who refuse to seek an EPO or Civil Restraining Order will be issued with a non-immediate denial of service. The client will be advised of their right to appeal the denial of service in accordance with the Shelter Grievance Policy and will be provided a copy of the grievance and appeal procedures. Families who are asked to exit the shelter shall be allowed to remain inside the shelter pending resolution of the grievance.

**6. 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.

**7. 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 HSA, the successor agency and the Shelter Monitoring Committee on a semi-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 B: 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

- 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

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

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.

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 C: 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



- 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